6TL09CGFCM

19-12118

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

					
Document Number Override					
Crash Date	Crash Time	Date Arrived		DEPUTY K. MUE Time Arrived	LLEK
2 09/28/2019	10:11 PM	09/29/2019			
L Date Notified	Time Notified Total Units		10:24 PM Total Injured		otal Killed
09/28/2019					0
Crash Date 09/28/2019 Date Notified 09/28/2019 On Emergency	lit and Run		k Zone	Trailer or To	wed Reporting Threshold
Government Property	Active School Zone	School Bus Relate	ed	Tags	
Reportable	Crash Type DT4000 (STANDARD CRA	SH)		Amended	Secondary Crash
Description					
					DRJIEV
DRIVER OF UNIT 1 WAS HIGHL	ent officer, agree that I have	I TO THE DITCH ON T	WO SEPARATE C	CCASIONS. THE	
UNKNOWN.	HICLE SUSTAINED A DAMAGED	SIDE VIEW MIRROR.	THE EXACT LOC	ATION OF WHERE	THE COLLISION OCCURRED IS
Location					
ON STH60 EB 755 FT E			Latitude		Longitude -90.036401901
OF RAINBOW RD IN THE TOWN OF SPRING	GREEN		43.190035898 X Coordinate 253264.51562	5	-90.036401901 Y Coordinate 4786395
IN SAUK COUNTY		Structure Type			

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Crash Scene

						First Harmful Event Location					
	DIT	ІТСН				ROADSIDE					
	Man	lanner of Collision				Light Condition					
	-	IO COLLISION W/VEHICLE IN TRANSPORT				DARK/UNLIT					
	Road	Road Surface Condition(s)				Roadway Factor(s)					
	DR۱	DRY									
	Envi	ronment Factor(s)									
	NOM	NE				NONE					
	Wea	eather Condition(s)									
	CLC	CLOUDY									
	Anim	nal Type				Relation To Trafficway TRAFFICWAY - ON ROAD					
		h Classification - Location				Crash Classification - Jurisdiction					
							NO SPECIAL JURISDICTION				
	Iriba	al Land				Access Co				Special Study	
	\\/ith	in Interchange Area	Junction Location		NO CONTROL Intersection Type						
	NO	in interchange Area	NON-JUNCTION			INTERSECTION					
	_	t Summary			1						
		Status		Vehicle Ope	erating As C	lassification		Unit Type			
	IN T	RANSIT		D CLASS			AUTOMOBILE		BILE		
5		cle Type				Operating As Endorsements					
0	PASSENGER CAR						Tatal Tasil	ailers Total HazMat Types			
	1 ota 1	Occs	Train/Bus # Recorded	Total # Citations Issued 4		10tai 11aii 0			mat Types		
	Insurance? Direction Of Travel			Pre CrashTire					Total Lanes		
F	UNKNOWN EASTBOUND			Mark		55					
UNIT	Most Harmful Event: Collision With DITCH			Special Function			Emergency Motor Vehicle Use NOT APPLICABLE				
		ic Way	Traffic Control			Traffic Control Inoperative/Missing					
		D-WAY, NOT DIVIDED	NO CONTROL			NO Dead Grade					
			Road Curvature STRAIGHT			Road Grade					
	BLACKTOP (BITUMINOUS) STRAIGH Truck Bus or HazMat										
	NO										
	Vehicle										
	License Plate Number			Plate Type			St Country of Issuanc		suance		
		713ZYP		AUT - AUTOMOBILE		.E	WI	UNITED STATES			
2	2	Vehicle Identification Number			Make		Year	Model FUSION			
Ŭ	0	Color			FORD Body Style		2017	Bus Use			
		RED - RED			SD - SEDAN			NOT A BUS			
	щ	Initial Contact Point			Vehicle Damage						
UNIT	<u></u>	10LEFT SIDE FRONT			10LEFT SIDE FRONT						
5	H	10LEFT SIDE FRONT Extent Of Damage									
	WINOR DAMAGE Towed Due To Damage			Vehicle Removed By							
	TOWED BUT NOT DUE TO DISABLING DAMAG			GEORGES AUTO BODY							
	What Driver Was Doing Vehicle F										
	UNKNOWN										
		Driver Prior Action Other NOT A				DT APPLICABLE					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	VEHICLE	Driver Actions WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER								
01	01	Owner Name AMANDA LYNN MILL (608) 574-6996	ER		Owner Address S13003 PEARL RD SPRING GREEN, WI 53588 , US					
		Sequence Of Ever	nts							
		Event								
	Б ПТСН									
	8 Event DITCH									
	03	Event								
	04	Event								
		ndividual								
		Driver			Citations Issued	Sex				
	_	AMANDA LYNN MILLER (608) 574-6996			2	FEMALE				
⊢	NDIVIDUAL				Date of Birth	Race WHITE				
UNIT	N	Address			Driver License Number					
-	Ľ	S13003 PEARL RD SPRING GREEN, WI 53588 ,US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Saf	On Duty Crash Safety Equipment			Safety Equipment					
	Seat Position				RESTRAINT USE UNKNOWN					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
01	001				Airbag NON DEPLOYED					
0	õ									
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP				Trapped/Extricated NOT TRAPPED				
		Medical Transport			EMS Agency Identifier	EMS Run #				
		NOT TRANSPORTED								
		Hospital			Date of Death	Time of Death				
2		Distracted By UN	stracted By Sourc	e	1					
5		Distracted By Action UNKNOWN								
		Non Motorist	iking Unit #	Location						
		Prior Action		•						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action								
		Action Other						To/From School		
	L	Drug & Alcohol	Suspected Alco YES	hol Use	se Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST GIVEN		BLOOD			PENDING			
	Drug Test Given Drug Test Type TEST NOT GIVEN			Drug Test Type		Drug Test Results				
6	001	Drug Type								
		Individual Condition								
	EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC), UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL									
		Violations								
	01	UTC Number BD755483	Issue To? 001	Statute Number 346.63(1)(a)	Description OPERATING WHILE	UNDER THE IN	FLUENCE(3RD)			
	02	UTC Number BD755484	Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT (OF CENTER LINE	E			