

6TLOBFKDHF  
22-12269

# 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 <b>22-12269</b>		Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>	
Crash Date <b>12/09/2022</b>		Crash Time <b>10:25 AM</b>	Date Arrived <b>12/09/2022</b>		Time Arrived <b>10:56 AM</b>	
Date Notified <b>12/09/2022</b>		Time Notified <b>10:26 AM</b>	Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

### Description

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

Non-Reportable

Slide Off

No Damage

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

UNIT 1 WAS TRAVELING EB ON STH 60. UNIT 1 WAS ATTEMPTING TO NEGOTIATE A CURVE ON THE WET, SNOW AND SLUSH COVERED ROAD. UNIT 1 STRUCK A PATCH OF SNOW AND SLUSH AND WENT INTO THE DITCH BEFORE BECOMING STUCK. A SELF HELP VEHICLE ARRIVED AND TOWED UNIT 1 FROM THE DITCH. THERE WAS NO DAMAGE TO THE VEHICLE.

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Location

ON STH60 EB 936 FT W OF BADGER RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude	Longitude
	43.201373104	-89.935602887
	X Coordinate	Y Coordinate
	261500.03125	4787362
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OTHER OBJECT - NOT FIXED	First Harmful Event Location ON ROADWAY		
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT		
Road Surface Condition(s) WET, SNOW, SLUSH, ICE	Roadway Factor(s)  NONE		
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) CLOUDY, RAIN, SNOW			
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	
Closure Type FULL CLOSURE	Reasons for Closure		
Date Initial Lane/Rd Closed 12/09/2022	Time Initial Lane/Rd Closed 11:43 AM	OTHER	
Date All Lanes Open 12/09/2022	Time All Lanes Open 12:04 PM	Date Scene Cleared 12/09/2022	Time Scene Cleared 12:04 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	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

01	License Plate Number JXH313	Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNSKCKC0KR204881	Make CHEVROLET	Year 2019	Model TAH

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Form with multiple sections: UNIT VEHICLE, UNIT VEHICLE, Sequence Of Events, Policy Holder, Individual, Safety Equipment, Injury. Includes fields for Color (BLK - BLACK), Body Style, Bus Use, Vehicle Damage (00 - NO DAMAGE), Driver Actions (NO CONTRIBUTING ACTION), Owner Name (TRUDIE JO MEYER), Owner Address (3580 HIGHWAY 382 NE SALON, IA 52333, US), Event (OTHER OBJECT - NOT FIXED, DITCH), Insurance Company (STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO), Individual (CARL MEYER), Driver (CARL GEORGE MEYER), Citations Issued (0), Sex (MALE), Date of Birth, Race (WHITE), Address (3580 HIGHWAY 382 NE SALON, IA 52333, US), Driver License Number (STATE: IOWA COUNTRY: UNITED STATES), Safety Equipment (SHOULDER & LAP BELT), Injury (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#.

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Form with fields for Hospital, Date of Death, Time of Death, Distracted By Source, Action, Striking Unit#, Location, Prior Action, Drug & Alcohol, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Drug Test Given, Drug Type, Individual Condition, Individual (Passenger TRUDIE JO MEYER), Citations Issued, Sex, Date of Birth, Race, Address, Driver License Number, Safety Equipment, On Duty Crash, Row, Seat Position, Shoulder & Lap Belt, Helmet Use, Eye Protection, Injury Severity, Airbag, Ejected, Ejection Path, Trapped/Extricated, Medical Transport, EMS Agency Identifier, EMS Run #.

UNIT INDIVIDUAL 01 001

UNIT INDIVIDUAL 01 002

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	<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 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	<b>Individual</b>	
	Passenger KADYN C MEYER (608) 412-4624	Citations Issued 0
	Date of Birth	Sex MALE
	Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US	Race WHITE
	Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash
	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING	
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT
	Helmet Use	
	Helmet Compliance	
	Eye Protection	
Tint Compliance		
UNIT INDIVIDUAL	<b>Injury</b>	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		
UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source	

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UNIT INDIVIDUAL	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 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
01 003 UNIT INDIVIDUAL	Drug Type		
	Individual Condition APPEARED NORMAL		
	<b>Individual</b>		
	Passenger KAI'AH J MEYER (608) 412-4624		Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race WHITE
	Address 3580 HIGHWAY 382 NE SALON, IA 52333 , US		Driver License Number
	<b>Safety Equipment</b>		
	On Duty Crash		Safety Equipment BOOSTER SEAT
Row 02 - SECOND ROW	Seat Position 07 - LEFT		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
01 004 UNIT INDIVIDUAL	<b>Injury</b>		
	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
	<b>Distracted By</b>		
	Distracted By Source		
	Distracted By Action		

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UNIT INDIVIDUAL          01 004	<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 <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>			