

6TL08S5WVG

20-02556

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON ST PAUL RD 125 FT N OF KILLDEER CT IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.63191885	Longitude -90.096323952
	X Coordinate 250219.453125	Y Coordinate 4835651.5
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SLUSH	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT 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 INTERSECTION	Intersection Type Y-INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN	Operating As Endorsements			
	Total Occs 02	Train/Bus # Recorded	Total # Citations Issued 00	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 02
	Most Harmful Event: Collision With DITCH	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				

UNIT	Vehicle				
	01	License Plate Number 2585691B	Plate Type	St IL	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FTYE1YM9GKB48907	Make FORD	Year 2016	Model CARGO VAN
	VEHICLE	Color WHI - WHITE	Body Style VN - VAN		Bus Use
		Initial Contact Point 06 - REAR	Vehicle Damage		
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions RAN OFF ROADWAY			
01	Owner Name VIGA DESIGN INC		Owner Address 273 MARQUETTE DRIVE BOLINGBROOK, IL 60440 , US	
	Sequence Of Events			
01	Event DITCH			
	Event			
	Event			
	Event			
02	Event			
	Event			
	Event			
	Event			
03	Event			
	Event			
	Event			
	Event			
04	Event			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		Organization/Company VIGA DESIGN INC	
	Individual			
	UNIT	Driver NICHOLAS S FOWLER (708) 577-0080		Citations Issued 00
Address 7227 W 85TH ST BRIDGEVIEW, IL 60455 , US		Date of Birth [REDACTED]	Race WHITE	
		Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES		
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	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
01	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		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					
		Individual					
		Passenger WERONIKA M KUBINSKA			Citations Issued 00	Sex FEMALE	
		Address 8804 W 75TH STREET JUSTICE, IL 60458 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
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			
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT INDIVIDUAL 01 002	Prior Action		
	Action		
	Action Other		To/From School
	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		