

6TL097RB6K
21-11878

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL097RB6K

| | | | | | | | |
|--|--------------------------------------|---|------------------------------------|----------------------------------|---|---|--------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number 21-11878 | | Investigating Officer/Deputy DEPUTY C. BRATZ | |
| Crash Date 12/11/2021 | | Crash Time 12:19 AM | | Date Arrived 12/11/2021 | | Time Arrived 12:33 AM | |
| Date Notified 12/11/2021 | | Time Notified 12:19 AM | | 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 type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|---|--------------------------------|
| <p>Diagram</p> <p>STH 33/ south of Wilkinson Rd</p> <p>image not drawn to scale</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

ON THE ABOVE DATE AND TIME I RESPONDED TO A ONE VEHICLE SLIDE OFF, REPORTED AT STH 33, NORTH OF LAVALLE. I ARRIVED AT LOCATION AND MADE CONTACT WITH DRIVER. DRIVER STATED HE WAS TRAVELING NORTH ON STH 33 WHEN HE CAME ACROSS SLUSH AND SNOW IN THE ROADWAY. DRIVER STATED THIS CAUSED HIM TO LOOSE CONTROL OF HIS VEHICLE, RESULTING IN HIS VEHICLE GETTING SPUN AROUND. DRIVER STATED THAT AFTER VEHICLE SPUN OUT, VEHICLE ENTERED THE EAST SIDE OF DITCH, WHERE VEHICLE CAME TO REST. NO INJURIES REPORTED. NO DAMAGE OBSERVED. VEHICLE ASSISTED OUT OF DITCH BY SHIELDS TOWING. DRIVER WAS ABLE TO DRIVE VEHICLE AWAY FROM SCENE.

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Location

| | | |
|--|--------------------------------|----------------------------|
| ON STH33 WB 0.33 MI W OF WILKINSON RD IN THE TOWN OF LA VALLE IN SAUK COUNTY | Latitude 43.619385852 | Longitude -90.153750353 |
| | X Coordinate 245533.71875 | Y Coordinate 4834434 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|--|--|
| First Harmful Event DITCH | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) WET, SNOW, SLUSH, ICE | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) RAIN, SNOW, FREEZING RAIN OR FREEZING DRIZZLE | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - 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 01 | Unit Status IN TRANSIT | 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 2 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? UNKNOWN | Direction Of Travel NORTHBOUND | <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 CONCRETE | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | |
|-----------------------|--|--------------------------------|--------------|--------------------------------------|
| UNIT VEHICLE 01 | License Plate Number ENNIS1 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 3FADP4TJ7GM171432 | Make FORD | Year 2016 | Model FIESTA |
| | Color BLK - BLACK | Body Style HB - HATCHBACK | | Bus Use |
| | Initial Contact Point 00 - NON-COLLISION | Vehicle Damage | | |
| | Extent Of Damage NO DAMAGE | 00 - NO DAMAGE | | |



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| | | | | |
|---|---|--|---|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By SHIELDS TOWING | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND | | | |
| 01 01 | Owner Name WILLIAM C ENNIS | | Owner Address 406 SEAST STREET WONEWOC, WI 53968 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event DITCH | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver WILLIAM C ENNIS | | Citations Issued 2 | Sex MALE |
| | Address 406 SEAST STREET WONEWOC, WI 53968 , US | | Date of Birth [REDACTED] | Race WHITE |
| | Driver License Number [REDACTED] | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Safety Equipment | | SHOULDER & LAP BELT | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Helmet Compliance | |
| | Helmet Use | | Tint Compliance | |
| 01 001 | Eye Protection | | Airbag NON DEPLOYED | |
| | Injury | | Injury Severity NO APPARENT INJURY | |
| | 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 | | | | |
| 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 | | | |
| | 01 001 | UTC Number BB957676 | Issue To? 001 | Statute Number 346.57(3) |
| 02 001 | UTC Number BB957677 | Issue To? 001 | Statute Number 344.62(2) | Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE |