19-08877

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | | | | (608) 356-4895 | | |
|-------------|---|---------------------------------|-----------------------|---------------------------|---|-------------------|-------------------------|--|--|
| | Document Number Override | Primary Crash Document # | Agency Cr 19-08877 | rash Number | Investigating Officer/Deputy DEPUTY A. MEEKER | | | | |
| ח | Crash Date | | | | Time Arrived | | | | |
| 0 | 07/19/2019 | 04:10 AM | 07/19/20 | | 04:37 AM | 1 | | | |
| | Date Notified 07/19/2019 | Time Notified 04:12 AM | Total Units 01 | S | Total Injured 00 | Total Kille | Reporting | | |
| 2 | On Emergency | Hit and Run | Closure | Work Zone | Trailer or | Towed | | | |
| | Government Property | Active School Zone | School Bu | is Related | Tags | | | | |
| | ✓ Reportable | Crash Type DT4000 (STANDARD CR. | ASH) | | Amended | | Secondary Crash | | |
| Description | | | | | | | | | |
| | Diagram | | | drawing r | | otos By | | | |
| | | | | | | ditional Info | ormation | | |
| | | | | | N | ONE | | | |
| | | nunty rd H | re not added a | any CJIS data in th | nis report. | | | | |
| | DRIVER WAS NEGOTIATING A CURVE DURING SEVERE WEATHER. WHILE IN THE CURVE SHE DID NOT SEE THE TREE IN ROAD WAY DUE TO HEAVY RAIN AND STRUCK IT CAUSING FRONT END DAMAGE. VEHICLE WAS REMOVED BY OWNER. | | | | | | | | |
| | | | | | | | | | |
| | Location | | | 1 -414 1 | | 1 = 24 | ude. | | |
| | ON CTHH EB 912 FT E | | | Latitude 43.619380 | 287 | Longitu -89.82 | ude 2 3646738 | | |
| | OF BIRCHWOOD RD IN THE TOWN OF DELTON IN SAUK COUNTY | ı | | X Coordinat 272169.84 | e | _ | rdinate | | |
| | | Structure Ty | Structure Type | | | | | | |

