6TL097RB44

19-15920

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Document Number Override | Primary Crash D | ocument # | Agency 19-159 | Crash Number 20 | Investigatin DEPUTY | | | 1 | | | |
|------------|---|----------------------------|-------------|-------------------------|--------------------|--------------------------|--------|--------------|---------------------|--|--|--|
| 44 | Crash Date 12/30/2019 | Crash Time 10:35 PM | | Date Arrived 12/30/2019 | | Time Arrived 10:56 PM | | | | | | |
| S B | Date Notified | Time Notified | | Total U | nits | Total Injure | d | Total Kille | d | | | |
| 7 | 12/30/2019 | 10:38 PM | | 01 | | 00 | | 00 | Poperting | | | |
| 6TL097RB44 | On Emergency | and Run | Lane Closu | | Work Zone | | r or 1 | Towed | Reporting Threshold | | | |
| 6Т | Government Property | Active Scł | nool Zone | NO | Bus Related | Tags | | | | | | |
| | Reportable | Crash Type DT4000 (STAN | NDARD CRASH | I) | | | ded | | Secondary Crash | | | |
| l | Description | | | | | | | | | | | |
| | Diagram | | | | | | | construction | н Б у | | | |
| | non rep | ortable | | | | | | NE | | | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | | |
| | UNIT 1 WAS DRIVING SOUTHBOUND ON CTH H, NEAR GLEN VALLEY DR. THE DRIVER OF UNIT 1 SAID SHE WAS NEGOTIATING THE SLIGHT RIGHT TURN. SHE SAID SHE FELT THE BACK END OF THE VEHICLE STARTING TO SLIDE DUE TO THE SLIPPERY ROAD CONDITIONS. SHE SAID SHE ATTEMPTED TO GET THE VEHICLE UNDER CONTROL, HOWEVER WAS UNSUCCESSFUL. SHE SAID THE VEHICLE MADE A 360 DEGREE SPIN, ENTERED THE DITCH ON THE RIGHT SIDE OF THE ROADWAY, AND GOT STUCK IN THE SNOW. THERE WAS NO DAMAGE TO THE VEHICLE AND THE DRIVER SAID SHE WAS NOT INJURED. VEHICLE WAS REMOVED FROM THE SCENE BY STEVE'S TOWING COMPANY. | | | | | | | | | | | |

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| Loc | cation | | | | | | | | | |
|--|---|--------------------|------|--------------------|-------------------------|---|---------------------------|---|--------------------|------------------|
| ON | ON CTHH S | | | | | | Latitude | | Longitude | |
| | 983 FT W | | | | | | 43.57531187 | | -89.962 | 2915452 |
| | OF DROVERS PASS IN THE TOWN OF WINFIELD | | | | | | X Coordinate Y Coordinate | | | |
| | IN SAUK COUNTY | | | | | | 78125 | | 482897 | 71.5 |
| | | | | | | Structure Type NO STRUCTURE | | | | |
| Cra | ish Scene | | | | | | | | | |
| First | t Harmful Event | | | | | First Harm | ful Event L | ocation | | |
| DIT | - | | | | | SHOULD | ER RIGH | IT | | |
| | nner of Collision | | | | | Light Condition DARK/UNLIT | | | | |
| | | HICLE IN TRANSPORT | | | | | | | | |
| | ad Surface Condition(s) OW | | | | | Roadway I | -actor(s) | | | |
| Env | ironment Factor(s) | | | | | | | | | |
| | ATHER CONDITIONS | | | | | ROAD SI ETC) | URFACE | CONDITION | I (WET, IC | CY, SNOW, SLUSH, |
| Wea | ather Condition(s) | | | | | \neg | | | | |
| SN | ow | | | | | | | | | |
| Anir | Animal Type | | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | |
| Cras | sh Classification - Location | | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | |
| PU | BLIC PROPERTY | | | | | | | | | |
| Trib | Tribal Land | | | | | Access Control Special Study NO CONTROL | | | | |
| With | nin Interchange Area | Junction Location | | | Intersectio | Intersection Type | | | | |
| | NO NON-JUNCTION NO | | | NOT AN | AN INTERSECTION | | | | | |
| | | | | ons for Closu | ure | | | | | |
| _ | LL CLOSURE | | | | | | | | | |
| | 12/30/2019 11:25 PM | | | TRUCK | ι. | | | | | |
| | | | | Date Scene Cleared | | | Tir | ime Scene Cleared | | |
| | 30/2019 | 11:34 PM | | | | | 1:36 PM | | | |
| Uni | it Summary 🛛 💻 | | | | | | | | | |
| Unit | Status | | | | erating As C | lassification | | Unit Type | | |
| | - | | | CLASS | | | | | | |
| | | | | | | Operating As Endorsements | | | ments | |
| | PASSENGER CAR Total Occs Train/Bus # Recorded Total | | | | # Citations Issued Tota | | Total Trai | lers | Total HazMat Types | |
| 1 | | | | | | | 0 | | 0 | |
| | Insurance? Direction Of Travel | | | _ Pre CrashTire S | | Speed Lir | nit | Total Lanes | | |
| YE | S SOUTHBOUND | | | | Mark | 55 | | 2 | | |
| Mos DIT | et Harmful Event: Collision V | With | | cial Fun SPEC | ction IAL FUNC | CTION | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | fic Way | | Traf | fic Cont | trol | | | Traffic Control Inoperative/Missing | | tive/Missing |
| тw | TWO-WAY, NOT DIVIDED NO CONTROL Surface Type Road Curvature | | | | ROL | | | NO | | |
| | | | | | | | | Road Grade | | |
| BLACKTOP (BITUMINOUS) CURVE RIGH | | | IGHT | LEVEL | | | | | | |
| Truc NO | ck Bus or HazMat | | | | | | | | | |
| | Vehicle | | | | | | | | | |
| | License Plate Number | | Pla | Plate Type | | | St Country of Issuance | | | |
| 822ZCT Vehicle Identification Number 2G4WS52J031284502 | | | | | ITOMOBIL | | | UNITED STATES | | |
| | | | | Make BUICK | | | Year 2003 | Model CENTURY CU | | |
| 3 | 23411332303120430 | 2 | ВО | | | | 2003 | SENTORT | | 42/20/2040 |

