6TL0B655QD 20-10716

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrio						(606) 336-4693
	de Primary Crash I		ency Crash Number 10716	Investigating Of DEPUTY W. I		
Crash Date 09/01/2020	Crash Time 08:50 PM		e Arrived 01/2020	Time Arrived 09:11 PM		
Date Notified 09/01/2020	Time Notified 08:59 PM	Tot 01	al Units	Total Injured 00	Total Kille	ed
On Emergency	Hit and Run	Lane Closure	Work Zone	Traîler or	Towed	Reporting Threshold
Government Property	Active Sc	chool Zone Sch	ool Bus Related	Tags		
Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amended		Secondary Crash
Description Diagram	•				econstructio	•
	IOT TO SCAL	.E			notos By 140	ormation

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	Location —								
	ON STH154 WB				Latitude			Longitu	ide
	0.29 MI S					43.484716396			5946366
	OF STHSTH WB IN THE TOWN OF REEDSBURG					X Coordinate		Y Coord	dinate
	IN THE TOWN OF REEDS IN SAUK COUNTY	259345.0625		4818947		47			
					Structure Type				
					NO STRUCTURE				
	Crash Scene				•				
	First Harmful Event				FiretHarm	ıful Event Lo	ncation		
	MAILBOX				ROADSI		3044011		
	Manner of Collision				Light Cone	dition			
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT			DARK/U				
	Road Surface Condition(s)				Roadway	Factor(s)			
	WET								
	Environment Factor(s)				1				
	WEATHER CONDITIONS					URFACE	CONDITION	(WET, IC	CY, SNOW, SLUSH,
	Weather Condition(s)				ETC)				
	CLOUDY, RAIN								
	Animal Type				1	o Trafficwa CWAY - OI	•		
	Crash Classification - Location				Crash Cla	ssification -	Jurisdiction		
	PUBLIC PROPERTY					CIAL JURI	SDICTION		
	Tribal Land		Access Contro			Special Study		Special Study	
	1					no control ction Type AN INTERSECTION			
	Unit Summary								
	Unit Status		Vehicle Ope	erating As C	lassification		UnitType		
	IN TRANSIT D CLASS				AUTOMOBILE				
5	Vehicle Type		•				Operating As Endorsements		
_	Total Occs	PASSENGER CAR Total Occs Train/Bus#Recorded				1 Total Trail		ailers Total HazMat Types	
	1	Train/Dus#Trecolded	Train/Bus#Recorded Total#Citations 4		ued lotaillai		0		ziviat i ypes
	Insurance?	surance? Direction Of Travel		Pre CrashTire		Speed Lir		TotalLar	es
—	UNKNOWN	SOUTHBOUND		55		2			
	Most Harmful Event: Collision \	With	1 '	Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature CURVE RIGHT				cy Motor Vehicle Use	
	DITCH						NOT APPLICABLE Traffic Control Inoperative/Missing NO Road Grade		
	Traffic Way		1						
	TWO-WAY, NOT DIVIDED Surface Type								
	BLACKTOP (BITUMINOUS	S)	1				DOWNHILL		
	Truck Bus or HazMat	-,	- Communication						
	NO								
	Vehicle	**************************************	ennanananan <u>an</u>	ecececec	·cccccccccc		********	55555555	
	License Plate Number Plate Type			e St		St	Country of Issuance		
	ADR7344	AUT - AU	AUT - AUTOMOBILE		WI	UNITED STATES			
_	Vehicle Identification Nur	Make			Year	Model			
2	5 1B3HB48B27D41167	DODGE	DODGE 2007		2007	CALIBER			
	Color	1 .	Body Style Bus Use						
	SIL - SILVER (ALUMI		4H - HATCHBACK 4 DOOR						
_	Initial Contact Point	Vehicle Da	-			= ==			
	<u>☐</u> 12 - FRONT	01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LI REAR CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 -							
_	T Eviant Of Damaga	12 - FRONT Extent Of Damage DISABLING DAMAGE			UNDERCARRIAGE				

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		Towed Due To Damage TOWED DUE TO DISAE	LING DAMA	I	hicle Removed By EVES AUTO SERVICE						
		What Driver Was Doing NEGOTIATING CURVE			Vehicle Factors						
		Driver Prior Action Other		NO	NOT APPLICABLE						
LINO	VEHICLE	Driver Actions FAILURE TO CONTROL	., RAN OFF I	ROADWAY, FAILEI	D TO KEEP IN DESIGNA	ATED LANE					
2	01	OwnerName MiCHELLE S FRANZEN (608) 432-9056			Owner Address S877 CHRISTMAS MOUNTAIN DR WISCONSIN DELLS, WI 53565 , US						
			\$								
	5	Event MOTOR VEH IN TRANS	PORT								
	02	Event RUN OFF ROADWAY LI	EFT								
	03	Event MAILBOX									
	10	Event DITCH									
		Individual									
	_	Driver MICHELLE S FRANZEN			Citations Issued 4		Sex FEMALE				
⊨	DUA	(608) 432-9056		1	Date of Birth		Race WHITE				
TNO.	INDIVIDUA	Address 8877 CHRISTMAS MOUNTAIN DR WISCONSIN DELLS, WI 53965 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Saf	On Di ety Equipment	uty Crash		Safety Equipment						
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT						
		Helmet Use			HeimetCompliance						
		Eye Protection			TintCompliance						
2	5	SSECTION OF A STATE OF			Airbag NON DEPLOYED						
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPL			.iCABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
	Hospital			1	Date of Death	Death Time of Death					
		Distracted By NOT	cted By Source APPLICABL	E (NOT DISTRACT	red)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist	ng Unit#	Location							

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		Prior Action								
TIND		Action								
		Action Other						To/From School		
	Drug & Alcohol YES Suspected Drug Use YES Suspected Drug Use YES									
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	AlcoholTestResults					
	Drug Test Given Drug Test Type TEST NOT GIVEN			Drug Test Results						
9	Drug Type									
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL									
		Violations					55 55 55 55 55 55 55 55 55 55 55 55 55			
	UTC Number Issue To? Statute Number 346.63(1)(a)			Description OPERATING WHILE UNDER THE INFLUENCE						
	2	UTC Number BB958349	Issue To?	Statute Number 346.05(1)	Description OPERATING LEFT O	OF CENTER	FCENTER			
	8	UTC Number Issue To? Statute Number 346.13(1) Description UNSAFE LANE DEVIATION								
	UTC Number Issue To? Statute Number 346.70(1) Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT							NT		