

6TL097RB41
19-15571

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 19-15571	Investigating Officer/Deputy DEPUTY L. GJORGJIEV	
Crash Date 12/21/2019		Crash Time 04:40 PM	Date Arrived 12/21/2019	Time Arrived 05:42 PM	
Date Notified 12/21/2019		Time Notified 04:41 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 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 9188
		Additional Information PHOTOS

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

UNIT 1 WAS DRIVING EASTBOUND ON KENNEDY RD JUST PASSED DYKE RD. THE DRIVER OF UNIT 1 STATED HE LOST CONTROL OF THE VEHICLE DUE TO THE ICY ROAD CONDITIONS. HE SAID THE BACK END OF THE VEHICLE FISH TAILED AT WHICH POINT THE VEHICLE STARTED TO SPIN, ENTERED THE OPPOSITE LANE OF TRAFFIC, AND ENDED UP IN THE DITCH ON THE NORTH SIDE OF THE ROADWAY, FACING WEST. THE DRIVER AND THE PASSENGER WERE NOT INJURED. THE VEHICLE WAS NOT A HAZARD AND REMAINED ON SCENE. THE DRIVER SAID HE WILL REMOVE IT DURING DAYTIME HOURS ON THE FOLLOWING DAY.

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Location

ON S3721A KENNEDY RD 95 FT E OF DYKE RD (FIRE S3721A) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.179857762	Longitude -90.132984349
	X Coordinate 245373.46875	Y Coordinate 4785554
	Structure Type FIRE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DUSK	
Road Surface Condition(s) ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY		
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 (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input checked="" type="checkbox"/> Pre CrashTire 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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 300XTN	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNDT13S552269416	Make CHEVROLET	Year 2005	Model TRAILBLAZE
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 00 - NON-COLLISION	Vehicle Damage 05 - RIGHT REAR CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name THOMAS ALVIN LAYTON (608) 574-5234		Owner Address 501 W LEESON ST SPRING GREEN, WI 53588 , US	
	Sequence Of Events			
01 01	01	Event RUN OFF ROADWAY LEFT		
	02	Event DITCH		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual THOMAS LAYTON	
UNIT INDIVIDUAL	Individual			
	Driver THOMAS ALVIN LAYTON (608) 574-5234		Citations Issued 0	Sex MALE
	Address 501 W LEESON ST SPRING GREEN, WI 53588 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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 THOMAS ALLEN MARKART (608) 588-4623			Citations Issued 0		Sex MALE
		Address S12985 SHIFFLET RD # 40 SPRING GREEN, WI 53588 , US			Date of Birth Race WHITE		
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
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 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			

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UNIT	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			
	01	002		