## 6TL0D6N04D 23-02478

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override				ng Officer/Deputy B. STODDARD				
Crash Date 03/13/2023	Crash Time 06:43 AM	Crash Time Date Arrived Time Ar		Time Arrived 06:45 AM				
Date Notified 03/13/2023	Time Notified 06:45 AM	Tc 01	otal Units	Total Injured Total Kill		led		
On Emergency	Hit and Run	Lane Closure	☐ Work Zone	Traîler or	Towed	Reporting  Threshold		
Government Property	Property Active School Zone NO			Tags				
Reportable	Reportable Crash Type DT4000 (STANDARD CRAS			Amended		Secondary Crash		
Description Diagram				l n	econstructio	- D.		
Jugan					notos By			
Non-reportable				A	dditional Info	ormation		
↓ I, a sworn law enforc	ement officer, agr	ee that I have not a	dded any CJIS data in tl	nis report.				
UNIT 1 WAS EASTBOUND ON UNIT 1 REQUIRED A PULL-OL	STH 154. UNIT 1 OPE	RATOR LOST CONTRO	L ON THE SNOW-COVERED	ROAD AND ENTERE	THE SOUT	TH SHOULDER/DITCH.		

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Location ON STH154 EB

0.65 MI S

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

Latitude

43.478652362

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

Longitude

-89.951528267

Crash Time 06:43 AM

IN T	IN THE TOWN OF EXCELSIOR IN SAUK COUNTY				X Coordinate 261295.875		Y Coordinate 4818203		
iiv c					Structure Type				
Cra	sh Scene				I				
First	tHarmfulEvent CH					ful Event Lo			
	ner of Collision - NO COLLISION W/VE	HICLE IN TRANSPORT			Light Cond				
					Roadway Factor(s)				
NO! Wea	Environment Factor(s)  NONE  Weather Condition(s)				ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)				
	SNOW Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD				
	sh Classification - Location			Crash Clas	ssification -	- Jurisdiction RISDICTION			
	TribalLand				Access Control NO CONTROL				Special Study
NO		Junction Location NON-JUNCTION		NOT AN	n Type INTERSE	CTION			
	t Summary ==		L\/ahiala On		la a sifi a atia u		Locar		
	Jnit Status Vehicle Operating As C			Classification Unit Type AUTOMOBILE					
Veh	icle Type SSENGER CAR		3 02.400			Operating As Endorsements		ments	
Tota	al Occs	Train/Bus#Recorded	Total # Citations Is:		d Total Trail		0		
YES		Direction Of Travel  EASTBOUND		CrashTire Mark	ı	Speed Lir 55		Total Lane	
DIT		NO SPEC	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
TW	fic Way O-WAY, NOT DIVIDED		NO CONT	Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
BLA	Surface Type  BLACKTOP (BITUMINOUS)  Truck Bus or HazMat			Road Curvature CURVE LEFT			Road Grade LEVEL		
NO									
	Vehicle License Plate Number ALY7486			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
Б	Vehicle Identification Number 5Y2SL658X7Z430268		Make PONTIAC	Make PONTIAC		Year 2007	Model VIBE		
	Color GRY - GRAY		HB - HAT	Body Style HB - HATCHBACK			Bus Use		
VEHICLE	Initial Contact Point  08 - LEFT SIDE REAR  Extent Of Damage  NO DAMAGE			Vehicle Damage 00 - NO DAMAGE					7 8 9 10 11 6 12 5 4 3 2 1
(11) TO (11)	Motor Vehicle Crash	Thi	is report does not	include any	CJIS data			 Crash Date	03/13/2023

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		Towed Due To Damage  NOT TOWED  What Driver Was Doing  NEGOTIATING CURVE  Driver Prior Action Other		Vehicle Removed By STEVES AUTO SERVICE						
				Vehicle Factors						
				NOT APPLICABLE						
LINO	VEHICLE	Driver Actions SPEED TOO FAST/COND								
	5	Owner Name KARLENE KAY HESS	Owner Address 28038 ANDERSON LN RICHLAND CENTER, WI 53581 , US							
		Sequence Of Events								
	5	Event DITCH								
	8	Event								
	8	Event								
	Event									
_		olicy Holder								
HNO		Insurance Company ALLSTATE-INS-CO		Individual KARLENE HESS						
		Driver RYAN MATTHEW GRANGER (608) 475-0801		Citations issued Sex						
	3			0 MALE Date of Birth Race						
⊨	8			WHITE						
ENO.	INDIVIDUA	Address 28998 PEARCES LN RICHLAND CENTER, WI 53581, US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash		Safety Equipment						
	Sai	Safety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAI	PBELT					
		HelmetUse		Helmet Compliance						
		Eye Protection	Tint Compliance							
5	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
	Ejected   Ejection Path   NOT EJECTED   NOT EJECTED/NOT APPLIE   Medical Transport		I ICARI E		Trapped/Extricated NOT TRAPPED					
			EMS Agency Identifier		EMS Run#					
		NOT TRANSPORTED								
	Hospital Date of D					Time of Death				
		Distracted By Source								
		Distracted By Action UNKNOWN								

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	Non Motorist Striking Unit≠	‡ Location				
	Prior Action					
UNIT	Action					
	Action Other					To/From School
	Drug & Alcohol NO	Icohol Use	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	e		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
90 P	Drug Type	·				
	Individual Condition  APPEARED NORMAL					