

6TL09N3P77

19-08169

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 19-08169	Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 07/05/2019		Crash Time 99:99	Date Arrived 07/05/2019	Time Arrived 10:31 AM	
Date Notified 07/05/2019		Time Notified 10:13 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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

Diagram 	Reconstruction By
	Photos By 9198
	Additional Information PHOTOS

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

ON THE ABOVE DATE AND TIME I WAS DISPATCHED TO REPORT OF A UNOCCUPIED VEHICLE IN THE DITCH ON FERN DELL RD. I LOCATED THE UNIT IN THE WEST DITCH ON FERN DELL RD WEST OF THE SETH PETERSON COTTAGE. THE UNIT WAS UNOCCUPIED. ATTEMPTS OF PHONE CONTACT WITH THE REGISTERED OWNER WERE UNSUCCESSFUL. TTY SENT TO PORTAGE WI PD. CONTACT MADE WITH ABOVE REGISTERED OWNER. OWNER STATED SHE WAS NOT DRIVING THE UNIT AND UNSURE WHO HAD BEEN. STATED SHE LEFT THE UNIT AT BOBBERS IN THE VILLAGE OF LAKE DELTON AND RECEIVED RIDE HOME BY BOYFRIEND. OWNER DID NOT WISH TO REPORT UNIT STOLEN. UNIT REMOVED FROM SCENE BY BILL'S TOWING.

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Location

ON FERN DELL RD 1223 FT N OF TURTLEVILLE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.561207796	Longitude -89.833880788
	X Coordinate 271123.5625	Y Coordinate 4827041.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event TREE	First Harmful Event Location ROADSIDE	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition UNKNOWN	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 HIT AND RUN	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes 2	
	Most Harmful Event: Collision With TREE		Special Function UNKNOWN	Emergency Motor Vehicle Use UNKNOWN		
	Traffic Way UNKNOWN		Traffic Control UNKNOWN	Traffic Control Inoperative/Missing UNKNOWN		
	Surface Type UNKNOWN		Road Curvature UNKNOWN	Road Grade UNKNOWN		
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number AFS9072	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number JTJHA31U840067029	Make LEXUS	Year 2004	Model RX 330	
	Color TAN - TAN	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
	Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE			
	Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			
	Vehicle Removed By BILLS TOWING				

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UNIT
01

VEHICLE
01

What Driver Was Doing UNKNOWN	Vehicle Factors UNKNOWN
Driver Prior Action Other	
Driver Actions UNKNOWN	
Owner Name JULIA M WHITE (608) 697-6389	Owner Address 855 SULEN LN PORTAGE, WI 53901 , US

Sequence Of Events

01
02
03
04

Event DITCH
Event TREE
Event
Event

Individual

UNIT
INDIVIDUAL

Driver	Citations Issued 0	Sex
	Date of Birth	Race
Address , ,	Driver License Number	

Safety Equipment

01
001

On Duty Crash	Safety Equipment RESTRAINT USE UNKNOWN
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	
Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance

Injury

Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
Hospital	Date of Death	Time of Death

Distracted By

Distracted By Source
Distracted By Action

Non Motorist

Striking Unit #	Location
Prior Action	

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	001	Drug & Alcohol			
			Suspected Alcohol Use	Suspected Drug Use		
			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			
			NOT OBSERVED			