

6TL0D9426S  
20-06616

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 20-06616		Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 07/07/2020		Crash Time 03:38 AM		Date Arrived 07/07/2020		Time Arrived 04:01 PM	
Date Notified 07/07/2020		Time Notified 03:40 AM		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 checked="" 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Location

ON STH60 WB 0.51 MI E OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.19075282	Longitude -90.0292632	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 253847.5156	Y Coordinate 4786453.5	On Roadway Link ID# 7520	On Roadway Link Offset 2695
	Override <input type="checkbox"/>	Tribal Land		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 DAYLIGHT	
Road Surface Condition(s) DRY, SAND, GRAVEL		Environment Factor(s) VISUAL OBSTRUCTION (S)	
Roadway Factor(s) LOOSE GRAVEL		Weather Condition(s) CLEAR	
Animal Type		Relation To Trafficway TRAFFICWAY - NOT 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
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type INTERMITTENT OR MOVING WORK	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 55	Advisory/Regulatory Speed Limit REGULATORY		Normal Posted Speed Limit 55

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
Vehicle Type PASSENGER VAN		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 Crash Tire Mark		Speed Limit 55	Total Lanes 02
Most Harmful Event: Collision With CULVERT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

01  
UNIT

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01	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>SLAG, GRAVEL, OR STONE</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>SAG(BOTTOM)</b>	
	Truck Bus or HazMat <b>NO</b>					
01 UNIT	Role <b>DRIVER</b>		Citations Issued <b>0</b>		<input type="checkbox"/> Use Driver Address	
	Individual Type <b>INDIVIDUAL</b>		Last Name <b>BARRY</b>		First Name <b>AMADOU</b>	
	Middle Initial		Suffix		Street Address <b>5109 GORDON AVE # 4</b>	
	Street Address 2		PO Box		City <b>MONONA</b>	
	State <b>WI</b>		Zip Code <b>53716</b>		Country of Residence <b>UNITED STATES</b>	
	DOB [REDACTED]		Sex <b>M</b>		Race <b>B</b>	
	Hair <b>BLACK</b>		Eyes <b>BROWN</b>		Height <b>600</b>	
	Weight <b>176</b>		Phone Number <b>(646) 267-9233 EXT.</b>		Driver's License Number [REDACTED]	
	State <b>WI</b>		License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>	
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2025</b>	
	<b>Equipment</b>		On Duty Accident		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		Helmet Use	
Helmet Use		Tint Compliance		Eye Protection		
Tint Compliance		Airbag <b>NON DEPLOYED</b>		<b>Injury</b>		
Injury Severity <b>NO APPARENT INJURY</b>		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</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>Non Motorist</b>		Striking Unit #		
Location		Prior Action		Action		
Action		Distracted By Action <b>NOT DISTRACTED</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Action Other		<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</b>		
Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		01 UNIT		

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UNIT	INDIVIDUAL	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		
UNIT	VEHICLE	Drug Type				
		License Plate Number <b>AEX4018</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1GCWGF4F1112439</b>	Year <b>2015</b>	Make <b>CHEVROLET</b>		
		Model <b>EXPRESS G2</b>	Body Style <b>VN - VAN</b>	Color <b>BLK - BLACK</b>		
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
		Extent Of Damage <b>DISABLING DAMAGE</b>	Vehicle Factors <b>NOT APPLICABLE</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Driver Prior Action Other			
		Vehicle Removed By <b>GEORGES AUTO BODY</b>	Bus Use			
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		UNIT	HOL	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address
Organization Type <b>INDIVIDUAL</b>	Company Name					
Last Name <b>BARRY</b>	First Name <b>AMADOU</b>			Middle	Suffix	Date of Birth
Street Address <b>5109 GORDON AVE # 4</b>	Street Address2			PO Box		
City <b>MONONA</b>	St <b>WI</b>			Zip Code <b>53716</b>	Country of Residence <b>UNITED STATES</b>	
Telephone Number <b>(646) 267-9233 EXT.</b>						
01	Event <b>DITCH</b>					
02	Event <b>CULVERT</b>					
03	Event					
04	Event					
UNIT	HOL	Insurance Company <b>WISCONSIN-AUTOMOBILE-INS-PLAN</b>	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver		
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>BARRY</b>	First Name <b>AMADOU</b>	Policy Holder Company	

Description

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<p>Diagram</p>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information <b>NONE</b></p>
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UNIT #1 WAS TRAVELING WEST BOUND ON STH 60 WHICH IS UNDER CONSTRUCTION AND IS A GRAVEL SURFACE. ROAD WAS DRY AND DUE TO TRAFFIC VOLUME IT KICKED UP DUST, DISORIENTING THE OPERATOR WHO CAUGHT A SOFT SHOULDER WHICH THEN PULLED HIM INTO THE DITCH. UNIT #1 THEN STRUCK A CULVERT CAUSING DISABLING DAMAGE TO THE VEHICLE. VEHICLE WAS REMOVED BY GEORGE'S TOWING SERVICE.

**Signature**

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

**Law Enforcement Agency**

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>MEEKER</b>	Officer First Name <b>ANDREW</b>	Officer Middle Name	Suffix
DOT Officer ID <b>9158</b>		DNR Officer ID	Officer Badge Number <b>9158</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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