

6TL0BNZLX3
18-03727

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 18-03727	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 04/13/2018		Crash Time 10:30 AM	Date Arrived 04/13/2018	Time Arrived 11:31 AM	
Date Notified 04/13/2018		Time Notified 11:09 AM	Total Units 01	Total Injured	Total Killed
<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 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 TRAVELING NORTHBOUND ON STH 23. THE ROAD WAS COVERED WITH HAIL AND WAS SLIPPERY. UNIT 1 WAS NEGOTIATING A CURVE TO THE LEFT. UNIT 1 LOST CONTROL AND CROSSED THE CENTER LINE. UNIT 1 TRAVELED OFF THE WEST SIDE OF THE ROAD AND GOT STUCK IN THE DITCH.

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Location

ON STH23 EB 841 FT S OF FELDMAN DR IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.403417001	Longitude -90.031928886
	X Coordinate 254488.828125	Y Coordinate 4810081
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) ICE	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
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

UNIT	01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DITCH		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					

UNIT	VEHICLE	Vehicle			
		License Plate Number 827ZKK	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNSKJE76ER102444	Make CHEVROLET	Year 2014	Model K1500 SUBU
		Color	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point NON-COLLISION	Vehicle Damage		
		Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
		What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FAILURE TO CONTROL			
01	01	Driver Distractions UNKNOWN IF DISTRACTED			
		Owner Name TERESA MARIE TORRES (608) 495-0269	Owner Address 465 WEST ST LOGANVILLE, WI 53943 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event DITCH		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	01	Insurance Company SECURA-INS-A-MUTUAL-CO	Individual TERESA TORRES	
		01	Driver TERESA MARIE TORRES (608) 495-0269	Citations Issued 0	Sex FEMALE
		01		Date of Birth [REDACTED]	Race WHITE
		01	Address 465 WEST ST LOGANVILLE, WI 53943 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
		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 APPLICABL	Trapped/Extricated NOT TRAPPED

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UNIT INDIVIDUAL 01 001	Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #		
	Hospital	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					