## 6TL0CR2KS9 23-00007

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   | Document Number Override  | Primary Crash Document#    |                         | Agency Crash Number<br>23-00007 |             |                       | Investigating Officer/Deputy DEPUTY Z. DRILL |                      |  |  |
|---|---|----------------------------|-------------------------|---------------------------------|-------------|-----------------------|--|----------------------|--|--|
| 3   | Crash Date<br>12/31/2022  | Crash Time<br>11:30 PM     | Date Arrived 01/01/2023 |                                 |             | Time Arrived 04:53 AM |  |                      |  |  |
|   | Date Notified<br>01/01/2023   | Time Notified 04:46 AM     |                         | Total Ui                        | nits        | Total Injured         | Total Kille                                  | d                    |  |  |
| ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֓֓֡֓֡ | On Emergency Hit  | and Run                    | Lane Closu              | ıre                             | Work Zone   | Trailer               | or Towed                                     | Reporting  Threshold |  |  |
| ]<br>-                                    | Government Property   | Active Sch                 | ool Zone                | School<br>NO                    | Bus Related | Tags                  |  |                      |  |  |
|   | Reportable  | Crash Type<br>DT4000 (STAN | IDARD CRASH             | )                               |             | Amendo                | ed .   | Secondary<br>Crash   |  |  |
| Description                               |   |                            |                         |                                 |             |                       |  |                      |  |  |
|   | Diagram 01  |                            |                         |                                 |             |                       | Photos By DEPUTY DR                          | RILL                 |  |  |
|   | NON F   | EPORTABLE                  | SLIDEOFF                |                                 |             |                       | 110  |                      |  |  |
|   | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.   |                            |                         |                                 |             |                       |  |                      |  |  |
|   | WHILE TRAVELING SOUTH ON COUNTY RD D, DRIVER OF UNIT 1 REACHED FOR HER HEAT ADJUSTMENT KNOB AND HER TIRES CAUGHT THE NORTH OR RIGHT SHOULDER PULLING HER IN. DRIVER OVER CORRECTED AND TRAVELED INTO THE DITCH ON THE OPPOSITE OR SOUTH SIDE DITCH WHERE THE VEHICLE CAME TO REST. DRIVER WAS PICKED UP BY FAMILY DUE TO BAD WEATHER AND NOT WANTING TO STAY IN THE VEHICLE IN THE DITCH. VEHICLE REMOVED BY CRAIGS, DRIVER INFORMED OF WHERE TO RETRIEVE VEHICLE. END OF CONTACT |                            |                         |                                 |             |                       |  |                      |  |  |

