

6TL0B8M7ST  
18-01450

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>18-01450</b>	Investigating Officer/Deputy <b>DEPUTY B. MEARS</b>	
Crash Date <b>02/09/2018</b>		Crash Time <b>09:52 AM</b>	Date Arrived <b>02/09/2018</b>	Time Arrived <b>09:52 AM</b>	
Date Notified <b>02/09/2018</b>		Time Notified <b>09:52 AM</b>	Total Units <b>01</b>	Total Injured <b>01</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

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>PHOTOS</b>

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

UNIT WAS SB ON STH 23. OPERATOR STATED A UNIT 2 CARS AHEAD OF HER BRAKED AND ALMOST CAME TO STOP. OPERATOR STATED UNIT IN FRONT OF HER WENT AROUND IT. SHE SAID SHE STARTED TO TRY TO PASS IT ALSO, BUT LOST CONTROL. UNIT WENT LEFT OF CENTER, WAS STEERED BACK TO THE RIGHT. UNIT SLID OFF INTO THE RT SIDE DITCH, TRAVELED ABOUT 75 FEET WHERE IT STRUCK AN UNUSED SNOW COVERED CULVERT/DRIVEWAY. UNIT BECAME AIRBORNE FOR ABOUT 60 FEET. UNIT STRUCK A TREE SHEARING IT OFF ABOUT 5 FEET UP. UNIT TRAVELLED ABOUT 20 FEET FURTHER AND CAME TO REST FACING SE. OPERATOR HAD A SMALL ABRASION ON HER FOREHEAD. 2 PROPERLY SECURED INFANTS WERE NOT INJURED AND ADULT REFUSED AN AMBULANCE. UNIT WAS REMOVED BY GEORGES.

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Location

ON STH23 EB 1126 FT N OF TIMBERLINE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.207282069</b>	Longitude <b>-90.075818507</b>
	X Coordinate <b>250131.8125</b>	Y Coordinate <b>4788427.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH, ICE</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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

01 UNIT	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>03</b>	Train/Bus # Injured	Total # Citations Issued <b>00</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>02</b>	
	Most Harmful Event: Collision With <b>TREE</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>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

01 UNIT VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>260ZRL</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5GZCZ63446S872147</b>		Make <b>SATURN</b>	Year <b>2006</b>	Model <b>VUE</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 8--LEFT SIDE REAR, 10--LEFT SIDE FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>		
		What Driver Was Doing <b>OVERTAKE LEFT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC., OVER-CORRECTING/OVER-STEERING</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>KIMBERLY M RUSSELL (608) 963-1529</b>		Owner Address <b>S9904 COUNTY ROAD E SAUK CITY, WI 53583 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>CROSS CENTERLINE</b>			
		02	Event <b>DITCH</b>			
		03	Event <b>CULVERT</b>			
		04	Event <b>TREE</b>			
<b>Policy Holder</b>						
UNIT	INDIVIDUAL	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>KIMBERLY RUSSELL</b>		
		Driver <b>KIMBERLY M RUSSELL (608) 963-1529</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>S9904 COUNTY ROAD E SAUK CITY, WI 53583 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
				Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES
01	001	<b>Equipment</b>		On Duty Crash		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		<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	<b>Individual</b>					
		Passenger <b>TENNESSEE J THERING</b> <b>(608) 963-1529</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth <b>11/14/2017</b>	Race <b>WHITE</b>		
		Address <b>S9904 COUNTY ROAD E</b> <b>SAUK CITY, WI 53583 , US</b>		Driver License Number			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		<b>CHILD RESTRAINT SYSTEM - REAR FACING</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 APPLICABL</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>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT 01	INDIVIDUAL	Action				
		Action Other				
		<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>				
		<b>Individual</b>				
		Passenger <b>NASH A THERING (608) 963-1529</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>S9904 COUNTY ROAD E SAUK CITY, WI 53583 , US</b>	Date of Birth <b>12/20/2017</b>	Race <b>WHITE</b>		
	Driver License Number					
UNIT 01	INDIVIDUAL	<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>CHILD RESTRAINT SYSTEM - REAR FACING</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 APPLICABL</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>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School

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UNIT          01	INDIVIDUAL	Action			
		Action Other			
	003	<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>			