

6TL0B4X4NS
20-10450

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 20-10450		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 08/25/2020		Crash Time 03:27 PM		Date Arrived 08/25/2020		Time Arrived 03:27 PM	
Date Notified 08/25/2020		Time Notified 03:27 PM		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	

Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information NONE	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			
OPERATOR WB ON CTH W AND TURNED INTO E10766 CTH W BUT TURNED TOO SOON AND MISSED THE DRIVEWAY AND STRUCK RETAINING WALL. NO INJURIES REPORTED AND VEHICLE SUSTAINED MINOR DAMAGE. VEHICLE WAS REMOVED BY OPERATOR.			

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Location

ON CTHW WB 394 FT E OF LOVERS LN IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.460018533	Longitude -89.787000812
	X Coordinate 274533.25	Y Coordinate 4815674.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
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 - NOT 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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OTHER FIXED OBJECT	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 DOWNHILL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number B310259	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 19XFC2F53GE055379	Make HONDA	Year 2016	Model SEDAN
	Color BLK - BLACK	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing RIGHT TURN	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
01 01	Owner Name VEERABHADRA R KOTAMARTHI (847) 975-6121	Owner Address 160 DOVER CIR LAKE FOREST, IL 60045 , US	
	Sequence Of Events		
01 01	01	Event DITCH	
	02	Event OTHER FIXED OBJECT	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company ALLSTATE-INS-CO	Individual VEERABHADRA KOTAMARTHI	
UNIT INDIVIDUAL	Individual		
	Driver JANAVI KOTAMARTHI (847) 975-6121	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race INDIAN
	Address 160 DOVER CIR LAKE FOREST, IL 60045 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment 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 APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
01	001	Drug & Alcohol		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						
		Individual Condition APPEARED NORMAL						
		UNIT	INDIVIDUAL	Individual				
				Passenger YASH S GOKHALE (401) 626-0334		Citations Issued 0	Sex MALE	
				Address 1402 REGENT ST #413 MADISON, WI 53711 , US		Date of Birth [REDACTED]	Race INDIAN	
						Driver License Number		
		01	002	Safety Equipment		On Duty Crash	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 APPLICABLE	Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run#				
Hospital			Date of Death	Time of Death				
Distracted By		Distracted By Source						
Distracted By Action								
UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location			

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	Drug & Alcohol 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			
Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual	
		Passenger ACHUTH RAGHUNATH (224) 817-4922	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race
Address 9665 QUIET MEADOW LN FRISCO, TX 75033 , US			
Driver License Number			
01	003	Safety Equipment On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT
		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 APPLICABLE Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED EMS Agency Identifier			
EMS Run#			
Hospital			
Date of Death			
Time of Death			
Distracted By Distracted By Source			
Distracted By Action			
Non Motorist Striking Unit#			
Location			
Prior Action			

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01 003 UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	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		
	Individual Condition APPEARED NORMAL		