

6TL096J8ZB

19-09590


# 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>19-09590</b>	Investigating Officer/Deputy <b>DEPUTY J. SOLCHENBERGER</b>	
Crash Date <b>08/03/2019</b>		Crash Time <b>12:23 AM</b>	Date Arrived <b>08/03/2019</b>	Time Arrived <b>12:41 AM</b>	
Date Notified <b>08/03/2019</b>		Time Notified <b>12:41 AM</b>	Total Units <b>01</b>	Total Injured <b>00</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

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING N/B ON HWY 23 WHEN THE DRIVER FELL ASLEEP AND THE WENT INTO THE DITCH

## Location

<b>ON STH23 WB 1153 FT S OF ELDER RIDGE RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY</b>	Latitude <b>43.413665759</b>	Longitude <b>-90.032292734</b>
	X Coordinate <b>254500.8125</b>	Y Coordinate <b>4811220</b>
	Structure Type <b>NO STRUCTURE</b>	

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## 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>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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

<b>UNIT</b> 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DITCH</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> 01	<b>Vehicle</b>				
	License Plate Number <b>ADB3657</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G3AJ55MXT6308420</b>		Make <b>OLDSMOBILE</b>	Year <b>1996</b>	Model <b>CIERA SL</b>
	Color <b>BLU - BLUE</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>1--RIGHT FRONT CORNER</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, TOP</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other		

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UNIT	VEHICLE	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>	
		Owner Name <b>JAMES CRAIG DEITRICH (608) 963-4530</b>	Owner Address <b>2187 VIKING DR PO BOX/1 REEDSBURG, WI 53959 , US</b>
UNIT	01	<b>Sequence Of Events</b>	
		01	Event <b>DITCH</b>
		02	Event
		03	Event
UNIT	04	<b>Policy Holder</b>	
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>JAMES DEITRICH</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>JAMES CRAIG DEITRICH (608) 963-4530</b>	Citations Issued <b>1</b>
		Date of Birth	Sex <b>MALE</b>
UNIT	01	Address <b>2187 VIKING DR PO BOX/1 REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	On Duty Crash
UNIT	001	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>NO APPARENT INJURY</b>
		Airbag <b>DEPLOYED-FRONT</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		
Hospital	Date of Death		
	EMS Run #		
	Time of Death		
<b>Distracted By</b>	Distracted By Source <b>OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)</b>		
	Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>		
<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>PRELIMINARY BREATH TEST (PBT)</b>		Alcohol Test Results <b>00</b>
		Drug Test Given <b>TEST GIVEN</b>	Drug Test Type <b>OTHER</b>	Drug Test Results <b>NEGATIVE</b>	
		Drug Type			
		Individual Condition <b>ASLEEP OR FATIGUED</b>			
		<b>Violations</b>			
<b>01</b>		UTC Number <b>BB9545653</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>