

6TL0DWMLXF
24-10565

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 24-10565		Investigating Officer/Deputy DETECTIVE T. POINTON	
Crash Date 09/20/2024		Crash Time 02:20 PM		Date Arrived 09/20/2024		Time Arrived 02:31 PM	
Date Notified 09/20/2024		Time Notified 02:22 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By POINTON
	Additional Information PHOTOS

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

UNIT 1 WAS W/B ON CTH W WHEN IT ENTERED THE W/B SHOULDER, CORRECTED BACK ONTO THE ROADWAY TO THE CENTERLINE, AND THEN BACK INTO THE W/B DITCH. UNIT 1 SUSTAINED NO DAMAGE AND WAS DRIVEN FROM THE SCENE AFTER BEING PULLED OUT OF THE DITCH BY BLYSTONE'S TOWING

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Location

ON CTHW WB 0.76 MI W OF BLUFF RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.456752954	Longitude -89.685275123
	X Coordinate 282751.4375	Y Coordinate 4815041.5
	Structure Type NO STRUCTURE	

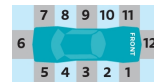
Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire 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				

UNIT	VEHICLE	Vehicle			
		License Plate Number 761YUB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JS2YA5A3XA6301000	Make SUBARU	Year 2010	Model SX4
		Color RED - RED	Body Style 4D - 4DR	Bus Use	
		Initial Contact Point 00 - NON-COLLISION	Vehicle Damage		
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE		



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By BLYSTONES TOWING	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions FAILURE TO CONTROL			
01	01	Owner Name DIANE KESTERTON		Owner Address 1116 W WISCONSIN ST PORTAGE, WI 53901 , US	
		Sequence Of Events			
UNIT	INDIVIDUAL	Event DITCH			
		Event CROSS CENTERLINE			
		Event DITCH			
		Event			
01	001	Policy Holder			
		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		Individual DIANE KESTERTON	
		Individual			
01	001	Driver DIANE KESTERTON		Citations Issued 0	Sex FEMALE
		Address 1116 W WISCONSIN ST PORTAGE, WI 53901 , US		Date of Birth	Race WHITE
01	001	On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
01	001	Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
01	001	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
01	001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
01	001	Distracted By			
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
01	001	Distracted By Action NOT DISTRACTED			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		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 APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger TAMMY MOOTZ		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE			
		Address 612 W FRANKLIN ST PORTAGE, WI 53901 , US		Driver License Number			
		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			
		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			

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **09/20/2024**
Crash Time **02:20 PM**

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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other			To/From School		
		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 APPEARED NORMAL					
		01	002				