

6TL0BC3B3T
19-14721

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 19-14721 | Investigating Officer/Deputy DEPUTY W. VERTEIN | |
| Crash Date 11/29/2019 | | Crash Time 06:06 AM | Date Arrived 11/29/2019 | Time Arrived 06:13 AM | |
| Date Notified 11/29/2019 | | Time Notified 06:07 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 checked="" type="checkbox"/> Government Property | | <input type="checkbox"/> Active School Zone | School Bus Related NO | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|---|---------------------------------------|
| <p>Diagram</p> <p>USH 12 Not to scale</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING EASTBOUND. AS THE OPERATOR WAS CROSSING A BRIDGE, SHE LOST CONTROL OF UNIT 1 DUE TO THE BRIDGE BEING SLIPPERY FROM SNOW/ICE. UNIT 1 STRUCK THE SIDE OF A GUARDRAIL AND EVENTUALLY CAME TO REST. NO REPORTED INJURIES.

Location

| | | |
|---|-------------------------------------|-----------------------------------|
| ON USH12 EB 0.57 MI N OF LEHMAN RD IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude 43.431510751 | Longitude -89.775377963 |
| | X Coordinate 275368.03125 | Y Coordinate 4812477 |
| | Structure Type | |

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Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event GUARDRAIL FACE | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) WET, ICE | | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | | |
| Weather Condition(s) CLOUDY, SNOW | | | |
| 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 AUTOMOBILE | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 65 | Total Lanes 2 | |
| | Most Harmful Event: Collision With GUARDRAIL FACE | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY MEDIAN W/BARRIER | | 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 AHC6163 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number JT3HN87R3Y9037918 | | Make TOYOTA | Year 2000 | Model 4RUNNER | |
| | Color BGE - BEIGE | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use NOT A BUS | |
| | Initial Contact Point 1--RIGHT FRONT CORNER | | Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT | | | |
| | Extent Of Damage DISABLING DAMAGE | | | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By MIKES TOWING | | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors NOT APPLICABLE | | | |
| | Driver Prior Action Other | | | | | |

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| | | | |
|------|------------|---|---|
| UNIT | VEHICLE | Driver Actions FAILURE TO CONTROL | |
| | | Owner Name ELIZABETH ANN MCCAULLEY (608) 438-6679 | Owner Address 1321 ASH ST BARABOO, WI 53913 , US |
| UNIT | 01 | Sequence Of Events | |
| | | 01 | Event RUN OFF ROADWAY RIGHT |
| | | 02 | Event GUARDRAIL FACE |
| | | 03 | Event REENTERING ROADWAY |
| UNIT | 04 | Event | |
| | | Policy Holder | |
| UNIT | INDIVIDUAL | Insurance Company WISCONSIN-MUTUAL-INS-CO | Individual ELIZABETH MCCAULLEY |
| | | Individual | |
| UNIT | INDIVIDUAL | Driver ELIZABETH ANN MCCAULLEY (608) 438-6679 | Citations Issued 0 |
| | | | Sex FEMALE |
| UNIT | INDIVIDUAL | Date of Birth | Race WHITE |
| | | Address 1321 ASH ST BARABOO, WI 53913 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES |
| UNIT | 001 | Safety Equipment | On Duty Crash |
| | | | Safety Equipment SHOULDER & LAP BELT |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | |
| | | Helmet Use | Helmet Compliance |
| | | Eye Protection | Tint Compliance |
| | | Injury | Injury Severity NO APPARENT INJURY |
| UNIT | 001 | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE |
| | | | Trapped/Extricated NOT TRAPPED |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier |
| | | | EMS Run # |
| UNIT | 001 | Hospital | Date of Death |
| | | | Time of Death |
| UNIT | 001 | Distracted By | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) |
| | | | Distracted By Action NOT DISTRACTED |
| UNIT | 001 | Non Motorist | Striking Unit # |
| | | | Location |
| UNIT | 001 | 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 | Government SAUK COUNTY HWY DEPT (608) 356-3855 | Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US |
| | | Fixed Objects Struck | |

| | | | | |
|-----------|----------------------------|--|------------------|------------------------------------|
| 01 | Striking Unit 01 | Struck Object GUARDRAIL FACE | Structure Number | Damage Tag Number 238273 |
|-----------|----------------------------|--|------------------|------------------------------------|