

6TL0C884FQ
20-07960

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 20-07960	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 08/10/2020		Crash Time 02:50 PM	Date Arrived 08/10/2020	Time Arrived 03:24 PM	
Date Notified 08/10/2020		Time Notified 02:54 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 checked="" 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 0.55 MI E OF ROUND RIVER TRL IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.19886556	Longitude -89.9034383	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 264103.6875	Y Coordinate 4786992	On Roadway Link ID# 4558361	On Roadway Link Offset 2916
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Environment Factor(s) WEATHER CONDITIONS	
Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	Weather Condition(s) RAIN	
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

Unit Summary

01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
01	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 LEFT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

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01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name MCQUIRK		First Name ANDREW		Middle Initial WILLIAM	Suffix		
	Street Address 5420 SUPERIOR ST		Street Address 2		PO Box			
	City BOSCOBEL		State WI	Zip Code 53805	Country of Residence UNITED STATES			
	DOB	Sex M	Race W	Hair BROWN	Eyes HAZEL	Height 511	Weight 150	Phone Number (608) 485-0238 EXT.
	Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2024			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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								
License Plate Number MP9967		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES				
Vehicle Identification Number 1GC3KYC84GZ329667			Year 2016	Make CHEVROLET				
Model SILVERADO		Body Style PK - PICKUP		Color SIL - SILVER (ALUMINUM)				
Initial Contact Point 09 - LEFT SIDE MIDDLE								

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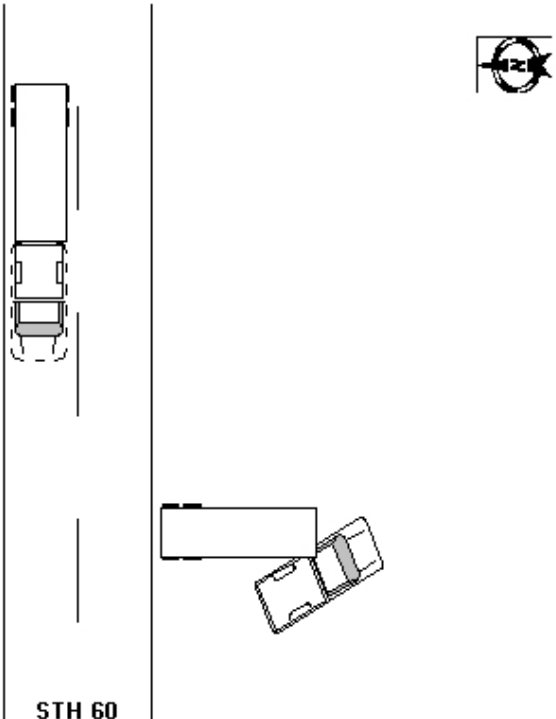
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UNIT VEHICLE	01	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 09 - LEFT SIDE MIDDLE			
	01	Towed Due To Damage NOT TOWED		Vehicle Factors			
	01	Vehicle Removed By ARNESON SERVICE		NOT APPLICABLE			
	01	What Driver Was Doing NEGOTIATING CURVE		Driver Prior Action Other	Bus Use		
	01	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY					
	01	<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address			
	01	Organization Type ORGANIZATION/COMPANY		Company Name PETERSON SANITATION INC			
	01	Last Name		First Name	Middle	Suffix	Date of Birth
	01	Street Address 104 N PARK ST		Street Address2		PO Box	
	01	City BOSCOBEL		St WI	Zip Code 53805	Country of Residence UNITED STATES	
01	Telephone Number (608) 524-6603 EXT.						
01	01	Event DITCH					
01	02	Event					
01	03	Event					
01	04	Event					
UNIT HOL	01	Insurance Company SECURA-INS-A-MUTUAL-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver	
	01	Organization Type ORGANIZATION/COMPA		Last Name	First Name	Policy Holder Company PETERSON SANITATION INC	
UNIT 01	01	Trailer Plate # DR53745	Plate Type TRL - TRAI	State WI	Country of Issuance UNITED STATES		
	01	Make CRNP	Unit Type FULL TR	Vehicle Identification Number 4MJSG2429AE052323			
UNIT TRAILER/TOWED	01	<input checked="" type="checkbox"/> Trailer Owner Same As Vehicle					
	01	Organization Type ORGANIZATION/COMPANY		Company Name PETERSON SANITATION INC			
	01	Last Name		First Name	Middle Initial	Suffix	
	01	Street Address 104 N PARK ST		Street Address2		PO Box	
	01	City BOSCOBEL		St WI	Zip Code 53805	Country of Residence UNITED STATES	
	01	Telephone Number (608) 524-6603 EXT.					

Description

Diagram

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 <p style="text-align: center;">Not To Scale</p> <p style="text-align: center;">STH 60</p>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information NONE</p>
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ON 08-10-20 TRUCK AND TRAILER WERE TRAVELING WEST ON STH 60. OPERATOR WAS NEGOTIATING A CURVE IN THE ROAD AND SLIDE OFF THE WET ROADWAY INTO THE SOUTH DITCH LINE. NO INJURIES REPORTED.

Signature _____

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

Law Enforcement Agency _____

Agency Space 20-07960				
Officer Rank DEP	Officer Last Name SUTHERLAND	Officer First Name T	Officer Middle Name	Suffix
DOT Officer ID 9195		DNR Officer ID	Officer Badge Number 9195	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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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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