

6TL09KMM0F
19-08248

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document #	Agency Crash Number 19-08248	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 07/06/2019		Crash Time 03:58 PM	Date Arrived 07/06/2019	Time Arrived 04:24 PM	
Date Notified 07/06/2019		Time Notified 04:02 PM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS S/B ON COON BLUFF RD WHEN DRIVER STATES SHE HIT A MAILBOX WITH THE MIRROR OF THE CAR SHE WAS DRIVING. STATED IT HAPPENED SO FAST SHE WAS NOT SURE HOW SHE HIT IT. MINOR DAMAGE TO PASSENGER SIDE MIRROR AND PLASTIC MAILBOX. NON REPORTABLE.

Location

ON COON BLUFF RD 385 FT N OF OAKLEAF DR IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.607483943	Longitude -89.867704419
	X Coordinate 268569.1875	Y Coordinate 4832275
	Structure Type NO STRUCTURE	

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Crash Scene

First Harmful Event MAILBOX		First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With MAILBOX		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number 760ZGU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1MEHM42WX8G606679		Make MERCURY	Year 2008	Model SABLE PREM	
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point 3--RIGHT SIDE MIDDLE		Vehicle Damage			
	Extent Of Damage MINOR DAMAGE		3--RIGHT SIDE MIDDLE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			

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UNIT	VEHICLE	Driver Actions FAILURE TO CONTROL	
		Owner Name JUSTIN N LITCH (608) 844-3430	Owner Address 858 GRAND CANYON DR APT 108 BARABOO, WI 53913 , US
UNIT	01	Sequence Of Events	
		01	Event MAILBOX
		02	Event
		03	Event
UNIT	04	Event	
		Policy Holder	
UNIT	INDIVIDUAL	Insurance Company USAA-CASUALTY-INS-CO	Individual JUSTIN LITCH
		Individual	
UNIT	INDIVIDUAL	Driver HALEY RENEE JOHNSON (608) 617-3440	Citations Issued 0
			Sex FEMALE
UNIT	INDIVIDUAL	Date of Birth	Race WHITE
		Address 1875 W PINE ST APT 114 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT	001	Safety Equipment	On Duty Crash
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Safety Equipment SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
UNIT	001	Injury	Injury Severity NO APPARENT INJURY
			Airbag NON DEPLOYED
UNIT	001	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
			Trapped/Extricated NOT TRAPPED
UNIT	001	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
			EMS Run #
UNIT	001	Hospital	Date of Death
			Time of Death
UNIT	001	Distracted By	Distracted By Source
		Distracted By Action UNKNOWN	
UNIT	001	Non Motorist	Striking Unit #
			Location
UNIT	001	Prior Action	

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
	01	001	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition APPEARED NORMAL		

Property Owner

PROP OWNER	01	Individual PHILIP R MARKUNAS (608) 697-3208	Address S1065 COON BLUFF RD WISCONSIN DELLS, WI 53965 , US
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Fixed Objects Struck