6TL0D0GSN8

25-02471

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash [| Document # | Agency Crash Number Investigating Officer/Deputy 25-02471 DEPUTY G. AKERS | | ty | | | | |
|------------|--|------------------------------------|------------------------------------|--|-------------------------|----------------------------|---|----------------------|--|--|
| N8 | Crash Date 03/16/2025 | Crash Time 02:16 AM | | Date Arrived 03/16/2025 | | Time Arrived 02:34 AM | | | | |
| CS CS | Date Notified 03/16/2025 | Time Notified | | Total Units | | Total Injured Total Killed | | illed | | |
| 6TL0D0GSN8 | | 02:16 AM t and Run ☐ Lane Closu | | 01 Jre Work Zone | | 01 00 | | Reporting | | |
| | Government | | Lane Closu | | Bus Related | Tags | or rowed | Threshold | | |
| 6Т | Property Active School Zone NO | | | | | | | | | |
| | Crash TypeDT4000 (STANDARD CRASH) | | | | | | | Secondary Crash | | |
| ļ | Description Diagram | | | | | | Reconstruct | | | |
| | | | | | | | Photos By TC Additional In | formation | | |
| | ↓ I, a sworn law enforceme | nt officer, agre | tee that I have no | | any CJIS data in this | report. | | | | |
| | V1 WAS TRAVELING EAST ON HW | Y 33 NEAR THE A | DDRESS OF E2214 | 4 HWY 33 | WONEWOC, WI. V1 WAS I | NAVIGATING A | | | | |
| | INTO THE DITCH. WHILE IN THE DI ROADWAY WAS DRY. D1 WAS NOT REMOVED BY SHIELD'S TOWING. I VEHICLE UNDER CONTROL AND N | T WEARING A SE D1 HAD SIGNS O | AT BELT AND HAD F IMPAIRMENT DU | SERIOUS | S BODY INJURIES. D1 WOU | JLD BE TRANS | PORTED TO 1 | THE HOSPITAL. V1 WAS | | |

WISCONSIN MOTOR VEHICLE

SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT**

| 25-(|)247 | 71 | RASH REPORT | | | | | | BARABOO, WI 53913 (608) 356-4895 | |
|------|------------------------------------|---|--------------------|--------------|--------------------------|---|---|-------------------------|-------------------------------------|------------|
| | | ation | | | | | | | | |
| | | E2214 EAST ST/ STH3 | | La | | | | Longitud | | |
| | 1021 FT E OF STRAWBRIDGE RD | | | | | 43.640001536 | | | | 3197858 |
| | - | (HOUSE/BUILDING E2214) | | | | X Coordina | Y Coordinate 228.859375 4836892.5 | | | |
| | | | | | | | | | 403005 | 92.5 |
| | | THE TOWN OF WOODL | AND | | | Structure Type HOUSE/BUILDING | | | | |
| | Cra | sh Scene | | | | | | | | |
| | First | : Harmful Event | | | | First Harm | ful Event L | ocation | | |
| | DIT | СН | | | | SHOULD | ER RIGH | т | | |
| | Man | ner of Collision | | | Light Condition | | | | | |
| | 00 - | NO COLLISION W/VEH | IICLE IN TRANSPORT | | | DARK/U | | | | |
| | Roa | d Surface Condition(s) | | | | Roadway | | | | |
| | DR | Y | | | | | | | | |
| | Env | ronment Factor(s) | | | | | | | | |
| | NO | | | | | NONE | | | | |
| | _ | ather Condition(s) | | | | | | | | |
| | | | | | | | | | | |
| | CLEAR | | | | | | | | | |
| | Anir | Animal Type | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | |
| | Cras | sh Classification - Location | | | | Crash Classification - Jurisdiction | | | | |
| | PUBLIC PROPERTY | | | | | NO SPECIAL JURISDICTION | | | | |
| | Trib | Fribal Land | | | | Access Control Special Study NO CONTROL | | | | |
| | With | Within Interchange Area Junction Location Inter | | | Intersectio | | | | | |
| | NO NON-JUNCTION | | | | NOT AN | | | | | |
| | Uni | t Summary | | | | | | | | |
| | Unit Status IN TRANSIT | | | Vehicle Ope | erating As C | А | | Unit Type AUTOMOBILE | | |
| | | | | D CLASS | | | | | | |
| Ξ | | icle Type | | | | | | Operating A | s Endorsei | ments |
| 0 | PASSENGER CAR | | | | | Jed Total Trailers | | | | |
| | | | | | Total # Citations Issued | | 0 10tai 11ain | | | :Mat Types |
| | Insurance? Direction Of Travel | | 3 | | | | | 0 Total Lan | 00 | |
| | YES EASTBOUND | | | Pre | Pre CrashTire Mark | | | inc | 2 | 65 |
| UNIT | Most Harmful Event: Collision With | | | | Special Function | | | | Emergency Motor Vehicle Use | |
| | DITCH | | | NO SPEC | NO SPECIAL FUNCTION | | | NOT APPLICABLE | | |
| | Traf | fic Way | | Traffic Cont | rol | Traffic Control Inoperative/Missing | | | tive/Missing | |
| | TWO-WAY, NOT DIVIDED NO CONT | | | O CONTROL | | | NO | | | |
| | Surface Type Road Curvature | | | | | | Road Grade | | | |
| | BLACKTOP (BITUMINOUS) CURVE LEFT | | | EFT | LEVEL | | | | | |
| | Truck Bus or HazMat NO | | | | | | | | | |
| | | Vehicle | | | | | | | | |
| | License Plate Number 479XCG | | | Plate Type | Plate Type | | St | WI UNITED STATES | | |
| | | | | AUT | | | wi | | | |
| _ | | Vehicle Identification Number | | | | | Year | | | |
| 9 | 0 | 3FAHP08188R163508 | | FORD | | 2008 | | FUSION | | |
| | | | | Body Style | | | | Bus Use | | |
| | | | | | SD - SEDAN | | | | | |
| 1 | ш | L Initial Contact Point | | | Vehicle Damage | | | - | | |



