

6TL0D9429Z

23-11560

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 23-11560	Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 10/24/2023		Crash Time 10:55 PM	Date Arrived 10/25/2023	Time Arrived 12:20 AM	
Date Notified 10/24/2023		Time Notified 11:40 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 NONE

NON REPORTABLE SLIDE OFF

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

NON REPORTABLE SLIDE OFF

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Location

ON STH23 EB 475 FT S OF LEONE DR IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.160482339	Longitude -90.059736842
	X Coordinate 251248.171875	Y Coordinate 4783182
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OTHER NON-COLLISION	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				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number ASK5123	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FALP52U8SG284189	Make FORD	Year 1995	Model TAURUS GL/
	Color GRN - GREEN	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage 00 - NO DAMAGE		
Extent Of Damage NO DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name TREVEN TRACE (608) 319-5855		Owner Address 307 FAULL ST LINDEN, WI 53553 , US	
	Sequence Of Events			
01 02 03 04	Event RUN OFF ROADWAY RIGHT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual TREVEN TRACE	
UNIT INDIVIDUAL	Individual			
	Driver TREVEN TRACE (608) 319-5855		Citations Issued 0	Sex MALE
	Address 307 FAULL ST LINDEN, WI 53553 , US		Date of Birth	Race WHITE
			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	
01 001	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
01 001	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			

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UNIT	Non Motorist	Striking Unit #		Location		
		Prior Action				
	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					
	01	001	Individual Condition APPEARED NORMAL			