

6TL0D942B2
SC23-11939

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 SC23-11939		Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 11/03/2023		Crash Time 06:35 PM		Date Arrived 11/03/2023		Time Arrived 06:35 PM	
Date Notified 11/03/2023		Time Notified 06:35 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
		Photos By
		Additional Information NONE

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

UNIT 1 WAS TRAVELING SOUTH ON USH 12 AND ENTERED THE TURN LANE, TO MAKE A U-TURN, IN THE CROSS OVER, AT THE INTERSECTION OF SKI HI RD. UNIT 1 MISSED THE CROSS OVER BY BYPASSING IT. UNIT 1 ENTERED THE DITCH ON THE SOUTH SIDE OF CROSS OVER AND CAME TO REST. THERE WAS NO AIRBAG DEPLOYMENT, NO INJURIES, AND ALL OCCUPANTS WERE WEARING SEAT BELTS. THE DRIVER SAID SHE KNEW SHE WAS IN THE TURN LANE, BUT COULD NOT SEE WHERE TO TURN. THE VEHICLE SUSTAINED DISABLING DAMAGE AND WAS TOWED BY CRAIGS TOWING. BOTH OCCUPANTS WERE GIVEN A RIDE FROM THE SCENE.

Location

ON USH12 EB 14 FT E OF USH12 EB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.420173963	Longitude -89.773537788
	X Coordinate 275475.0625	Y Coordinate 4811213
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
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) 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 CROSSOVER-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4
	Most Harmful Event: Collision With DITCH	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number L263240	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1N4AL2AP7AN552740	Make NISSAN	Year 2010	Model ALTIMA	
		Color GRY - GRAY	Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE			
		Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
01 01	Owner Name EILEEN LAWING		Owner Address 9704 COOK AVE OAK LAWN, IL 60453 , US	
	Sequence Of Events			
01 01	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company HARTFORD-INS-CO-OF-ILLINOIS		Individual EILEEN LAWING	
UNIT INDIVIDUAL	Individual			
	01 01	Driver EILEEN LAWING		Citations Issued 0
		Date of Birth		Sex FEMALE
	Address 9704 COOK AVE OAK LAWN, IL 60453 , US		Driver License Number	
Race WHITE				
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	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		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					
UNIT	INDIVIDUAL	Individual					
		Passenger BERNICE ENRIGHT		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race		
		Address 11456 S SAWYER AVE CHICAGO, IL 60655 , US		Driver License Number			
		Safety Equipment		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	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		

UNIT	Prior Action		
	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	