

6TL0BGSFJW
23-05787

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0BGSFJW

Document Number Override		Primary Crash Document #		Agency Crash Number 23-05787		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 06/05/2023		Crash Time 04:37 PM		Date Arrived 06/05/2023		Time Arrived 04:54 PM	
Date Notified 06/05/2023		Time Notified 04:37 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 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

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

DRIVER WAS DRIVING TOO FAST FOR TIGHT LEFT HAND TURN. VEHICLE LEFT THE ROAD TO THE RIGHT. DRIVER OVER CORRECTED RESULTING IN VEHICLE ENTERING THE DITCH ON THE OPPOSITE SIDE OF THE ROAD AT A LOW SPEED, RESULTING IN NO DAMAGE AND VEHICLE WAS ABLE TO BE DRIVEN OUT ON ITS OWN.

Location

ON CTHCH EB 92 FT N OF PINE BLUFF RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY	Latitude 43.471444584	Longitude -90.004004332
	X Coordinate 257022.765625	Y Coordinate 4817554.5
	Structure Type NO STRUCTURE	

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) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<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

VEHICLE	License Plate Number ARH3954	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JTEZU5JR9G5139512	Make TOYOTA	Year 2016	Model 4RUNNER
	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage 00 - NO DAMAGE		
	Extent Of Damage NO DAMAGE			



WISCONSIN MOTOR VEHICLE
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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By			
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions FAILURE TO CONTROL, OVER-CORRECTING/OVER-STEERING					
01	Owner Name JOYCE DEL AMEN (945) 257-5401		Owner Address 109 E OAK ST # 8 BOSCOBEL, WI 53805 , US				
	Sequence Of Events						
01	01	Event DITCH					
		Event					
		Event					
		Event					
01	01	Individual					
		Driver ELOISA LIN (945) 257-5401		Citations Issued 0	Sex FEMALE		
		Address 109 E OAK ST # 8 BOSCOBEL, WI 53805 , US		Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA		
				Driver License Number			
01	001	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		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			

UNIT	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			
		Individual			
		Passenger JOYCE DEL AMEN (469) 655-3330		Citations Issued 0	Sex FEMALE
		Address 109 E OAK ST # 8 BOSCOBEL, WI 53805 , US		Date of Birth RACE ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA	
Driver License Number					
01	002	Safety Equipment			
		On Duty Crash			
		Safety Equipment SHOULDER & LAP BELT			
		Row 01 - FRONT 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	EMS Run #
Hospital		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	002				