

6TL0D0GSL3
23-02550

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 23-02550		Investigating Officer/Deputy DEPUTY G. AKERS		
Crash Date 03/14/2023		Crash Time 10:33 PM		Date Arrived 03/14/2023		Time Arrived 10:33 PM		
Date Notified 03/14/2023		Time Notified 10:33 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	
		Additional Information NONE	

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

V1 WAS MAKING A LEFT TURN FROM TRAVELING EAST ON HWY 23 ON TO CTY RD G. WHILE COMPLETING THE TURN THE D1 WAS UNABLE TO MAINTAIN CONTROL AND WENT OVER THE CURB IN THE SOUTHWEST CORNER OF THE INTERSECTION. THERE WERE NO INJURIES. D1 WAS CITED.

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Location

Table with location details: ON CTHG SB, 51 FT S, OF USH14 WB, IN THE TOWN OF SPRING GREEN, IN SAUK COUNTY. Includes Latitude (43.189559378), Longitude (-90.073860997), X Coordinate (250218.484375), Y Coordinate (4786453.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (CURB), Manner of Collision (00 - NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), Intersection Type (FOUR-WAY INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Total Occs (3), Total Citations Issued (1), Direction Of Travel (WESTBOUND), Most Harmful Event (CURB), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)).

Table with vehicle details: License Plate Number (FTK247), Vehicle Identification Number (2G1WZ151549428285), Color (BLK - BLACK), Initial Contact Point (14 - UNDERCARRIAGE), Vehicle Damage (00 - NO DAMAGE). Includes a VIN decoder graphic.

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01 01	Owner Name JODI BEAVER		Owner Address 2520 HIGHWAY 100 S APT 836 SAINT LOUIS PARK, MN 55416 1742, US	
	Sequence Of Events			
01 02 03 04	Event LEFT TURN			
	Event CURB			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver DANIEL KSOBIECH (508) 415-0578		Citations Issued 1	Sex MALE
	Address 9 SISKIWIT CIR MADISON, WI 53719 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action		NOT DISTRACTED		
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action		
		Action		
01	001	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
01	001	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	001	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger GILLIAN BACON (608) 415-0578	Citations Issued 0	Sex FEMALE
01	002	Date of Birth	Race WHITE	
		Address 130 ROECKER ST LOGANVILLE, WI 53943 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	002	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
01	002	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
01	002	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	002	Distracted By	Distracted By Source	
		Distracted By Action		
01	002	Non Motorist	Striking Unit #	Location
		Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
01	002	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 TAYLOR GIDDINGS (608) 604-8515		Citations Issued 0	Sex FEMALE
		Address 1500 W SEMINARY ST RICHLAND CENTER, WI 53581 , US		Date of Birth	Race WHITE
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	003	Safety Equipment			
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury			Airbag NON DEPLOYED
		Injury Severity NO APPARENT INJURY			
		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			
Prior Action					

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	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	001	Violations			
			UTC Number BG945030	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL