

6TL0D942BT
24-08832A

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 24-08832	Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 08/09/2024		Crash Time 10:40 PM	Date Arrived 08/09/2024	Time Arrived 10:49 PM	
Date Notified 08/09/2024		Time Notified 10:43 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>	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.

ON THE ABOVE DATE AND TIME, UNIT ONE WAS TRAVELING WEST ON XANADU RD. UNIT ONE THEN LEFT ROADWAY AND BRIEFLY ENTERED A DRIVEWAY ON THE NORTH SIDE OF XANADU RD. UNIT ONE THEN STRUCK A MAILBOX, ENTERED THE NORTH DITCH, AND TURNED BACK ONTO THE ROADWAY. UNIT ONE CAME TO REST IN THE EASTBOUND LANE FACING SOUTHWEST. THE OPERATOR WAS WEARING HIS SEATBELT AT THE TIME OF THE CRASH AND REPORTED NO INJURIES. THE VEHICLE SUSTAINED DISABLING DAMAGE AND HAD NO AIRBAG DEPLOYMENT. THE VEHICLE WAS RECOVERED AND TOWED FROM THE SCENE BY PLATTS TOWING. THE OPERATOR OF UNIT ONE CONDUCTED STANDARD FIELD SOBRIETY AND WAS ARRESTED FOR OPERATING WHILE INTOXICATED FIRST OFFENSE.

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Location

ON XANADU RD 414 FT W OF WHITE BIRCH RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.584544323	Longitude -89.803612431
	X Coordinate 273655.75	Y Coordinate 4829550
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ROADSIDE	
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 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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With MAILBOX		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 UPHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number AWX2701		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G11C5SA8DF188406		Make CHEVROLET	Year 2013	Model MALIBU
	Color GLD - GOLD		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE					



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	Owner Name JACOB SCHALLER		Owner Address N2177 24TH AVE LYNDON STATION, WI 53944 , US		
	Sequence Of Events				
01	01	Event MAILBOX			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company SENTRY-INS-CO		Individual JACOB SCHALLER		
UNIT INDIVIDUAL	Individual				
	Driver JACOB SCHALLER		Citations Issued 0	Sex MALE	
	Address N2177 24TH AVE LYNDON STATION, WI 53944 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
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		
	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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

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UNIT INDIVIDUAL 01 001	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 GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition PHYSICALLY IMPAIRED			