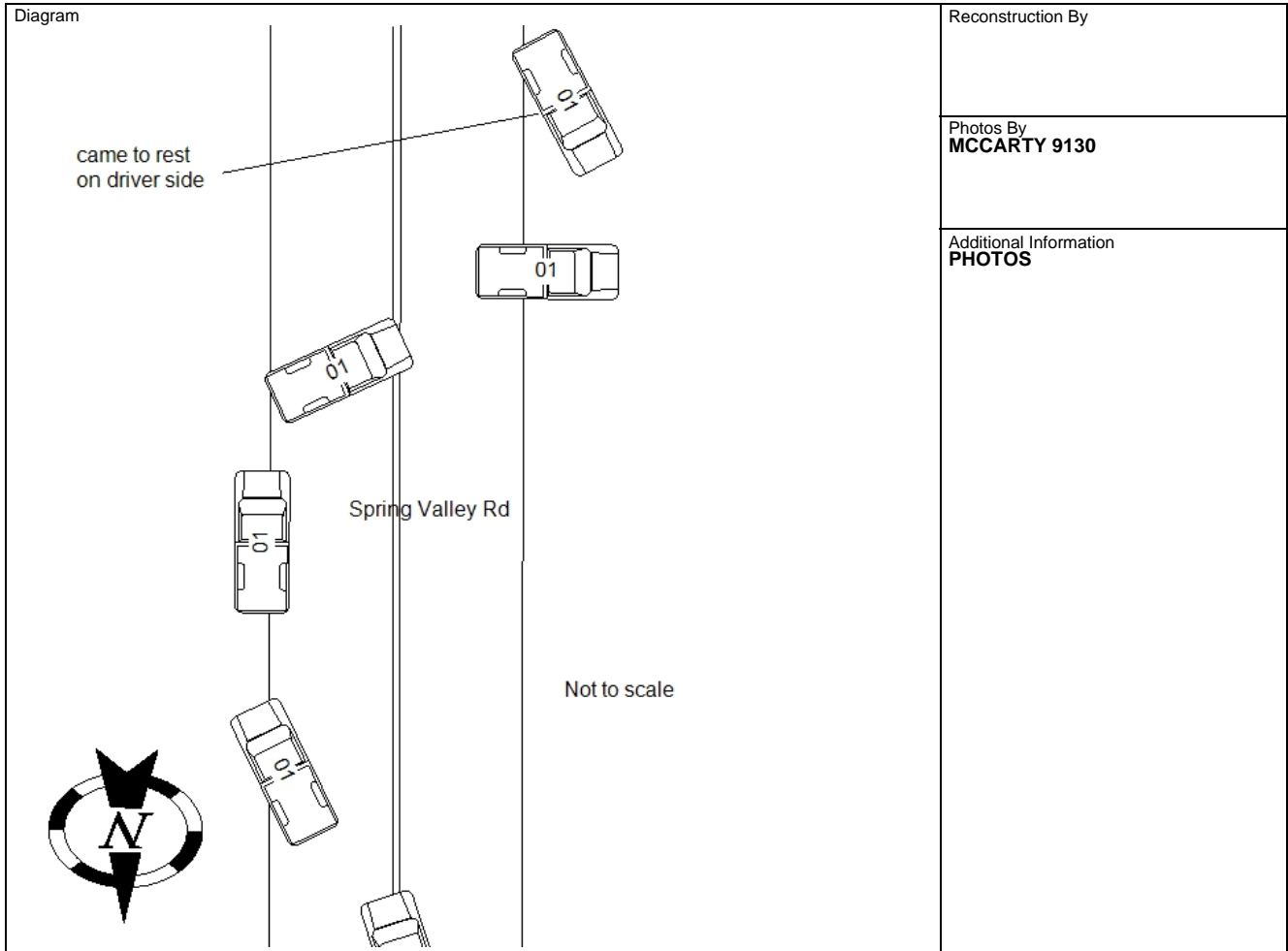


6TL0CX0QCW

Document Number Override		Primary Crash Document #		Agency Crash Number 24-01229		Investigating Officer/Deputy DEPUTY K. MCCARTY		
Crash Date 02/03/2024		Crash Time 09:00 PM		Date Arrived 02/03/2024		Time Arrived 11:50 PM		
Date Notified 02/03/2024		Time Notified 11:34 PM		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



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

UNIT 1 WAS TRAVELING SB ON SPRING VALLEY RD FROM LOGANVILLE. UNIT 1 WAS JUST NORTH OF HILLCREST DR WHEN IT CROSSED THE CENTER LINE, DROVE BRIEFLY PARTIALLY ON THE NB SHOULDER, OVER CORRECTED, LOST CONTROL, AND ENTERED THE SB DITCH WHERE THE VEHICLE CAME TO A REST ON ITS DRIVER SIDE. SIDE CURTAIN AIRBAGS DID DEPLOY AND THE VEHICLE WAS UNOCCUPIED UPON ARRIVAL OF LAW ENFORCEMENT AND EMS. CONTACT WAS LATER MADE AT THE REGISTERED OWNERS ADDRESS WHERE I IDENTIFIED THE OPERATOR, WHO WAS THE SAME AS THE OWNER. THE OPERATOR, DANIEL JUDD, ADMITTED TO DRIVING THE INVOLVED VEHICLE DURING THE WRECK, AND CRASHING. DANIEL STATED HE HAD BEEN HOME 3-4 HOURS SINCE THE CRASH AND I IDENTIFIED HE APPEARED TO BE INTOXICATED. DANIEL HAD SLURRED SPEECH AND HAD WATERY EYES. DANIEL STATED AFTER THE CRASH HE WAS PICKED UP BY A FAMILY MEMBER AND TAKEN HOME. DANIEL WOULD NOT ADVISE WHY LAW ENFORCEMENT WAS NOT CONTACTED AFTER THE ACCIDENT. WHEN ASKED WHY THE ACCIDENT HAPPENED HE STATED HE HIT A PATCH OF BLACK ICE. IT SHOULD BE NOTED THAT NO ICE WAS OBSERVED ON THE ROADWAY IN THE AREA OF THE CRASH. DANIEL ALSO EXPLAINED HE MOVED TO A NEW RESIDENCE AND WAS AT HIS NEW RESIDENCE FOR A LITTLE LESS THAN A YEAR AND HAD NOT UPDATED THE ADDRESS THRU THE DOT. I ISSUED AND EXPLAINED THE FOLLOWING CITATIONS TO DANIEL. FAILURE TO NOTIFY DMV OF ADDRESS CHANGE, OPERATING LEFT OF CENTER, TOO FAST FOR CONDITIONS, AND FAILURE TO REPORT ACCIDENT TO POLICE. DANIEL DENIED EVALUATION BY EMS. I DID OBSERVE SUPERFICIAL CUTS ON DANIELS FACE LIKELY SUSTAINED DURING THE

6TL0CX0QCW
24-01229

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

ACCIDENT. DANIEL WAS LEFT WITH THE CITATIONS AT HIS RESIDENCE. NACHREINERS TOWING REMOVED THE INVOLVED TRUCK.

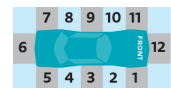
Location		
ON SPRING VALLEY RD 639 FT N OF HILLCREST RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude	Longitude
	43.421282007	-90.048361255
	X Coordinate	Y Coordinate
	253230.765625	4812113.5
	Structure Type	
	NO STRUCTURE	

Crash Scene		
First Harmful Event	First Harmful Event Location	
OVERTURN/ROLLOVER	ON ROADWAY	
Manner of Collision	Light Condition	
00 - NO COLLISION W/VEHICLE IN TRANSPORT	DARK/UNLIT	
Road Surface Condition(s)	Roadway Factor(s)	
DRY	NONE	
Environment Factor(s)		
NONE		
Weather Condition(s)		
CLEAR		
Animal Type	Relation To Trafficway	
	TRAFFICWAY - ON ROAD	
Crash Classification - Location	Crash Classification - Jurisdiction	
PUBLIC PROPERTY	NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study
	NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status	Vehicle Operating As Classification	Unit Type		
	IN TRANSIT	D CLASS	TRUCK		
	Vehicle Type	Operating As Endorsements			
	UTILITY TRUCK/PICKUP TRUCK				
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
	1		4	0	0
	Insurance?	Direction Of Travel	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
	YES	SOUTHBOUND		45	2
	Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use		
	OVERTURN/ROLLOVER	NO SPECIAL FUNCTION	NOT APPLICABLE		
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED	NO CONTROL	NO			
Surface Type	Road Curvature	Road Grade			
BLACKTOP (BITUMINOUS)	STRAIGHT	LEVEL			
Truck Bus or HazMat					
NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number	Plate Type	St	Country of Issuance
		XE37781	LTK - LIGHT TRUCK	WI	UNITED STATES
		Vehicle Identification Number	Make	Year	Model
		1GT49REY1MF220809	GENERAL MOTORS COR	2021	SIERRA
Color	Body Style	Bus Use			
BLU - BLUE	PK - PICKUP				
Initial Contact Point	Vehicle Damage				
10 - LEFT SIDE FRONT	15 - ALL AREAS				
Extent Of Damage					
DISABLING DAMAGE					



Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJS data.
2 of 4

Crash Date 02/03/2024
Crash Time 09:00 PM

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions SPEED TOO FAST/COND				
01	01	Owner Name DANIEL JUDD (608) 415-8326		Owner Address S6502 SPRINNG VALLEY RD LOGANVILLE, WI 53943 , US	
		Sequence Of Events			
UNIT	01	Event CROSS CENTERLINE			
		Event DITCH			
		Event RUN OFF ROADWAY RIGHT			
		Event OVERTURN/ROLLOVER			
UNIT	Policy Holder				
	Insurance Company MCLONE INSURANCE		Individual DANIEL JUDD		
UNIT	Individual				
	INDIVIDUAL	Driver DANIEL JUDD (608) 415-8326		Citations Issued 4	Sex MALE
		Address S6502 SPRINNG VALLEY RD LOGANVILLE, WI 53943 , US		Date of Birth	Race WHITE
			Driver License Number		
Safety Equipment		On Duty Crash			
01	001	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
		Helmet Use		Safety Equipment SHOULDER & LAP BELT	
		Eye Protection		Helmet Compliance	
				Tint Compliance	
Injury		Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-SIDE	
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 UNKNOWN			
Distracted By Action UNKNOWN					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
		Drug & Alcohol		Suspected Alcohol Use YES	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		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
		Violations					
01	001	UTC Number BJ675868	Issue To? 001	Statute Number 343.22(2)(b)	Description FAIL/NOTIFY ADDRESS CHANGE		
		UTC Number BJ675869	Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT OF CENTER		
		UTC Number BJ675870	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT		
		UTC Number BJ675871	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS		