

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL097RB6V

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|--|---------------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number SC22-00254 | | Investigating Officer/Deputy DEPUTY C. BRATZ | |
| Crash Date 01/09/2022 | | Crash Time 08:16 PM | | Date Arrived 01/09/2022 | | Time Arrived 08:45 PM | |
| Date Notified 01/09/2022 | | Time Notified 08:16 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 | |

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 WAS NOTIFIED BY THE SAUK COUNTY DISPATCH TO RESPOND TO CTH V AND FARBEN RD FOR A TRAFFIC ACCIDENT INVOLVING ONE VEHICLE. DISPATCH ADVISED THAT THE DRIVER STRUCK FENCE AND VEHICLE WAS DISABLED. FURTHER ADVISED THAT THE DRIVER WAS CURRENTLY NOT AT LOCATION OF ACCIDENT. I ARRIVED AT THE SCENE AND OBSERVED A MAROON TRUCK WITH WI LICENSE PLATE TM5958 IN THE SOUTH SIDE DITCH APPROXIMATELY 60 YARDS OFF ROADWAY. I OBSERVED THAT THE VEHICLE SLID OFF THE ROAD, WITH TIRE MARKS IN THE SNOW FOR SOME DISTANCE, STRIKING A FENCE RIGHT OFF ROADWAY ALONG WITH AN ELECTRICAL BOX. THE VEHICLE CAME TO A REST WITH THE FRONT OF THE VEHICLE FACING THE ROADWAY. VEHICLE HAD CONSIDERABLE DAMAGE TO THE FRONT OF VEHICLE. I SPOKE WITH DRIVER AT HER RESIDENCE. SHE STATED SHE WAS OPERATING HER VEHICLE WESTBOUND ON CTH V, WHEN HER STEERING WHEEL LOCKED UP. THIS CAUSED HER TO LOSE COMPLETE CONTROL OF HER VEHICLE AND LED TO HER TO GO INTO THE DITCH, WHERE SHE STRUCK FENCE ALONG WITH AN ELECTRICAL BOX. NO REPORTED INJURIES, REFUSED EMS.

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

Location

| | | |
|---|--------------------------------|----------------------------|
| ON CTHV WB 1247 FT W OF GREEN RD IN THE TOWN OF WINFIELD IN SAUK COUNTY | Latitude 43.583806342 | Longitude -90.058740751 |
| | X Coordinate 253054.484375 | Y Coordinate 4830195.5 |
| | 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) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| 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 TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | Operating As Endorsements | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input checked="" type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | Total Lanes 2 |
| | Most Harmful Event: Collision With FENCE | 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 TM5958 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1GCEK19B66E208793 | Make CHEVROLET | Year 2006 | Model SILVERADO |
| | Color MAR - MAROON (BURGUNDY) | Body Style PK - PICKUP | Bus Use | |
| | Initial Contact Point 12 - FRONT | Vehicle Damage | | |
| | Extent Of Damage DISABLING DAMAGE | 12 - FRONT | | |



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| | | | |
|---|---|---|--------------------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | Vehicle Removed By | |
| | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | |
| | Driver Prior Action Other | STEERING | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| 01 01 | Owner Name TRACI LEE ROSE | Owner Address 127 CENTER ST LA VALLE, WI 53941 , US | |
| | Sequence Of Events | | |
| 01 01 | 01 | Event DITCH | |
| | 02 | Event FENCE | |
| | 03 | Event OTHER FIXED OBJECT | |
| | 04 | Event | |
| UNIT | Policy Holder | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | Individual TRACI ROSE | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver TRACI LEE ROSE | Citations Issued 0 | Sex FEMALE |
| | | Date of Birth [REDACTED] | Race WHITE |
| | Address 127 CENTER ST LA VALLE, WI 53941 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash |
| | | | Safety Equipment |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | 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 01 001 | 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 | | | | | |
| | Property Owner | | | | | |
| PROP OWNER 01 | Individual WALTER V FARBER | | | Address E5230 CTY RD V LAVALLE, WI 53941 , US | | |
| | Fixed Objects Struck | | | | | |
| 01 02 | Striking Unit | Struck Object | | Structure Number | Damage Tag Number | |
| | 01 | FENCE | | | 337838 | |
| 01 | Striking Unit | Struck Object | | Structure Number | Damage Tag Number | |
| | 01 | OTHER FIXED OBJECT | | | 337839 | |