

6TL09PBQC4
19-08497

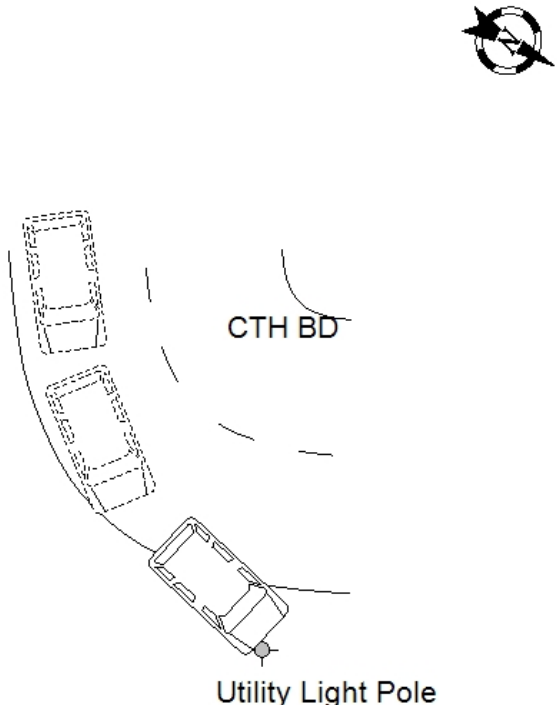
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 19-08497	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 07/11/2019		Crash Time 12:27 PM	Date Arrived 07/11/2019	Time Arrived 12:35 PM	
Date Notified 07/11/2019		Time Notified 12:27 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 checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  <p style="text-align: center;">Not to Scale</p>	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 NORTHBOUND ON CTH BD. UNIT 1 WAS NEGOTIATING A CURVE. UNIT 1 OPERATOR STATED SHE GOT A FLAT TIRE. UNIT 1 OPERATOR LOST CONTROL OF UNIT 1. UNIT 1 TRAVELED ONTO THE CURB AND STRUCK A UTILITY/LIGHT POLE. UNIT 1 CAME TO REST ON THE GRASS BETWEEN THE ROAD AND THE SIDEWALK.

Location

ON USHL U EB 247 FT N OF CTHBD NB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.556806923	Longitude -89.77835522
	X Coordinate 275591.875	Y Coordinate 4826401
	Structure Type	

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Crash Scene

First Harmful Event UTILITY POLE		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 (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With UTILITY POLE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE	License Plate Number AFU6651		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2CNDL13F486346811		Make CHEVROLET	Year 2008	Model EQUINOX LS	
	Color MAR - MAROON (BURGUNDY)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 12--FRONT			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By INTERSTATE BP			
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
	Driver Prior Action Other		TIRES			

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name MARIAN MARGARET MINER (608) 387-0383	Owner Address 517 SIME AVE # 11 TOMAH, WI 54660 , US		
UNIT	SEQUENCE OF EVENTS	01	Event UTILITY POLE		
		02	Event		
		03	Event		
		04	Event		
UNIT	POLICY HOLDER	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual MARIAN MINER		
		Individual			
UNIT	INDIVIDUAL	Driver MARIAN MARGARET MINER (608) 387-0383	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race INDIAN	
		Address 517 SIME AVE # 11 TOMAH, WI 54660 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	SAFETY EQUIPMENT	On Duty Crash	Safety Equipment		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #			
Hospital	Date of Death	Time of Death			
UNIT	DISTRACTED BY	Distracted By Source			
		Distracted By Action UNKNOWN			
		Striking Unit #	Location		
Prior Action					

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	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		
	Individual		
	Passenger ALICIA RAE MINER (608) 432-2621	Citations Issued 0	Sex FEMALE
	Address N1062 JOHNSON AVE WISCONSIN DELLS, WI 53965 , US		Date of Birth INDIAN
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	002	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	Government STATE OF WISCONSIN	Address , , US

Fixed Objects Struck

01	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number 322875