

6TL0BFKDF6  
21-03700

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<br>21-03700           |  | Investigating Officer/Deputy<br>DEPUTY H. VOLZ |                    |
| Crash Date<br>05/01/2021                       |                                      | Crash Time<br>11:00 AM                      |                                    | Date Arrived<br>05/01/2021                |  | Time Arrived<br>11:21 AM                       |                    |
| Date Notified<br>05/01/2021                    |                                      | Time Notified<br>11:05 AM                   |                                    | Total Units<br>01                         |  | Total Injured<br>01                            | Total Killed<br>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<br>NO                  |  | Tags   |                    |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>DT4000 (STANDARD CRASH)       |                                    | <input type="checkbox"/> Amended          |  | <input type="checkbox"/> Secondary Crash       |                    |

Description

|         |  |                                  |  |
|---------|--|----------------------------------|--|
| Diagram |  | Reconstruction By                |  |
|         |  | Photos By<br>DEPUTY BREUNIG      |  |
|         |  | Additional Information<br>PHOTOS |  |
|         |  |                                  |  |

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

UNIT 1 WAS TRAVELING NB ON ROCK HILL ROAD. UNIT 1 FAILED TO NEGOTIATE THE LEFT HAND CURVE IN THE ROAD WAY. UNIT 1 LEFT THE ROAD WAY AND TRAVELED DOWN THE EMBANKMENT. UNIT 1 ROLLED ONTO THE PASSENGER SIDE, THEN ONTO THE ROOF AND CAME TO REST AGAIN ON THE DRIVERS SIDE, ALMOST COMPLETING A FULL ROLL OVER.

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## Location

|  |                                |                            |
|--|--------------------------------|----------------------------|
| ON ROCK HILL RD<br>1284 FT S<br>OF HATCHERY RD<br>IN THE TOWN OF BARABOO<br>IN SAUK COUNTY | Latitude<br>43.465756262       | Longitude<br>-89.810257515 |
|  | X Coordinate<br>272673.25      | Y Coordinate<br>4816375    |
|  | Structure Type<br>NO STRUCTURE |                            |

## Crash Scene

|  |   |   |
|--|---|---|
| First Harmful Event<br><b>EMBANKMENT</b>                               | First Harmful Event Location<br><b>ON ROADWAY</b>                     |   |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>DRY</b>                                | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                                   |   |   |
| Weather Condition(s)<br><b>CLEAR</b>                                   |   |   |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|                              |   |   |  |  |                                |
|------------------------------|---|---|--|--|--------------------------------|
| <b>UNIT</b><br><br><b>01</b> | Unit Status<br><b>IN TRANSIT</b>                        | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>               |  |                                |
|                              | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>          | Operating As Endorsements                             |  |  |                                |
|                              | Total Occs<br><b>1</b>                                  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>2</b>         | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|                              | Insurance?<br><b>YES</b>                                | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit<br><b>45</b>                             | Total Lanes<br><b>2</b>        |
|                              | Most Harmful Event: Collision With<br><b>EMBANKMENT</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|                              | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>              | Traffic Control<br><b>NO CONTROL</b>                  |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|                              | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>            | Road Curvature<br><b>CURVE LEFT</b>                   |  | Road Grade<br><b>DOWNHILL</b>                        |                                |
|                              | Truck Bus or HazMat<br><b>NO</b>                        |   |  |  |                                |

|   |                                 |   |   |                     |   |
|---|---------------------------------|---|---|---------------------|---|
| <b>UNIT</b><br><br><b>01</b>                | <b>VEHICLE</b><br><br><b>01</b> | <b>Vehicle</b>  |   |                     |   |
|   |                                 | License Plate Number<br><b>813YGD</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b>           | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|   |                                 | Vehicle Identification Number<br><b>3C4PDDGG2KT794860</b> | Make<br><b>DODGE</b>                            | Year<br><b>2019</b> | Model<br><b>JOURNEY</b>                     |
|   |                                 | Color<br><b>SIL - SILVER (ALUMINUM)</b>                   | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use                                     |
|   |                                 | Initial Contact Point<br><b>01 - RIGHT FRONT CORNER</b>   | Vehicle Damage                                  |                     |   |
| Extent Of Damage<br><b>DISABLING DAMAGE</b> | <b>15 - ALL AREAS</b>           |   |   |                     |   |

