

6TL0D9427J

21-01530

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, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 WAS TRAVELING WEST BOUND ON FERN DELL ROAD FOLLOWING HIS GPS. UNIT 1 ATTEMPTED TO TURN AROUND AND PULLED TOO FAR OFF THE ROADWAY. SLIPPERY CONDITIONS PULLED VEHICLE INTO THE DITCH. VEHICLE WAS PULLED OUT BY PLATT'S GARAGE. NON REPORTABLE SLIDE OFF.

Location

ON FERN DELL RD
662 FT E
OF TURTLEVILLE RD
IN THE TOWN OF DELTON
IN SAUK COUNTY
Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type

Crash Scene

First Harmful Event, First Harmful Event Location, Manner of Collision, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), WEATHER CONDITIONS, Weather Condition(s), CLOUDY, SNOW, Animal Type, Relation To Trafficway, Crash Classification - Location, Crash Classification - Jurisdiction, Tribal Land, Access Control, Special Study, Within Interchange Area, Junction Location, Intersection Type

Unit Summary

Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With, Special Function, Emergency Motor Vehicle Use

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Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade DOWNHILL
Truck Bus or HazMat NO		

Vehicle

UNIT VEHICLE 01	License Plate Number CD33034	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1C4SDJCT1HC855003	Make DODGE	Year 2017	Model DURANGO	
	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use		
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage			
	Extent Of Damage NO DAMAGE	00 - NO DAMAGE			
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER			
	What Driver Was Doing U TURN	Vehicle Factors			
	Driver Prior Action Other	NOT APPLICABLE			
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name RAYMND ALAN SMITH		Owner Address W SOUTHWEST PKWY #4201 LEWISVILLE, TX 75067 , US		

Sequence Of Events

UNIT VEHICLE 01 02 03 04	Event DITCH
	Event
	Event
	Event

Policy Holder

Insurance Company ON THE SPOT INSURANCE	Individual RAYMND SMITH
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Individual

UNIT INDIVIDUAL	Driver RAYMND ALAN SMITH	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race BLACK
	Address W SOUTHWEST PKWY #4201 LEWISVILLE, TX 75067 , US		Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES

Safety Equipment

On Duty Crash

Row

Seat Position

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01 001	Safety Equipment		SHOULDER & LAP BELT		
	01 - FRONT ROW	07 - LEFT			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED				
Non Motorist	Striking Unit #	Location			
Prior Action					
Action					
UNIT INDIVIDUAL	Action Other				To/From School
	Drug & Alcohol	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				
	Individual Condition APPEARED NORMAL				
	01 001				