

6TL09CGFCD  
19-08956

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL09CGFCD

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-08956</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>07/20/2019</b>		Crash Time <b>02:00 PM</b>	Date Arrived <b>07/20/2019</b>	Time Arrived <b>02:13 PM</b>	
Date Notified <b>07/20/2019</b>		Time Notified <b>02:09 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

## Description

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

REPORT TAKEN VIA PHONE AS BOTH VEHICLES HAD LEFT THE SCENE. UNIT 1 REPORTED A BOX SPRING MATTRESS FLYING OUT OF THE TRUCK IN FRONT OF IT. BOTH VEHICLES WERE DRIVING NORTHBOUND. UNIT 1 REPORTEDLY HAD DAMAGE TO THE HOOD AND PASSENGER SIDE MIRROR.

## Location

<b>ON CTHBD NB 528 FT N OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.548362659</b>	Longitude <b>-89.778085712</b>
	X Coordinate <b>275582.28125</b>	Y Coordinate <b>4825462.5</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>CLOUDY, RAIN, SEVERE WINDS</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>ZV49626</b>				Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KMHD84LF0HU369801</b>				Make <b>HYUNDAI</b>	Year <b>2017</b>	Model
		Color <b>GRY - GRAY</b>				Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>NON-COLLISION</b>				Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>				<b>1--RIGHT FRONT CORNER, 12--FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>				Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>				Vehicle Factors		
		Driver Prior Action Other				<b>NOT APPLICABLE</b>		

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UNIT	VEHICLE	Driver Actions <b>UNKNOWN</b>		
		Owner Name <b>SHERROD C WASHINGTON (815) 668-3771</b>	Owner Address <b>9526 CINCINNATI DR MACHESNEY PARK, IL 61115 , US</b>	
01	01	<b>Sequence Of Events</b>		
	01	Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		
	02	Event <b>STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>SHELTER-MUTUAL-INS-CO</b>	Individual <b>SHERROD WASHINGTON</b>		
UNIT	<b>Individual</b>			
	INDIVIDUAL	Driver <b>SHERROD C WASHINGTON (815) 668-3771</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race
		Address <b>9526 CINCINNATI DR MACHESNEY PARK, IL 61115 , US</b>	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>RESTRAINT USE UNKNOWN</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
		<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>	Striking Unit #	Location		
	Prior Action			

UNIT 01	INDIVIDUAL	Action				
		Action Other		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>NOT OBSERVED</b>				
		<b>Individual</b>				
		Passenger <b>KATIE D WASHINGTON</b> <b>(815) 668-3771</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>9526 CINCINNATI DR</b> <b>MACHESNEY PARK, IL 61115 , US</b>	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
UNIT 01	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>RESTRAINT USE UNKNOWN</b>			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location				
Prior Action						

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>NOT OBSERVED</b>			