99 - UNKNOWN Extent Of Damage

DISABLING DAMAGE

UNIT VEHICL

15 - ALL AREAS

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| | | Towed Due To Damage | | Vehicle Rer | | | | | |
|--|---------|--|--------------------------------|------------------------------|-------------------|--------------------|--|--|--|
| | | TOWED DUE TO DISABLIN | G DAMAGE | SHIELDS | TOWING | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | NEGOTIATING CURVE Driver Prior Action Other | | | | | | | |
| | | Driver Phor Action Other | onnaton | | | | | | |
| | | Driver Actions | | | | | | | |
| | щ | FAILURE TO CONTROL | | | | | | | |
| UNIT | <u></u> | | | | | | | | |
| S | VEHICLE | | | | | | | | |
| | 5 | | | | | | | | |
| | | Owner Name | | Owner | Address | | | | |
| | _ | TRAVIS WALLACE | | 826 M | APLE GROV | | | | |
| 01 | 6 | (608) 633-5741 | | TOMA | AH, WI 54660 | , US | | | |
| | | | | | | | | | |
| | ę | Sequence Of Events | | | | | | | |
| | 0 | Event DITCH | | | | | | | |
| | | Event | | | | | | | |
| | 02 | OVERTURN/ROLLOVER | | | | | | | |
| | 03 | Event | | | | | | | |
| | | Event | | | | | | | |
| | 04 | Lion | | | | | | | |
| ⊢ | I | Policy Holder | | | | | | | |
| UNIT | | Insurance Company | INDIVIDUAL | | | | | | |
| | | STATE-FARM-GENERAL-IN | TRAVIS WALLACE | | | | | | |
| | | Individual | | | | | | | |
| | | DRIVER TRAVIS WALLACE | Citations Issued Sex 3 MALE | | | | | | |
| | AL | (608) 633-5741 | 3 Date of E | Rirth | Race | | | | |
| ⊨ | D | | | Date of E | | WHITE | | | |
| UNIT | Σ | Address | Driver License Number | | | | | | |
| Image: Second system Image: Second system Image: Second system Ima | | | | ITED STATES | | | | | |
| | - | | | | | | | | |
| | | On Duty C | Crash | Safety F | quipment | | | | |
| | Sat | Safety Equipment | | | | | | | |
| | | Row Seat Position | | NONE USED - VEHICLE OCCUPANT | | | | | |
| | | 01 - FRONT ROW | | | Lalmat Compliance | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| | | | | | | | | | |
| 0 | 001 | Injury Sev | - | | | | | | |
| - | 0 | Injury SUSPECTED SERIOUS INJUR Ejected Ejection Path | | DEPLOYED-COMBINATION | | Trapped/Extricated | | | |
| | | NOT EJECTED NOT EJECTED/NOT APP | | LICABLE | | NOT TRAPPED | | | |
| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | |
| | | EMS GROUND | | | 6000820 | | | | |
| | | | | Date of Death Time of Death | | | | | |
| | | ST JOSEPHS HEALTH SERVICES Distracted By Source | | | | | | | |
| | | Distracted By UNKNON | WN | | | | | | |
| | | Distracted By Action | | | | | | | |
| | | | | | | | | | |

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

| | | Non Motorist | Striking Unit # | Location | | | | | | | |
|---------------|---|---|-------------------------|---------------------------------|--|----------------|----------------------|----------------|--|--|--|
| | | Prior Action | | | | | | | | | |
| UNIT | INDIVIDUAL | Action | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | |
| | | Drug & Alcohol | Suspected Alco YES | hol Use | Suspected Drug Use | | | | | | |
| | Alcohol Test Given Alcohol Test Ty TEST REFUSED | | | | 2 | | Alcohol Test Results | | | | |
| | | Drug Test Given Drug Test Typ TEST NOT GIVEN | | | | | | | | | |
| 5 5 Drug Type | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | | | | | | | | |
| | | Violations | | | | | | | | | |
| | 6 | UTC Number BG945426 | lssue To? 001 | Statute Number 346.63(1)(a) | Description OPERATING WHILE | | FLUENCE(3RD) | | | | |
| | 02 | UTC Number BG945427 | Issue To? 001 | Statute Number 346.57(2) | Description FAILURE TO KEEP VEHICLE UNDER CONTROL | | | | | | |
| | 03 | UTC Number BG945428 | Issue To? 001 | Statute Number 347.48(2m)(b) | Description VEHICLE OPERATO | OR FAIL/WEAR S | EAT BELT | | | | |