

6TL0D6N02X
22-05020

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 22-05020		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 05/31/2022		Crash Time 07:24 AM		Date Arrived 05/31/2022		Time Arrived 07:42 AM	
Date Notified 05/31/2022		Time Notified 07:24 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

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.

UNIT 1 WAS WESTBOUND ON STH 33. UNIT 1 OPERATOR FELL ASLEEP. UNIT 1 OPERATOR ENTERED THE EAST SHOULDER. UNIT 1 OVER CORRECTED. UNIT 1 RECOUNTERED. UNIT 1 ENTERED THE NORTH DITCH. UNIT 1 CAME TO REST FACING SOUTHEAST IN THE NORTH DITCH.

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Location

ON STH33 WB 756 FT S OF SEFKAR RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.600792964	Longitude -90.132845697
	X Coordinate 247142.578125	Y Coordinate 4832305
	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) CLOUDY		
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	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number ANT1201	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1Y1SK5268TZ070147	Make CHEVROLET	Year 1996	Model GEO PRIZM/
		Color RED - RED	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SHIELDS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions RAN OFF ROADWAY				
01 01	Owner Name JAMES ANTHONY SEELEY (608) 462-7446		Owner Address 205 NASSAU ST APT 1 ELROY, WI 53929 , US		
	Sequence Of Events				
01 01	01	Event DITCH			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Individual				
	01 001	Driver JAMES ANTHONY SEELEY (608) 462-7446		Citations Issued 1	Sex MALE
		Date of Birth [REDACTED]		Race WHITE	
	Address 205 NASSAU ST APT 1 ELROY, WI 53929 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment		On Duty Crash			
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			
Distracted By Action UNKNOWN					
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 ASLEEP OR FATIGUED			
	Violations			
	01 001	UTC Number BG110737	Issue To? 001	Statute Number 344.62(2)