

6TL0D2XVSB
24-11329

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 24-11329		Investigating Officer/Deputy DEPUTY B. GOODREAU	
Crash Date 10/10/2024		Crash Time 10:42 PM		Date Arrived 10/10/2024		Time Arrived 10:50 PM	
Date Notified 10/10/2024		Time Notified 10:42 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 <p style="text-align: center;">Non Reportable Slide Off</p>	Reconstruction By
	Photos By
	Additional Information

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

UNIT 1 WAS ATTEMPTING TO PARK ON THE SHOULDER OF DAM RD, TO LOOK AT HIS GPS, WHEN HE DID REALIZE HOW STEEP THE DITCH WAS. UNIT 1 SLIDE INTO THE DITCH AND WAS EVENTUALLY PULLED OUT.

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Location

INTERSECTION ON DAM RD AT DAM HEIGHTS RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.311099521	Longitude -89.732275051
	X Coordinate 278418.53125	Y Coordinate 4798988.5
	Structure Type NO STRUCTURE	

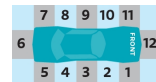
Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements				
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 15	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					

VEHICLE	Vehicle				
	License Plate Number AUZ9122	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2FMTK3G96FBC30206	Make FORD	Year 2015	Model EDGE	
	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE		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 EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions RAN OFF ROADWAY			
01	Owner Name HUYNH PHAM		Owner Address 1500 JEFFERSON ST WEST BEND, WI 53090 , US	
	Sequence Of Events			
01 02 03 04	Event DITCH			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual HUYNH PHAM	
UNIT INDIVIDUAL	Individual			
	Driver HUYNH PHAM		Citations Issued 0	Sex MALE
	Address 1500 JEFFERSON ST WEST BEND, WI 53090 , US		Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA
	Driver License Number			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment 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	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 THANH THAI		Citations Issued 0	Sex MALE		
		Date of Birth		Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA			
		Address 1500 JEFFERSON ST WEST BEND, WI 53090 , 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.
4 of 6

Crash Date **10/10/2024**
Crash Time **10:42 PM**

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UNIT	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		
	Individual		
	Passenger THINH NGUYEN	Citations Issued 0	Sex MALE
	Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA	
Address W154N10285 REGENCY CT N GERMANTOWN, WI 53022 , US	Driver License Number		
Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
Row 02 - SECOND ROW	Seat Position 07 - LEFT		
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	
Hospital		EMS Run #	
		Date of Death	
		Time of Death	
Distracted By	Distracted By Source		
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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01 UNIT	003 INDIVIDUAL	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			