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21-12400

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, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
ON 12/26/2021 UNIT 1 WAS TRAVELING WESTBOUND ON US HY 33. IT WAS A SNOW BLIZZARD AND VERY HARD TO SEE. UNIT 1 LOST CONTROL CROSSING THE CENTER LINE AND INTO THE SOUTH DITCH. UNIT 1 CAME TO A REST FACING WESTBOUND. CRAIGS TOWING REMOVED VEHICLE.

Location: ON STH33 WB 0.98 MI E OF MIRROR LAKE RD IN THE TOWN OF DELTON IN SAUK COUNTY. Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type

Crash Scene: First Harmful Event, Manner of Collision, Road Surface Condition(s), Environment Factor(s), Weather Condition(s), Animal Type, Crash Classification - Location, Tribal Land, Within Interchange Area, Junction Location, Intersection Type

Unit Summary: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event, Collision With, Special Function, Emergency Motor Vehicle Use

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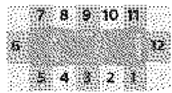
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Table with 3 columns: Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Traffic Control Inoperative/Missing (NO); Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL); Truck Bus or HazMat (NO).

Vehicle

01 UNIT VEHICLE 01

Vehicle details table including License Plate Number (313ULH), Make (CHEVROLET), Model (MALIBU), Color (BLK - BLACK), and Driver Actions (SPEED TOO FAST/COND).



01 UNIT VEHICLE 01

Sequence Of Events

01 UNIT VEHICLE 01
02
03
04

Sequence of events table with 4 rows: Event MOTOR VEH IN TRANSPORT, Event CROSS CENTERLINE, Event DITCH, Event.

01 UNIT

Policy Holder

Policy holder table with Insurance Company (STATE-FARM-GENERAL-INS-CO) and Individual (BROOKE WIRTH).

01 UNIT INDIVIDUAL

Individual

Individual details table including Driver (BROOKE MICHELE WIRTH), Sex (FEMALE), Race (WHITE), and Address (190 4TH ST REEDSBURG, WI 53959, US).

Safety Equipment

Table with 2 columns: Row, Seat Position. Includes On Duty Crash.

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01 001	Safety Equipment		SHOULDER & LAP BELT		
	01 - FRONT ROW	07 - LEFT			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
	Ejected	Ejection Path	Trapped/Extricated		
	NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
	Medical Transport		EMS Agency Identifier	EMS Run #	
	NOT TRANSPORTED				
	Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					
Action					
Action Other				To/From School	
<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO		Suspected Drug Use NO	
Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
TEST NOT GIVEN					
Drug Test Given		Drug Test Type		Drug Test Results	
TEST NOT GIVEN					
Drug Type					
Individual Condition APPEARED NORMAL					
<b>Individual</b>					
Passenger KAYDEN M EWING		Citations Issued 0	Sex MALE		
		Date of Birth [REDACTED]	Race WHITE		
Address 190 4TH ST REEDSBURG, WI 53959 , US		Driver License Number			
<b>Safety Equipment</b>		On Duty Crash			

UNIT  
INDIVIDUAL

01  
001

UNIT  
INDIVIDUAL

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01 002	Row <b>02 - SECOND ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>			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					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
Drug Type						
Individual Condition <b>APPEARED NORMAL</b>						