#### 6TL09426T4

19-12946

# 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 19-12	/ Crash Number <b>946</b>	Investigating C DEPUTY A.		1	
Crash Date 10/17/2019	Crash Time 08:50 PM		Date A 10/17/		Time Arrived 08:58 PM			
Date Notified	Time Notified	Time Notified		Total Units		Total Killed		
10/17/2019	08:50 PM		01		00	00	Reporting	
	it and Run	Lane Closu	-			r Towed	Threshold	
Government Property		chool Zone	NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (ST	ANDARD CRASH	ł)			d	Secondary Crash	
Description Diagram		Reconstructio	n By					
1	oscale					Photos By	. Cy	
~						Holds By		
						Additional Info	ormation	
		<u> </u>				NONE		
				~				
hy 33								
✔ I, a sworn law enforcem	ent officer, ag	ree that I have no	ot adde	d any CJIS data in t	his report.			
UNIT 1 WAS WESTBOUND ON I OPERATOR WAS ABLE TO PUL								
FAILURE.								
Location ON STH33 WB				Latitude		Longit	ude	
379 FT E OF WEBSTER LN				43.514529		-89.78	37250598	
IN THE TOWN OF DELTON IN SAUK COUNTY				X Coordina 274715.90		Y Coo 48217	rdinate <b>729.5</b>	
				Structure T	уре	<b>I</b>		
				<u> </u>				
nsin Motor Vehicle Crash DT4000		This report d		nclude any CJIS data. of 5		Crash Da Crash Tir		

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**Crash Scene** 

T	First	irst Harmful Event					First Harmful Event Location					
		FIRE/EXPLOSION						ON ROADWAY				
ŀ		ner of Collision	Light Condition									
	NO	O COLLISION W/VEHICLE IN TRANSPORT						DARK/UNLIT				
ŀ	-	Road Surface Condition(s)						Factor(s)				
	DR		,									
	Envi	ronment Factor(s)										
	NOM	NE					NONE					
ŀ	Wea	ther Condition(s)										
	CLE	AR										
ľ	Anim	nal Type					Relation To	o Trafficwa	ıy			
				<u> </u>			TRAFFIC					
ſ		h Classification - Location					Crash Classification - Jurisdiction					
									SDICTION			
	Triba	al Land					Access Co				Special Study	
		•					NO CON	IROL				
		0	Junction Location			Intersection						
	NO		NON-JUNCTION		_		INTERSE	STION				
					Reaso	ns for Closu	re					
			Time Initial I (D.I.O.)		TO14							
		Date Initial Lane/Rd Closed     Time Initial Lane/Rd Closed       10/17/2019     08:58 PM				TRUCK, F	IKE/EMS					
-						cene Clear	- d	<u>т.</u>				
		Date All Lanes Open Time All Lanes Open			10/17		eu		ime Scene Cleared			
L	10/17/2019 09:38 PM				10/17/	2019	09:38 PM					
		t Summary							I			
		Status				rating As Cl						
				וט כו	D CLASS			AUTOMOBILE Operating As Endorsements				
2												
-	PASSENGER CAR           Total Occs         Train/Bus # Recorded         To				# Citati	ons Issued		Total Trai	ailers Total HazMat Types			
				10tai 0		013 135060	0		0		mar Typoo	
ŀ		rance?	Direction Of Travel	Ť	Dro (	ProchTire					es	
⊢│	YES		WESTBOUND		Pre CrashTire		55		2			
UNIT		t Harmful Event: Collision W		Spec	Special Function				Emergency Motor Vehicle Use		icle Use	
∍		E/EXPLOSION		NO	NO SPECIAL FUNCTION			NOT APPLICABLE				
ŀ		ic Way		Traffic Control					Traffic Control Inoperative/Missing		tive/Missing	
	тwo	D-WAY, NOT DIVIDED		NO 0	NO CONTROL				NO			
ŀ	Surfa	асе Туре		Road	Curvat	ure			Road Grade	9		
	BLA	CKTOP (BITUMINOUS	5)	STR	AIGH	Г			LEVEL			
ľ		k Bus or HazMat										
	NO											
		Vehicle										
		Vehicle License Plate Number		Plate	е Туре			St	Country of Is	suance		
						TOMOBIL		St WI	Country of Is			
-		License Plate Number <b>272JDU</b> Vehicle Identification Num		<b>AU</b> Mak	<b>T - AU</b>	TOMOBIL	E	<b>WI</b> Year	-			
6		License Plate Number 272JDU		AU	<b>T - AU</b>	TOMOBIL	E	WI	UNITED S	TATES		
01		License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH45302 Color		AU Mak BUI Body	T - AU e ICK y Style	TOMOBIL	E	<b>WI</b> Year	UNITED S Model LESABRE Bus Use	CU		
01	01	License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH45302 Color BLU - BLUE		AUT Mak BUI Body 4D	T - AU ICK y Style - 4DR		E	<b>WI</b> Year	UNITED S Model LESABRE	CU		
	В 01	License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH45302 Color BLU - BLUE Initial Contact Point		AUT Mak BUI Body 4D	T - AU e ICK y Style		E	<b>WI</b> Year	UNITED S Model LESABRE Bus Use	CU		
	В 01	License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH453027 Color BLU - BLUE Initial Contact Point NON-COLLISION		AU Mak BUI Body 4D	T - AU ie ICK y Style - 4DR icle Dar	mage	E	<b>WI</b> Year	UNITED S Model LESABRE Bus Use	CU		
UNIT 01	В 01	License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH453027 Color BLU - BLUE Initial Contact Point NON-COLLISION Extent Of Damage	7	AU Mak BUI Body 4D	T - AU ICK y Style - 4DR	mage	E	<b>WI</b> Year	UNITED S Model LESABRE Bus Use	CU		
	01	License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH453023 Color BLU - BLUE Initial Contact Point NON-COLLISION Extent Of Damage DISABLING DAMAGE	7	AU Mak BUI Body 4D Vehi ALL	T - AU e ICK y Style - 4DR icle Dar	nage AS	E	<b>WI</b> Year	UNITED S Model LESABRE Bus Use	CU		
	В 01	License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH45302 Color BLU - BLUE Initial Contact Point NON-COLLISION Extent Of Damage DISABLING DAMAGE Towed Due To Damage	7	AU Mak BUI Body 4D Vehi ALL	T - AU e ICK y Style - 4DR icle Dar _ ARE	nage AS noved By	E	<b>WI</b> Year	UNITED S Model LESABRE Bus Use	CU		
	В 01	License Plate Number 272JDU Vehicle Identification Num 1G4HP52K1XH453023 Color BLU - BLUE Initial Contact Point NON-COLLISION Extent Of Damage DISABLING DAMAGE	7	AU Mak BUI Body 4D Vehi ALL	T - AU e ICK y Style - 4DR icle Dar _ ARE	nage AS	E	<b>WI</b> Year	UNITED S Model LESABRE Bus Use	CU		

