

6TL0D6N057
24-00814

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 24-00814		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 01/22/2024		Crash Time 12:16 PM		Date Arrived 01/22/2024		Time Arrived 12:19 PM	
Date Notified 01/22/2024		Time Notified 12:16 PM		Total Units 01		Total Injured 00	Total Killed
<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		Reconstruction By	
Non-reportable		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 SOUTHBOUND ON WEST PINE ST. UNIT 1 OPERATOR MADE A LEFT TURN OVER THE CURBED-MEDIAN AND ACCELERATED INTO A SNOW-BANK. UNIT 1 GOT STUCK AND REQUIRED A PULL-OUT. NO VISIBLE DAMAGE OBSERVED BY THIS DEPUTY.

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Location

ON CTHBD NB 157 FT N OF STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475232521	Longitude -89.768833543
	X Coordinate 276059.25	Y Coordinate 4817315
	Structure Type	

Crash Scene

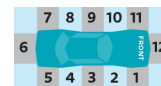
First Harmful Event OTHER OBJECT - NOT FIXED		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		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	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? UNKNOWN	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4	
	Most Harmful Event: Collision With OTHER OBJECT - NOT FIXED		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC 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 AVR6992		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1J4GK48K52W201151		Make JEEP	Year 2002	Model LIBERTY	
	Color BRO - BROWN		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage			
	Extent Of Damage NO DAMAGE		00 - NO DAMAGE			



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By CRAIGS TOWING		
		What Driver Was Doing LEFT TURN		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions IMPROPER TURN				
01	Owner Name MARIA FRANKOV (608) 254-7525			Owner Address 727 BROADWAY WISCONSIN DELLS, WI 53965 , US		
	Sequence Of Events					
01	01	Event OTHER OBJECT - NOT FIXED				
		02	Event			
			Event			
			Event			
01	01	Individual				
		Driver MARIA FRANKOV (608) 254-7525		Citations Issued 0	Sex FEMALE	
		Address 727 BROADWAY WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE	
		Driver License Number				
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 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 UNKNOWN						
Non Motorist		Striking Unit #		Location		

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UNIT	Prior Action					
	Action					
	Action Other		To/From School			
01	INDIVIDUAL	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 PETER FRANKOV (608) 254-7525	Citations Issued 0	Sex MALE		
		Address 727 BROADWAY WISCONSIN DELLS, WI 53965 , US		Date of Birth WHITE		
		Driver License Number				
01	INDIVIDUAL	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		
		01	002	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						
01	002	Non Motorist				
		Striking Unit #	Location			
Prior Action						

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	002				