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Crash Date 12/31/2022

Crash Time 11:30 PM

|                        | Location ===                                     |                                |                          |   |   |                            |  |  |                 |  |  |
|------------------------|--|--------------------------------|--------------------------|---|---|----------------------------|--|--|-----------------|--|--|
|                        | ON CTHD SB<br>1268 FT W                          |                                | Latitude<br>43.460186218 |   | Longi   | itude<br>41990968          |  |  |                 |  |  |
|                        | OF CAMP RD IN THE TOWN OF FREEDOM IN SAUK COUNTY |                                |                          |   |   |                            |  |  | ordinate<br>125 |  |  |
|                        |  | Structure Type NO STRUCTURE    |                          |   |   |                            |  |  |                 |  |  |
|                        | Crash Scene                                      |                                |                          |   |   |                            |  |  |                 |  |  |
|                        | First Harmful Event                              | FirstHarm                      | nful Event Lo            | ocation   |   |                            |  |  |                 |  |  |
|                        | DITCH  |                                |                          |   | ROADSI  | DE                         |  |  |                 |  |  |
|                        | Manner of Collision                              |                                |                          |   | Light Con-  | dition                     |  |  |                 |  |  |
|                        | 00 - NO COLLISION W/VE                           | EHICLE IN TRANSPORT            |                          |   | DARK/U<br>Roadway   |                            |  |  |                 |  |  |
|                        | Road Surface Condition(s)  ICE                   | .,                             |                          |   |   |                            |  |  |                 |  |  |
|                        | Environment Factor(s)                            |                                |                          |   | 1   |                            |  |  |                 |  |  |
|                        | WEATHER CONDITIONS                               |                                |                          |   | NONE  |                            |  |  |                 |  |  |
|                        | Weather Condition(s)                             |                                |                          |   |   | 1                          |  |  |                 |  |  |
|                        | FREEZING RAIN OR FRE                             | EZING DRIZZLE                  |                          |   |   |                            |  |  |                 |  |  |
|                        | Animal Type                                      |                                |                          | Relation To Trafficway TRAFFICWAY - NOT ON ROAD |   |                            |  |  |                 |  |  |
|                        | Crash Classification - Location PUBLIC PROPERTY  |                                |                          |   | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                            |  |  |                 |  |  |
|                        | Tribal Land                                      | Tribal Land                    |                          |   |   |                            | Access Control Special Study NO CONTROL    |  |                 |  |  |
|                        | Within Interchange Area                          | - I                            |                          |   |   | ion Type<br>I INTERSECTION |  |  |                 |  |  |
|                        | Unit Summary 💻                                   |                                |                          |   |   |                            |  |  |                 |  |  |
|                        | Unit Status Vehicle Operating As Cl              |                                |                          |   |   |                            |  |  |                 |  |  |
|                        | IN TRANSIT D CLASS                               |                                |                          |   | AUTOMOBILE  |                            |  |  |                 |  |  |
| 5                      | Vehicle Type PASSENGER CAR                       |                                |                          |   | Operating As Endorsements                                   |                            |  |  |                 |  |  |
|                        | Total Occs                                       | Train/Bus#Recorded             | Total#Cita<br>0          | Citations Issued Total Tra  0                   |   | 0                          | 0  |  |                 |  |  |
| ⊨                      | Insurance? YES                                   | Direction Of Travel SOUTHBOUND | ₽re                      | Pre CrashTire Speed Lis<br>Mark 55              |   | 2                          |  |  |                 |  |  |
| L<br>N                 | Most Harmful Event: Collision With DITCH         |                                |                          | Special Function<br>NO SPECIAL FUNCTION         |   |                            | Emergency Motor Vehicle Use NOT APPLICABLE |  |                 |  |  |
|                        | Traffic Way TWO-WAY, NOT DIVIDED                 |                                |                          | Traffic Control NO CONTROL                      |   |                            | Traffic Control Inoperative/Missing NO     |  | rative/Missing  |  |  |
|                        | Surface Type                                     |                                |                          | Road Curvature<br>STRAIGHT                      |   |                            | Road Grade                                 |  |                 |  |  |
|                        | BLACKTOP (BITUMINOU                              | JS)                            | STRAIGH                  |   |   |                            | LEVEL                                      |  |                 |  |  |
| Truck Bus or HazMat NO |  |                                |                          |   |   |                            |  |  |                 |  |  |
|                        | Vehicle  |                                |                          |   |   |                            |  |  |                 |  |  |
|                        |  |                                |                          | Plate Type                                      |   | St                         | Country of Issuance                        |  |                 |  |  |
|                        | 274KNE   |                                |                          |   | WI  | UNITED STATES              |  |  |                 |  |  |
| 5                      | Vehicle Identification No. 3N1CB51D1YL3121       | Make<br>NISSAN                 | NISSAN 2000              |   | Year<br>2000  | Model SENTRA/XE/           |  |  |                 |  |  |
|                        | Color<br>GRY - GRAY                              | 1 .                            | Body Style 4D - 4DR      |   |   | Bus Use                    |  |  |                 |  |  |
|                        | III Initial Contact Point                        |                                |                          | Vehicle Damage                                  |   |                            |  |  | 7 8 9 10 11     |  |  |
| LIND                   | 14 - UNDERCARRIA Extent Of Damage MINOR DAMAGE   | GE                             | 14 - UNDERCARR           |   | AGE   |                            |  |  | 6 12 5 4 3 2 1  |  |  |
|                        |  |                                |                          |   |   |                            |  | a concession of the management of million of the |                 |  |  |

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|          |  | Towed Due To Damage TOWED BUT NOT DUE T                        | O DISABLING DAMAG   | Vehicle Removed By CRAIGS TOWING                     |               |                    |  |  |  |  |
|----------|--|--|---------------------|--|---------------|--------------------|--|--|--|--|
|          |  | What Driver Was Doing GOING STRAIGHT Driver Prior Action Other |                     | Vehicle Factors                                      |               |                    |  |  |  |  |
|          |  |  |                     | NOT APPLICABLE                                       |               |                    |  |  |  |  |
| NNIT     | VEHICLE  | Driver Actions UNKNOWN   |                     | 1  |               |                    |  |  |  |  |
| ٦        | 5  | OwnerName<br>MARY DIANE GEFFERT<br>(608) 768-3024              |                     | Owner Address 1213 MAPLE ST REEDSBURG, Wt 53959 , US |               |                    |  |  |  |  |
|          |  | Sequence Of Events   | Sequence Of Events  |  |               |                    |  |  |  |  |
|          | 5  | Event<br>RUN OFF ROADWAY RIG                                   |                     |  |               |                    |  |  |  |  |
|          | Event RUN OFF ROADWAY LEFT  Event DITCH                        |  |                     |  |               |                    |  |  |  |  |
|          |  |  |                     |  |               |                    |  |  |  |  |
|          | 3  | Event  |                     |  |               |                    |  |  |  |  |
| _        | Policy Holder  |  |                     |  |               |                    |  |  |  |  |
| IN IN    |  | Insurance Company STATE-FARM-GENERAL-INS-CO                    |                     | Individual MARY GEFFERT                              |               |                    |  |  |  |  |
|          |  | ndividual  |                     |  |               |                    |  |  |  |  |
|          |  |  |                     | <u> </u>   | <del></del>   |                    |  |  |  |  |
|          | JUAL.  | Driver MARY DIANE GEFFERT                                      |                     | Citations issued Sex  FEMALE                         |               |                    |  |  |  |  |
| <u>_</u> |  | (608) 768-3024   |                     | Date of Birth  | Race<br>WHITE |                    |  |  |  |  |
| LIND     | (608) 768-3024  Address 1213 MAPLE ST REEDSBURG, WI 53959 , US |  |                     | Driver License Number                                |               | TED STATES         |  |  |  |  |
|          | Sai  | On Duty<br>Fety Equipment                                      | y Crash             | Safety Equipment                                     |               |                    |  |  |  |  |
|          | Row Seat Position 01 - FRONT ROW 07 - LEFT                     |  | SHOULDER & LAP BELT |  |               |                    |  |  |  |  |
|          |  | HelmetUse  |                     | Heimet Compliance                                    |               |                    |  |  |  |  |
|          |  | Eye Protection   |                     | Tint Compliance                                      |               |                    |  |  |  |  |
| 2        | <b>100</b>   | Injury Severity  |                     | Airbag   |               |                    |  |  |  |  |
|          | •  | Injury NO APPARENT INJURY  Ejected Ejection Path               |                     | NON DEPLOYED   |               | Trapped/Extricated |  |  |  |  |
|          |  | NOT EJECTED NOT EJECTED/NOT AF                                 |                     |  |               | NOT TRAPPED        |  |  |  |  |
|          |  | Medical Transport NOT TRANSPORTED                              |                     | EMS Agency Identifier                                |               | EMS Run#           |  |  |  |  |
|          |  | Hospital   |                     | Date of Death  |               | Time of Death      |  |  |  |  |
|          |  | Distracted By  | ted By Source       | l  |               | ı                  |  |  |  |  |
|          |  | Distracted By Action UNKNOWN                                   |                     |  |               |                    |  |  |  |  |

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|      | Carling Harr                      | ш Тээгсэг             |   |                   |                      |                |
|------|-----------------------------------|-----------------------|---|-------------------|----------------------|----------------|
|      | Non Motorist Striking Unit        | t# Location           |   |                   |                      |                |
|      | Prior Action                      |                       |   |                   |                      |                |
| UNIT | Action                            |                       |   |                   |                      |                |
|      | Action Other                      |                       |   |                   |                      | To/From School |
|      | Drug & Alcohol NO                 | Suspected Drug Use NO |   |                   |                      |                |
|      | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type     | e |                   | Alcohol Test Results |                |
|      | Drug Test Given<br>TEST NOT GIVEN | Drug Test Type        |   | Drug Test Results |                      |                |
| 2 B  | Drug Type                         | ·                     |   |                   |                      |                |
|      | Individual Condition              |                       |   |                   |                      |                |
|      | NOT OBSERVED                      |                       |   |                   |                      |                |