

6TL0F8QXW9
SC24-413

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0F8QXW9

Document Number Override	Primary Crash Document #	Agency Crash Number SC24-413	Investigating Officer/Deputy DEPUTY J. GREENWOOD		
Crash Date 01/12/2024	Crash Time 09:15 AM	Date Arrived 01/12/2024	Time Arrived 09:35 AM		
Date Notified 01/12/2024	Time Notified 09:20 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

Diagram Non-Reportable Slide-Off	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.

UNIT 1 WAS NB ON TIMOTHY LN. UNIT 1 WENT STRAIGHT ON THE CURVE BECAUSE THEY COULD NOT SEE THE ROAD WITH THE SNOW. UNIT 1 DROVE INTO THE DITCH.

Location

ON TIMOTHY LN 344 FT S OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.560207273	Longitude -89.77699888
	X Coordinate 275714.0625	Y Coordinate 4826775
	Structure Type NO STRUCTURE	

Crash Scene

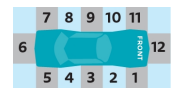
First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SNOW	Roadway Factor(s)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
Animal Type	Relation 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 2	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 45	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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

VEHICLE	License Plate Number 1RL897	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
	Vehicle Identification Number 5YFBURHE4JP834362	Make TOYOTA	Year 2018	Model COROLLA
	Color RED - RED	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	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 FAILED TO KEEP IN DESIGNATED LANE			
VEHICLE	Owner Name BARBARA SMITH		Owner Address 1739 GERVAIS AVE APT 8 MAPLEWOOD, MN 55109 2183, US	
	01			
Sequence Of Events				
UNIT	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-COUNTY-MUTUAL-INS-CO-OF-TEX		Individual BARBARA SMITH	
INDIVIDUAL	Individual			
	Driver BARBARA SMITH		Citations Issued 0	Sex FEMALE
	Address 1739 GERVAIS AVE APT 8 MAPLEWOOD, MN 55109 2183, US		Date of Birth WHITE	
	Driver License Number			
01	Safety Equipment			
	On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	001			
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	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					
		UNIT	INDIVIDUAL	Individual			
Passenger BETH SMITH				Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
Address 1739 GERVAIS AVE APT 8 MAPLEWOOD, MN 55109 2183, 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	INDIVIDUAL		
	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		