

6TL0CBQ6PL
21-07326

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0CBQ6PL

Document Number Override		Primary Crash Document#		Agency Crash Number 21-07326		Investigating Officer/Deputy DEPUTY B. ZIBELL	
Crash Date 08/04/2021		Crash Time 08:42 PM		Date Arrived 08/04/2021		Time Arrived 08:56 PM	
Date Notified 08/04/2021		Time Notified 08:43 PM		Total Units 01		Total Injured 01	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 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	

Description

<p>Diagram</p>	Reconstruction By
	Photos By ZIBELL
	Additional Information PHOTOS

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

ON 8/04/201 UNIT 1 WAS TRAVELING WESTBOUND ON US HY 33. UNIT 1 TRAVELED INTO THE NORTH SHOULDER, CAUSING VEHICLE TO OVERTURN IN NORTH DITCH.

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Location

ON STH33 WB 697 FT N OF DEMASKIE RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.616181358	Longitude -90.142361838
	X Coordinate 246439.1875	Y Coordinate 4834043.5
	Structure Type NO STRUCTURE	

Crash Scene

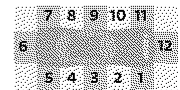
First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - 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

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	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 2
	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				

Vehicle

UNIT	VEHICLE	License Plate Number AEE5416	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1FAHP2E87JG117310	Make FORD	Year 2018	Model TAURUS	
		Color BLK - BLACK	Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage			
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SHIELDS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name RAYMOND PALMER KJENDLIE (608) 604-4279		Owner Address S2367 SAWDUST AVE LA FARGE, WI 54639 , US	
	Sequence Of Events			
01	01	Event RUN OFF ROADWAY RIGHT		
	02	Event OVERTURN/ROLLOVER		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		Individual RAYMOND KJENDLIE	
UNIT INDIVIDUAL	Individual			
	Driver RAYMOND PALMER KJENDLIE (608) 604-4279		Citations Issued 0	Sex MALE
	Address S2367 SAWDUST AVE LA FARGE, WI 54639 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT		Row 01 - FRONT ROW	
	Seat Position 07 - LEFT		Helmet Use	
	Helmet Compliance		Eye Protection	
Tint Compliance		Airbag DEPLOYED-COMBINATION		
01	Injury		Injury Severity SUSPECTED MINOR INJURY	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND	
	EMS Agency Identifier 6000820		EMS Run #	
Hospital HILLSBORO AREA HOSPITAL		Date of Death		
Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		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					
	Individual Condition APPEARED NORMAL					