

KRL0N2G27B
000203-4089

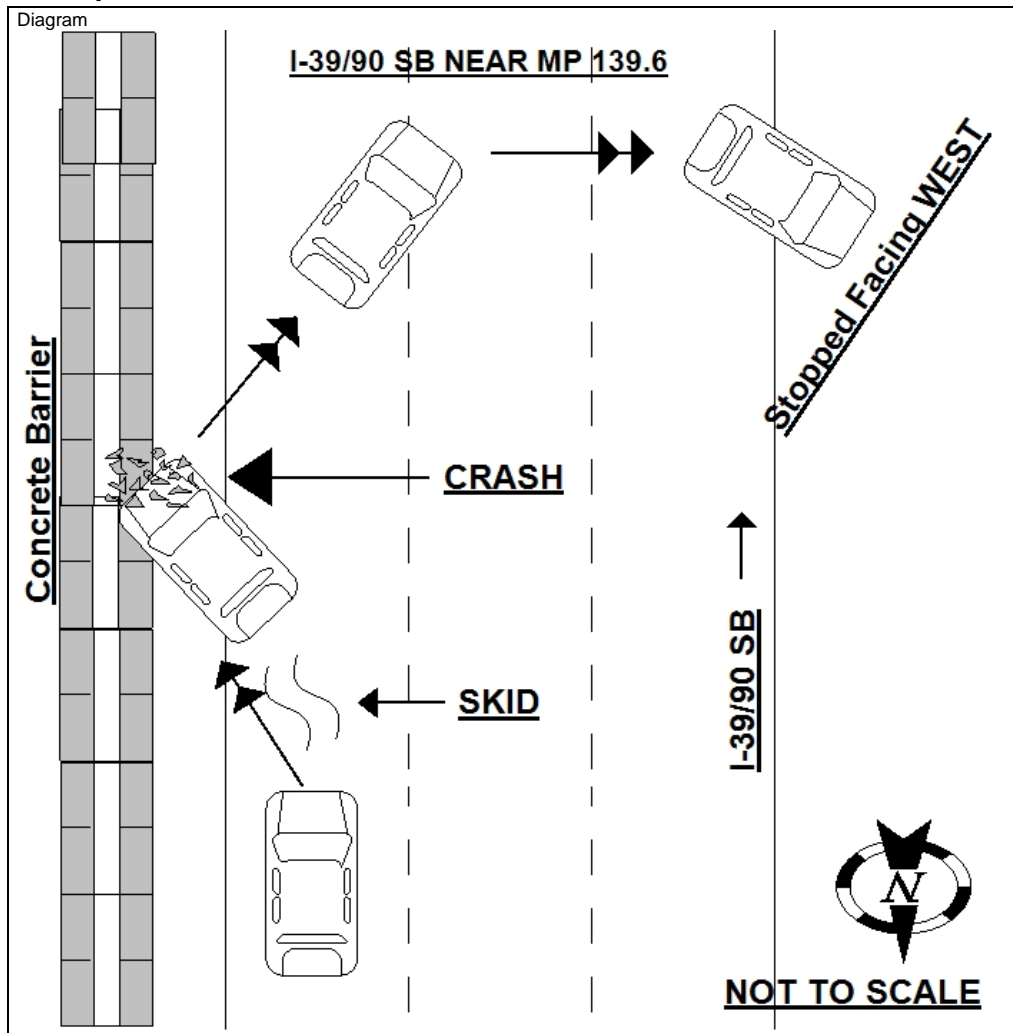
WISCONSIN MOTOR VEHICLE CRASH REPORT

WI STATE PATROL SWR/DEF
911 W NORTH ST
DE FOREST, WI 53532 1971
(608) 846-8500

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Document Number Override	Primary Crash Document #	Agency Crash Number 000203-4089	Investigating Officer/Deputy TROOPER W. VANG	
Crash Date 01/06/2022	Crash Time 09:30 AM	Date Arrived 01/06/2022	Time Arrived 09:40 AM	
Date Notified 01/06/2022	Time Notified 09:39 AM	Total Units 01	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 TPR W. VANG
Additional Information PHOTOS	

