

6TL0BC3B7K  
23-10709

# 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>23-10709</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>09/29/2023</b>		Crash Time <b>99:99</b>	Date Arrived <b>10/02/2023</b>	Time Arrived <b>09:59 AM</b>	
Date Notified <b>10/02/2023</b>		Time Notified <b>09:39 AM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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

Diagram 	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.

I WAS ADVISED OF A HIT AND RUN ACCIDENT INVOLVING A VEHICLE STRIKING A FIRE HYDRANT. THE VEHICLE LEFT THE ROADWAY AND ENTERED THE SOUTHERNMOST DITCH LINE WHERE IT STRUCK THE FIRE HYDRANT AND CONTINUED ON. UNKNOWN ON MAKE OR MODEL OF SUSPECT VEHICLE.

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Location

ON PINE ST 601 FT W OF PARK ST IN THE VILLAGE OF ROCK SPRINGS IN SAUK COUNTY	Latitude <b>43.476580835</b>	Longitude <b>-89.920970218</b>
	X Coordinate <b>263759.28125</b>	Y Coordinate <b>4817885.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>FIRE HYDRANT</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>UNKNOWN</b>	
Road Surface Condition(s) <b>UNKNOWN</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>UNKNOWN</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

UNIT 01	Unit Status <b>HIT AND RUN</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>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>FIRE HYDRANT</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>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number	Make	Year	Model
	Color	Body Style		Bus Use
	Initial Contact Point <b>99 - UNKNOWN</b>	Vehicle Damage		
Extent Of Damage <b>VEHICLE NOT AT SCENE</b>	<b>16 - VEHICLE NOT AT SCENE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other		<b>UNKNOWN</b>	
	Driver Actions <b>UNKNOWN</b>			
01 01	Owner Name		Owner Address , ,	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>CROSS CENTERLINE</b>			
	Event <b>RUN OFF ROADWAY LEFT</b>			
	Event <b>FIRE HYDRANT</b>			
	Event <b>REENTERING ROADWAY</b>			
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver		Citations Issued <b>0</b>	Sex
	Address , ,		Date of Birth	Race
			Driver License Number	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</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				
<b>Non Motorist</b>		Striking Unit #	Location	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Prior Action				
		Action				
		Action Other			To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use	
		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>NOT OBSERVED</b>				

<b>Property Owner</b>	
<b>PROP OWNER 01</b>	Government <b>VILLAGE OF ROCK SPRINGS</b> (608) 522-5700
	Address <b>201 W BROADWAY</b> <b>PO BOX 26</b> <b>ROCK SPRINGS, WI 53961 , US</b>

<b>Fixed Objects Struck</b>				
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>FIRE HYDRANT</b>	Structure Number	Damage Tag Number <b>NA</b>