

6TL0D0GSM4
SC23-13436

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 SC23-13436	Investigating Officer/Deputy DEPUTY G. AKERS	
Crash Date 12/16/2023		Crash Time 10:24 PM	Date Arrived 12/16/2023	Time Arrived 10:24 PM	
Date Notified 12/16/2023		Time Notified 10:24 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram Non-reportable Accident	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.

V1 WAS TRAVELING WEST ON CTY RD. P WHEN IT ATTEMPTED TO TURN NORTH ON COON BLUFF RD. V1 OVER SHOT THE TURN AND PARTIALLY ENTERED THE DITCH. V1 WAS NOT DAMAGED AND ABLE TO DRIVE OUT OF THE DITCH. D1 STATED THEY WERE UNFAMILIAR WITH THE AREA, IT WAS DARK AND FOGGY/RAINY AS WELL, D1 STATED THIS IS WHAT LEAD THEM TO GOING INTO THE DITCH. VERBAL WARNING ON GOING TO FAST FOR CONDITIONS.

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Location

ON COON BLUFF RD 24 FT N OF CTHP W IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.591018749	Longitude -89.867283996
	X Coordinate 268539.96875	Y Coordinate 4830445
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, RAIN, FOG		
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 YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY 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 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number EF70261	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1BC5SM3K7151995	Make CHEVROLET	Year 2019	Model CRUZE
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage 00 - NO DAMAGE		
Extent Of Damage NO DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	01	Owner Name NORA THOMAS (773) 680-4181		Owner Address 5211 W BERTEAU AVE CHICAGO, IL 60641 , US
Sequence Of Events				
	01	Event RIGHT TURN		
	02	Event DITCH		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual NORA THOMAS	
UNIT INDIVIDUAL	Individual			
	Driver NORA THOMAS (773) 680-4181		Citations Issued 0	Sex FEMALE
	Address 5211 W BERTEAU AVE CHICAGO, IL 60641 , US		Date of Birth	Race
	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
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	
	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	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
01	001	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				
UNIT	INDIVIDUAL	Passenger ANGEL HERNANDEZ (312) 652-7466		Citations Issued 0	Sex MALE	
				Date of Birth	Race	
		Address 1501 N HAMLIN AVE FL 1 CHICAGO, IL 60651 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
01	002	Safety Equipment		On Duty Crash		
				Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
		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		
Distracted By		Distracted By Source				
Distracted By Action						
Non Motorist		Striking Unit #	Location			

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
01	003	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
01	INDIVIDUAL	Drug Type		
		Individual Condition APPEARED NORMAL		
01	INDIVIDUAL	Individual		
		Passenger JOSE VIDAL MONTERROSA (773) 977-6833	Citations Issued 0	Sex MALE
01	INDIVIDUAL	Date of Birth	Race	
		Address 3955 N LAMON AVE APT 111 CHICAGO, IL 60641 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
01	003	Safety Equipment	On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
01	003	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
01	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	INDIVIDUAL	Distracted By	Distracted By Source	
		Distracted By Action		
01	INDIVIDUAL	Non Motorist	Striking Unit #	Location
		Prior Action		

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UNIT	INDIVIDUAL	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				
		Individual				
		Passenger MICHAELA BARCH (773) 606-8316	Citations Issued 0	Sex FEMALE		
		Date of Birth	Race			
Address 3955 N LAMON AVE APT 111 CHICAGO, IL 60641 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER	Safety Equipment SHOULDER & LAP BELT		
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT			
		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	
		Distracted By	Distracted By Source			
		Distracted By Action				
Non Motorist	Striking Unit #	Location				
Prior Action						

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UNIT	INDIVIDUAL	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	004				