

6TL097RB4W
SC20-10088

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 SC20-10088		Investigating Officer/Deputy DEPUTY L. GJORGJIEV	
Crash Date 08/14/2020		Crash Time 04:44 PM		Date Arrived 08/14/2020		Time Arrived 05:27 PM	
Date Notified 08/14/2020		Time Notified 04:58 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

Location

ON CTHPF SB 0.54 MI S OF PAGEL DR IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude 43.36331742	Longitude -89.9727371	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 259123.2812	Y Coordinate 4805454.5	On Roadway Link ID# 4563879	On Roadway Link Offset 2522
	Override <input type="checkbox"/>	Tribal Land		Structure Type

Crash Scene

First Harmful Event DITCH		First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) LOOSE GRAVEL		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

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
01	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 CURVE LEFT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

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UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name BALLARD		First Name HUNTER		Middle Initial AARON	Suffix		
	Street Address 575 W SLIFER ST APT 201		Street Address 2		PO Box			
	City PORTAGE		State WI	Zip Code 53901	Country of Residence UNITED STATES			
	DOB	Sex M	Race W	Hair	Eyes BLUE	Height 510	Weight 220	Phone Number (608) 566-9956 EXT.
	Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2023			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT INDIVIDUAL 01	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location	To/From School			
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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								
License Plate Number 759CGH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
Vehicle Identification Number 5Y2SP67059Z409102			Year 2009	Make PONTIAC				
Model VIBE		Body Style 4H - HATCHBACK 4 DOOR		Color GRY - GRAY				
Initial Contact Point 01 - RIGHT FRONT CORNER								

