

6TL08S5WTB
18-01928

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 18-01928	Investigating Officer/Deputy DEPUTY S. SCHRAM	
Crash Date 02/22/2018		Crash Time 08:41 PM	Date Arrived 02/22/2018	Time Arrived 08:50 PM	
Date Notified 02/22/2018		Time Notified 08:41 PM	Total Units 01	Total Injured 02	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

<p>Diagram</p> <p style="text-align: center;">HWY 33</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 WESTBOUND ON HWY 33 NEAR EMERALD DRIVE. WEATHER AT TIME OF CRASH WAS FREEZING RAIN AND ROADS WERE ICE COVERED AND SLIPPERY. UNIT 1 OPERATOR LOST CONTROL DUE TO ICY ROAD CONDITIONS, CAUSING THE VEHICLE TO FISHTAIL ACROSS THE EASTBOUND LANE OF TRAFFIC BEFORE ENTERING THE SOUTH DITCH LINE OF THE ROADWAY. UNIT 1 WENT THROUGH BRUSH AT THE ROADSIDE BEFORE STRIKING A TREE ON THE BACK DRIVERS SIDE DOOR, CAUSING SIGNIFICANT DAMAGE TO THE MAJORITY OF THE VEHICLE INCLUDING BROKEN WINDOWS AND GLASS. UNIT 1 OPERATOR WAS ABLE TO EXIT VEHICLE AND CALL 911, ALSO HAD A 5 YEAR OLD MALE IN A CHILD'S CAR SEAT IN THE BACK PASSENGER SEAT. CHILD SUFFERED INJURIES INCLUDING CUTS TO HIS HEAD AND WAS REMOVED FROM THE CAR STILL IN THE CAR SEAT BY FIRE/EMS. UNIT 1 OPERATOR ID'D AS R.O. OF VEHICLE VIA VALID WI DL. ADMITTED TO NOT HAVING INSURANCE ON HER VEHICLE AFTER THE CRASH. VEHICLE WAS REMOVED FROM THE SCENE BY STEVES TOWING FROM REEDSBURG. OPERATOR WAS CITED FOR NO INSURANCE.

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Location

ON STH33 WB 0.74 MI E OF EMERALD DR IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.558781084	Longitude -90.067497161
	X Coordinate 252244.84375	Y Coordinate 4827442
	Structure Type	

Crash Scene

First Harmful Event EMBANKMENT	First Harmful Event Location ROADSIDE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, RAIN, FREEZING RAIN OR FREEZING DRIZZLE		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT 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

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 02	Train/Bus # Injured	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02
	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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01	Vehicle			
	License Plate Number 589UWH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G3NL52E93C251282	Make OLDSMOBILE	Year 2003	Model ALERO GL
	Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE	ALL AREAS			

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY					
01	01	Driver Distractions UNKNOWN IF DISTRACTED					
		Owner Name TARI CARLYLE (608) 479-0160		Owner Address 716 CENTER ST #19 WONEWOC, WI 53968 , US			
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event EMBANKMENT				
		02	Event TREE				
		03	Event				
		04	Event				
UNIT	INDIVIDUAL	Individual					
		Driver TARI CARLYLE (608) 479-0160		Citations Issued 01	Sex FEMALE		
		Address 716 CENTER ST #19 WONEWOC, WI 53968 , US		Date of Birth	Race WHITE		
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment	On Duty Crash	Safety Equipment			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT				
		Helmet Use	Helmet Compliance				
		Eye Protection	Tint Compliance				
		01	001	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND	EMS Agency Identifier 6001024			EMS Run #			

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Hospital REEDSBURG AREA MED CTR		Date of Death		Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location		To/From School
		Action						
		Action Other						
		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						
		UNIT	INDIVIDUAL	Individual				
Passenger BRAXTON CARLYLE (608) 843-5270				Citations Issued 00		Sex MALE		
				Date of Birth		Race WHITE		
Address 503 WINDSOR STREET SUN PRAIRIE, WI 53590 , US				Driver License Number				
Equipment				On Duty Crash		Safety Equipment		
Seat Position 6--SECOND SEAT-RIGHT SIDE				CHILD RESTRAINT SYSTEM - FORWARD FACING				
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 APPLICABL		Trapped/Extricated TRAPPED/EXTRICATED		
Medical Transport EMS GROUND			EMS Agency Identifier 6001024		EMS Run #			
Hospital REEDSBURG AREA MED CTR			Date of Death		Time of Death			
Non Motorist		Striking Unit #	Prior Action	Location		To/From School		

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UNIT	INDIVIDUAL	Action					
		Action Other					
	01	002	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	Violations					
		UTC Number AE140917	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE	