

6TL0D0GSFR
20-10592

Wisconsin Motor Vehicle
Crash Report

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

6TL0D0GSFR

Document Number Override		Primary Crash Document #		Agency Crash Number 20-10592		Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 08/29/2020		Crash Time 11:10 AM		Date Arrived 08/29/2020		Time Arrived 11:28 AM	
Date Notified 08/29/2020		Time Notified 11:12 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

Location

ON STH33 EB 1264 FT N OF STOUT RD IN THE TOWN OF LA VALLE IN SAUK COUNTY		Latitude 43.63011185	Longitude -90.1719199	Lat/LongSource TLT/ILT	Access Control		
		X Coordinate 244113.1562	Y Coordinate 4835681.5	On Roadway Link ID# 5021962	On Roadway Link Offset 1790		
		Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE		

Crash Scene

First Harmful Event MAILBOX		First Harmful Event Location SHOULDER RIGHT			
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT			
Road Surface Condition(s) DRY		Environment Factor(s) NONE			
Roadway 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

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
UNIT	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	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	
01	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					

Wisconsin Motor Vehicle
Crash Report

01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 1	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name CASTILE		First Name JANICE		Middle Initial M	Suffix		
	Street Address 101 DIECE ST		Street Address 2		PO Box			
	City LA VALLE		State WI	Zip Code 53941		Country of Residence UNITED STATES		
	DOB	Sex F	Race W	Hair BROWN	Eyes BLUE	Height 501	Weight 125	Phone Number (608) 479-1244 EXT.
	Driver's License Number		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2021			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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								
01 UNIT 02	Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name RICK		First Name ABIGAIL		Middle Initial L	Suffix		
	Street Address S1023 CTH G		Street Address 2		PO Box			
	City WONEWOC		State WI	Zip Code 53968		Country of Residence UNITED STATES		

Wisconsin Motor Vehicle
Crash Report

UNIT INDIVIDUAL	DOB		Sex F	Race W	Hair	Eyes	Height	Weight	Phone Number	
	Driver's License Number				State	License Jurisdiction NOT LICENSED	Country of Issuance			
	License Type				License Status NOT LICENSED			DL Expire Year		
	Equipment		On Duty Accident			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 APPLICA			Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED				EMS Agency Identifier			EMS Run #		
Hospital				Date of Death			Time of Death			
UNIT INDIVIDUAL	Non Motorist		Striking Unit #			Location		To/From School		
	Prior Action				Action					
	Distracted By Action									
	Distracted By Source				Action Other					
	Drug & Alcoh		Individual Condition APPEARED NORMAL							
UNIT INDIVIDUAL	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									
UNIT INDIVIDUAL	Role PASSENGER				Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name RICK				First Name ADAM				Middle Initial D	Suffix
	Street Address S1023 CTH G				Street Address 2				PO Box	
	City WONEWOC				State WI		Zip Code 53968		Country of Residence UNITED STATES	

Wisconsin Motor Vehicle
Crash Report

UNIT INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes	Height	Weight	Phone Number
	Driver's License Number			State	License Jurisdiction NOT LICENSED	Country of Issuance		
	License Type			License Status			DL Expire Year	
	Equipment	On Duty Accident		Safety Equipment				
	Row 02 - SECOND ROW	Seat Position 07 - LEFT		CHILD RESTRAINT SYSTEM - FORWARD FACING				
	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 APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death			
UNIT INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
UNIT INDIVIDUAL	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							
	License Plate Number 871XKR			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G1ZC5E00CF244813					Year 2012	Make CHEVROLET		
Model MALIBU			Body Style 4D - 4DR			Color BLK - BLACK		
Initial Contact Point 02 - RIGHT SIDE FRONT								

Wisconsin Motor Vehicle
Crash Report

UNIT VEHICLE	01	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 02 - RIGHT SIDE FRONT, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
		Towed Due To Damage NOT TOWED		Vehicle Factors		
		Vehicle Removed By OPERATOR		NOT APPLICABLE		
		What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other	Bus Use	
		Driver Actions FAILURE TO CONTROL				
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address	
		Organization Type INDIVIDUAL		Company Name		
		Last Name CASTILE	First Name JANICE	Middle M	Suffix	Date of Birth
		Street Address 101 DIECE ST		Street Address2	PO Box	
		City LA VALLE	St WI	Zip Code 53941	Country of Residence UNITED STATES	
	Telephone Number (608) 479-1244 EXT.					
	01	Event MAILBOX				
	02	Event DITCH				
	03	Event MAILBOX				
	04	Event				
UNIT	01	UTC Number BG023532	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	
	HOL	Insurance Company STATE-FARM-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
		Organization Type INDIVIDUAL	Last Name CASTILE	First Name JANICE	Policy Holder Company	

Property Owner

PROP OWNER	01	Individual MARCELLA A SOBECK (608) 415-9222	Address S505 STH 33 WONEWOC, WI 53968 , US
------------	----	--	--

Fixed Objects Struck

01	Striking Unit 01	Struck Object MAILBOX	Structure Number	Damage Tag Number
----	----------------------------	---------------------------------	------------------	-------------------

Property Owner

PROP OWNER	02	Individual SANDRA K HANKO (608) 393-5955	Address S502 STH 33 WONEWOC, WI 53968 , US
------------	----	---	--

Fixed Objects Struck

02	Striking Unit 01	Struck Object MAILBOX	Structure Number	Damage Tag Number
----	----------------------------	---------------------------------	------------------	-------------------

Description

<p>Diagram</p> <p style="text-align: center;">NOT DRAWN TO SCALE</p>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information NONE</p>
--	---

UNIT 1 WAS E/B ON STH 33 WHEN DRIVER STATES SHE WENT OFF THE PAVED PORTION ON THE HWY AND ONTO THE SOFT SHOULDER. SHE STATED THE GRAVEL SUCKED HER INTO THE SHOULDER FURTHER AND SHE HIT 2 MAILBOXES AND ENDED UP IN THE DITCH.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name FINNEGAN	Officer First Name S	Officer Middle Name A	Suffix
DOT Officer ID 9107		DNR Officer ID	Officer Badge Number 9107	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	

6TL0D0GSFR
20-10592

**Wisconsin Motor Vehicle
Crash Report**

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

Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

OFFICE USE ONLY