

6TL0C22Z04

24-00741

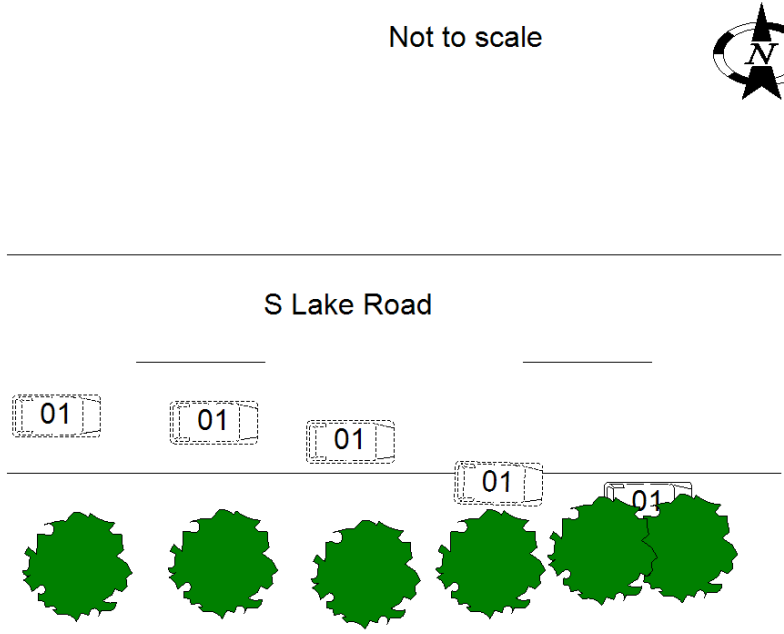
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 24-00741	Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 01/20/2024		Crash Time 09:04 AM	Date Arrived 01/20/2024	Time Arrived 09:36 AM	
Date Notified 01/20/2024		Time Notified 09:16 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p style="text-align: center;">Not to scale</p>  <p style="text-align: center;">S Lake Road</p>	Reconstruction By
	Photos By A. WILCOX
	Additional Information PHOTOS

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

ON 01/20/2024, I WAS DISPATCHED TO S LAKE ROAD AND STH 113 IN THE TOWN OF MERRIMAC FOR A TRAFFIC ACCIDENT. I OBSERVED THE ROADWAY TO BE ICY AND SNOW-COVERED. I OBSERVED THE VEHICLE IN THE DITCH AGAINST A FEW SMALL TREES. UNIT 1 OPERATOR STATED SHE WAS LEAVING DEVILS LAKE WHEN SHE SLID OFF THE ROADWAY INTO THE DITCH. UNIT 1 WAS REMOVED BY CRIAGS TOWING. AS THE TOW TRUCK OPERATOR PULLED OUT THE VEHICLE, I OBSERVED THE REAR END OF UNIT 1 SCRAP AGAINST THE TREE, BREAKING THE TAIL LIGHT. ONCE THE TOW TRUCK OPERATOR GOT UNIT 1 BACK ON THE ROADWAY, HE TRIED TO START THE VEHICLE. UNIT 1'S ENGINE STARTED TO SMOKE, AND THE VEHICLE WOULD NOT START. UNIT 1 WAS THEN TOWED BY CRAIG'S TOWING.

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Location

ON S LAKE RD 0.61 MI W OF STH113 NB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude 43.411844051	Longitude -89.686308862
	X Coordinate 282506.90625	Y Coordinate 4810056.5
	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) ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 K8ALEX	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5NMZUDLBXJH077508	Make HYUNDAI	Year 2018	Model SANTA FE S
	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		
Extent Of Damage FUNCTIONAL DAMAGE				



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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 NO CONTRIBUTING ACTION			
01 01	Owner Name MARY CAHILL (608) 640-8036		Owner Address 8530 GREENWAY BLVD # 208 MIDDLETON, WI 53562 , US	
	Sequence Of Events			
01 01	01	Event DITCH		
	02	Event TREE		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		Individual MADISYN NYBROTEN	
UNIT INDIVIDUAL	Individual			
	Driver MADISYN NYBROTEN (608) 640-8036		Citations Issued 0	Sex FEMALE
	Address 8530 GREENWAY BLVD # 208 MIDDLETON, WI 53562 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		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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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					
		Passenger ISABELLA JEFKO (608) 636-9885			Citations Issued 0	Sex FEMALE	
		Address 2316 CLARK STREET MIDDLETON, WI 53562 , US			Date of Birth	Race WHITE	
		Driver License Number					
		01	002	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			
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	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	002		