

6TL0B8M7WH

20-00958

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 20-00958		Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 01/25/2020		Crash Time 04:45 PM		Date Arrived 01/25/2020		Time Arrived 05:51 PM	
Date Notified 01/25/2020		Time Notified 05:28 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 checked="" 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 DEPUTY MEARS
	Additional Information PHOTOS

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

UNIT WAS WB ON S DUTCH RD WEST OF BUNDY HOLLOW RD GOING UPHILL ON AN ICY AND SNOW COVERED ROADWAY. WHEN THEY WERE TRYING TO NEGOTIATE A RIGHT HAND CURVE, THE UNIT SLID ACROSS THE EASTBOUND LANE AND STRUCK A GUARDRAIL FACE. OPERATOR DROVE THE UNIT TO A RELATIVES IN HILLSBORO WHERE HIS PASSENGER/SPOUSE CONTACTED LAW ENFORCEMENT. THE MET ME BACK AT THE SCENE. THE OCCUPANTS WERE NOT INJURED AND THE UNIT HAD REPORTABLE DAMAGE BUT WAS DRIVEABLE. THE GUARDRAIL APPEARED TO BE INTACT. OPERATOR DROVE THE UNIT FROM THE SCENE.

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Location

ON S DUTCH HOLLOW RD 290 FT E OF PINE TOPS CT IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.584724991	Longitude -90.185091361
	X Coordinate 242857.046875	Y Coordinate 4830681
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event GUARDRAIL FACE	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SNOW, SLUSH, ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
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 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 02	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With GUARDRAIL FACE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control WARNING SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					
	UNIT 01	Vehicle				
License Plate Number MU4638		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 5TFDW5F14BX158803		Make TOYOTA	Year 2011	Model TUNDRA		
Color BLK - BLACK		Body Style PK - PICKUP		Bus Use		
Initial Contact Point 11 - LEFT FRONT CORNER		06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 14 - UNDERCARRIAGE				
Extent Of Damage FUNCTIONAL DAMAGE						

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
		Driver Prior Action Other		TIRES		
		Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE				
01	01	Owner Name JOSEPH R MALINOWSKI (608) 477-0852		Owner Address 106 HIGH ST NORTH FREEDOM, WI 53951 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event CROSS CENTERLINE			
		02	Event GUARDRAIL FACE			
		03	Event			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual JOSEPH MALINOWSKI		
		Individual				
		Driver JOSEPH R MALINOWSKI (608) 477-0852		Citations Issued 0	Sex MALE	
		Date of Birth		Race WHITE		
Address 106 HIGH ST NORTH FREEDOM, WI 53951 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment						
UNIT	INDIVIDUAL	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 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	01	001	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			
UNIT INDIVIDUAL	01	002	Individual			
			Passenger BONNIE S MALINOWSKI (608) 477-8198	Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
			Address 106 HIGH ST NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
			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			
UNIT INDIVIDUAL	01	003	Distracted By	Distracted By Source		
			Distracted By Action			
			Non Motorist	Striking Unit #	Location	

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UNIT	INDIVIDUAL	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			
		Property Owner			
		PROP OWNER	01	Government TOWNSHIP OF LAVALLE (608) 985-7695	
Fixed Objects Struck					
01	Striking Unit 01	Struck Object GUARDRAIL FACE		Structure Number	Damage Tag Number