

6TL0CR2KT0  
23-08171

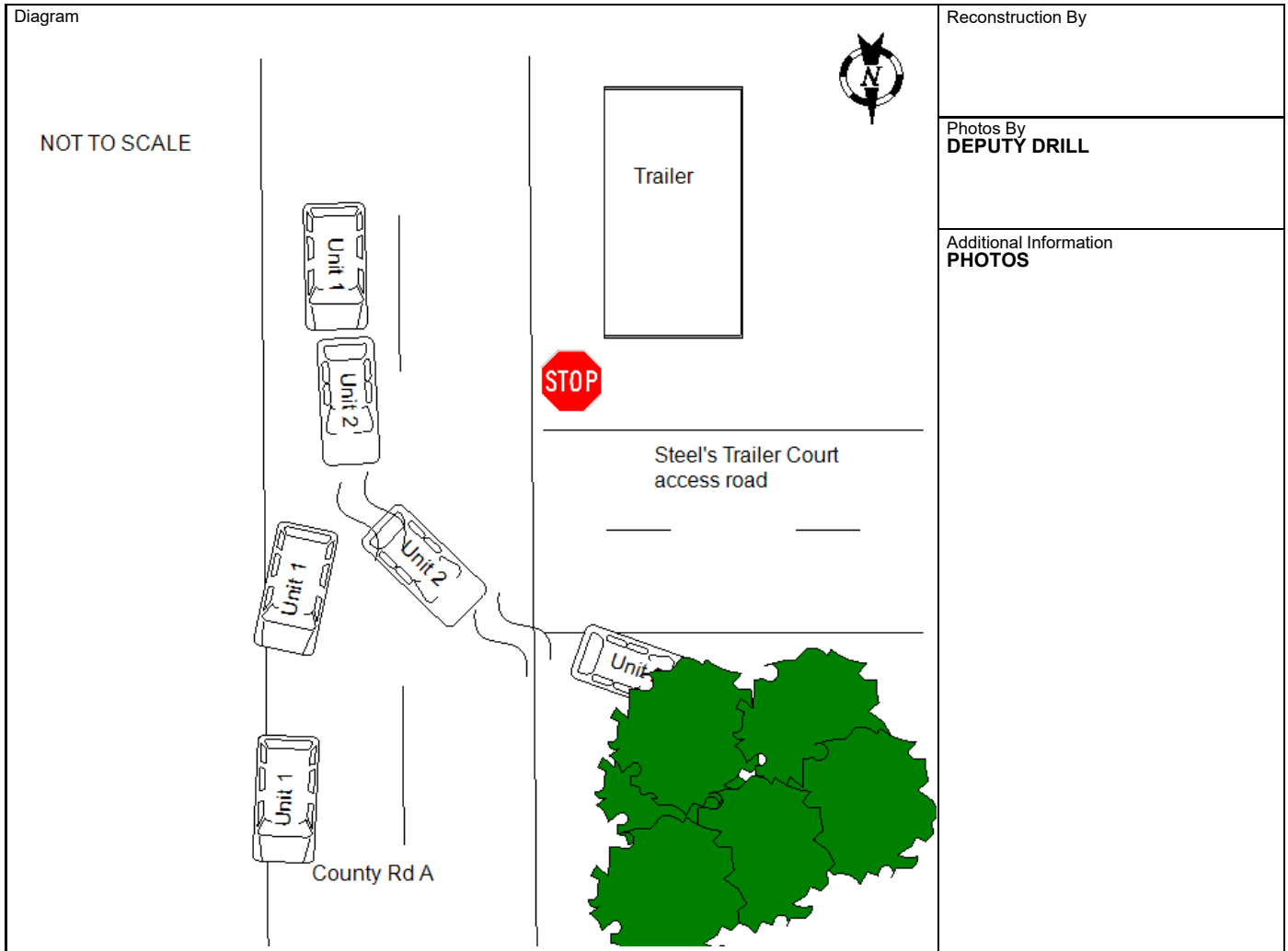
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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>23-08171</b>		Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>07/30/2023</b>		Crash Time <b>03:55 AM</b>		Date Arrived <b>07/30/2023</b>		Time Arrived <b>03:55 AM</b>	
Date Notified <b>07/30/2023</b>		Time Notified <b>03:55 AM</b>		Total Units <b>02</b>		Total Injured <b>01</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 checked="" 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