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Vehicle Factors										
		Driver Prior Action Other	NC	OT APPLICABLE								
		Driver Actions	1									
	щ	NO CONTRIBUTING ACTION										
UNIT	VEHICL											
5	E.											
	2											
		<b>a</b>										
		Owner Name YVONNE J TITUS		Owner Address S2469 GILLEM RD								
0	5	(608) 356-0304		BARABOO, WI 53913 , US								
•	-											
		Sequence Of Events										
	۲	Event										
	6	FIRE/EXPLOSION										
	02	Event										
	03	Event										
		Event										
	04											
F	I	Policy Holder										
UNIT		Insurance Company		ndividual								
		STATE-FARM-GENERAL-INS-CO	`	YVONNE TITUS								
	I	ndividual										
		Driver	(	Citations Issued	Sex							
	Ļ	YVONNE J TITUS (608) 356-0304		D	FEMALE							
	NDIVIDUA	(000) 330-0304	1	Date of Birth	Race WHITE							
UNIT	Ę	Address		Driver License Number								
5	D	S2469 GILLEM RD	'									
	Z	BARABOO, WI 53913 , US	:	STATE: WISCONSIN COUNTRY: UNITED STATES								
	-	On Duty Crash	:	Safety Equipment								
	Sat	ety Equipment										
		Seat Position		SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY										
		Helmet Use	I	Helmet Compliance								
		Eye Protection	Tint Compliance									
6	001	Injury Severity	Airbag									
Ŭ	0				Tropped/Extrinsted							
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP	או וסמ		Trapped/Extricated NOT TRAPPED							
		Medical Transport		EMS Agency Identifier	EMS Run #							
		NOT TRANSPORTED										
	Hospital		1	Date of Death	Time of Death							
		Distracted By Source NOT APPLICABLE (NOT DISTR	RAC	ſED)								
		Distracted By Action										
		NOT DISTRACTED										
		Striking Unit # Location										
		Prior Action										

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action								
		Action Other						To/From School		
		Sus	pected Alcohol L	Jse	Suspected Drug Use					
	L	Drug & Alcohol No			NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
6	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	i	ndividual								
╘		Passenger RONALD D MORTIME	R		Citations Issued		Sex			
	JAL	(608) 402-3845			0 Date of Birth		MALE Race			
	וםר						WHITE			
UNIT	INDIVIDUAL	Address S2469 GILLEM RD BARABOO, WI 53913 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	On left for the second	Duty Crash		Safety Equipment					
		Seat Position			SHOULDER & LAP BELT					
		3FRONT SEAT-RIGH Helmet Use	IT SIDE (TRAI	N ENGINEER	Helmet Compliance					
		Heimer 03e								
		Eye Protection			Tint Compliance					
2	002	Injury NO	ry Severity APPARENT I	NJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Pa				Trapped/Extricated			
		Medical Transport	NOTESE		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
		Tiospitai			Date of Death		Time of Death			
	-	Distracted By	racted By Source	9	-					
		Distracted By Action								
		Non Motorist	king Unit #	Location						
		Prior Action								

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action						
	L	Action Other Drug & Alcohol	Suspected Alcohol Us	se	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
6	002	Drug Type						
		Individual Condition APPEARED NORM	IAL					