

6TL0FB001R  
24-13194

# 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 <b>24-13194</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>11/29/2024</b>		Crash Time <b>01:00 PM</b>	Date Arrived <b>11/29/2024</b>	Time Arrived <b>01:50 PM</b>	
Date Notified <b>11/29/2024</b>		Time Notified <b>01:30 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 checked="" type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p> <p><b>NOT TO SCALE</b></p> <p><b>WEGNER RD</b></p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING N/B ON WEGNER RD. UNIT 1 LOST CONTROL ON THE SNOW/ICE COVERED RD. UNIT 1 STRUCK A GUARDRAIL AND WENT INTO THE EMBANKMENT

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Location

ON WEGNER RD 425 FT N OF PINE TREE RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.599575329</b>	Longitude <b>-90.083123317</b>
	X Coordinate <b>251150.921875</b>	Y Coordinate <b>4832019.5</b>
	Structure Type <b>NO STRUCTURE</b>	

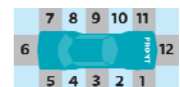
Crash Scene

First Harmful Event <b>GUARDRAIL FACE</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW</b>	Roadway Factor(s) <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>EMBANKMENT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE RIGHT</b>	Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>AYY8348</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3N1CB51D56L606351</b>	Make <b>NISS</b>	Year <b>2006</b>	Model <b>SENTRA</b>
	Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b>		



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SHIELDS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>102,107,108</b>			
01 01	Owner Name <b>JENNA BELL (608) 415-8348</b>		Owner Address <b>115 1/2 1ST AVE BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>RUN OFF ROADWAY LEFT</b>			
	Event <b>GUARDRAIL FACE</b>			
	Event <b>EMBANKMENT</b>			
	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	PASSENGER <b>JENNA BELL (608) 415-8348</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>115 1/2 1ST AVE BARABOO, WI 53913 , 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>RESTRAINT USE UNKNOWN</b>	
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use	
	Helmet Compliance		Eye Protection	
Tint Compliance		Airbag		
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	<b>NOT APPLICABLE</b>	
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</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	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
		Drug Type		
		Individual Condition		
NOT OBSERVED				
UNIT	INDIVIDUAL	<b>Individual</b>		
		DRIVER	Citations Issued	Sex
		UNKNOWN UNKNOWN UNKNOWN	0	
			Date of Birth	Race
		Address	Driver License Number	
		UNKNOWN UNKNOWN, ,		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Row	Seat Position	RESTRAINT USE UNKNOWN
		01 - FRONT ROW	07 - LEFT	
		Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance			
UNIT	INDIVIDUAL	<b>Injury</b>	Injury Severity	Airbag
		NO APPARENT INJURY	NO APPARENT INJURY	NOT APPLICABLE
		Ejected	Ejection Path	Trapped/Extricated
		NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE	NOT APPLICABLE
		Medical Transport	EMS Agency Identifier	EMS Run #
		NOT TRANSPORTED		
		Hospital	Date of Death	Time of Death
		<b>Distracted By</b>	Distracted By Source	
		Distracted By Action		
<b>Non Motorist</b>	Striking Unit #	Location		
Prior Action				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use		
		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>NOT OBSERVED</b>			
		<b>01</b>	<b>002</b>				

**Property Owner**

<b>PROP OWNER</b>	<b>01</b>	GOVERNMENT <b>TOWNSHIP OF LAVALLE</b> (608) 985-7695	Address <b>218 COMMERCIAL ST</b> <b>PO BOX 30</b> <b>LAVALLE, WI 53941 , US</b>

**Fixed Objects Struck**

<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	<b>01</b>	<b>GUARDRAIL FACE</b>		<b>322757</b>