

6TL0BC3B4L
20-07807

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 20-07807	Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 08/07/2020		Crash Time 09:50 AM	Date Arrived 08/07/2020	Time Arrived 11:00 AM	
Date Notified 08/07/2020		Time Notified 10:36 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</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. WHILE EASTBOUND, THE OPERATOR OF UNIT 1 VEERED OFF THE ROADWAY AND STRUCK A MAILBOX. NO REPORTED INJURIES.

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Location

ON E8781 CTHH EB 338 FT W OF OAK HILL RD (FIRE E8781) IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.610670322	Longitude -89.884321427
	X Coordinate 267240.40625	Y Coordinate 4832675
	Structure Type FIRE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	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 CrashTire Mark	Speed Limit 55	Total Lanes 2
	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 LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number AAV3721	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4S3BNBL69F3048867	Make SUBARU	Year 2015	Model LEGACY 2.5
		Color BLU - BLUE	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		
Extent Of Damage FUNCTIONAL DAMAGE					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE			
01	01	Owner Name ROBERTA ANN LARSON (715) 892-6444		Owner Address 547 LAUREL ST REEDSBURG, WI 53959 , US
		Sequence Of Events		
01	01	Event MAILBOX		
		Event		
		Event		
		Event		
UNIT	Policy Holder			
	Insurance Company HARTFORD-CASUALTY-INS-CO		Individual ROBERTA LARSON	
UNIT	Individual			
	Driver ROBERTA ANN LARSON (715) 892-6444		Citations Issued 0	Sex FEMALE
	Address 547 LAUREL ST REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Safety Equipment SHOULDER & LAP BELT		Row 01 - FRONT ROW
		Seat Position 07 - LEFT		Helmet Use
		Helmet Compliance		Eye Protection
		Tint Compliance		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 UNKNOWN				

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UNIT	Non Motorist	Striking Unit #		Location			
		Prior Action					
	INDIVIDUAL	Action					
		Action Other				To/From School	
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	01	001	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				