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20-13966

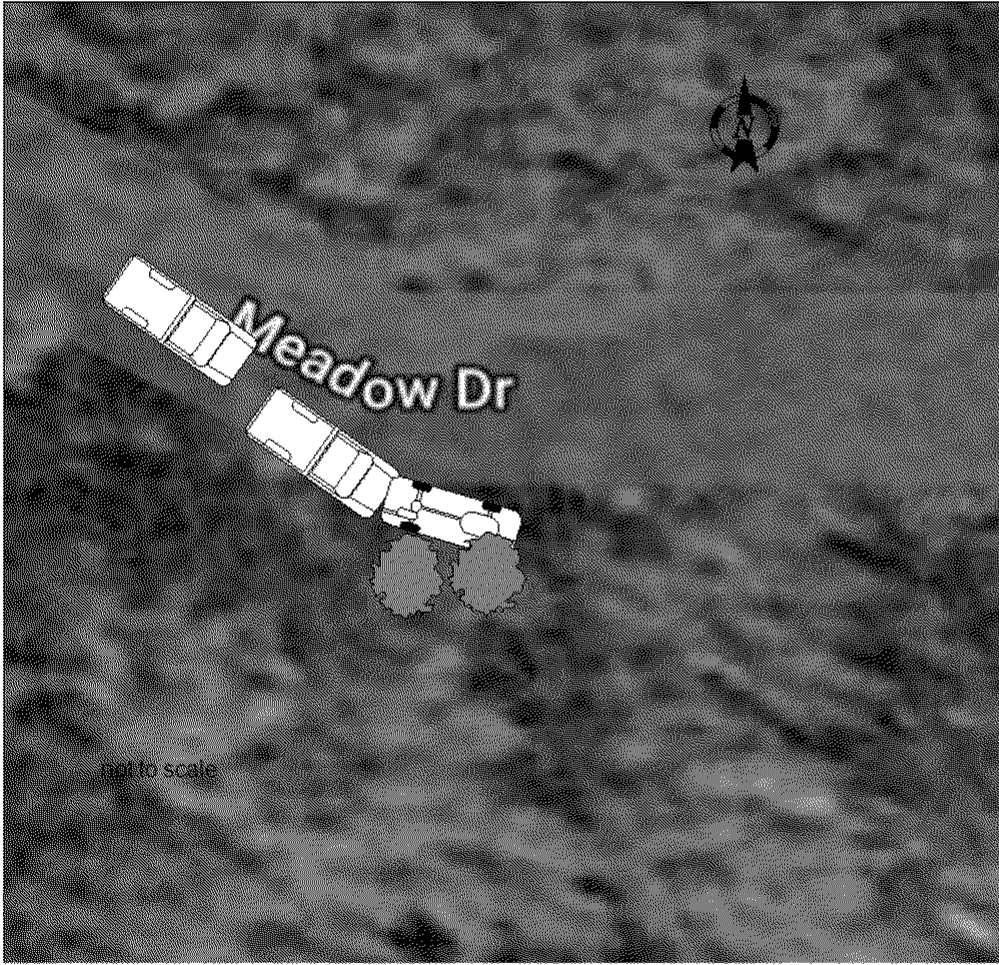
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 20-13966		Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>	
Crash Date 12/12/2020		Crash Time 08:00 AM		Date Arrived 12/12/2020		Time Arrived 09:11 AM	
Date Notified 12/12/2020		Time Notified 08:25 AM		Total Units 01		Total Injured 01	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

Diagram		Reconstruction By	
		Photos By <b>DEPUTY MEARS</b>	
		Additional Information <b>PHOTOS</b>	

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

UNIT WAS EB ON MEADOW ROAD ON SNOW COVERED ROADWAY. OPERATOR STATED SHE DID NOT SLOW DOWN ON THE CURVE AND WENT STRAIGHT OFF THE ROADWAY. UNIT WENT ABOUT 10 FEET OFF OF THE ROADWAY DOWN AN EMBANKMENT OVERTURNING PARTIALLY ONTO THE FRONT DRIVERS SIDE OF THE HOOD, WHERE IT STRUCK TWO TREES AND STOPPED. OPERATOR WAS ABLE TO CLIMB OUT THE REAR WINDOW AFTER CONTACTING HER FATHER WHO HELPED HER OUT. SHE HAD A SMALL SCRATCH ON HER RIGHT HAND. UNIT WAS PULLED OUT BY ARNESON'S TOWING AND TAKEN TO OWNERS, ALSO THE REPORTING PARTIES HOME. REPORTING PARTY IS THE REGISTERED OWNER, MICHAEL L LONG. OPERATOR WAS ISSUED A WRITTEN WARNING FOR OPERATING TOO FAST FOR CONDITIONS.

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## Location

ON MEADOW DR 0.44 MI W OF ELI VALLEY RD IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude 43.401666517	Longitude -90.079428625
	X Coordinate 250635.140625	Y Coordinate 4810027.5
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>TREE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>WARNING SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>20083K</b>	Plate Type <b>KID - CELEBRATE CHILD</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1B7KF26C3RS669174</b>	Make <b>DODGE</b>	Year <b>1994</b>	Model <b>RAM</b>	
	Color <b>RED - RED</b>	Body Style <b>PK - PICKUP</b>		Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 13 - TOP</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>ARNESON SERVICE</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>			
01 01	Owner Name <b>MICHAEL G LONG (608) 415-2397</b>		Owner Address <b>E4445 MEADOW DR HILLPOINT, WI 53937 9517, US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>EMBANKMENT</b>		
	02	Event <b>OVERTURN/ROLLOVER</b>		
	03	Event <b>TREE</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-AUTOMOBILE-INS-CO</b>		Individual <b>MICHAEL LONG</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JENAVEV R LONG (608) 415-2397</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>E4445 MEADOW DR HILLPOINT, WI 53937 9517, US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		
		Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
Hospital		EMS Agency Identifier		
		EMS Run #		
		Date of Death		
		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <b>NOT DISTRACTED</b>		

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>01</b> <b>001</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					