

**24-14006**

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

Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-14006</b>		Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>12/23/2024</b>		Crash Time <b>03:45 PM</b>		Date Arrived <b>12/23/2024</b>		Time Arrived <b>02:05 PM</b>	
Date Notified <b>12/23/2024</b>		Time Notified <b>03:49 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 type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Diagram	Reconstruction By
	Photos By
	Additional Information

UNIT 1 FAILED TO STOP AT THE INTERSECTION DUE TO SLIPPERY CONDITIONS, AND ENTERED THE DITCH.
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WISCONSIN MOTOR VEHICLE  
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## Location

INTERSECTION ON CTHDL EB AT STH113 SB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.403935053</b>	Longitude <b>-89.675188712</b>
	X Coordinate <b>283379.0625</b>	Y Coordinate <b>4809149</b>
	Structure Type <b>NO STRUCTURE</b>	

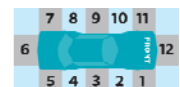
## Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, SNOW</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>INTERSECTION-RELATED</b>	Intersection Type <b>T-INTERSECTION</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE 01	Vehicle			
	License Plate Number <b>XRC158</b>	Plate Type <b>AUT</b>	St <b>IN</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2T1BURHE7GC698429</b>	Make <b>TOYT</b>	Year <b>2016</b>	Model <b>COR</b>
	Color <b>GRY - GRAY</b>	Body Style		Bus Use
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage		
	Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01	Owner Name <b>BRANDON WATKINS</b>		Owner Address <b>2640 KILLIANS PASS BROWNSBURG, IN 46112 5504, US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>DITCH</b>			
	Event			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-CLASSIC-INS-CO</b>		INDIVIDUAL <b>BRANDON WATKINS</b>	
UNIT	<b>Individual</b>			
	DRIVER <b>ISAAC WATKINS</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
INDIVIDUAL	Date of Birth		Race	
	Address <b>2640 KILLIANS PASS BROWNSBURG, IN 46112 5504, US</b>		Driver License Number <b>4660145834</b> STATE: INDIANA COUNTRY: UNITED STATES	
01	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		Shoulder & Lap Belt	
001	Row <b>01 - FRONT ROW</b>	Seat Position	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
001	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
001	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 #
001	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
001	Distracted By Action <b>NOT DISTRACTED</b>			

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UNIT INDIVIDUAL	01	001	<b>Non Motorist</b>		Striking Unit #	Location		
			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>APPEARED NORMAL</b>					
UNIT INDIVIDUAL	01	002	<b>Individual</b>					
			PASSENGER <b>JAXON LEWIS</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
					Date of Birth	Race		
			Address <b>2672 ARMAUGH DR BROWNSBURG, IN 46112 7393, US</b>		Driver License Number <b>STATE: INDIANA COUNTRY: UNITED STATES</b>			
			<b>Safety Equipment</b>					
			On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
			Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>				
			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				

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					