

6TL0D7W177
24-09531

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 24-09531 | | Investigating Officer/Deputy DEPUTY K. MUELLER | |
| Crash Date 08/27/2024 | | Crash Time 11:23 AM | | Date Arrived 08/27/2024 | | Time Arrived 11:37 AM | |
| Date Notified 08/27/2024 | | Time Notified 11:24 AM | | Total Units 01 | | Total Injured 01 | 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 | |
| <p>Diagram</p> <p>NOT TO SCALE</p> <p>COUNTY RD PF</p> | | 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 DRIVING EAST ON COUNTY RD PF. UNIT 1 LEFT THE ROADWAY FOR AN UNKNOWN REASON. THE DRIVER OF UNIT 1 DID NOT KNOW WHAT HAPPENED OR HOW THE CRASH OCCURRED AS SHE APPEARED DISORIENTED.

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Location

| | | |
|--|---------------------------------------|----------------------------------|
| ON CTHPF EB 653 FT W OF CEDAR RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY | Latitude 43.317007191 | Longitude -89.93721469 |
| | X Coordinate 261820.640625 | Y Coordinate 4800209 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DITCH | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| 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 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input checked="" type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With DITCH | 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 LEVEL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|--|----------------|---|---------------------------------------|---------------------|---|
| UNIT | Vehicle | | | | |
| | 01 | License Plate Number ATR8777 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1G1AT58H897265734 | Make CHEVROLET | Year 2009 | Model COBALT LT |
| | | Color RED - RED | Body Style 4D - 4DR | | Bus Use |
| | VEHICLE | Initial Contact Point 14 - UNDERCARRIAGE | Vehicle Damage | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | | |



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|--|---|--|---|----------------------|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By CRAIGS TOWING | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions FAILURE TO CONTROL | | | |
| 01 | Owner Name DARLENE FRANCOIS (608) 356-5787 | | Owner Address 228 5TH AV BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event DITCH | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual DARLENE FRANCOIS | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver DARLENE FRANCOIS (608) 356-5787 | | Citations Issued 0 | Sex FEMALE |
| | Address 228 5TH AV BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Safety Equipment SHOULDER & LAP BELT | | Helmet Compliance | |
| | Helmet Use | | Tint Compliance | |
| | Eye Protection | | Airbag DEPLOYED-FRONT | |
| | Injury | | Injury Severity POSSIBLE INJURY | |
| 001 | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | Trapped/Extricated NOT TRAPPED | | Medical Transport EMS GROUND | |
| | EMS Agency Identifier 6001155 | | EMS Run # 24119 | |
| | Hospital SAUK PRAIRIE HOSP | | Date of Death | |
| | Time of Death | | Distracted By | |
| Distracted By Source UNKNOWN | | Distracted By Action UNKNOWN | | |

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| | | | | | |
|-------------|---------------------|---------------------------|--|---------------------------------|----------------------|
| UNIT | Non Motorist | Striking Unit # | Location | | |
| | | Prior Action | | | |
| | INDIVIDUAL | Action | | | |
| | | Action Other | | | To/From School |
| | | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | 01 | 001 | 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 CONFUSED OR DISORIENTED (NON LUCID) | | |