

6TL0DQPGG4

Document Number Override		Primary Crash Document #		Agency Crash Number 24-07629		Investigating Officer/Deputy DEPUTY B. SONN	
Crash Date 07/14/2024		Crash Time 12:29 AM		Date Arrived 07/14/2024		Time Arrived 12:29 AM	
Date Notified 07/14/2024		Time Notified 12:29 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

Diagram		Reconstruction By	
		Photos By 9104	
		Additional Information PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO	

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

I WAS PARKED STATIONARY NEAR E13522 LEEVEE RD FOR A TREE DOWN ACROSS THE ENTIRE ROADWAY, THAT WAS CALLED INTO THE SHERIFF'S DEPARTMENT BY A RESIDENT THAT COULD NOT PASS THE TREE. I HAD MY EMERGENCY LIGHTS ACTIVATED TO SLOW DOWN ALL TRAFFIC IN EITHER DIRECTION. I OBSERVED A BLACK SEDAN TRAVELING EASTBOUND ON LEEVEE RD FROM THE AREA OF CHAPMAN LAKE RD. I OBSERVED THE VEHICLE FAIL TO SLOW OR STOP, AND IT CRASHED INTO THE TREE. I MADE CONTACT WITH THE DRIVER AND TWO PASSENGERS OF THE VEHICLE. THE DRIVER ADVISED SHE THOUGHT I HAD A VEHICLE PULLED OVER, AND COULD NOT SEE THE TREE IN THE ROADWAY. THE DRIVER ALSO UTTERED THAT HER WINDSHIELD IS "DIRTY" AND "CLOUDY" AND SHE COULD NOT SEE AS WELL BECAUSE IT NEEDED TO BE CLEANED. THE DRIVER ALSO ADMITTED TO PRIOR THC SMOKING APPROXIMATELY 10-12 HOURS PRIOR TO THE CRASH. THE DRIVER ALSO HAD AN ODOR OF INTOXICANTS COMING FROM HER PERSON, AND HAS NOT YET REACHED THE LEGAL AGE OF 21 YEARS. THE DRIVER CONSENTED TO PERFORMING SFST. THE DRIVER DID ADMIT TO CONSUMING 3-4 SHOTS AT THE FAIRGROUNDS, AND THAT THEY HAD STAYED UNTIL THE FAIR CLOSED.; THE DRIVER SUBMITTED TO A PBT AND WAS ULTIMATELY ARRESTED FOR ABSOLUTE SOBRIETY VIOLATION AND CITED FOR FAILING TO KEEP VEHICLE UNDER CONTROL. THE VEHICLE WAS TOWED BY CRAIG'S TOWING. THE PASSENGERS WERE PICKED UP BY A RESPONSIBLE PARTY, AND THE DRIVER WAS ULTIMATELY RELEASED TO THEM AFTER THE LEGAL BLOOD DRAW. THE DRIVER DID PROVIDE INSURANCE INFORMATION. ALL OCCUPANTS OF THE VEHICLE DENIED INJURIES, REFUSED MEDICAL RESPONSE FROM EMS, AND ALL

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

ADVISED THEIR SEAT BELTS WERE WORN. NO AIRBAGS DEPLOYED ON THE VEHICLE.

Location

Table with 3 columns: Location details (ON LEVEE RD, 0.46 MI W OF SCHEPP RD, IN THE TOWN OF FAIRFIELD, IN SAUK COUNTY), Latitude (43.558877752), Longitude (-89.64502221), X Coordinate (286368.9375), Y Coordinate (4826279.5), and Structure Type.

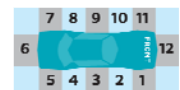
Crash Scene

Table with 4 columns: 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) (WET), Roadway Factor(s) (VISIBILITY OBSCURED), Environment Factor(s) (VISUAL OBSTRUCTION (S), GLARE), 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).

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Operating As Endorsements, Total Occs (3), Train/Bus # Recorded, Total # Citations Issued (2), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark (checkbox), Speed Limit (30), 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 (CONCRETE), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO).

Table with 4 columns: License Plate Number (965WEW), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (5NPDH4AEXDH372353), Make (HYUNDAI), Year (2013), Model (ELANTRA), Color (BLK - BLACK), Body Style (SD - SEDAN), Bus Use, Initial Contact Point (01 - RIGHT FRONT CORNER), Vehicle Damage (01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 13 - TOP), Extent Of Damage (DISABLING DAMAGE).



WISCONSIN MOTOR VEHICLE CRASH REPORT

Form containing vehicle information (Towed Due To Damage, What Driver Was Doing), driver actions (SPEED TOO FAST/COND), owner details (JUDITH MASON), sequence of events (TREE), policy holder (GENERAL-INS-CO-OF-AMERICA), individual driver info (JORDYNNE JOHNSON), safety equipment (SHOULDER & LAP BELT), injury severity (NO APPARENT INJURY), and distracted driving status (NOT DISTRACTED).

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use YES		
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
		Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING	
		Drug Type					
		Individual Condition EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC), UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
		Individual					
		Passenger TYLOR SOTO			Citations Issued 0	Sex MALE	
					Date of Birth	Race WHITE	
		Address S4749 COUNTY ROAD D ROCK SPRINGS, WI 53961 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash	
				Safety Equipment SHOULDER & LAP BELT			
Row 02 - SECOND ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
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			
Distracted By Action							
Non Motorist		Striking Unit #		Location			

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other		To/From School		
01	002	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				
		Individual				
		Passenger CASSIE GEORGESON	Citations Issued 0	Sex FEMALE		
			Date of Birth	Race		
		Address S5196 ROCK HILL RD BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		UNIT	INDIVIDUAL	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		
01	003			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				
Distracted By Action						
Non Motorist		Striking Unit #	Location			
Prior Action						

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	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					
	Violations					
	02	01	UTC Number BJ678998	Issue To? 001	Statute Number 346.63(2m)	Description VIOLATE ABSOLUTE SOBRIETY LAW
			UTC Number BJ678999	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL