

6TL0B8M7W5

19-14033

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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| | | | | | |
|--|--|---------------------------------------|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 19-14033 | Investigating Officer/Deputy DEPUTY B. MEARS | |
| Crash Date 11/11/2019 | | Crash Time 10:00 AM | Date Arrived 11/11/2019 | Time Arrived 10:21 AM | |
| Date Notified 11/11/2019 | | Time Notified 10:15 AM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | |
| <input type="checkbox"/> Reportable | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|-------------|------------------------|
| Diagram | Reconstruction By |
| | Photos By |
| | Additional Information |

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

UNIT WAS ON CTH V AND WAS TURNING LEFT ONTO WEGNER ROAD. ROADWAY WAS SLIPPERY DUE TO ICE/SNOW ON ROAD. UNIT PARTIALLY SLID OFF RT SIDE OF ROADWAY AND STRUCK A MAILBOX AT S1690 WEGNER RD. POST FOR MAILBOX WAS BROKEN OFF. UNIT WAS NOT DAMAGED AND OPERATOR WAS NOT INJURED. OPERATOR ATTEMPTED TO CONTACT OWNER OF MAILBOX. AND LEFT A MESSAGE. I LEFT A NOTE AT THE RESIDENCE. OPERATOR DROVE UNIT FROM SCENE. OWNER OF PROPERTY CALLED BACK AND WAS PROVIDED WITH DRIVER INFORMATION AND CASE NUMBER.

Location

| | | |
|--|------------------------------------|-----------------------------------|
| ON WEGNER RD 162 FT N OF CTHV NB IN THE TOWN OF LA VALLE IN SAUK COUNTY | Latitude 43.584349856 | Longitude -90.082764874 |
| | X Coordinate 251117.0625 | Y Coordinate 4830327.5 |
| | Structure Type | |

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Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event MAILBOX | | First Harmful Event Location SHOULDER RIGHT | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) SNOW, ICE | | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLOUDY | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |

Unit Summary

| | | | | | | |
|------------------------------|--|--|---|----------------------------|--|--|
| UNIT 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | |
| | Total Occs 01 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input checked="" type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | Total Lanes 02 | |
| | Most Harmful Event: Collision With MAILBOX | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade UPHILL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | |
|---|---|--|--|---------------------|---|--|
| UNIT 01 VEHICLE 01 | License Plate Number ND2668 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1FTCR10A1SPA40700 | | Make FORD | Year 1995 | Model RANGER | |
| | Color RED - RED | | Body Style PK - PICKUP | | Bus Use NOT A BUS | |
| | Initial Contact Point 12--FRONT | | Vehicle Damage | | | |
| | Extent Of Damage NO DAMAGE | | NO DAMAGE | | | |
| | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | |
| | What Driver Was Doing LEFT TURN | | Vehicle Factors | | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | |
|--|---|---|---|
| UNIT | VEHICLE | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL | |
| | | Owner Name DAVID L SHACKELFORD (608) 415-7084 | Owner Address S1380 E REDSTONE DR LA VALLE, WI 53941 , US |
| UNIT | 01 | Sequence Of Events | |
| | | 01 | Event DITCH |
| | | 02 | Event MAILBOX |
| | | 03 | Event |
| UNIT | 04 | Policy Holder | |
| | | Insurance Company STATE-FARM-GENERAL-INS-CO | Individual DAVID SHACKELFORD |
| UNIT | INDIVIDUAL | Individual | |
| | | Driver CAITLYN ANN SHACKELFORD (608) 415-8310 | Citations Issued 0 |
| | | Date of Birth | Sex FEMALE |
| UNIT | 01 | Address S1380 E REDSTONE DR LA VALLE, WI 53941 , US | |
| | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | | Safety Equipment | |
| | | On Duty Crash | Safety Equipment SHOULDER & LAP BELT |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | Helmet Compliance |
| | | Helmet Use | Tint Compliance |
| | | Eye Protection | Injury |
| | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE |
| | | Trapped/Extricated NOT TRAPPED | Medical Transport NOT TRANSPORTED |
| EMS Agency Identifier | EMS Run # | | |
| Hospital | Date of Death | | |
| Time of Death | Distracted By | | |
| Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | Distracted By Action NOT DISTRACTED | | |
| Non Motorist | Striking Unit # | | |
| Location | Prior Action | | |

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| | | | | | |
|-------------|-------------------|--------------|--|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Action | | | |
| | | Action Other | | To/From School | |
| | 01 | 001 | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO |
| | | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | | | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| | | | Drug Type | | |
| | | | Individual Condition APPEARED NORMAL | | |

Property Owner

| | | | |
|-------------------|-----------|--|--|
| PROP OWNER | 01 | Individual JOSEPH C BREY (608) 844-3443 | Address S1690 WEGNER RD LAVALLE, WI 53941 , US |
|-------------------|-----------|--|--|

Fixed Objects Struck