

6TL0BJ1GNF
23-03733

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 23-03733 | Investigating Officer/Deputy DEPUTY J. MACASKILL | |
| Crash Date 04/16/2023 | | Crash Time 03:40 AM | Date Arrived 04/16/2023 | Time Arrived 04:43 PM | |
| Date Notified 04/16/2023 | | Time Notified 04:25 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 |
|  <p>Not Drawn to Scale</p> | Photos By |
| | Additional Information NONE |
| | <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |
| <p>ON 4/16/23 AT APPROXIMATELY 1540, UNIT 1 WAS DRIVING EASTBOUND ON CTH W NEAR CTH D. UNIT 1 STATED THEY WERE DRIVING DOWN A HILL WHEN THEY STARTED TO SLIDE ON THE SNOW COVERED ROADS. UNIT 1 SLID INTO THE DITCH AND DROVE ACROSS A CREEK. UNIT 1 CAME TO REST IN THE DITCH.</p> | |

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Location

| | | |
|--|--------------------------------------|-----------------------------------|
| ON CTHW NB 438 FT E OF CTHD EB IN THE TOWN OF WESTFIELD IN SAUK COUNTY | Latitude 43.40929022 | Longitude -89.982114281 |
| | X Coordinate 258546.140625 | Y Coordinate 4810587.5 |
| | Structure Type | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DITCH | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) WET, SNOW, SLUSH | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) SNOW, SEVERE WINDS | | |
| 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 TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | Operating As Endorsements | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire 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 STRAIGHT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|---|----------------|---|--|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number SY9414 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 3B7HF13Y11G771640 | Make DODGE | Year 2001 | Model RAM 1500 |
| | | Color WHI - WHITE | Body Style PK - PICKUP | | Bus Use |
| | | Initial Contact Point 12 - FRONT | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| Extent Of Damage DISABLING DAMAGE | | | | | |



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| | | | | | |
|---|---|--|---------------------------------------|--|---------------------------------|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions SPEED TOO FAST/COND | | | | |
| 01 | 01 | Owner Name TAMI MEYER (608) 393-5294 | | Owner Address S6258 SPRING VALLEY RD LOGANVILLE, WI 53943 , US | |
| | | Sequence Of Events | | | |
| UNIT INDIVIDUAL | 01 | Event DITCH | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| 01 | 001 | Policy Holder | | | |
| | | Insurance Company GEICO-CASUALTY-CO | | Individual TAMI MEYER | |
| 01 | 001 | Individual | | | |
| | | Driver KADEN MEYER (608) 393-5294 | | Citations Issued 0 | Sex MALE |
| | | Date of Birth | Race WHITE | | |
| | | Address S6258 SPRING VALLEY RD LOGANVILLE, WI 53943 , US | | 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 DEPLOYED-FRONT |
| 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 | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | | |
|-------------|-------------------|---------------------|--|-------------------|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | Action | | | | | |
| | Action Other | | | | To/From School | |
| | 01 | 001 | 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 | | | |