

6TL0BC3B9J  
24-14110

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>24-14110</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>12/27/2024</b>		Crash Time <b>08:54 AM</b>	Date Arrived <b>12/27/2024</b>	Time Arrived <b>09:14 AM</b>	
Date Notified <b>12/27/2024</b>		Time Notified <b>08:57 AM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 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

Diagram		Reconstruction By
		Photos By
Coon Bluff Rd		Additional Information <b>NONE</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING NORTHBOUND. THE OPERATOR STATED AS SHE WAS NORTHBOUND, AN ONCOMING VEHICLE WAS PARTIALLY IN HER LANE. THE OPERATOR MOVED OVER TO THE RIGHT AND SHE LOST CONTROL OF UNIT 1 DUE TO THE SLUSHY ROADWAY. UNIT 1 ENTERED THE EASTERNMOST DITCH LINE WHERE IT WENT OVER A GUARDRAIL FACE AND CAME TO REST. NO REPORTED INJURIES.

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Location

ON COON BLUFF RD 760 FT S OF BRIAR BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.552457681</b>	Longitude <b>-89.867103115</b>
	X Coordinate <b>268406.71875</b>	Y Coordinate <b>4826161.5</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>DAYLIGHT</b>	
Road Surface Condition(s) <b>SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY, FOG</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

<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 CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>GUARDRAIL FACE</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>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>VEHICLE</b>	License Plate Number <b>AWD7804</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1N4AL3AP5EC329524</b>	Make <b>NISS</b>	Year <b>2014</b>	Model <b>ALT</b>
		Color <b>GRY - GRAY</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					



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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>GOING STRAIGHT</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>CRYSTAL GRANGER (608) 403-1567</b>		Owner Address <b>1814 STATE HIGHWAY 13 LOT 1 FRIENDSHIP, WI 53934 , US</b>		
	<b>Sequence Of Events</b>				
01 01	01	Event <b>RUN OFF ROADWAY RIGHT</b>			
	02	Event <b>DITCH</b>			
	03	Event <b>GUARDRAIL FACE</b>			
	04	Event			
UNIT INDIVIDUAL	<b>Individual</b>				
	01 001	DRIVER <b>CRYSTAL GRANGER (608) 403-1567</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
		Address <b>1814 STATE HIGHWAY 13 LOT 1 FRIENDSHIP, WI 53934 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Safety Equipment</b>		On Duty Crash			
01 001	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</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>UNKNOWN</b>			
<b>Non Motorist</b>		Striking Unit #		Location	

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<b>UNIT</b>	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>				
	<b>Violations</b>				
	UTC Number <b>BE612258</b>		Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
<b>Property Owner</b>					
<b>PROP OWNER</b>	GOVERNMENT <b>TOWNSHIP OF EXCELSIOR</b> (608) 522-5115			Address <b>100 E BROADWAY</b> <b>PO BOX 57</b> <b>ROCK SPRINGS, WI 53961 , US</b>	
	<b>Fixed Objects Struck</b>				
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>DITCH</b>		Structure Number	Damage Tag Number <b>NA</b>
	Striking Unit <b>01</b>	Struck Object <b>GUARDRAIL FACE</b>		Structure Number	Damage Tag Number <b>NA</b>