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

WHILE TRAVELING NORTH ON COUNTY RD A, DRIVER OF UNIT ONE CRESTED THE HILL NEAR S1903 COUNTY RD A AND OBSERVED A VEHICLE STOPPED IN THE ROADWAY, POSSIBLY TURNING WEST INTO STEEL'S TRAILER COURT, WITH NO OTHER VEHICLES COMING IN THE OPPOSITE LANE. DRIVER OF UNIT ONE ATTEMPTED TO STOP BUT WAS UNABLE TO AND STRUCK THE REAR END OF UNIT 2. UNIT 2 SLID WEST INTO THE DITCH LINE STRIKING THE FIRE NUMBER FOR S1903 AND COMING TO REST IN THE DITCH. UNIT 1 CONTINUED FORWARD WITH HEAVY FRONT END DAMAGE AND CAME TO REST ON THE EAST SIDE OF THE ROADWAY. BOTH VEHICLES REMOVED BY TOW TRUCK FROM THE SCENE. NEITHER VEHICLE HAD AIRBAG DEPLOYMENT. DRIVER OF UNIT TWO TRANSPORTED BY EMS FOR MINOR INJURIES. DRIVER OF UNIT ONE SUSTAINED NO INJURIES. DRIVER OF UNIT 1 CITED FOR NO INSURANCE AND NON REGISTRATION OF AUTO.

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## Location

ON CTHA NB 0.37 MI S OF SHERRILINN DR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.575525934</b>	Longitude <b>-89.738396506</b>
	X Coordinate <b>278888</b>	Y Coordinate <b>4828373</b>
	Structure Type <b>NO STRUCTURE</b>	

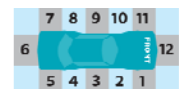
## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>OTHER</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>HILLCREST</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>ABN7100</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JA4AP3AU6HZ056836</b>	Make <b>MITSUBISHI</b>	Year <b>2017</b>	Model <b>OUTLANDER</b>
		Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		



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Form containing vehicle information (Towed Due To Damage, What Driver Was Doing), individual information (Driver HEATHER RUSSELL), sequence of events, safety equipment (SHOULDER & LAP BELT), injury details (NO APPARENT INJURY), and distracted by sources (NOT APPLICABLE).

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	001	<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</b>			
	01	01	<b>Violations</b>			
			UTC Number <b>BG020160</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
02	01	UTC Number <b>BG020161</b>	Issue To? <b>001</b>	Statute Number <b>341.04(1)</b>	Description <b>NON-REGISTRATION OF AUTO, ETC</b>	

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>				
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements				
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> <b>Pre CrashTire Mark</b>		Speed Limit <b>55</b>		Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>			Road Grade <b>DOWNHILL</b>	
		Truck Bus or HazMat <b>NO</b>								

**Vehicle**

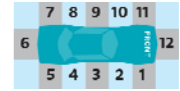
02	02	License Plate Number <b>ADC9467</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>ML32F3FJ0JHF09040</b>		Make <b>MITSUBISHI</b>	Year <b>2018</b>	Model <b>MIRAGE</b>	
		Color <b>RED - RED</b>		Body Style <b>SD - SEDAN</b>			Bus Use
		Initial Contact Point <b>06 - REAR</b>					

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UNIT VEHICLE	Vehicle Damage		04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 12 - FRONT	
	Extent Of Damage		DISABLING DAMAGE	
	Towed Due To Damage		TOWED DUE TO DISABLING DAMAGE	
	Vehicle Removed By		BILLS TOWING	
UNIT VEHICLE	What Driver Was Doing		LEFT TURN	
	Vehicle Factors		NOT APPLICABLE	
	Driver Prior Action Other			
UNIT VEHICLE	Driver Actions			
	UNKNOWN			
02 02	Owner Name		Owner Address	
	DAVID CHRISTIAN (608) 408-0476		S1903 COUNTY ROAD A #49 BARABOO, WI 53913 , US	
<b>Sequence Of Events</b>				
01 02 03 04	Event			
	MOTOR VEH IN TRANSPORT			
	Event			
	DITCH			
Event				
OTHER FIXED OBJECT				
Event				
UNIT	<b>Policy Holder</b>			
	Insurance Company		Individual	
GERMANTOWN-MUTUAL-INS-CO		DAVID CHRISTIAN		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver		Citations Issued	Sex
	DAVID CHRISTIAN (608) 408-0476		0	MALE
	Date of Birth		Race	
		WHITE		
Address		Driver License Number		
S1903 COUNTY ROAD A #49 BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row	Seat Position	SHOULDER & LAP BELT	
	01 - FRONT ROW	07 - LEFT		
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
<b>Injury</b>	Injury Severity	Airbag		
	SUSPECTED MINOR INJURY	NON DEPLOYED		
Ejected	Ejection Path	Trapped/Extricated		
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
Medical Transport		EMS Agency Identifier	EMS Run #	
EMS GROUND		6000123	804	
Hospital		Date of Death	Time of Death	
ST CLARE HOSP				

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>UNKNOWN</b>			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<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			
<b>02</b>	<b>002</b>	Individual Condition		
		<b>APPEARED NORMAL</b>		

### Property Owner

<b>PROP OWNER 01</b>	Government <b>SAUK COUNTY</b> (608) 355-4855		Address <b>S1903 COUNTY RD A</b> <b>BARABOO, WI 53913 , US</b>	

### Fixed Objects Struck

<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	<b>02</b>	<b>OTHER FIXED OBJECT</b>		<b>338346</b>