

6TL0CTJN14  
21-00885

# 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 21-00885	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 01/30/2021		Crash Time 09:05 PM	Date Arrived 01/30/2021	Time Arrived 09:11 PM	
Date Notified 01/30/2021		Time Notified 09:11 PM	Total Units 01	Total Injured	Total Killed
<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 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.

VEHICLE SLIDE OFF. NO DAMAGE SELF HELP PULLED VEHICLE OUT.

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Location

ON CTHBD SB 0.46 MI S OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.540264119	Longitude -89.777878177
	X Coordinate 275569	Y Coordinate 4824562.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s)  NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
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 IN TRANSIT	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? 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				

Vehicle

UNIT VEHICLE 01	License Plate Number ADH5061	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G6DT57V890112679	Make CADILLAC	Year 2009	Model CTS
	Color GRY - GRAY	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage		
Extent Of Damage NO DAMAGE	00 - NO DAMAGE			

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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>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>STACY LYNN WATTERS (608) 697-0260</b>		Owner Address <b>342 ELM ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>DITCH</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>STACY WATTERS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TREVOR ALLAN INBODEN (608) 697-0260</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>342 ELM ST BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</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>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		
Ejected <b>NOT EJECTED</b>		Airbag <b>NON DEPLOYED</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		EMS Run #		
		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>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
<b>INDIVIDUAL</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>APPEARED NORMAL</b>					