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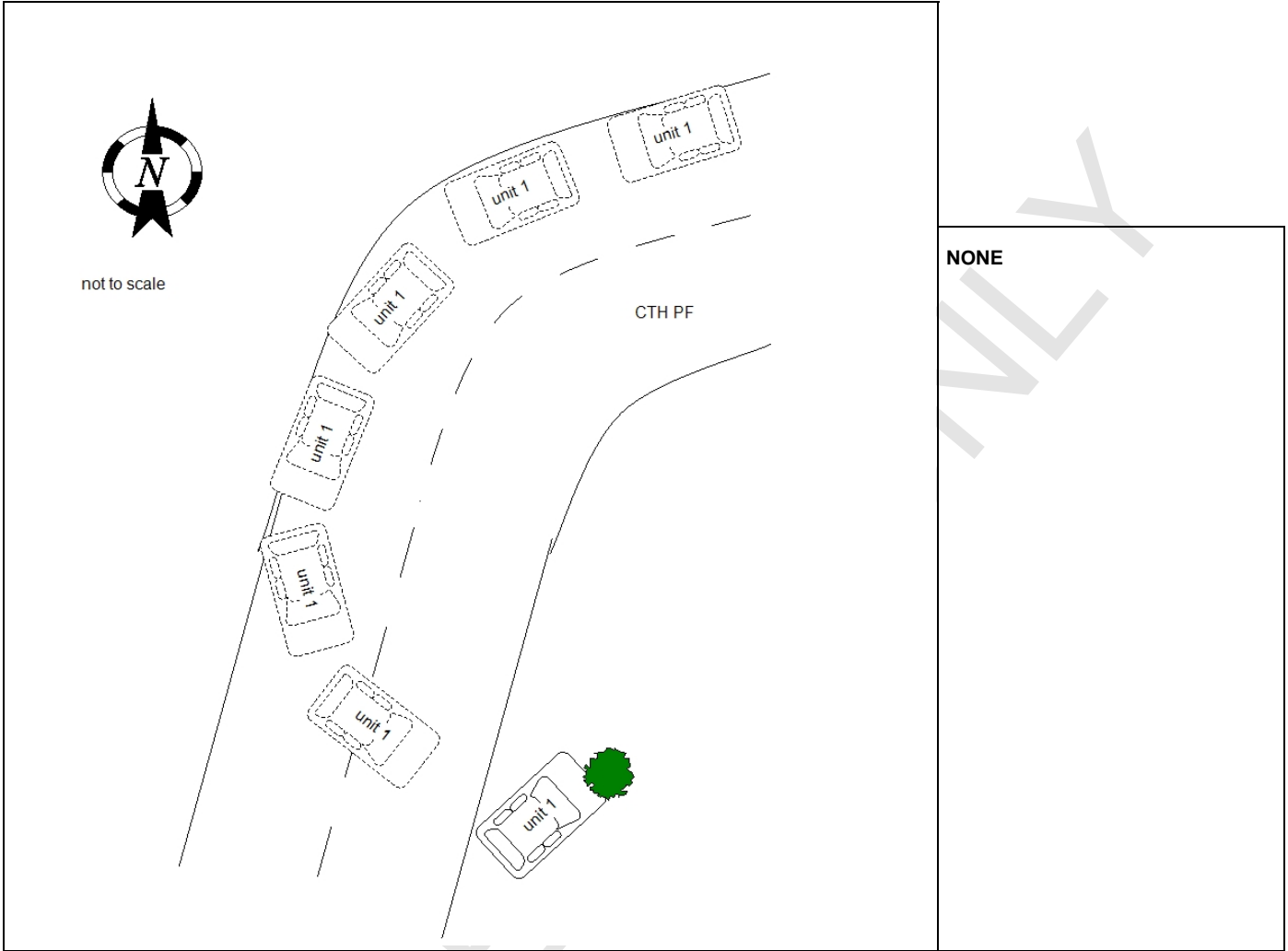
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UNIT VEHICLE	01	Vehicle Damage		
	01	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT, 14 - UNDERCARRIAGE		
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		
		Vehicle Factors NOT APPLICABLE		
		Vehicle Removed By STEVES AUTO SERVICE		
		Driver Prior Action Other	Bus Use	
		What Driver Was Doing NEGOTIATING CURVE		
		Driver Actions FAILURE TO CONTROL		
		<input type="checkbox"/> Vehicle Owner Same As Operator		
	<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type INDIVIDUAL	Company Name		
	Last Name WARREN	First Name TERESA	Middle M	
	Street Address 575 W SLIFER ST APT 201	Street Address2	PO Box	
	City PORTAGE	St WI	Zip Code 53901	
	Telephone Number (608) 697-6481 EXT.	Country of Residence UNITED STATES		
	01	Event CROSS CENTERLINE		
	02	Event DITCH		
	03	Event TREE		
	04	Event		
UNIT HOL	01	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver
		Organization Type INDIVIDUAL	Last Name WARREN	First Name TERESA
				Policy Holder Company

Description

Diagram

Reconstruction By
Photos By
Additional Information



Narrative

UNIT 1 WAS SOUTH ON CTH PF. THE DRIVER SAID HE WAS NEGOTIATING A CURVE WHEN HE RAN OVER A PATCH OF GRAVEL ON THE RIGHT SIDE OF THE ROADWAY. THE DRIVER SAID HE PRESSED ON THE BRAKES AND TURNED THE WHEEL TO THE LEFT IN ORDER TO MOVE AWAY FROM THE GRAVEL. THE DRIVER SAID HE LOST CONTROL OF THE VEHICLE AND THE VEHICLE STARTED SLIDING SIDWAYS. UNIT 1 THEN CROSSED THE CENTERLINE AND ENDED UP IN THE DITCH ON THE OPPOSITE SIDE OF THE ROAD. UNIT 1 CAME TO REST AGAINST A TREE, FACING NORTH. UNIT 1 WAS TOWED DUE TO DISABLING DAMAGE.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name GJORGJIEV	Officer First Name LJUPCHO	Officer Middle Name	Suffix
DOT Officer ID 9188		DNR Officer ID	Officer Badge Number 9188	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMENT			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	

Law Enforcement Agency City LEA State Law Enforcement Agency Zip Code

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

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