

6TL0D9427C  
21-00549

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 21-00549		Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 01/15/2021		Crash Time 99:99		Date Arrived 01/18/2021		Time Arrived 06:43 PM	
Date Notified 01/18/2021		Time Notified 05:06 PM		Total Units 01		Total Injured 01	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 checked="" 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	
		Additional Information NONE	

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

ON 01/15/21 UNIT 1 WAS TRAVELING NORTH BOUND ON STH 23 SOUTH OF PAULUS RD. UNIT 1 WAS NEGOTIATING A LEFT CURVE WHEN SHE SAYS A DEER ENTERED THE ROADWAY. UNIT 1 THEN SWERVED TO AVOID IT, HITTING SLUSH, WHICH SHE SAYS THEN CAUSED HER TO CROSS INTO THE OTHER LANE AT WHICH TIME SHE STRUCK THE GUARD RAIL FACE. UNIT 1 SAYS THE VEHICLE SUSTAINED FUNCTIONAL DAMAGE AND BELIEVED THE VEHICLE WAS TOTALED. UNIT 1 DID NOT REPORT THE ACCIDENT UNTIL 1/18/21. THE GUARD RAIL DID HAVE DAMAGE TO IT AND WAS TAGGED WITH TAG #337962. UNIT 1 SAYS THERE WERE NO INJURIES BUT PASSENGER DID GO TO HOSPITAL TO BE SEEN AND STATED THEY HAD MUSCLE SORENESS.

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## Location

ON STH23 WB 1278 FT S OF PAULUS RD IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude 43.237747303	Longitude -90.065856063
	X Coordinate 251065.28125	Y Coordinate 4791781.5
	Structure Type	

## Crash Scene

First Harmful Event <b>GUARDRAIL FACE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>UNKNOWN</b>		
Animal Type <b>DEER</b>	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>  <b>01</b>	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>02</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>02</b>	
	Most Harmful Event: Collision With <b>GUARDRAIL FACE</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>CURVE LEFT</b>		Road Grade <b>SAG(BOTTOM)</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

<b>UNIT</b>  <b>01</b>  <b>VEHICLE</b>  <b>01</b>	License Plate Number <b>AJR5074</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>KNDJT2A5XD7596393</b>		Make <b>KIA MOTORS CORPORAT</b>	Year <b>2013</b>	Model <b>SOUL</b>	
	Color <b>GRN - GREEN</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors	
	Driver Prior Action Other	<b>UNKNOWN</b>	
	Driver Actions <b>FAILURE TO CONTROL, SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>		
01 01	Owner Name <b>TIGAN E WATSON (608) 425-8096</b>	Owner Address <b>603 SOMMERSET RD APT 6 SPRING GREEN, WI 53588 , US</b>	
	<b>Sequence Of Events</b>		
01 01	Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		
	Event <b>GUARDRAIL FACE</b>		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>CREATIVE FINANCE</b>	Individual <b>TIGAN WATSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>TIGAN E WATSON (608) 425-8096</b>	Citations Issued <b>2</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>603 SOMMERSET RD APT 6 SPRING GREEN, WI 53588 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>NON DEPLOYED</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	EMS Run #
Hospital		Date of Death	Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		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 NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
		Drug Type						
		Individual Condition <b>NOT OBSERVED</b>						
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
				Passenger <b>KWIN MICHELE KETTLESON</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
						Date of Birth [REDACTED]	Race	
				Address <b>538 W MADISON ST # 4 SPRING GREEN, WI 53588 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
				<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>01</b>	<b>002</b>			<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</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		EMS Run #		
		Hospital		Date of Death		Time of Death		
		<b>Distracted By</b>						
		Distracted By Source						
Distracted By Action								
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			

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		Action												
		Action Other			To/From School									
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>									
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results									
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results									
		Drug Type												
		Individual Condition <b>NOT OBSERVED</b>												
		<b>Violations</b>												
		<table border="1"> <tr> <td>UTC Number <b>BG112268</b></td> <td>Issue To? <b>001</b></td> <td>Statute Number <b>346.57(2)</b></td> <td colspan="2">Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b></td> </tr> <tr> <td>UTC Number <b>BG112269</b></td> <td>Issue To? <b>001</b></td> <td>Statute Number <b>346.70(1)</b></td> <td colspan="2">Description <b>FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT</b></td> </tr> </table>					UTC Number <b>BG112268</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>		UTC Number <b>BG112269</b>	Issue To? <b>001</b>	Statute Number <b>346.70(1)</b>
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<b>Property Owner</b>														
<b>PROP OWNER</b>	<b>01</b>	Government <b>WISCONSIN DEPT OF TRANSPORTATION</b> (608) 246-3800		Address <b>2101 WRIGHT ST</b> <b>MADISON, WI 53705 2583, US</b>										
		<b>Fixed Objects Struck</b>												
<b>01</b>	Striking Unit <b>01</b>		Struck Object <b>GUARDRAIL FACE</b>		Structure Number									
					<b>337962</b>									