

6TL08F2KV6
18-10657

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 18-10657	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 09/25/2018		Crash Time 03:15 PM	Date Arrived 09/25/2018	Time Arrived 03:31 PM	
Date Notified 09/25/2018		Time Notified 03:20 PM	Total Units 01	Total Injured 00	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>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.

ON 09-25-18 VEHICLE WAS SOUTHBOUND ON STH 23. OPERATOR LOST CONTROL OF VEHICLE ON WET ROADWAY AND SLIDE INTO THE EAST DITCHLINE. VEHICLE BECAME STUCK IN WET GROUND. NO INJURIES REPORTED.

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Location

ON STH23 EB 152 FT N OF HICKORY RD IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude 43.333342751	Longitude -90.061902363
	X Coordinate 251775.71875	Y Coordinate 4802387
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) RAIN		
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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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 STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 173VHJ	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2C3CDXJG7GH140773	Make DODGE	Year 2016	Model CHARGER
		Color BLK - BLACK	Body Style 2D - 2DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		

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UNIT	VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By HAASE TOWING		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
		Driver Prior Action Other				
		Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name CRYSTAL MARIE SODERSTROM (608) 574-0721		Owner Address 435 MAIN ST LINDEN, WI 53553 , US		
Sequence Of Events						
UNIT	01	Event DITCH				
		Event				
		Event				
		Event				
UNIT	04	Policy Holder				
		Insurance Company ARTISAN-AND-TRUCKERS-CASUALTY-CO		Individual CRYSTAL SODERSTROM		
UNIT	INDIVIDUAL	Individual				
		Driver CRYSTAL MARIE SODERSTROM (608) 574-0721		Citations Issued 0	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]		Race WHITE		
		Address 435 MAIN ST LINDEN, WI 53553 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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 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					