

6TL092T5SW

Document Number Override		Primary Crash Document #		Agency Crash Number SC23-01946		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 02/24/2023		Crash Time 09:49 PM		Date Arrived 02/24/2023		Time Arrived 10:16 PM	
Date Notified 02/24/2023		Time Notified 09:50 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 A. KING
	Additional Information PHOTOS

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

U1 WAS TRAVELING WESTBOUND ON HY60 WHEN THEY LEFT THE ROADWAY DUE TO POOR WEATHER CONDITIONS. OPERATOR STATED NO ONE WAS INJURED, AND OCCUPANTS OF THE VEHICLE STATED THE SAME. FRONT OF THE VEHICLE WAS DAMAGED FROM THE CRASH. U1 ENDED LOCATION WAS STUCK ON A SNOW BANK. I ASSISTED THE OPERATOR IN PUSHING THE VEHICLE OUT OF THE SNOW BANK AND CHANGING THE TIRE. U1 WAS REMOVED FROM THE SCENE ON ITS OWN.

6TL092T5SW
SC23-01946

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON STH60 WB 107 FT W OF CTHB WB IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.246570738	Longitude -89.839387808
	X Coordinate 269487.84375	Y Coordinate 4792111.5
	Structure Type	

Crash Scene

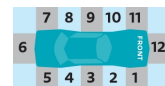
First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) 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

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT	VEHICLE	01	License Plate Number JCC617				Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES	
			Vehicle Identification Number KL4CJGSB6DB086985				Make BUICK	Year 2013	Model ENR	
			Color GRY - GRAY				Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
			Initial Contact Point 12 - FRONT				Vehicle Damage			
			Extent Of Damage FUNCTIONAL DAMAGE				12 - FRONT			



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name JOSEPH OTHMAN		Owner Address 950 18TH ST MARION, IA 52302 , US
		Sequence Of Events		
UNIT	01	Event DITCH		
		Event		
		Event		
		Event		
UNIT	01	Policy Holder		
		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	Individual JOSEPH OTHMAN	
UNIT	01	Individual		
		Driver JOSEPH OTHMAN	Citations Issued 0	Sex MALE
		Date of Birth		Race WHITE
		Address 950 18TH ST MARION, IA 52302 , US		Driver License Number
UNIT	01	Safety Equipment		On Duty Crash
		Row 01 - FRONT ROW		Seat Position 07 - LEFT
		Safety Equipment SHOULDER & LAP BELT		Helmet Use
		Helmet Compliance		Eye Protection
Tint Compliance		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
UNIT	001	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		

UNIT	INDIVIDUAL	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						
		UNIT	INDIVIDUAL	Individual				
Passenger MARY OTHMAN				Citations Issued 0	Sex FEMALE			
				Date of Birth	Race WHITE			
Address 950 18TH ST MARION, IA 52302 , US				Driver License Number				
Safety Equipment				On Duty Crash	Safety Equipment			
Row 01 - FRONT ROW				Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
UNIT	INDIVIDUAL			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						
		Non Motorist		Striking Unit #	Location			

UNIT	Prior Action		
	Action		
	Action Other		To/From School
01	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		
	Individual		
	Passenger TIMOTHY FARMER III		Citations Issued 0
			Sex MALE
	Address 410 5TH ST BARABOO, WI 53913 , US		Date of Birth Race WHITE
		Driver License Number	
01	Safety Equipment		
	On Duty Crash		Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
	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
	Hospital		EMS Run #
		Date of Death	
		Time of Death	
Distracted By			
Distracted By Source			
Distracted By Action			
Non Motorist			
Striking Unit #		Location	
Prior Action			

UNIT	INDIVIDUAL	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			
		01	003				