

6TL0C9H5MZ
24-00454

**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 24-00454 | | Investigating Officer/Deputy SERGEANT M. TATE | |
| Crash Date 01/13/2024 | | Crash Time 12:05 AM | | Date Arrived 01/13/2024 | | Time Arrived 12:17 AM | |
| Date Notified 01/13/2024 | | Time Notified 12:10 AM | | 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

| | |
|--|------------------------|
| <p>Diagram</p> <p style="text-align: center; margin-top: 100px;">SLIDE OFF ONLY. NO DAMAGE</p> | Reconstruction By |
| | Photos By |
| | Additional Information |

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

UNIT 1 WAS N/B ON HWY 12 JUST NORTH OF SHADY LANE RD. UNIT 1 OPERATOR STATED HE HIT A DRIFT AND IT PULLED HIM TOWARDS THE MEDIAN CAUSING HIM TO ENTER THE DITCH. NO DAMAGE. CRAIG'S TOWING RESPONDED AND PULLED THE VEHICLE OUT OF THE DITCH.

Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON USH12 WB 848 FT N OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.549326104 | Longitude -89.787012326 |
| | X Coordinate 274864.75 | Y Coordinate 4825593.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

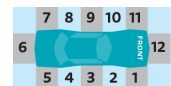
| | | |
|--|---|---|
| First Harmful Event DITCH | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) SNOW, SLUSH, ICE | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) SNOW | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - NOT 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 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 65 | Total Lanes 2 | |
| | Most Harmful Event: Collision With DITCH | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY MEDIAN W/BARRIER | | 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

| | | | | | |
|----------------|---|---|---------------------|---|--|
| VEHICLE | License Plate Number KTN826 | Plate Type AUT - AUTOMOBILE | St MN | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1HGCV1F33LA149797 | Make HONDA | Year 2020 | Model ACCORD | |
| | Color BLU - BLUE | Body Style | | Bus Use | |
| | Initial Contact Point 00 - NON-COLLISION | Vehicle Damage 00 - NO DAMAGE | | | |
| | Extent Of Damage NO DAMAGE | | | | |



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| | | | | | |
|---|--|--|---|--|--|
| UNIT | Towed Due To Damage NOT TOWED | | 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, FAILURE TO CONTROL | | | | |
| VEHICLE | Owner Name OSMAN SABRIYE | | Owner Address 1214 TROY DR MADISON, WI 53704 , US | | |
| | Sequence Of Events | | | | |
| 01 | 01 | Event DITCH | | | |
| | 02 | Event | | | |
| | 03 | Event | | | |
| | 04 | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual OSMAN SABRIYE | | |
| INDIVIDUAL | Driver OSMAN SABRIYE | | Citations Issued 0 | Sex MALE | |
| | Address 1214 TROY DR MADISON, WI 53704 , US | | Date of Birth | Race BLACK/AFRICAN AMERICAN | |
| | Driver License Number | | | | |
| | Safety Equipment | | | | |
| 01 | 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 | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| Distracted By Action NOT DISTRACTED | | | | | |

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CRASH REPORT

| | | | | | | |
|------|--|---------------------|------------------------------------|-----------------|---------------------------------|----------------|
| UNIT | INDIVIDUAL | 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 APPEARED NORMAL | | | | | |
| | 01 | 001 | | | | |