

6TL0D6N04V
23-11989

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 23-11989		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 11/05/2023		Crash Time 06:00 AM		Date Arrived 11/05/2023		Time Arrived 07:05 AM	
Date Notified 11/05/2023		Time Notified 06:56 AM		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 checked="" 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

<p>Diagram</p>	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 WESTBOUND ON FERN DELL RD. UNIT 1 FAILED TO FOLLOW THE CURVE SOUTH IN THE ROAD. UNIT 1 CONTINUED WEST AND ENTERED THE DITCH. UNIT 1 REQUIRED A PULL-OUT BY TOW SERVICE.

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Location

ON FERN DELL RD 1226 FT N OF TURTLEVILLE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.561215439	Longitude -89.833837707
	X Coordinate 271127.0625	Y Coordinate 4827042
	Structure Type NO STRUCTURE	

Crash Scene

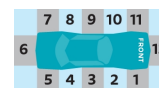
First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway 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 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? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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

UNIT 01 VEHICLE 01	License Plate Number CXG399	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
	Vehicle Identification Number 3N1CB51D44L865247	Make NISSAN	Year 2004	Model SENTRA
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 12 - FRONT		
	Extent Of Damage MINOR DAMAGE			



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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By CRAIGS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions RAN OFF ROADWAY				
01	01	Owner Name THEODORE KALINA (507) 581-3273		Owner Address 7751 ALBANY AVE NORTHFIELD, MN 55057 4214, US	
		Sequence Of Events			
01	01	Event DITCH			
		Event			
		Event			
		Event			
01	01	Individual			
		Driver THEODORE KALINA (507) 581-3273		Citations Issued 0	Sex MALE
		Address 7751 ALBANY AVE NORTHFIELD, MN 55057 4214, US		Date of Birth	Race
		Driver License Number			
01	001	Safety Equipment		On Duty Crash	
		Row 01 - FRONT ROW		Seat Position 07 - LEFT	
		Safety Equipment SHOULDER & LAP BELT		Helmet Compliance	
		Helmet Use		Tint Compliance	
01	001	Injury		Airbag	
		Injury Severity NO APPARENT INJURY		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 UNKNOWN					
Non Motorist		Striking Unit #	Location		

UNIT	INDIVIDUAL		
	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 EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)		
	01	001	

Property Owner

PROP OWNER	01	Government TOWNSHIP OF DELTON (608) 253-4621	Address 30 S WISCONSIN DELLS PKWY PO BOX 148 LAKE DELTON, WI 53940 , US

Fixed Objects Struck

PROP OWNER	01	Striking Unit 01	Struck Object DITCH	Structure Number	Damage Tag Number