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|  |   |   |  |
|--|---|---|--|
| UNIT<br>VEHICLE                        | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>     | Vehicle Removed By<br><b>INTERSTATE BP</b>                            |  |
|  | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>               | Vehicle Factors   |  |
|  | Driver Prior Action Other                                       | <b>NOT APPLICABLE</b>   |  |
|  | Driver Actions<br><b>FAILURE TO CONTROL</b>                     |   |  |
| 01<br>01                               | Owner Name<br><b>ROY E GEORGESON</b>                            | Owner Address<br><b>S5196 ROCK HILL RD<br/>BARABOO, WI 53913 , US</b> |  |
|  | <b>Sequence Of Events</b>                                       |   |  |
| 01<br>01                               | Event<br><b>EMBANKMENT</b>                                      |   |  |
|  | Event<br><b>OVERTURN/ROLLOVER</b>                               |   |  |
|  | Event   |   |  |
|  | Event   |   |  |
| UNIT                                   | <b>Policy Holder</b>  |   |  |
|  | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>          | Individual<br><b>ROY GEORGESON</b>                                    |  |
| UNIT<br>INDIVIDUAL                     | <b>Individual</b>   |   |  |
|  | Driver<br><b>CASSIE R GEORGESON<br/>(608) 963-8600</b>          | Citations Issued<br><b>2</b>  | Sex<br><b>FEMALE</b>                               |
|  |   | Date of Birth<br><b>[REDACTED]</b>                                    | Race<br><b>WHITE</b>                               |
|  | Address<br><b>S5196 ROCK HILL RD<br/>BARABOO, WI 53913 , US</b> | Driver License Number   |  |
| 01<br>001                              | <b>Safety Equipment</b>   |   | On Duty Crash                                      |
|  | Row<br><b>01 - FRONT ROW</b>                                    | Seat Position<br><b>07 - LEFT</b>                                     | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|  | Helmet Use  |   | Helmet Compliance                                  |
|  | Eye Protection  |   | Tint Compliance                                    |
|  | <b>Injury</b>   |   | Airbag   |
|  | Injury Severity<br><b>SUSPECTED MINOR INJURY</b>                | <b>DEPLOYED-CURTAIN</b>   |  |
| Ejected<br><b>NOT EJECTED</b>          |   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                    | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
| Medical Transport<br><b>EMS GROUND</b> |   | EMS Agency Identifier<br><b>6000368</b>                               | EMS Run #  |
| Hospital<br><b>ST CLARE HOSP</b>       |   | Date of Death   | Time of Death                                      |
| <b>Distracted By</b>                   |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>        |  |
| <b>Distracted By Action</b>            |   | <b>NOT DISTRACTED</b>   |  |

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|             |  |                 |                                    |                                 |  |  |
|-------------|--|-----------------|------------------------------------|---------------------------------|--|--|
| <b>UNIT</b> | <b>Non Motorist</b>                            |                 | Striking Unit #                    | Location                        |  |  |
|             | Prior Action                                   |                 |                                    |                                 |  |  |
|             | Action   |                 |                                    |                                 |  |  |
|             | Action Other                                   |                 |                                    |                                 | To/From School                                   |  |
|             | <b>Drug &amp; Alcohol</b>                      |                 | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |  |  |
|             | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |                 | Alcohol Test Type                  |                                 | Alcohol Test Results                             |  |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>       |                 | Drug Test Type                     |                                 | Drug Test Results                                |  |
|             | Drug Type                                      |                 |                                    |                                 |  |  |
|             | Individual Condition<br><b>APPEARED NORMAL</b> |                 |                                    |                                 |  |  |
|             | <b>Violations</b>                              |                 |                                    |                                 |  |  |
| <b>01</b>   | <b>001</b>                                     | UTC Number      | Issue To?                          | Statute Number                  | Description                                      |  |
|             |  | <b>BD758930</b> | <b>001</b>                         | <b>343.05(3)(a)</b>             | <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b> |  |
| <b>02</b>   | <b>01</b>                                      | UTC Number      | Issue To?                          | Statute Number                  | Description                                      |  |
|             |  | <b>BD758931</b> | <b>001</b>                         | <b>346.57(2)</b>                | <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>     |  |