

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0BGSFGD

Document Number Override		Primary Crash Document#		Agency Crash Number 21-09633		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 10/07/2021		Crash Time 03:39 PM		Date Arrived 10/07/2021		Time Arrived 03:50 PM	
Date Notified 10/07/2021		Time Notified 03:39 PM		Total Units 01		Total Injured 03	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

Diagram



Reconstruction By

Photos By

Additional Information
NONE

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

OPERATOR WAS DRIVING THE TRUCK WESTBOUND ON MINI CREEK RD AND ACCELERATED EXCESSIVELY WHEN EMERGING FROM A RIGHT HAND CURVE ON A WET ROAD CAUSING THE REAR OF THE TRUCK TO KICK OUT, AT APPROXIMATELY 50 MPH AT THE OPERATOR'S ESTIMATE, CAUSING LOSS OF CONTROL OF THE TRUCK. THE TRUCK THEN LEFT THE ROADWAY TO IT'S LEFT WHERE IT ENTERED THE DITCH, THEN OVERTURNING AND COMING TO REST ON IT'S RIGHT SIDE, FACING SOUTH WEST.

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Location

PRIVATE PROPERTY MINICREEK RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.580552154	Longitude -90.14246822
	X Coordinate 246280.78125	Y Coordinate 4830086.5
	Structure Type NO STRUCTURE	

Crash Scene

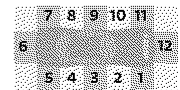
First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY, RAIN		
Animal Type	Relation To Trafficway NON TRAFFICWAY - OTHER	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
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 TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number XE31812	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FTWW31P85EC22740	Make FORD	Year 2005	Model F350
		Color BLK - BLACK	Body Style PK - PICKUP		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		



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

UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE			
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER					
01	01	Owner Name OWEN ROBERT RYAN (608) 630-3061		Owner Address S515 MCWILLIAMS RD LA VALLE, WI 53941 , US		
		Sequence Of Events				
01	01	01	Event DITCH			
		02	Event			
		03	Event			
		04	Event			
UNIT	Policy Holder					
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual OWEN RYAN			
UNIT	INDIVIDUAL	Individual				
		Driver OWEN ROBERT RYAN (608) 630-3061		Citations Issued 2	Sex MALE	
		Address S515 MCWILLIAMS RD LA VALLE, WI 53941 , US		Date of Birth [REDACTED]	Race	
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
Distracted By Action		NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
01	001	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						
		UNIT	INDIVIDUAL	Individual				
				Passenger IVY M SQUIRES (608) 886-4405		Citations Issued 0	Sex FEMALE	
				Address 310 LAVALLE ST REEDSBURG, WI 53959 , US		Date of Birth [REDACTED]	Race WHITE	
				Driver License Number				
		01	002	Safety Equipment		On Duty Crash		
Safety Equipment SHOULDER & LAP BELT								
Row 01 - FRONT ROW	Seat Position 09 - RIGHT							
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
Injury				Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED			
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND		EMS Agency Identifier 6001024		EMS Run#				
Hospital REEDSBURG AREA MED CTR		Date of Death		Time of Death				
Distracted By		Distracted By Source						
Distracted By Action								
UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location			

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	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			
UNIT	INDIVIDUAL	Individual	
		Passenger TALON WILLIAM VERTHEIN (608) 393-8444	Citations Issued 0
			Sex MALE
		Date of Birth [REDACTED]	Race WHITE
Address S4603 BASSWOOD LN REEDSBURG, WI 53959 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	003	Safety Equipment On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT
		Helmet Use	
		Tint Compliance	
Eye Protection			
Injury Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED			
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By Distracted By Source			
Distracted By Action			
Non Motorist Striking Unit #		Location	
Prior Action			

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UNIT	INDIVIDUAL	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			
		Individual			
		Passenger LAYNE H FEARING (608) 415-3203	Citations Issued 0	Sex MALE	
		Address E5605 CHURCHILL RD REEDSBURG, WI 53959 , US	Date of Birth [REDACTED]	Race WHITE	
Driver License Number					
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		Distracted By	Distracted By Source		
		Distracted By Action			
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location	
		Prior Action			

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UNIT INDIVIDUAL	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				
	Violations				
	01 004	UTC Number	Issue To?	Statute Number	Description
		BE132213	001	346.57(2)	FAILURE TO KEEP VEHICLE UNDER CONTROL
02 01	UTC Number	Issue To?	Statute Number	Description	
	BE132212	001	343.43(1)(d)	VIOLATE GDL RESTRICTIONS - PASSENGER (1ST)	