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Crash Scene

| 1 | First | Harmful Event | First Harmful Event Location | | | | | | | | |
|-------------|-------------------------------|------------------------------------|--------------------------------|---|---|---|-------------------------------|-----------------------------|----------------|----------|--|
| | TRE | REE | | | | ON ROADWAY | | | | | |
| | Manı | anner of Collision | | | | Light Condition | | | | | |
| | NO | O COLLISION W/VEHICLE IN TRANSPORT | | | | DARK/UNLIT | | | | | |
| | Road | oad Surface Condition(s) | | | | Roadway Factor(s) | | | | | |
| | WE | Г | | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | | |
| | WE | ATHER CONDITIONS | | | | VISIBILI | TY OBSO | CURED | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | RAII | N | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | | | | |
| | Anim | al Type | | | | | | | | | |
| | | h Classification - Location | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | |
| | | Il Land | | | Access Control | | | | Special Study | | |
| | | | | | | | NO CONTROL | | | | |
| | Withi | n Interchange Area | Junction Location NON-JUNCTION | | Intersection | n Type INTERSE | CTION | | | | |
| | | t Summary == | NON CONCINCI | | INOT AIL | INTEROL | 011011 | | | | |
| | | Status — | | Vehicle Ope | erating As C | assification | 1 | Unit Type | | | |
| | IN T | RANSIT | | D CLASS | | | | AUTOMOBILE | | | |
| _ | Vehi | cle Type | | | | | | Operating A | s Endorser | ments | |
| 6 | PAS | SENGER CAR | | | | | | | | | |
| | | Occs | Train/Bus # Recorded | | Total # Citations Issued | | Total Trailers Total HazMat | | Mat Types | | |
| | 01 | | 0 | | | 0 | | 0 | | | |
| | Insurance? YES | | Direction Of Travel WESTBOUND | Pre CrashTire | | | Speed Limit 55 | | Total Lanes 02 | | |
| | | Harmful Event: Collision V | | Special Function | | | 33 | Emergency Motor Vehicle Use | | icle Use | |
| 0 | TRE | | | | NO SPECIAL FUNCTION | | | NOT APP | | | |
| | | ic Way | | | Traffic Control | | Traffic Control Inoperative/N | | tive/Missing | | |
| | | D-WAY, NOT DIVIDED | | | NO CONTROL | | | NO Road Grade | | | |
| | | ace Type ACKTOP (BITUMINOUS | | Road Curvature CURVE RIGHT | | | LEVEL | | | | |
| | | uck Bus or HazMat | | | OKVE KIGITI | | | | | | |
| | NO | Dub of Frazina. | | | | | | | | | |
| | , | Vehicle | | | | | | | | | |
| | License Plate Number | | | Plate Type | | | St | Country of Is | suance | | |
| | | 456BEH | Н | | AUT - AUTOMOBILE | | WI | UNITED ST | TATES | | |
| 5 | Vehicle Identification Number | | | Make | | | Year Model | | | | |
| ٥ | 1C3CCCBGXFN651040 | | | | CHRYSLER 2 Body Style SD - SEDAN | | 2015 | | | | |
| | | Color GRY - GRAY | | | | | | Bus Use NOT A BUS | | | |
| . | Initial Contact Point | | | Vehicle Da | Vehicle Damage | | | | | | |
| L N N | | 12FRONT | | | DIGUIT FRONT CORNER (4) THE TROUB CORNER (5) | | | | | | |
| 5 | VEHICL | Extent Of Damage MINOR DAMAGE | | 1RIGHT | 1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT | | | | | | |
| | > | Towed Due To Damage | Vehicle Re | Vehicle Removed By | | | | | | | |
| | | NOT TOWED OWNER | | | | | | | | | |
| | | What Driver Was Doing | | | Vehicle Factors | | | | | | |
| | | NEGOTIATING CURVE | | | NOT APPLICABLE | | | | | | |
| | | Driver Prior Action Other | | | NOT APPLICABLE | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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| LIND | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | | |
|------|--------------------------------|--|-----------------------------------|----------------------|---|--------------------|--|--|--|--|--|
| 70 | 5 | Owner Name JULIE A BYCHINSK (414) 940-0908 | KI | | Owner Address 37 JAZ CIR REEDSBURG, WI 53959 , US | | | | | | |
| | (| Sequence Of Events | | | | | | | | | |
| | 5 | Event TREE | | | | | | | | | |
| | 05 | Event | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | 40 | Event | | | | | | | | | |
| | | | | | | | | | | | |
| ╘╽ | | Policy Holder | | | | | | | | | |
| FNO | | Insurance Company | NC CO | | Individual | | | | | | |
| _ | | GEICO-GENERAL-I | N3-CO | | JULIE BYCHINSKI | | | | | | |
| | I | Individual | | | | | | | | | |
| | | Driver | 71 | | Citations Issued | Sex | | | | | |
| | INDIVIDUAL | JULIE A BYCHINSKI (414) 940-0908 | | | 0 | FEMALE | | | | | |
| ⊢ | | | | | Date of Birth | Race WHITE | | | | | |
| EN | ≥ | Address | | | Driver License Number | | | | | | |
| | Ä | 37 JAZ CIR REEDSBURG, WI 53959 , US | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | On Duty Crash Safety Equipment | | | | Safety Equipment | | | | | | |
| | Jai | | | | SHOULDER & LAP BELT | | | | | | |
| | | Seat Position | | | | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | | | Helmet Compliance | | | | | | |
| | | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| 6 | Ξ | Injury Severity | | | Airbag | | | | | | |
| 0 | 00 | injury _N | NO APPARENT | INJURY | NON DEPLOYED | | | | | | |
| | | Ejected | Ejection Pa | ath | | Trapped/Extricated | | | | | |
| | | NOT EJECTED NOT EJECTED/NOT APPI | | | NOT TRAPPED | | | | | | |
| | | Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier | EMS Run # | | | | | |
| | | Hospital | | | Date of Death | Time of Death | | | | | |
| | | · | | | Bato of Boatif | Timo di Bodan | | | | | |
| | | Distracted By | Distracted By Source NOT APPLICAB | e LE (NOT DISTRAC | CTED) | | | | | | |
| | | NOT DISTRACTED | | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | | |
| | | Prior Action | | | | | | | | | |
| | | | | | | | | | | | |

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| | | Action | | | | | |
|------|--|----------------------|----------------|--|----------------------|--|----------------|
| | | Action | | | | | |
| | | | | | | | |
| | 4 | | | | | | |
| _ | ^ | | | | | | |
| Ę | ₽ | | | | | | |
| UNIT | ≥ | | | | | | |
| _ | INDIVIDUAL | | | | | | |
| | Z | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | | | | | | |
| | Į. | Suspected Alcohol U | | | | | |
| | Drug & Alcohol NO Suspected Alcohol Use NO Suspected Drug Use NO | | | | | | |
| | Alcohol Test Given Alcohol Test Type | | | | Alcohol Test Results | | |
| | | TEST NOT GIVEN | | | | | |
| | | Drug Test Given | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | | | | | |
| _ | _ | Drug Type | | | | | |
| 6 | 001 | | | | | | |
| | | | | | | | |
| | | Individual Condition | | | | | |
| | | | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | | | | | | |