

6TL0B3P3H8
21-08286

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 21-08286	Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 08/31/2021		Crash Time 09:00 PM	Date Arrived 08/31/2021	Time Arrived 10:14 PM	
Date Notified 08/31/2021		Time Notified 10:09 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	

Description

<p>Diagram</p>	Reconstruction By
	Photos By 9116
	Additional Information PHOTOS

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

UNIT 1 WAS NORTHBOUND ON COON BLUFF RD. THE OPERATOR ADVISED SHE HAD NOT MADE THE CORNER DUE TO HER SPEED. UNIT 1 DID WAS UNABLE TO MAKE THE CORNER AND STRUCK A TREE. THE OPERATOR LEFT THE SCENE PRIOR TO INFORMING LAW ENFORCEMENT.

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Location

ON COON BLUFF RD 0.25 MI N OF CTHH NB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude	Longitude
	43.619674641	-89.867766994
	X Coordinate	Y Coordinate
	268610.9375	4833629
Structure Type		

Crash Scene

First Harmful Event TREE	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT 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 2	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	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 LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01 01	License Plate Number BCLE45	Plate Type AUT - AUTOMOBILE	St CO	Country of Issuance UNITED STATES
	Vehicle Identification Number JTHBA30G965171523	Make LEXUS	Year 2006	Model ES3
	Color MAR - MAROON (BURGUNDY)	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
	Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01 01	Owner Name BRIANA JEAN HINDS (765) 491-7566		Owner Address 1631 HARRISON DR CLINTON, IA 52732 , US	
	Sequence Of Events			
01 02 03 04	Event TREE			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company BRISTOL-WEST-INS-CO		Individual BRIANA HINDS	
UNIT INDIVIDUAL	Individual			
	Driver BRIANA JEAN HINDS (765) 491-7566		Citations Issued 2	Sex FEMALE
	Address 1631 HARRISON DR CLINTON, IA 52732 , US		Date of Birth [REDACTED]	Race WHITE
01 001	On Duty Crash		Safety Equipment	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag DEPLOYED-FRONT	
	Injury Injury Severity NO APPARENT INJURY		Trapped/Extricated NOT TRAPPED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	EMS Agency Identifier
Medical Transport NOT TRANSPORTED		EMS Run #		
Hospital		Date of Death		
Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By		Distracted By Action NOT DISTRACTED		

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	Drug & Alcohol		Suspected Alcohol Use YES		Suspected Drug Use NO		
	Alcohol Test Given TEST REFUSED		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition NOT OBSERVED						
	01	001	Violations				
01			UTC Number BC937130	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT	
02	01	UTC Number BC937131	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS		