

6TL0CVRP50  
23-02640

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>23-02640</b>	Investigating Officer/Deputy <b>SERGEANT B. LUBER</b>	
Crash Date <b>03/17/2023</b>		Crash Time <b>05:06 PM</b>	Date Arrived <b>03/17/2023</b>	Time Arrived <b>05:17 PM</b>	
Date Notified <b>03/17/2023</b>		Time Notified <b>05:12 PM</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 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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">HWY 33</p> <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS WB ON HWY 33. OPERATOR OF U1 STATED HE FELL ASLEEP, ENTERED THE DITCH, AND STRUCK THE UTILITY BOX. NO INJURIES REPORTED. MINOR OR MINIMAL DAMAGE TO THE VEHICLE AS IT WAS ALREADY IN A CAR VERSE DEER CRASH. OPERATOR OF U1 NOT IMPAIRED. DAMAGE TO UTILITY BOX.

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Location

Table with location details: ON EAST ST/ STH33 WB, 111 FT W OF STRAWBRIDGE RD IN THE TOWN OF WOODLAND IN SAUK COUNTY. Includes Latitude (43.640629997), Longitude (-90.212392434), X Coordinate (240893.21875), Y Coordinate (4836975.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (DITCH), 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), and Intersection Type (T-INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (TRUCK), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), Total Occs (1), Direction Of Travel (WESTBOUND), and Most Harmful Event (OTHER FIXED OBJECT).

Table with vehicle details: License Plate Number (NN1671), Vehicle Identification Number (1FTCR15X9RPC12804), Color (GRN - GREEN), and Extent Of Damage (MINOR DAMAGE). Includes a diagram of a vehicle with damage markers.

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL, RAN OFF ROADWAY</b>			
01 01	Owner Name <b>KIMBERLY WILCOX (608) 462-3755</b>		Owner Address <b>S1317 COUNTY ROAD Y WONEWOC, WI 53968 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>RUN OFF ROADWAY RIGHT</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>OTHER FIXED OBJECT</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ROCKFORD-MUTUAL-INS-CO</b>		Individual <b>ALEXANDER WILCOX</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ALEXANDER WILCOX (608) 462-3755</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S1317 COUNTY ROAD Y WONEWOC, WI 53968 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Helmet Use	
	Helmet Compliance		Eye Protection	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>		
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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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			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, ASLEEP OR FATIGUED</b>			
	<b>Property Owner</b>					
<b>PROP OWNER</b>	<b>01</b>	Organization/Company <b>CENTURY LINK</b> (800) 263-1995			Address <b>130 4TH STREET</b> <b>BARABOO, WI 53913 , US</b>	
		<b>Fixed Objects Struck</b>				
<b>01</b>	<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number	
		<b>01</b>	<b>OTHER FIXED OBJECT</b>			