

6TL0DDT5N8

23-12827

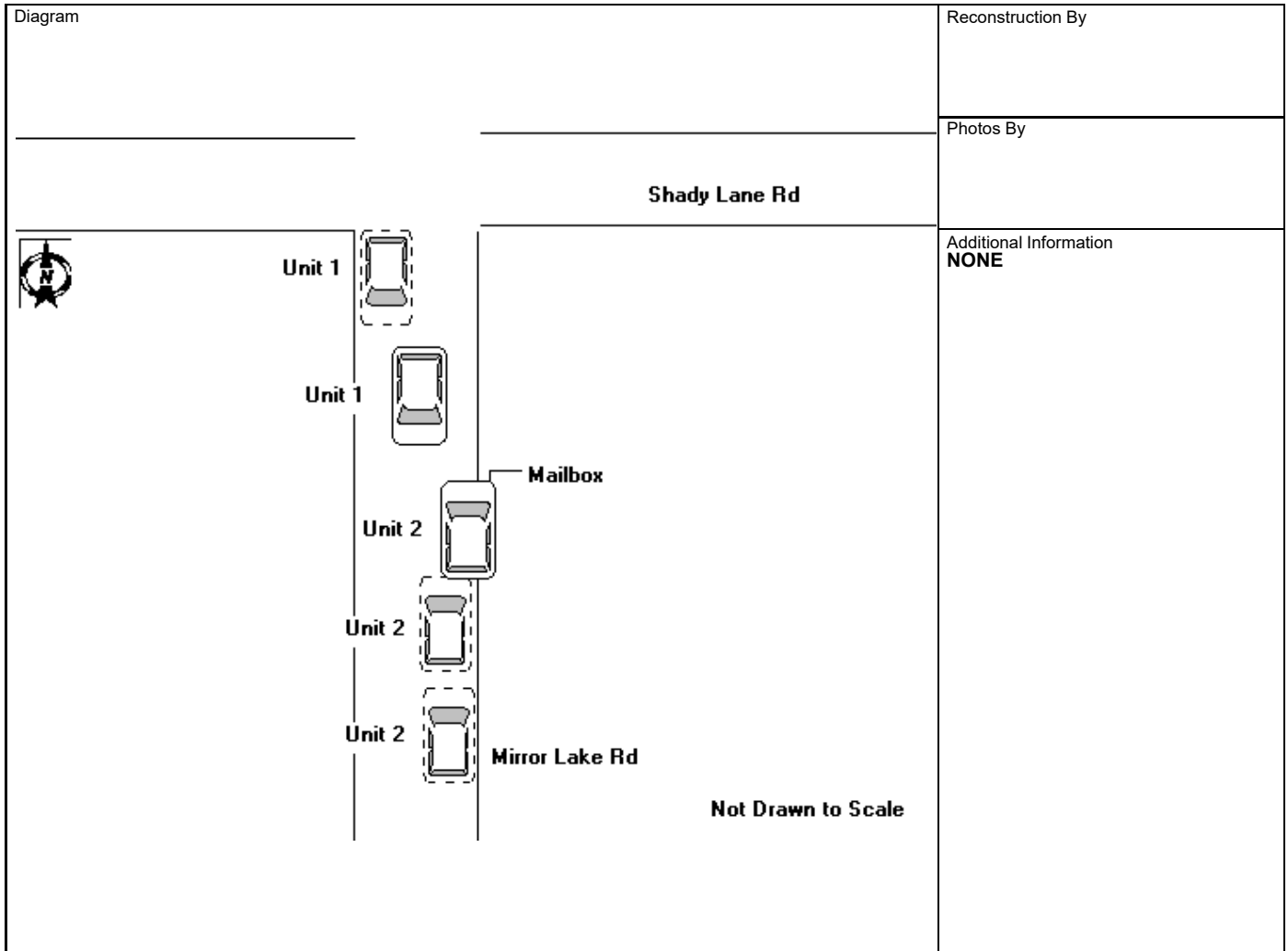
WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override: 6TL0BJ1GP0, Primary Crash Document #: , Agency Crash Number: 23-12827, Investigating Officer/Deputy: DEPUTY J. MACASKILL, Crash Date: 11/29/2023, Crash Time: 03:39 PM, Date Arrived: 11/29/2023, Time Arrived: 03:46 PM, Date Notified: 11/29/2023, Time Notified: 03:40 PM, Total Units: 02, Total Injured: 00, Total Killed: 00, Reportable: [checked], Amended: [checked], Secondary Crash: [unchecked]

