

6TLOBFKDFR
21-10379

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 21-10379		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 10/29/2021		Crash Time 10:35 AM		Date Arrived 10/29/2021		Time Arrived 10:48 AM	
Date Notified 10/29/2021		Time Notified 10:38 AM		Total Units 01		Total Injured 02	Total Killed 03
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 SAUK COUNTY SHERIFF	
		Photos By DEPUTY VOLZ, DETECTIVE POINTON, DETECTIVE LOHR	
		Additional Information FATAL CRASH SUPPLEMENT, PHOTOS, RECONSTRUCTION	

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

UNIT 1 WAS TRAVELING NB ON CTH A. UNIT 1 DRIFTED TO THE RIGHT SIDE OF THE LANE AND THEN CORRECTED TO GET CENTERED IN THE LANE AGAIN. UNIT 1 TRAVELED TOWARD THE CENTER LINE OF THE ROAD AND THEN OVER CORRECTED. UNIT 1 TURNED SIDWAYS AND ENTERED THE EAST DITCH. UNIT 1 CONTINUED TO TRAVEL SIDWAYS IN THE DITCH BEFORE THE DRIVERS SIDE OF THE CAR STRUCK A TREE AND CAME TO A REST.

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Location

ON CTHA NB 0.35 MI S OF SIDE RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.512813065	Longitude -89.738870371
	X Coordinate 278620.1875	Y Coordinate 4821409
	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 DAYLIGHT		
Road Surface Condition(s) WET	Roadway Factor(s) NONE		
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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	
Closure Type FULL CLOSURE	Reasons for Closure		
Date Initial Lane/Rd Closed 10/29/2021	Time Initial Lane/Rd Closed 10:49 AM	LAW ENFORCEMENT, FIRE/EMS, MED FLIGHT	
Date All Lanes Open 10/29/2021	Time All Lanes Open 01:22 PM	Date Scene Cleared 10/29/2021	Time Scene Cleared 01:22 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 STRAIGHT		Road Grade DOWNHILL
	Truck Bus or HazMat NO				

Vehicle

01	License Plate Number CD17637	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1AS18HX97252043	Make CHEVROLET	Year 2009	Model COBALT

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style CP - COUPE	Bus Use
	Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 15 - ALL AREAS	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
Driver Prior Action Other			
UNIT VEHICLE	Driver Actions EXCEED SPEED LIMIT, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, OVER-CORRECTING/OVER-STEERING		
	Owner Name FAITH L WOODS	Owner Address 1127 11TH ST #3 BARABOO, WI 53913 , US	
Sequence Of Events			
UNIT VEHICLE	Event DITCH		
	Event TREE		
	Event		
	Event		
UNIT INDIVIDUAL	Individual		
	Driver ATREYU ENRIQUE ORTIZ	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE	
Address S2857 DECORAH RD # 1351 BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment NONE USED - VEHICLE OCCUPANT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity FATAL INJURY	Airbag DEPLOYED-COMBINATION
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		EMS Run #
	Date of Death 10/29/2021		Time of Death 12:01

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	Distracted By Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN	
	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 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		
UNIT INDIVIDUAL	Individual	
	Passenger FAITH LAEL WOODS	Citations Issued 0 Sex FEMALE
	Date of Birth [REDACTED]	Race WHITE
	Address 1127 11TH ST # 3 BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
UNIT INDIVIDUAL	Injury	
	Injury Severity FATAL INJURY	Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated TRAPPED/EXTRICATED	
	Medical Transport EMS AIR	EMS Agency Identifier 6001285
Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT	Date of Death 10/30/2021	
	Time of Death 13:10	
Distracted By Distracted By Source		

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UNIT INDIVIDUAL	Distracted By Action			
	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 NOT OBSERVED			
UNIT INDIVIDUAL	Individual			
	Passenger KAITLYN M KIRCHBERG	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 112 8TH STREET BARABOO, WI 53913 , US	Driver License Number		
	Safety Equipment	On Duty Crash	Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT	
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	UNIT INDIVIDUAL	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NOT APPLICABLE
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run# 212161	
Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action				

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UNIT INDIVIDUAL	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				
	UNIT INDIVIDUAL	Individual			
Passenger ADLA JAYE ESTES		Citations Issued 0	Sex MALE		
		Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE		
Address S2879 DECORAH ROAD #1313 BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash	Safety Equipment		
Row 02 - SECOND ROW		Seat Position 08 - MIDDLE	NONE USED - VEHICLE OCCUPANT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL		Injury		Injury Severity FATAL INJURY	Airbag NOT APPLICABLE
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death 10/29/2021	Time of Death 11:30	
	Distracted By				
	Distracted By Source				
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	004	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	NOT OBSERVED
UNIT	INDIVIDUAL	Individual	
		Passenger ROY SANFORD GOODBEAR	Citations Issued 0
			Sex MALE
		Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE
	Address 5134 HORNED OWL DR MADISON, WI 53718 , US	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	005	Safety Equipment	
		On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT
		NONE USED - VEHICLE OCCUPANT	
		Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance	
	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NOT APPLICABLE
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run# 213267
	Hospital ST CLARE HOSP	Date of Death	Time of Death
	Distracted By		
	Distracted By Source		
	Distracted By Action		
	Non Motorist		
	Striking Unit #	Location	
	Prior Action		

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01 005 UNIT INDIVIDUAL	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		
	UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL		