

6TL097RB5Z
21-06597

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 21-06597		Investigating Officer/Deputy DEPUTY C. BRATZ	
Crash Date 07/16/2021		Crash Time 07:08 AM		Date Arrived 07/16/2021		Time Arrived 07:33 AM	
Date Notified 07/16/2021		Time Notified 07:08 AM		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	

Description

<p>Diagram</p>	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.

UNIT ONE TRAVELED EASTBOUND ON BIESEK RD. UNIT ONE ENTERED SOUTH SHOULDER. UNIT ONE TRAVELED UP AN EMBANKMENT. UNIT ONE OVERTURNED. UNIT ONE CAME TO REST FACING EAST ON SOUTH SHOULDER. . .

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Location

ON BIESEK RD 886 FT N OF CTHF EB IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.60029824	Longitude -90.012696475
	X Coordinate 256838.484375	Y Coordinate 4831891
	Structure Type NO STRUCTURE	

Crash Scene

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

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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With OVERTURN/ROLLOVER	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 LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01 01	License Plate Number 985YRB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3FA6P0HD1FR164840	Make FORD	Year 2015	Model FUSION	
	Color GRY - GRAY	Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage DISABLING DAMAGE				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SHIELDS TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions RAN OFF ROADWAY			
01 01	Owner Name MAKENSIE LYNN ESCHER (608) 434-0191		Owner Address E3024 SUGAR MAPLE RD HILLPOINT, WI 53937 , US	
	Sequence Of Events			
01 01	01	Event OVERTURN/ROLLOVER		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual MAKENSIE ESCHER	
UNIT INDIVIDUAL	Individual			
	Driver MAKENSIE LYNN ESCHER (608) 434-0191		Citations Issued 0	Sex FEMALE
	Address E3024 SUGAR MAPLE RD HILLPOINT, WI 53937 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT	
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 UNKNOWN		
Distracted By Action		UNKNOWN		

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UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	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				