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

UNIT 1 WAS TRAVELING EB ON I-39/90 NEAR MP 139.6 IN LANE ONE. UNIT 1 TRAVELED OVER AN ICY PATCH AND SWERVED OUT OF LANE ONE INTO THE MEDIAN CONCRETE BARRIER. UNIT 1 STRUCK THE CONCRETE BARRIER AND TRAVELED ACROSS ALL THREE LANES FACING WEST BOUND. UNIT 1 WAS PARTIALLY IN LANE 3 WHEN IT CAME TO A STOP. I ARRIVED ON SCENE AND WAS INFORMED BY BYSTANDERS WHO STOPPED ON SCENE THAT DRIVER OF UNIT 1 HAD A POSSIBLE BROKEN LEFT ARM AND WAS GOING INTO SHOCK. I REQUESTED FOR MEDICAL ASSISTANCE FROM DEFOREST POST COMMUNICATIONS CENTER. EMS AND FIRE ARRIVED ON SCENE AND ASSISTED WITH THE INJURY TO THE DRIVER OF UNIT 1. I ASKED THE DRIVER OF UNIT 1 WHAT HAPPENED. THE DRIVER OF UNIT 1 STATED THAT SHE WAS TRAVELING SOUTHBOUND AND HIT AN ICY PATCH. SHE SWERVED INTO THE CONCRETE BARRIER AND SPUN ACROSS ALL THREE LANES AND ENDED UP ON THE RIGHT SHOULDER. DRIVER OF UNIT 1 WAS TRANSPORTED TO ST. MARY'S HOSPITAL IN MADISON. I WAS GIVEN A NAME, DATE OF BIRTH, AND STATE OF THE DRIVERS LICENSE FROM THE DRIVER. I CONDUCTED A RECORDS CHECK AND OBTAINED A PHOTO ON THE DRIVER. PHOTO AND RECORDS CHECK CONFIRMED THE DRIVER AND CONFIRMED THE DRIVER HAD A SUSPENDED LICENSE. CITATION AND CRASH REPORT INSTRUCTIONS WERE SENT THROUGH THE MAIL. NO FURTHER INCIDENT OCCURRED.

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Location

ON IH39 SB 0.32 MI S OF COTTAGE GROVE RD/ CTHBB SB IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.080007872	Longitude -89.28234736
	X Coordinate 314207.8125	Y Coordinate 4772228
	Structure Type	

Crash Scene

First Harmful Event CONCRETE TRAFFIC BARRIER		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SNOW, ICE		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 01/06/2022	Time Initial Lane/Rd Closed 09:38 AM	LAW ENFORCEMENT, FIRE/EMS	
Date All Lanes Open 01/06/2022	Time All Lanes Open 10:00 AM	Date Scene Cleared 01/06/2022	Time Scene Cleared 10:14 AM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 70	Total Lanes 6	
	Most Harmful Event: Collision With CONCRETE TRAFFIC BARRIER		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY MEDIAN W/BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number AJA2509		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1G2ZF57B284198468		Make PONTIAC	Year 2008	Model G6		

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UNIT VEHICLE	Color GRY - GRAY		Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 99 - UNKNOWN		Vehicle Damage 15 - ALL AREAS		
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By LIBERTY TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors TIRES		
	Driver Prior Action Other				
UNIT VEHICLE	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL				
	Owner Name APRIL MARIE SHEETS (608) 445-2041		Owner Address W10976 GLEN DR BEAVER DAM, WI 53916 , US		
	Sequence Of Events				
UNIT	01	Event CONCRETE TRAFFIC BARRIER			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company CNAC		Individual APRIL SHEETS		
UNIT INDIVIDUAL	Individual				
	Driver APRIL MARIE SHEETS (608) 445-2041		Citations Issued 1	Sex FEMALE	
			Date of Birth 05/05/1986	Race WHITE	
	Address W10976 GLEN DR BEAVER DAM, WI 53916 , US		Driver License Number S3200138666507 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 001	Safety Equipment		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		
	Helmet Use		Safety Equipment SHOULDER & LAP BELT		
	Eye Protection		Helmet Compliance		
	Tint Compliance		Airbag DEPLOYED-FRONT		
	Injury		Injury Severity SUSPECTED SERIOUS INJUR		
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND		EMS Agency Identifier 6000358		EMS Run # 22006280	

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UNIT	INDIVIDUAL
01	001