

6TL0CX0Q8Z
21-10726

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 21-10726		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 11/07/2021		Crash Time 10:31 AM		Date Arrived 11/07/2021		Time Arrived 10:50 AM	
Date Notified 11/07/2021		Time Notified 10:33 AM		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 HANSON
	Additional Information PHOTOS

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

UNIT 1 WAS ENTERING A RIGHT CURVE ON ST. STREET IN IRONTON. UNIT 1 LOST CONTROL AND ROLLED INTO THE SOUTH DITCHLINE STRIKING A RETAINING WALL. THE VEHICLE CAME TO REST ON ITS ROOF FACING WEST. 9109

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Location

ON STATE LN/ STH58 NB 118 FT W OF STATE LN IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude	Longitude
	43.548010662	-90.140665113
	X Coordinate	Y Coordinate
	246289.703125	4826466.5
Structure Type		

Crash Scene

First Harmful Event OVERTURN/ROLLOVER	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAWN	
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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With OVERTURN/ROLLOVER	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 01 01	License Plate Number AFA8909	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1VWBT7A37EC073208	Make VOLKSWAGEN	Year 2014	Model PASSAT
	Color GRY - GRAY	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE	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 NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		TIRES	
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL			
01 01	Owner Name SKYLER RENAE WOLLIN (608) 647-0132		Owner Address S2380 HOLLOWAY RD WONEWOC, WI 53968 , US	
	Sequence Of Events			
01 02 03 04	Event OVERTURN/ROLLOVER			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company IOWA-MUTUAL-INS-CO		Individual SKYLER WOLLIN	
UNIT INDIVIDUAL	Individual			
	Driver SKYLER RENAE WOLLIN (608) 647-0132		Citations Issued 2	Sex FEMALE
	Address S2380 HOLLOWAY RD WONEWOC, WI 53968 , US		Date of Birth [REDACTED]	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 Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag DEPLOYED-FRONT	
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 6000515		EMS Run #		
Hospital REEDSBURG AREA MED CTR		Date of Death		
Time of Death		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	
	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 JUSTIN WILLIAM SWOPE (608) 495-0167		Citations Issued 0	Sex MALE		
		Date of Birth [REDACTED]	Race WHITE		
Address 113 RIVER ST LA VALLE, WI 53941 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment		On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL		Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
		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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	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										
	<table border="1"> <tr> <td>UTC Number BG022649</td> <td>Issue To? 001</td> <td>Statute Number 346.09(3)</td> <td>Description PASSING IN NO-PASSING ZONE</td> </tr> <tr> <td>UTC Number BG022650</td> <td>Issue To? 001</td> <td>Statute Number 346.57(2)</td> <td>Description FAILURE TO KEEP VEHICLE UNDER CONTROL</td> </tr> </table>				UTC Number BG022649	Issue To? 001	Statute Number 346.09(3)	Description PASSING IN NO-PASSING ZONE	UTC Number BG022650	Issue To? 001	Statute Number 346.57(2)
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UTC Number BG022650	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL								
Witness											
WITN ESS	Individual RICHARD A KLANG (608) 985-7951		Address 700 WEST ST LAVALLE, WI 53941 , US	Date of Birth [REDACTED]							