Description



[checked] I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
ON 11/29/23 AT APPROXIMATELY 1539, UNIT 1 WAS DRIVING SOUTHBOUND ON MIRROR LAKE RD NEAR SHADY LANE RD. UNIT 2 WAS DRIVING NORTHBOUND ON MIRROR LAKE RD. UNIT 2 STATED AS THEY WERE DRIVING NORTHBOUND ON MIRROR LAKE RD, UNIT 1 WAS DRIVING SOUTHBOUND AND WAS DRIVING IN THE MIDDLE OF THE ROAD. AS UNIT 2 APPROACHED UNIT 1, UNIT 2 HAD TO SWERVE TOWARDS THE DITCH TO AVOID CRASHING INTO UNIT 1 AS THEY WERE DRIVING IN THE MIDDLE OF THE ROADWAY. UNIT 2 STRUCK A MAILBOX IN THE DITCH WITH THEIR PASSENGER SIDE MIRROR.

ADD MAILBOX PROPERTY OWNER

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Location

ON S2820 MIRROR LAKE RD 1234 FT S OF SHADY LANE RD (FIRE S2820) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.543933306	Longitude -89.837301386
	X Coordinate 270781.75	Y Coordinate 4825132
	Structure Type FIRE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
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	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

Vehicle

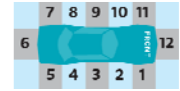
01	License Plate Number AJE1314	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number NMTKHMBX9KR091660	Make TOYOTA	Year 2019	Model C-HR
	Color WHI - WHITE	Body Style SW - STATIONWAGON		Bus Use
	Initial Contact Point 00 - NON-COLLISION			

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UNIT VEHICLE	Vehicle Damage		01 01
	Extent Of Damage NO DAMAGE		
	Towed Due To Damage NOT TOWED		
	Vehicle Removed By OPERATOR		
UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		01 01
	Driver Prior Action Other NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
	Owner Name BRENDA CONNER		
Owner Address 2340 E WASHINGTON AVE MADISON, WI 53704 , US		01 01	
Sequence Of Events			
Event CROSS CENTERLINE			
Event			
Event		01 01	
Event			
Event			
Event			
Policy Holder		01 01	
Insurance Company GEICO-GENERAL-INS-CO			
Individual BRENDA CONNER			
Individual			
Driver BRENDA CONNER		Citations Issued 1	
		Sex FEMALE	
		Date of Birth	
		Race	
Address 2340 E WASHINGTON AVE MADISON, WI 53704 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	
		Safety Equipment	
Row 01 - FRONT ROW		Seat Position 07 - LEFT	
		SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
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	

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UNIT	INDIVIDUAL	Distracted By Distracted By Source UNKNOWN		
		Distracted By Action UNKNOWN		
		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 EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC), CONFUSED OR DISORIENTED (NON LUCID)				
01	001	Violations		
		UTC Number BG114333	Issue To? 001	Statute Number 346.05(1)

Unit Summary

UNIT	02	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 45	Total Lanes 2
		Most Harmful Event: Collision With MAILBOX	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 STRAIGHT	Road Grade LEVEL		
		Truck Bus or HazMat NO				
		Vehicle				
		02	02	License Plate Number AUG1274	Plate Type AUT - AUTOMOBILE	St WI
Vehicle Identification Number VWGEK9BP2CD010746	Make VOLKSWAGEN			Year 2012	Model TOUAREG	

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 02 - RIGHT SIDE FRONT	
	Extent Of Damage MINOR DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ADEN NIST (608) 477-1289	Owner Address E9586 LAKE ST REEDSBURG, WI 53959 , US	
UNIT 02	Sequence Of Events		
	01	Event RUN OFF ROADWAY RIGHT	
	02	Event DITCH	
	03	Event MAILBOX	
	04	Event	
UNIT	Policy Holder		
	Insurance Company AUTO-OWNERS-INS-CO	Individual ADEN NIST	
	Individual		
UNIT INDIVIDUAL	Driver ADEN NIST (608) 477-1289	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address E9586 LAKE ST REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	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
	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 #

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UNIT	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	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	
02	002	Drug Type				
		Individual Condition APPEARED NORMAL				

Property Owner

PROP OWNER 01	Individual LEONARD WELLS (847) 848-4991		Address S2820 MIRROR LAKE RD REEDSBURG, WI 53959 , US		
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Fixed Objects Struck

01	Striking Unit 02		Struck Object MAILBOX		Structure Number	Damage Tag Number
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