

6TL0D942BL
24-05246

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0D942BL

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|---|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number SC24-05246 | | Investigating Officer/Deputy DEPUTY M. PETERSON | |
| Crash Date 05/22/2024 | | Crash Time 09:46 PM | | Date Arrived 05/22/2024 | | Time Arrived 10:03 PM | |
| Date Notified 05/22/2024 | | Time Notified 09:49 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> <p>NOT TO SCALE</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 1 WAS TRAVELING NORTHBOUND ON FERN DELL RD. WHILE UNIT 1 WAS APPROACHING A 90 DEGREE CURVE TO THE EAST, THE OPERATOR SAID THEY SWERVED TO MISS A DEER IN THE ROADWAY. UNIT 1 THEN CONTINUED TO TH NORTH SIDE OF THE CURVE, ENTERED THE NORTH DITCH AND STRUCK A TREE. ALL OCCUPANTS WERE WEARING SEAT BELTS AND REPORTED NO INJURIES. THE VEHICLE SUSTAINED DISABLING DAMAGE WITH AIRBAG DEPLOYMENT AND WAS TOWED FROM THE SCENE BY PLATT'S TOWING. THE OPERATOR OF UNIT WAS ISSUED AND EXPLAINED A CITATION FOR FAILURE TO KEEP VEHICLE UNDER CONTROL. THE OPERATOR'S PARENT WAS NOTIFIED AND RECEIVED THE PARENTAL NOTIFICATION LETTER. THE PASSENGER'S PARENT WAS ALSO NOTIFIED AND RESPONDED TO THE SCENE.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON FERN DELL RD 1226 FT N OF TURTLEVILLE RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.561215439 | Longitude -89.833837707 |
| | X Coordinate 271127.0625 | Y Coordinate 4827042 |
| | Structure Type NO STRUCTURE | |

Crash Scene

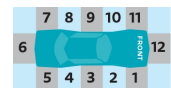
| | | |
|--|---|---|
| First Harmful Event TREE | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - 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 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | Operating As Endorsements | | | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input checked="" type="checkbox"/> Pre Crash Tire Mark | Speed Limit 35 | 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 RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | | | |
|-------------|----------------|---|---|---------------------|---|--|
| UNIT | VEHICLE | License Plate Number AUN8107 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 5TDBK22C38S013226 | Make TOYOTA | Year 2008 | Model SIENNA | |
| | | Color GRY - GRAY | Body Style 4D - 4DR | | Bus Use | |
| | | Initial Contact Point 12 - FRONT | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | | |
| | | Extent Of Damage DISABLING DAMAGE | | | | |



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|-----------------------|--|---|--|---|--|
| UNIT | 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 SPEED TOO FAST/COND, FAILURE TO CONTROL | | | | |
| 01 | 01 | Owner Name CORTNEY WATERMAN (608) 844-0456 | | Owner Address S897 CLARA AVE WISCONSIN DELLS, WI 53965 , US | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event TREE | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 01 | Policy Holder | | | |
| | | Insurance Company AMERICAN-FAMILY-INS-CO | Individual CORTNEY WATERMAN | | |
| UNIT | 01 | Individual | | | |
| | | Driver PETER WATERMAN | Citations Issued 1 | Sex MALE | |
| | | Address S897 CLARA AVE WISCONSIN DELLS, WI 53965 , US | | Date of Birth | Race WHITE |
| | | Driver License Number | | | |
| UNIT | 01 | Safety Equipment | | On Duty Crash | |
| | | | | Safety Equipment | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | | Helmet Use | | Helmet Compliance | |
| | | Eye Protection | | Tint Compliance | |
| | | | | | |
| UNIT | 001 | Injury | | Airbag | |
| | | NO APPARENT INJURY | | 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 NOT APPLICABLE (NOT DISTRACTED) | | | |
| NOT DISTRACTED | | Distracted By Action NOT DISTRACTED | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|---|------------------------------------|--|--|--|--|---------------------------------|--|
| 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 GAVIN HRISTOV | Citations Issued 0 | | | Sex MALE | | | |
| Date of Birth | | | | Race WHITE | | | |
| Address 113 BROADWAY WISCONSIN DELLS, WI 53965 , US | | | | Driver License Number | | | |
| Safety Equipment | | | | On Duty Crash | Safety Equipment | | |
| Row 01 - FRONT ROW | Seat Position 09 - RIGHT | | | SHOULDER & LAP BELT | | | |
| Helmet Use | | | | Helmet Compliance | | | |
| Eye Protection | | | | Tint Compliance | | | |
| UNIT | INDIVIDUAL | | | 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 | | | |
| | | Distracted By Action | | | | | |
| | | Non Motorist | | Striking Unit # | Location | | |

| | | | | |
|------|--|-------------------------------|------------------------------------|------------------------------------|
| UNIT | 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 | | | |
| | Violations | | | |
| | 01 | UTC Number BG943727 | Issue To? 001 | Statute Number 346.57(2) |