

6TL0BC3B8P  
24-07870

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 <b>24-07870</b>		Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>		
Crash Date <b>07/19/2024</b>		Crash Time <b>06:26 AM</b>		Date Arrived <b>07/19/2024</b>		Time Arrived <b>06:37 AM</b>		
Date Notified <b>07/19/2024</b>		Time Notified <b>06:28 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>	
<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 checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>USH 12</p> <p>Not to scale</p>		Photos By
<p>USH 12</p>		Additional Information <b>NONE</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING WESTBOUND. WHILE WESTBOUND, THE PASSENGER FRONT TIRE STEERING SYSTEM MALFUNCTIONED CAUSING THE OPERATOR TO LOSE CONTROL OF UNIT 1. UNIT 1 CROSSED THE CENTERLINE AND ENTERED THE DITCH WHERE IT CAME TO REST. NO REPORTED INJURIES.

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Location

ON USH12 WB 0.42 MI S OF USH12 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.526272408</b>	Longitude <b>-89.787001074</b>
	X Coordinate <b>274779.78125</b>	Y Coordinate <b>4823033</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

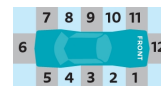
First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>AWE9880</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>19UUA66274A058988</b>	Make <b>ACURA</b>	Year <b>2004</b>	Model <b>TL</b>
		Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>		
		Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>STEERING</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>KAILEE STRAMPE (608) 844-4641</b>		Owner Address <b>209 HIGH ST NORTH FREEDOM, WI 53951 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>CROSS CENTERLINE</b>			
		Event <b>RUN OFF ROADWAY LEFT</b>			
		Event <b>DITCH</b>			
		Event			
01	01	<b>Individual</b>			
		Driver <b>KAILEE STRAMPE (608) 844-4641</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
		Address <b>209 HIGH ST NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
01	001	<b>Safety Equipment</b>		On Duty Crash	
		Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance			
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source			
Distracted By Action <b>UNKNOWN</b>					
<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT	Prior Action			
	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>			
01	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	<b>Individual</b>			
	Passenger <b>TYLER KOEPP</b> (608) 844-4595		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>209 HIGH ST</b> <b>NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number			
	<b>Safety Equipment</b>			
On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Compliance		
Helmet Use		Tint Compliance		
Eye Protection				
01	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>			
	Distracted By Source			
	Distracted By Action			
01	<b>Non Motorist</b>			
	Striking Unit #	Location		
Prior Action				

UNIT	INDIVIDUAL			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	<b>Violations</b>			
	01	UTC Number <b>BE612229</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>
<b>Property Owner</b>				
01	Government <b>SAUK COUNTY HWY DEPT</b> <b>(608) 356-3855</b>		Address <b>620 STH 136</b> <b>PO BOX 26</b> <b>BARABOO, WI 53913 , US</b>	
<b>Fixed Objects Struck</b>				
01	Striking Unit <b>01</b>	Struck Object <b>DITCH</b>	Structure Number	Damage Tag Number <b>NA</b>