

6TL0DQPGFS  
24-01476

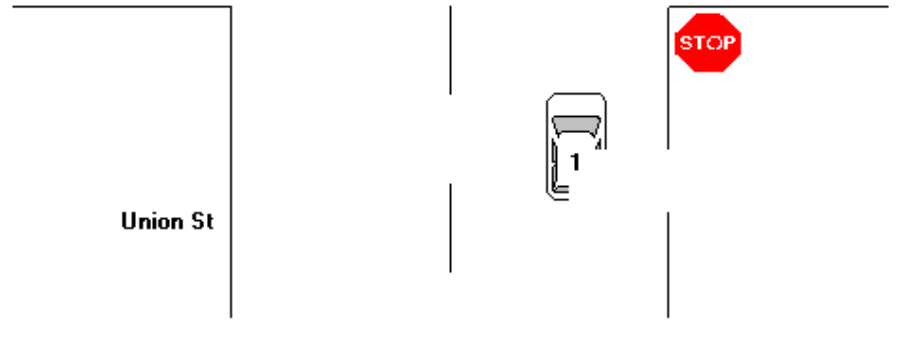
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 <b>24-01476</b>		Investigating Officer/Deputy <b>DEPUTY B. SONN</b>		
Crash Date <b>02/10/2024</b>		Crash Time <b>06:38 PM</b>		Date Arrived <b>02/10/2024</b>		Time Arrived <b>06:47 PM</b>		
Date Notified <b>02/10/2024</b>		Time Notified <b>06:38 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>	
<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 <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p style="text-align: center;"><b>HWY 33</b></p> <hr/> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Union St</b></p> 	Reconstruction By
	Photos By <b>9104</b>
	Additional Information <b>DRIVER BEHAVIOR AND CONDITION, PHOTOS</b>

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

UNIT 1 WAS SITTING STATIONARY ON UNION ST @ HWY 33. DRIVER OF UNIT 1 WAS VERY DISORIENTED AND CONFUSED ABOUT WHERE THEY WERE LOCATED. DRIVER STATED THEY WERE DRIVING FROM CITY OF BARABOO TO VILLAGE OF LAKE DELTON. DRIVER WAS UNAWARE THEY WERE IN THE VILLAGE OF LAVALLE. DRIVER WAS VERY CONFUSED ABOUT OTHER QUESTIONS BEING ASKED AND SHOWED SIGNS OF POSSIBLE BEGINNINGS OF DEMENTIA. EXHAUST WAS LAYING ON THE GROUND UNDERNEATH THE VEHICLE. DRIVER STATED THEY WENT OFF THE ROADWAY, BUT HAD NO IDEA WHERE THAT TOOK PLACE. ORIGINAL CRASH LOCATION IS UNKNOWN AND ENDING LOCATION IS BEING USED FOR THIS CRASH REPORT AS THERE APPEARED TO BE REPORTABLE DAMAGE DUE TO THE EXHAUST ON THE GROUND. THE DRIVER APPEARED TO HAVE AAA COVERAGE, BUT INSURANCE INFORMATION WAS NOT OBTAINED. A DRIVER CONDITION REPORT IS GOING TO BE COMPLETED ON THE DRIVER.

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## Location

ON UNION ST 80 FT W OF MAIN ST/ STH33 EB IN THE VILLAGE OF LA VALLE IN SAUK COUNTY	Latitude <b>43.584435046</b>	Longitude <b>-90.12964389</b>
	X Coordinate <b>247332.515625</b>	Y Coordinate <b>4830478.5</b>
	Structure Type	

## Crash Scene

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

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OTHER NON-COLLISION</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>AWE3111</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2T3G1RFVXNW320464</b>	Make <b>TOYOTA</b>	Year <b>2022</b>	Model <b>RAV4</b>
	<b>VEHICLE</b>	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>14 - UNDERCARRIAGE</b>	Vehicle Damage		
Extent Of Damage <b>DISABLING DAMAGE</b>		<b>14 - UNDERCARRIAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>		
	What Driver Was Doing <b>STOP IN TRAFFIC</b>		Vehicle Factors		
	Driver Prior Action Other		<b>UNKNOWN</b>		
	Driver Actions <b>FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE</b>				
01 01	Owner Name <b>JANIS GELDON</b>		Owner Address <b>2411 RIVER RD # 2236 WISCONSIN DELLS, WI 53965 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>OTHER NON-COLLISION</b>				
	Event				
	Event				
	Event				
UNIT INDIVIDUAL	Driver <b>JANIS GELDON</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>2411 RIVER RD # 2236 WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>WHITE</b>	
	On Duty Crash		Safety Equipment		
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
01 001	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location		

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<b>UNIT</b>	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition  <b>CONFUSED OR DISORIENTED (NON LUCID)</b>				
	<b>01</b>	<b>001</b>			