

6TL09T1TP5

20-00926

# 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>20-00926</b>		Investigating Officer/Deputy <b>DEPUTY C. GALLAGHER</b>	
Crash Date <b>01/24/2020</b>		Crash Time <b>10:30 PM</b>		Date Arrived <b>01/24/2020</b>		Time Arrived <b>10:54 PM</b>	
Date Notified <b>01/24/2020</b>		Time Notified <b>10:35 PM</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 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 <b>DEPUTY GALLAGHER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS TRAVELING SOUTHBOUND ON CTH HH IN THE AREA OF CTH H. UNIT 1 ATTEMPTED TO STOP FOR THE STOP SIGN AT THE INTERSECTION OF CTH HH AND CTH H. UNIT 1 STARTED TO SLIDE AND CONTINUED THROUGH THE STOP SIGN SOUTHBOUND. UNIT 1 CAME TO REST IN THE EASTBOUND DITCH OF CTH H. UNIT 1 ROLLED OVER AND CAME TO REST WITH THE VEHICLE OVERTURNED ON THE ROOF.

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Location

Table with 3 columns: Intersection details, Latitude (43.593533391), Longitude (-89.942468402), X Coordinate (262480.375), Y Coordinate (4830936.5), Structure Type.

Crash Scene

Table with 4 columns: Event details (OVERTURN/ROLLOVER), Location (ROADSIDE), Collision details (00 - NO COLLISION), Light Condition (DARK/UNLIT), Road Surface (WET, SNOW, SLUSH), Roadway Factor (NONE), Environment (WEATHER CONDITIONS), Weather (SNOW), Animal Type, Relation To Trafficway (TRAFFICWAY - ON ROAD), Crash Classification (PUBLIC PROPERTY), Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land, Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (INTERSECTION), Intersection Type (T-INTERSECTION).

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (TRUCK), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), Operating As Endorsements, Total Occs (2), Train/Bus # Recorded, Total # Citations Issued (1), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (SOUTHBOUND), Pre Crash Tire Mark, Speed Limit (55), Total Lanes (2), Most Harmful Event (OVERTURN/ROLLOVER), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (STOP SIGN), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (DOWNHILL), Truck Bus or HazMat (NO).

Table with 4 columns: License Plate Number (FP8791), Plate Type (LTK - LIGHT TRUCK), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1FTEX1EM2EFC64912), Make (FORD), Year (2014), Model (F150), Color (SIL - SILVER (ALUMINUM)), Body Style (PK - PICKUP), Bus Use, Initial Contact Point (14 - UNDERCARRIAGE), Vehicle Damage (15 - ALL AREAS), Extent Of Damage (DISABLING DAMAGE).

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL</b>			
01	01	Owner Name <b>KEVIN W MARDEN (608) 393-5718</b>		Owner Address <b>411 W BROADWAY ROCK SPRINGS, WI 53961 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>OVERTURN/ROLLOVER</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>KEVIN MARDEN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KEVIN W MARDEN (608) 393-5718</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>411 W BROADWAY ROCK SPRINGS, WI 53961 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<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 Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>DEPLOYED-FRONT</b>	
01	001	<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-FRONT</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>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>PRELIMINARY BREATH TEST (PBT)</b>	Alcohol Test Results <b>00</b>		
		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>ANNE ELIZABETH MASON (608) 577-6759</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>10 LOOMIS CIR # 6 MADISON, WI 53704 , US</b>			Date of Birth	Race <b>WHITE</b>	
		Driver License Number			<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash	
Safety Equipment <b>SHOULDER &amp; LAP BELT</b>							
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</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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<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>			
	<b>01</b>	UTC Number <b>AE756711</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>