

6TL0D1PTLV
21-11523

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 21-11523		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 12/01/2021		Crash Time 02:25 PM		Date Arrived 12/01/2021		Time Arrived 02:41 PM	
Date Notified 12/01/2021		Time Notified 02:31 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

<p>Diagram</p>		<p>Reconstruction By</p>	
		<p>Photos By DEP. S. MESSNER #9134</p>	
		<p>Additional Information PHOTOS</p>	

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

ON 12/1/2021 AT APPROXIMATELY 2:25 PM, UNIT 1, A BLUE 2005 CHRYSLER 300, A FOUR DOOR SEDAN, BEARING IL REGISTRATION PLATE #CS17619, WAS EASTBOUND ON STH 33, WEST OF MIRROR LAKE ROAD, TOWNSHIP OF DELTON, SAUK COUNTY, WISCONSIN. THE DRIVER WAS HEXADORE C. RANDALL AND THE PASSENGER, SITTING IN THE FRONT PASSENGER SEAT WAS DANIELLE EVA MELTON. UNIT 1 WENT ONTO THE EASTBOUND SHOULDER TO AVOID A CRASH WITH A REPORTED OVERSIZED SEMI-TRUCK. THE DRIVER OVER CORRECTED, CROSSED THE ROADWAY AND WENT INTO THE WESTBOUND DITCH. THE SEMI-TRUCK IS AN UNKNOWN UNIT WITH NO KNOWN PLATES OR KNOWN INFORMATION. BOTH OCCUPANTS WERE UNINJURED. UPON INSPECTION OF THE VEHICLE, THE DRIVER SEAT SEATBELT WAS TIED TO THE BUCKLE, MAKING IT UNUSABLE. THE DRIVER, UPON REQUEST, COULD NOT PROVIDE VALID PROOF OF INSURANCE, BUT CLAIMED HE HAD INSURANCE. THE VEHICLE WAS REMOVED BY CRAIG'S TOWING. THE DRIVER WAS CITED AND RELEASED FROM THE SCENE.

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Location

ON STH33 EB 262 FT W OF MIRROR LAKE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.525399767	Longitude -89.838229104
	X Coordinate 270636.53125	Y Coordinate 4823076
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
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) CLOUDY		
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

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

Vehicle

UNIT	VEHICLE	License Plate Number CS17619	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
		Vehicle Identification Number 2C3AA63H25H576671	Make CHRYSLER	Year 2005	Model 300
		Color BLU - BLUE	Body Style 4D - 4DR	Bus Use	
		Initial Contact Point 00 - NON-COLLISION	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	14 - UNDERCARRIAGE		

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01 01	Owner Name ANNETTE GIBSON		Owner Address 828 N PARKSIDE 2ND FLOOR CHICAGO, IL 60651 , US	
	Sequence Of Events			
01 01	01	Event RUN OFF ROADWAY RIGHT		
	02	Event REENTERING ROADWAY		
	03	Event RUN OFF ROADWAY LEFT		
	04	Event DITCH		
UNIT	Policy Holder			
	Insurance Company DIRECT AUTO INSURANCE		Individual ANNETTE GIBSON	
UNIT INDIVIDUAL	Individual			
	Driver HEXADORE C RANDALL		Citations Issued 3	Sex MALE
	Date of Birth [REDACTED]		Race BLACK/AFRICAN AMERICAN	
	Address 177 CRAIG DR CHICAGO HTS, IL 60411 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment		NONE USED - VEHICLE OCCUPANT	
	Row 01 - FRONT 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 UNKNOWN		
Distracted By Action		UNKNOWN		

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		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					
UNIT	INDIVIDUAL	Individual					
		Passenger DANIELLE EVA MELTON		Citations Issued 0	Sex FEMALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 229 N WALNUT ST REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		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			
		UNIT	INDIVIDUAL	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		

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UNIT INDIVIDUAL	Prior Action				
	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				
	Violations				
	01 002 03	01	UTC Number BG024320	Issue To? 001	Statute Number 346.57(2)
02		UTC Number BG024321	Issue To? 001	Statute Number 344.62(2)	Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE
03		UTC Number BG024322	Issue To? 001	Statute Number 347.48(2m)(b)	Description VEHICLE OPERATOR FAIL/WEAR SEAT BELT