

6TL0D7W14M
21-08897

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 21-08897		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 09/17/2021		Crash Time 06:50 PM		Date Arrived 09/17/2021		Time Arrived 07:05 PM	
Date Notified 09/17/2021		Time Notified 06:51 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

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.

UNIT 1 WAS DRIVING WEST AND LOST CONTROL SLIDING OFF AN EMBANKMENT. OPERATOR OF UNIT 1 LEFT SCENE PRIOR TO ARRIVAL. DRIVER LATER SAID A TIRE HAD MALFUNCTIONED WHILE DRIVING. A WITNESS REPORTED THE VEHICLE TO HAVE BEEN DRIVING AT A HIGH RATE OF SPEED JUST PRIOR TO THE ACCIDENT.

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Location

ON CTHB WB 119 FT W OF GUHL RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.256634793	Longitude -89.907828544
	X Coordinate 263970.15625	Y Coordinate 4793420.5
	Structure Type	

Crash Scene

First Harmful Event EMBANKMENT	First Harmful Event Location ROADSIDE	
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 5	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<input checked="" 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 CURVE LEFT		Road Grade HILLCREST	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number MV4479AN	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2G1WT58K869163717	Make CHEVROLET	Year 2006	Model IMPALA
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE				

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UNIT VEHICLE 01 01
Towed Due To Damage
TOWED DUE TO DISABLING DAMAGE
Vehicle Removed By
EVERETTS TOWING
What Driver Was Doing
NEGOTIATING CURVE
Vehicle Factors
TIRES
Driver Actions
SPEED TOO FAST/COND, FAILURE TO CONTROL
Owner Name
TINA M STABNOW
Owner Address
E2727 SMYTH HOLLOW RD
HILLPOINT, WI 53937 , US
Sequence Of Events
01 Event
EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
02 Event
EMBANKMENT
03 Event
DITCH
04 Event
Individual
01 001 Driver
JOANNA BLAIR PRINE
Citations Issued
5
Sex
FEMALE
Date of Birth
[REDACTED]
Race
WHITE
Address
109 SPRUCE ST
SAUK CITY, WI 53583 , US
Driver License Number
[REDACTED]
STATE: WISCONSIN COUNTRY: UNITED STATES
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
01 001 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
UNKNOWN
Distracted By Action
UNKNOWN
Non Motorist
Striking Unit#
Location

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UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use YES	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 NOT OBSERVED			
	Violations			
	01 001 01 02 03 04 05	UTC Number BG111266	Issue To? 001	Statute Number 346.70(1)
UTC Number BG111267		Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE REVOKED (FORFEITURE)
UTC Number BG111268		Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL
UTC Number BG111269		Issue To? 001	Statute Number 341.04(1)	Description NON-REGISTRATION OF AUTO, ETC
UTC Number BG111270		Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE