

6TL0DBC3CP  
21-08020

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 21-08020		Investigating Officer/Deputy DEPUTY C. GALLAGHER	
Crash Date 08/24/2021		Crash Time 08:30 AM		Date Arrived 08/24/2021		Time Arrived 12:43 PM	
Date Notified 08/24/2021		Time Notified 10:11 AM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

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

SPOKE WITH PROPERTY OWNER WHO BELIEVES THAT A VEHICLE STRUCK HER MAILBOX. IT IS UNKNOWN WHO STRUCK THE MAILBOX. I DID OBSERVE DAMAGED MAIL BOX ALONG SOUTHBOUND LANE OF CTH A. NO TIRE MARKS IN THE AREA AND THE VEHICLE LEFT THE SCENE.

**Location**

ON CTHA WB 195 FT N OF STAND ROCK RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.64060299	Longitude -89.789461089
	X Coordinate 275007.53125	Y Coordinate 4835738
	Structure Type NO STRUCTURE	

**Crash Scene**

First Harmful Event MAILBOX		First Harmful Event Location ROADSIDE	
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 PRIVATE PROPERTY		Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

**Unit Summary**

UNIT 01	Unit Status HIT AND RUN		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? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MAILBOX			Special Function UNKNOWN	Emergency Motor Vehicle Use UNKNOWN	

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Traffic Way <b>UNKNOWN</b>		Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>																
Surface Type <b>UNKNOWN</b>		Road Curvature <b>UNKNOWN</b>		Road Grade <b>UNKNOWN</b>																
Truck Bus or HazMat <b>NO</b>																				
<b>Vehicle</b>																				
01	UNIT	License Plate Number		Plate Type	St															
		Vehicle Identification Number		Make	Year															
01	VEHICLE	Color		Body Style	Bus Use															
		Initial Contact Point <b>99 - UNKNOWN</b>		Vehicle Damage																
01	VEHICLE	Extent Of Damage <b>VEHICLE NOT AT SCENE</b>		<table border="1"> <tr> <td>7</td><td>8</td><td>9</td><td>10</td><td>11</td> </tr> <tr> <td>6</td><td></td><td></td><td></td><td>12</td> </tr> <tr> <td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> </table>		7	8	9	10	11	6				12	5	4	3	2	1
		7	8	9	10	11														
6				12																
5	4	3	2	1																
01	UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>																
		What Driver Was Doing <b>UNKNOWN</b>		Vehicle Factors																
01	VEHICLE	Driver Prior Action Other		<b>UNKNOWN</b>																
		Driver Actions <b>UNKNOWN</b>																		
01	UNIT	Owner Name		Owner Address																
<b>Sequence Of Events</b>																				
01	UNIT	Event <b>MAILBOX</b>																		
		Event																		
		Event																		
		Event																		
<b>Individual</b>																				
01	INDIVIDUAL	Unknown		Citations Issued <b>0</b>	Sex															
				Date of Birth	Race															
01	INDIVIDUAL	Address		Driver License Number																
<b>Safety Equipment</b>		On Duty Crash		Safety Equipment																
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>																
		Helmet Use		Helmet Compliance																

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01 001	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		
	Action		
UNIT INDIVIDUAL	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
	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 NOT OBSERVED		

Property Owner

01 PROP OWNER	Individual JEAN LOUISE BREW (698) 254-7428	Address S120 COUNTY ROAD A WISCONSIN DELLS, WI 53965 , US
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Fixed Objects Struck

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