

6TL0D6N06D
25-01097

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0D6N06D

| | | | | | |
|----------------------------------------------|----------------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------------------------|----------------------------------------------|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 25-01097 | Investigating Officer/Deputy DEPUTY B. BRUNKEN | |
| Crash Date 02/05/2025 | | Crash Time 99:99 | Date Arrived 02/05/2025 | Time Arrived 10:28 PM | |
| Date Notified 02/05/2025 | | Time Notified 10:16 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>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 ONE TRAVELING EASTBOUND ON CTH H, NEAR DROVERS PASS ROAD. VEHICLE LOST TRACTION DUE TO ICY CONDITIONS AND WENT INTO THE DITCH. THE VEHICLE HAD DAMAGED FRONT AND REAR BUMPERS. OPERATOR WAS ABLE TO DRIVE OUT OF THE DITCH. END OF REPORT. 9106

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Location

| | | |
|------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|
| ON CTHH EB 373 FT E OF GLEN VALLEY DR IN THE TOWN OF WINFIELD IN SAUK COUNTY | Latitude 43.574873162 | Longitude -89.964997659 |
| | X Coordinate 260587.703125 | Y Coordinate 4828928.5 |
| | Structure Type | |

Crash Scene

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|
| First Harmful Event DITCH | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) WET, ICE | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) FREEZING RAIN OR FREEZING DRIZZLE | | |
| 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 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | Operating As Endorsements | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre CrashTire 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 CURVE RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|-----------------------------------------|-----------------------------------------------------------|------------------------------------------------|---------------------|---------------------------------------------|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number 805ZRL | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number JHMGD37608S053388 | Make HOND | Year 2008 | Model FIT SPORT |
| | Color SIL - SILVER (ALUMINUM) | Body Style 4H - HATCHBACK 4 DOOR | | Bus Use |
| | Initial Contact Point 00 - NON-COLLISION | Vehicle Damage 06 - REAR, 12 - FRONT | | |
| Extent Of Damage MINOR DAMAGE | | | | |

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| | | | | |
|-----------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND | | | |
| 01 01 | Owner Name KATHERINE PARADIS | | Owner Address S3335 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event DITCH | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company WEST-BEND-MUTUAL-INS-CO | | INDIVIDUAL KATHERINE PARADIS | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER KATHERINE PARADIS | | Citations Issued 0 | Sex FEMALE |
| | Address S3335 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US | | Date of Birth | Race WHITE |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 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 | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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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 | | | | | |
| | 01 | 001 | | | | |