

6TL0F3SSG1  
23-12714

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>23-12714</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>11/26/2023</b>		Crash Time <b>10:06 AM</b>		Date Arrived <b>11/26/2023</b>		Time Arrived <b>10:07 AM</b>	
Date Notified <b>11/26/2023</b>		Time Notified <b>10:07 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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	
Not to scale		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.

U1 WAS TRAVELING EASTBOUND ON PIT RD., TOWARDS FOX HILL RD. DRIVER OF U1 STATED HE WAS HEADED TOWARDS THE INTERSECTION AND WAS UNABLE TO COME TO A STOP AND WENT INTO THE DITCH LINE AND STRUCK A TREE. DRIVER OF U1 SAID HE WAS UNINJURED AND PASSENGER OF THE VEHICLE SAID SHE WAS UNINJURED AS WELL. BOTH OCCUPANTS DENIED EMS. OPERATOR OF U1 CONTACTED THE OWNER OF THE CAR AND THEY REQUESTED CRAIG'S TOWING TO REMOVE THE VEHICLE. CRAIG'S TOWING RESPONDED AND REMOVED THE VEHICLE FROM THE DITCH AND TOOK POSSESSION OF IT.

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Location

ON PIT RD 38 FT W OF FOX HILL RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.510604493</b>	Longitude <b>-89.763839787</b>
	X Coordinate <b>276593.71875</b>	Y Coordinate <b>4821230.5</b>
	Structure Type	

Crash Scene

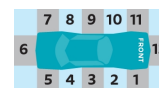
First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>ATP4758</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1G1PC5SB3D7123587</b>	Make <b>CHEVROLET</b>	Year <b>2013</b>	Model <b>CRUZE</b>	
		Color <b>WHI - WHITE</b>	Body Style <b>SD - SEDAN</b>		Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>11 - LEFT FRONT CORNER</b>			



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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>SPEED TOO FAST/COND</b>				
01	01	Owner Name <b>SPENCER FAST</b>		Owner Address <b>E4937 COUNTY ROAD V LA VALLE, WI 53941 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>DITCH</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>OWNERS-INS-CO</b>	Individual <b>SPENCER FAST</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>JOVANSLY ABLAR</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth		Race <b>BLACK/AFRICAN AMERICAN</b>	
		Address <b>E4937 COUNTY ROAD V LA VALLE, WI 53941 , US</b>		Driver License Number	
UNIT	01	<b>Safety Equipment</b>		On Duty Crash	
		Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance			
UNIT	001	<b>Injury</b>		Airbag	
		Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		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>APPEARED NORMAL</b>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
Passenger <b>WISGGERLYNE ABLAR</b>				Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race		
Address <b>E4937 COUNTY ROAD V LA VALLE, WI 53941 , US</b>				Driver License Number			
<b>Safety Equipment</b>				On Duty Crash	Safety Equipment		
Row <b>01 - FRONT ROW</b>				Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>		
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			<b>Injury</b>			
				Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</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		

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	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>APPEARED NORMAL</b>		