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| | | | | | | . , | | | |
|----------|----------------------------|------------------------------|--------------------|---|---------------|---------------|--|--|--|
| | | Color | | Body Style | Bus Use | | | | |
| | | TAN - TAN | | 4D - 4DR | | | | | |
| | ш | Initial Contact Point | | Vehicle Damage | | | | | |
| ⊢ | H | 00 - NON-COLLISION | | | | | | | |
| UNIT | ¥ | Extent Of Damage | | 00 - NO DAMAGE | | | | | |
| | VEHICLE | NO DAMAGE | | | | | | | |
| | > | | | Vehicle Demound Du | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
| | | TOWED BUT NOT DUE T | O DISABLING DAMAG | STEVES AUTO SERVICE | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | NEGOTIATING CURVE | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| | | | | | | | | | |
| | | Driver Actions | | | | | | | |
| | ш | NO CONTRIBUTING ACTION | | | | | | | |
| | VEHICLE | | | | | | | | |
| UNIT | ¥ | | | | | | | | |
| | 亩 | | | | | | | | |
| | > | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| | 5 | MORGAN MAY WOBSCH | IALL | 341 N WILLOW ST | | | | | |
| | 0 | (608) 604-9736 | | REEDSBURG, WI 53959, US | | | | | |
| | | | | | | | | | |
| | | Sequence Of Events | | | | | | | |
| | | Event | | | | | | | |
| | 2 | RUN OFF ROADWAY RIG | GHT | | | | | | |
| | | Event | | | | | | | |
| | 02 | DITCH | | | | | | | |
| | Ŭ | | | | | | | | |
| | 03 | Event | | | | | | | |
| | 0 | | | | | | | | |
| | 64 | Event | | | | | | | |
| | 0 | | | | | | | | |
| ╘ | | Policy Holder | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | |
| 5 | PROGRESSIVE-CLASSIC-INS-CO | | | MORGAN WOBSCHALL | | | | | |
| | | | | | | | | | |
| | | Individual | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | |
| | 1 | MORGAN MAY WOBSCH | IALL | 1 | FEMALE | | | | |
| | A | (608) 604-9736 | | Date of Birth | Race | | | | |
| ⊢ | INDIVIDUAL | | | | WHITE | | | | |
| UNIT | ≥ | Address | | Driver License Number | | | | | |
| | ā | 341 N WILLOW ST | | | | | | | |
| | Z | REEDSBURG, WI 53959 | , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | |
| | | On Dut | y Crash | Safety Equipment | | | | | |
| | Sat | fety Equipment | y oradin | | | | | | |
| | | | | SHOULDER & LAP BELT | | | | | |
| | | Row | Seat Position | | | | | | |
| | | 01 - FRONT ROW 07 - LEFT | | | | | | | |
| | | Helmet Use Eye Protection | | Helmet Compliance | | | | | |
| | | | | | | | | | |
| | | | | Tint Compliance | | | | | |
| | | | | | | | | | |
| 2 | 2 | Injury S | Severity | Airbag | | | | | |
| 0 | 001 | Injury _{NO AF} | PPARENT INJURY | NON DEPLOYED | | | | | |
| | Ejected Ejection Path | | | Trapped/Extricated | | | | | |
| | | NOT EJECTED | NOT EJECTED/NOT AP | PLICABLE | | | | | |
| | Medical Transport | | | EMS Agency Identifier | EMS Run # | | | | |
| | | | | | | | | | |
| | | NOT TRANSPORTED | | | | | | | |
| | | NOT TRANSPORTED | | port does not include any C IIS data | Crash Date 12 | 10.0 10.0 1.0 | | | |

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| | | Hospital | | | Date of Death | | Time of Death | |
|---------------|-----------|-------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------|----------------------|----------------|
| | | Distracted By | Distracted By Se | ource ABLE (NOT DISTRAC | CTED) | | | |
| | | Distracted By Action NOT DISTRACTED |) | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| | JAL | | | | | | | |
| | NDIVIDUAL | | | | | | | |
| | IND | | | | | | | |
| | | | | | | | | T. (5. 0.1. 1 |
| | | Action Other | | | | | | To/From School |
| | L | Drug & Alcohol | Suspected Alco NO | nol Use | Suspected Drug Use | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN Drug Test Given | | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | | Diag root type | | Drug rest Results | | |
| 5 5 Drug Type | | | | | | | | |
| 0 | õ | | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORM | IAL | | | | | |
| | | Violations | | | | | | |
| | 01 | UTC Number BB957365 | Issue To? 001 | Statute Number 343.05(3)(a) | Description OPERATE W/O VAL | ID LICENSE (1S | T VIOLATION) | |