

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0D0GSMS

Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-10678</b>		Investigating Officer/Deputy <b>DEPUTY G. AKERS</b>	
Crash Date <b>09/23/2024</b>		Crash Time <b>10:10 PM</b>		Date Arrived <b>09/23/2024</b>		Time Arrived <b>10:10 PM</b>	
Date Notified <b>09/23/2024</b>		Time Notified <b>10:10 PM</b>		Total Units <b>01</b>		Total Injured	Total Killed
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
		Photos By <b>GA</b>	
		Additional Information <b>PHOTOS</b>	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
<p>V1 WAS MAKING A U TURN WHEN D1 LOST TRACK OF THE DITCH LINE. V1 ENTERED DITCH AND BECAME HIGH CENTERED ON THE DITCH LINE. NO INJURIES. V1 WAS PULLED OUT BY A PASSERBY. D1 ISSUED A CITATION.</p>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>U TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL, RAN OFF ROADWAY</b>			
01 01	Owner Name <b>ELLIE MULLANE (608) 347-6707</b>		Owner Address <b>5404 MATHEWS RD MIDDLETON, WI 53562 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>DITCH</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>ELLIE MULLANE</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ELLIE MULLANE (608) 347-6707</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>5404 MATHEWS RD MIDDLETON, WI 53562 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>Individual</b>					
		Passenger <b>JACOB SCHMIDTKE</b> <b>(608) 573-2273</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>129 WATER ST</b> <b>LODI, WI , US</b>			Date of Birth	Race <b>WHITE</b>	
		Driver License Number			<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			<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>Non Motorist</b>		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
01	003	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
01	INDIVIDUAL	Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		
01	INDIVIDUAL	<b>Individual</b>		
		Passenger <b>TASHA TIESING (608) 393-9965</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
01	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>	
		Address <b>207 LOCUST ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
01	003	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	INDIVIDUAL	<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>
01	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	INDIVIDUAL	<b>Distracted By</b>	Distracted By Source	
		Distracted By Action		
01	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		

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UNIT	<b>INDIVIDUAL</b>							
	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	003	01	<table border="1"> <tr> <td>UTC Number <b>BG945364</b></td> <td>Issue To? <b>001</b></td> <td>Statute Number <b>346.57(2)</b></td> <td>Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b></td> </tr> </table>		UTC Number <b>BG945364</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>
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