

6TL0C9H5NL

24-14049

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 24-14049		Investigating Officer/Deputy SERGEANT M. TATE	
Crash Date 12/24/2024		Crash Time 07:34 PM		Date Arrived 12/24/2024		Time Arrived 07:48 PM	
Date Notified 12/24/2024		Time Notified 07:35 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

<p>Diagram</p> <p style="text-align: center;">SLIDE OFF ONLY, NO DAMAGE</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 WESTBOUND ON HWY H. UNIT 1 OPERATOR REALIZED SHE WAS GOING THE WRONG DIRECTION AND PULLED TO THE RIGHT SHOULDER OF THE ROAD TO TURN AROUND. AS UNIT 1 PULLED ONTO THE SHOULDER ITS PASSENGER SIDE TIRES BEGAN TO GET INTO THE SNOW/SLUSH. UNIT 1 OPERATOR STATED SHE GOT TO FAR TO THE SIDE OF THE ROAD AND THE SNOW PULLED HER INTO THE DITCH. SLIDE OFF ONLY. NO DAMAGE. VEHICLE WAS PULLED OUT BY CRAIGS TOWING AND REMOVED BY OPERATOR.

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Location

ON CTHH WB 0.27 MI W OF BIRCHWOOD SPUR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.616293256</b>	Longitude <b>-89.835698686</b>
	X Coordinate <b>271185.6875</b>	Y Coordinate <b>4833164.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT 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

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</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>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>AUY7237</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>KNDNC5H3XR6367636</b>	Make <b>KIA</b>	Year <b>2024</b>	Model <b>CARNIVAL</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>VN - VAN</b>		Bus Use
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage		
	Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>RAN OFF ROADWAY</b>			
01	Owner Name <b>MARINA ANDINO (414) 899-3715</b>		Owner Address <b>2974 S 11TH ST MILWAUKEE, WI 53215 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>DITCH</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>COUNTRY-CASUALTY-INSURANCE-CO</b>		INDIVIDUAL <b>MARINA ANDINO</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>MARINA ANDINO (414) 899-3715</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>2974 S 11TH ST MILWAUKEE, WI 53215 , US</b>		Date of Birth	Race <b>HISPANIC</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>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	<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>JUAN AVILA</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
					Date of Birth	Race <b>HISPANIC</b>	
		Address <b>2974 S 11TH ST MILWAUKEE, WI 53215 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
Row <b>02 - SECOND 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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action			
		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>			