

6TL0CX0QCK

Document Number Override		Primary Crash Document #		Agency Crash Number 23-13164		Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 12/08/2023		Crash Time 08:49 PM		Date Arrived 12/08/2023		Time Arrived 09:11 PM	
Date Notified 12/08/2023		Time Notified 08:52 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 MCCARTY 9130
		Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING SB ON SCHEPP RD WHEN IT CAME UPON ITS INTERSECTION WITH VAN HOESEN RD. OPERATOR STATED SHE SAW GLARE IN ROADWAY AND THOUGHT THE ROADWAY CURVED TO THE RIGHT AND SHE HAD TO TURN. OPERATOR EXPLAINED SHE WAS GOING TOO FAST TO NEGOTIATE THE TURN AND ENDED UP STRIKING THE STOP SIGN ON VAN HOESEN RD, AND COMING TO A REST IN THE TREES ON THE SOUTHWEST SIDE OF THE INTERSECTION. OPERATOR STATED SHE WAS TRAVELING APPROX 45-50 MPH. ROAD SURFACE WAS DRY AND THERE WAS NO OVER HEAD STREET LIGHTS NEAR THE INTERSECTION. NO INJURIES, VEHICLE LATER TOWED BY CRAIGS TOWING DUE TO DISABLING DAMAGE. OPERATOR LATER ARRESTED FOR OWI 1 AFTER ADMITTED TO USING THC PRIOR IN THE DAY. OPERATOR CITED OWI 1 & DRIVING TOO FAST FOR CONDITIONS.

Location

ON SCHEPP RD 22 FT S OF VAN HOUSEN RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.554404923	Longitude -89.636925279
	X Coordinate 287007.15625	Y Coordinate 4825762
	Structure Type NO STRUCTURE	

Crash Scene

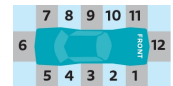
First Harmful Event TRAFFIC SIGN POST	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To 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 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 3	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With TREE	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

UNIT	VEHICLE	License Plate Number AUR4803	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1FAHP3F26CL105840	Make FORD	Year 2012	Model FOCUS	
		Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage DISABLING DAMAGE				



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 SPEED TOO FAST/COND				
01	01	Owner Name DIAN PINNEY (608) 340-2203		Owner Address W6426 GEM AVE ENDEAVOR, WI 53930 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event DITCH			
		02	Event TRAFFIC SIGN POST			
		03	Event TREE			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company AMERICAN-FAMILY-INS-CO		Individual DIAN PINNEY		
UNIT	INDIVIDUAL	Individual				
		Driver PARIS PINNEY (608) 340-2203		Citations Issued 2	Sex FEMALE	
		Address W6426 GEM AVE ENDEAVOR, WI 53930 , 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		
Eye Protection		Airbag NON DEPLOYED				
Injury		Injury Severity NO APPARENT INJURY		Airbag		
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 UNKNOWN				
Distracted By Action UNKNOWN						

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use YES		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING	
		Drug Type					
		Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
		UNIT	INDIVIDUAL	Individual			
Passenger KADEN WEBB (608) 340-2437				Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
Address N6400 EDGEWOOD RD NESHKORO, WI 54960 , 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
01	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		
	Individual		
	Passenger COOPER LLOYD (608) 697-2667	Citations Issued 0	Sex MALE
	Date of Birth	Race	
	Address 108 E CARROLL ST PORTAGE, WI 53901 , US	Driver License Number	
	01	Safety Equipment	On Duty Crash
Row 02 - SECOND ROW		Seat Position 07 - LEFT	Helmet Compliance
Helmet Use			
Eye Protection			
Tint Compliance		Airbag NON DEPLOYED	
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			
01	Non Motorist	Striking Unit #	Location
	Prior Action		

