6TL092T5NN

19-08939

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #		Agency Crash Number 19-08939			Investigating Officer/Deputy DEPUTY J. KIRKENG				
Crash Date	Crash Time		Date Arrived			Time Arrived				
07/20/2019 Date Notified	99:99 Time Notified 01:03 AM		07/20/2 Total Ur		Total Injured	01:29 AM Total Injured Total Killed				
07/20/2019			01		00	00	-			
O7/20/2019 Date Notified 07/20/2019 On Emergency Government Property	and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold			
Government Property		hool Zone	NO School B	Bus Related	Tags		_			
Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	ded	Secondary Crash			
Description ————————————————————————————————————										
Diagram						Photos By	Бу			
Non reportable										
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS TRAVELING N/B ON CTH K. UNIT 1 EXITED THE ROADWAY ON THE EAST SIDE OF THE ROAD CAUSING IT TO GET STUCK IN THE MUD. NO										
OPERATOR WAS LOCATED AND NO DAMAGE WAS OBSERVED ON THE VEHICLE.										
Location				I		1				
ON CTHK NB 800 FT N				Latitude 43.58589	3631	Longitu -89.99	de 5155943			
OF CTHWD NB IN THE TOWN OF WINFIELD IN SAUK COUNTY				X Coordin 258196.5	ate	Y Coord 48302	dinate			
				Structure NO STR						

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First Harmful Event Location

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Crash Scene First Harmful Event

	DIT		ROADSIDE								
		ner of Collision	Light Condition								
		COLLISION W/VEHIC	DARK/UNLIT								
	Road	d Surface Condition(s)	Roadway Factor(s)								
	DRY	•									
	Envi	ronment Factor(s)									
	NON	NE	NONE								
	Wea	Veather Condition(s)									
	CLC	OUDY	Relation To Trafficway TRAFFICWAY - ON ROAD								
	Anim	nal Type									
	Cras	h Classification - Location	า					Jurisdiction			
		SLIC PROPERTY						ISDICTION			
	Triba	l Land								Special Study	
					NO CONTROL						
		in Interchange Area	Junction Location		Intersectio						
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
		t Summary \blacksquare									
		Status			erating As C	assification Unit Type					
		AND RUN		D CLASS		AUTOMOBILE					
2		cle Type						Operating A	s Endorse	ments	
_	•	ORT) UTILITY VEHIC		I =	T		Total Trail	<u> </u>		Mot Types	
	1 ota	l Occs	Train/Bus # Recorded	otal # Cita	Total # Citations Issued		0	al Trailers Total Ha		azMat Types	
		rance?	Direction Of Travel				Speed Lin	nit	Total Lan	es	
_	UNKNOWN UNKNOWN				Fie Clasiffie		55	2			
LNO		Most Harmful Event: Collision With			Special Function		Emergency Motor Vehicle Use				
\supset	DIT	СН		NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE			
	Traff	ic Way	Traffic Cont	raffic Control		Traffic Control Inoperative/Missing					
		D-WAY, NOT DIVIDED	NO CONT	CONTROL			NO				
	Surface Type				Road Curvature			Road Grade			
		NCRETE		STRAIGH	Т			LEVEL			
	Truc NO	k Bus or HazMat									
		Vehicle									
	·	License Plate Number		Plate Type			St	Country of Is	SUANCE		
	AFL3758				AUT - AUTOMOBILE Make JEEP				UNITED STATES		
	Vehicle Identification Number 1C4HJWFG5JL915773			Year			Model WRANGLER U				
2				2018							
		Color			Body Style		Bus Use NOT A BUS				
		BLK - BLACK			RT UTILIT	Y VEHICI	.E	NOT A BU			
_	Initial Contact Point 1RIGHT FRONT CORNER			Vehicle Da	Vehicle Damage NO DAMAGE						
LNO	呈	Extent Of Damage									
–	Ē	T-RIGHT FRONT CORNER Extent Of Damage NO DAMAGE									
		Towed Due To Damage	Vehicle Remove		moved By	iy .					
		NOT TOWED									
		What Driver Was Doing			Vehicle Factors						
	GOING STRAIGHT				NOT APPLICADILE						
	Driver Prior Action Other NOT APPLICABLE										

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Driver Actions EAULUPE TO CONTROL BAN OFF BOADWAY FAILED TO KEEP IN DESIGNATED LANE									
_	FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE								
UNIT	呈								
ر	VE								
		Owner Name		L Owner Address					
		Owner Name CHRISTINE MARY RASMUSSEN		Owner Address 4321 VISTA CIRCLE					
0	01			MAUSTON, WI 53948 , US					
	Ş	Sequence Of Events							
	01	RUN OFF ROADWAY RIGHT							
	02	Event DITCH							
	Event								
	04	Event							
	I	Individual							
		Driver		Citations Issued 0	Sex				
	JAL			Date of Birth	Race				
╘	ום								
	INDIVIDUAL	Address		Driver License Number					
	Z	, ,							
	Saf	On Duty Crash fety Equipment		Safety Equipment					
		Seat Position		RESTRAINT USE UNKNOWN					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
_	Σ	Injury Severity		Airbag					
6	90	Injury NO APPARENT INJU	IRY	NOT APPLICABLE					
	Ejected Ejection Path NOT APPLICABLE NOT EJECTED/NOT APP			LICARIE	Trapped/Extricated NOT APPLICABLE				
		NOT APPLICABLE NOT EJECTE Medical Transport	D/NOT AFF	EMS Agency Identifier	EMS Run #				
		NOT TRANSPORTED		,					
		Hospital		Date of Death	Time of Death				
		Distracted By Source		•	•				
		Distracted By Action							
		Non Motorist Striking Unit # Location							
		Prior Action							
		The Adion							
1		ı							

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1		Action								
	INDIVIDUAL									
L N	ם									
5	\geq									
	N									
		Astissa Others					T-/F O-b			
		Action Other					To/From School			
		Suspected Alcohol L	Jse	Suspected Drug Use						
		Drug & Alcohol								
İ		Alcohol Test Given	Alcohol Test Type	е		Alcohol Test Results				
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Results						
ļ										
2	Drug Type									
		Individual Condition								
		NOT OBSERVED								
Property Owner										
10	Gove	ernment JK COUNTY HWY DEPT		Address 620 STH 136						
		3) 356-3855		PO BOX 26						
PROP OWNER										
	Fixed Objects Struck									
		Striking Unit Struck Object				Structure Number	Damage Tag Number			
	9	01 DITCH					0000			