

6TL0D6N05C
24-01911

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 24-01911		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 02/24/2024		Crash Time 11:42 AM		Date Arrived 02/24/2024		Time Arrived 11:55 AM	
Date Notified 02/24/2024		Time Notified 11:42 AM		Total Units 01		Total Injured 01	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 checked="" 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

<p>Diagram</p> <p>Not to Scale</p>	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 EASTBOUND ON HILLMAN RD. UNIT 1 HIT SOME ICE ON THE ROAD. UNIT 1 VEERED TO THE SOUTH AND STRUCK A ROAD SIGN POST. UNIT 1 OPERATOR OVER-CORRECTED AND TRAVELED TO THE NORTH SHOULDER/DITCH. UNIT 1 STRUCK A TREE AND CAME TO REST AGAINST THE TREE FACING EAST IN THE NORTH DITCH.

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Location

Table with 3 columns: Address (ON HILLMAN RD 605 FT W OF CHTT SB IN THE TOWN OF DELTON IN SAUK COUNTY), Latitude (43.582994981), Longitude (-89.748874173), X Coordinate (278069.40625), Y Coordinate (4829230.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 4 columns: Event (TRAFFIC SIGN POST), Location (SHOULDER RIGHT), Manner (00 - NO COLLISION W/VEHICLE IN TRANSPORT), Light (DAYLIGHT), Road Surface (WET), Roadway Factor (ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)), Environment (NONE), Weather (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

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Operating As Endorsements, Total Occs (5), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark, Speed Limit (35), Total Lanes (2), Most Harmful Event: Collision With (TREE), 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 LEFT), Road Grade (DOWNHILL), Truck Bus or HazMat (NO)

Table with 4 columns: License Plate Number (EF89932), Plate Type (AUT - AUTOMOBILE), St (IL), Country of Issuance (UNITED STATES), Vehicle Identification Number (1C4PJXFN9RW102267), Make (JEEP), Year (2024), Model (RUBICON), Color (BLK - BLACK), Body Style (UT - SPORT UTILITY VEHICLE), Bus Use, Initial Contact Point (12 - FRONT), Vehicle Damage (01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT), Extent Of Damage (DISABLING 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 NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01 01	Owner Name HUANYI JIANG (217) 560-4337		Owner Address 708 S 6TH ST APT 1622 CHAMPAIGN, IL 61820 , US	
	Sequence Of Events			
01 01	01	Event TRAFFIC SIGN POST		
	02	Event TREE		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual HUANYI JIANG	
UNIT INDIVIDUAL	Individual			
	Driver HUANYI JIANG (217) 560-4337		Citations Issued 0	Sex FEMALE
	Address 708 S 6TH ST APT 1622 CHAMPAIGN, IL 61820 , US		Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
	Driver License Number		STATE: ILLINOIS 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		
Distracted By Action UNKNOWN				

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UNIT	INDIVIDUAL	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 ZEKUN MU (217) 819-2317			Citations Issued 0	Sex FEMALE	
		Address 2604 HIDDEN VALLEY RD LA JOLLA, CA 92037 , US			Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
		Driver License Number			Safety Equipment		
		Safety Equipment		On Duty Crash	SHOULDER & LAP BELT		
Row 01 - FRONT ROW		Seat Position 09 - RIGHT	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					
		Non Motorist		Striking Unit #	Location		

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CRASH REPORT

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		
	Individual		
	Passenger YILUN CHEN (561) 229-9890	Citations Issued 0	Sex MALE
Date of Birth		Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
Address 615 S WRIGHT ST APT 501 CHAMPAIGN, IL 61820 , US		Driver License Number	
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 07 - LEFT
	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
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
Hospital		Date of Death	Time of Death
Distracted By	Distracted By Source		
	Distracted By Action		
	Non Motorist	Striking Unit #	Location
Prior Action			

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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		
	Individual		
	Passenger SHIGI CHENG (217) 480-2421	Citations Issued 0	Sex FEMALE
	Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
Address 410 E GREEN ST CHAMPAIGN, IL 61820 , US	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	Helmet Compliance
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag NON DEPLOYED	
	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	
Prior Action			

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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		
	Individual		
	Passenger XIN MA (312) 206-6619	Citations Issued 0	Sex FEMALE
	Address 7444 FRANKLIN ST APT 2SE FOREST PARK, IL 60130 , US		Date of Birth Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		EMS Run #
	Date of Death		Time of Death
	Distracted By	Distracted By Source	
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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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	005			

Property Owner

PROP OWNER	01	Government TOWNSHIP OF DELTON (608) 253-4621	Address 30 S WISCONSIN DELLS PKWY PO BOX 148 LAKE DELTON, WI 53940 , US

Fixed Objects Struck

01	Striking Unit 01	Struck Object TRAFFIC SIGN POST	Structure Number	Damage Tag Number 338439