

6TL0D942B8

23-13586

# 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>23-13586</b>	Investigating Officer/Deputy <b>DEPUTY M. PETERSON</b>	
Crash Date <b>12/21/2023</b>		Crash Time <b>07:35 PM</b>	Date Arrived <b>12/21/2023</b>	Time Arrived <b>07:53 PM</b>	
Date Notified <b>12/21/2023</b>		Time Notified <b>07:38 PM</b>	Total Units <b>01</b>	Total Injured <b>01</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

<p>Diagram</p>	Reconstruction By
	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.

UNIT 1 WAS TRAVELING WEST ON RIVER RD AND WAS APPROACHING STH 60. UNIT 1 OPERATOR DISREGARDED THE STOP SIGN AND DROVE THROUGH THE INTERSECTION. UNIT 1 ENTERED THE NORTHWEST CORNER OF THE INTERSECTION AND WENT OFF OF THE ROADWAY STRIKING AN EMBANKMENT. UNIT 1 THEN CONTINUED WEST AND STRUCK A PRIVATELY OWNED GARDEN AND FENCE. UNIT 1 FRONT SEAT PASSENGER SUSTAINED A HEAD INJURY CAUSED BY A BOWLING BALL AND WAS WEARING A SEAT BELT. THE OPERATOR OF UNIT 1 WAS ARRESTED FOR OWI WITH A PASSENGER UNDER THE AGE OF 16, AND WAS CITED FOR FAILURE TO STOP AT A STOP SIGN. THE OPERATOR CLAIMED NO INJURIES AND WAS WEARING A SEAT BELT. THE VEHICLE SUSTAINED DISABLING DAMAGE WITH NO AIRBAG DEPLOYMENT. THE VEHICLE WAS TOWED BY EVERETTS TOWING.

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## Location

ON STH60 WB 15 FT N OF RIVER RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.263753294</b>	Longitude <b>-89.800580351</b>
	X Coordinate <b>272702.5</b>	Y Coordinate <b>4793913.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>EMBANKMENT</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

## Unit Summary

UNIT 01	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>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>EMBANKMENT</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>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>67413DS</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2FMGK5D84EBD10966</b>	Make <b>FORD</b>	Year <b>2014</b>	Model <b>FLEX</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b>		



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>DISREGARDED STOP SIGN</b>			
01 01	Owner Name <b>DONNALL ADAMS (608) 408-8545</b>		Owner Address <b>453 E HOXIE ST SPRING GREEN, WI 53588 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>EMBANKMENT</b>		
	02	Event <b>FENCE</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>DONNALL ADAMS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DONNALL ADAMS (608) 408-8545</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
	Address <b>453 E HOXIE ST SPRING GREEN, WI 53588 , US</b>		Date of Birth	Race <b>BLACK/AFRICAN AMERICAN</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<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	
	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>JEDIDIAH SORG</b> <b>(608) 408-8545</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>453 E HOXIE ST</b> <b>SPRING GREEN, WI 53588 , US</b>			Date of Birth	Race <b>BLACK/AFRICAN AMERICAN</b>	
		Driver License Number			Safety Equipment		
		<b>Safety Equipment</b>		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	Helmet Compliance				
Eye Protection		Tint Compliance					
<b>01</b>	<b>002</b>	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run #	
		Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	
		<b>Distracted By</b>					
		Distracted By Source					
		Distracted By Action					
		<b>Non Motorist</b>		Striking Unit #	Location		

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<b>UNIT</b>	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>			
	<b>Violations</b>			
	<b>01</b>	UTC Number <b>BG943660</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>
<b>02</b>	UTC Number <b>BG943661</b>	Issue To? <b>001</b>	Statute Number <b>346.46(1)</b>	Description <b>FAIL/STOP AT STOP SIGN</b>