

6TL0BC3B5L

22-00737

# 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<br>22-00737    | Investigating Officer/Deputy<br>DEPUTY W. VERTEIN |  |
| Crash Date<br>01/24/2022                                |                                      | Crash Time<br>08:11 AM                      | Date Arrived<br>01/24/2022         | Time Arrived<br>09:17 AM                          |  |
| Date Notified<br>01/24/2022                             |                                      | Time Notified<br>08:15 AM                   | Total Units<br>01                  | Total Injured<br>00                               | Total Killed<br>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<br>NO           | Tags  |  |
| <input checked="" type="checkbox"/> Reportable          |                                      | Crash Type<br>DT4000 (STANDARD CRASH)       |                                    | <input type="checkbox"/> Amended                  | <input type="checkbox"/> Secondary Crash     |

## Description

|                |                                |
|----------------|--------------------------------|
| <p>Diagram</p> | Reconstruction By              |
|                | Photos By                      |
|                | Additional Information<br>NONE |

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING EASTBOUND. AS THE OPERATOR WAS ATTEMPTING TO NEGOTIATE A CURVE, HE LOST CONTROL OF UNIT 1. UNIT 1 CROSSED THE CENTERLINE AND STRUCK A GUARDRAIL FACE ON THE NORTH SIDE OF THE ROADWAY. UNIT 1 SPUN AROUND AND THE REAR OF UNIT 1 ALSO STRUCK THE GUARDRAIL FACE. THE OPERATOR STATED HE WAS TRAVELING BETWEEN 35-45 MPH AND WHEN HE WENT TO ACCELERATE IS WHEN HE LOST CONTROL OF UNIT 1. NO REPORTED INJURIES.

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## Location

|   |                               |                            |
|---|-------------------------------|----------------------------|
| ON S DUTCH HOLLOW RD<br>397 FT S<br>OF BUNDY HOLLOW RD<br>IN THE TOWN OF LA VALLE<br>IN SAUK COUNTY | Latitude<br>43.585660096      | Longitude<br>-90.183411765 |
|   | X Coordinate<br>242996.640625 | Y Coordinate<br>4830779.5  |
|   | Structure Type                |                            |

## Crash Scene

|  |   |   |
|--|---|---|
| First Harmful Event<br><b>GUARDRAIL FACE</b>                           | First Harmful Event Location<br><b>ON ROADWAY</b>                     |   |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>SNOW, SLUSH</b>                        | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>WEATHER CONDITIONS</b>                     |   |   |
| Weather Condition(s)<br><b>CLOUDY, SNOW</b>                            |   |   |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|            |   |   |  |                            |                                |
|------------|---|---|--|----------------------------|--------------------------------|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>                            | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>TRUCK</b>                            |                            |                                |
|            | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>           | Operating As Endorsements                             |  |                            |                                |
|            | Total Occs<br><b>1</b>                                      | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>                 | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b> |
|            | Insurance?<br><b>YES</b>                                    | Direction Of Travel<br><b>EASTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark         | Speed Limit<br><b>45</b>   | Total Lanes<br><b>2</b>        |
|            | Most Harmful Event: Collision With<br><b>GUARDRAIL FACE</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                            |                                |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                  | Traffic Control<br><b>NO CONTROL</b>                  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                            |                                |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                | Road Curvature<br><b>CURVE LEFT</b>                   | Road Grade<br><b>DOWNHILL</b>                        |                            |                                |
|            | Truck Bus or HazMat<br><b>NO</b>                            |   |  |                            |                                |

## Vehicle

|                       |   |   |                     |   |
|-----------------------|---|---|---------------------|---|
| UNIT<br>VEHICLE<br>01 | License Plate Number<br><b>RJ4628</b>                     | Plate Type<br><b>LTK - LIGHT TRUCK</b>  | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                       | Vehicle Identification Number<br><b>1GCHK23U76F201021</b> | Make<br><b>CHEVROLET</b>  | Year<br><b>2006</b> | Model<br><b>SLV</b>                         |
|                       | Color<br><b>RED - RED</b>                                 | Body Style<br><b>PK - PICKUP</b>  | Bus Use             |   |
|                       | Initial Contact Point<br><b>01 - RIGHT FRONT CORNER</b>   | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b> |                     |   |
|                       | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>              |   |                     |   |



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|   |  |   |  |  |
|---|--|---|--|--|
| UNIT<br>VEHICLE                             | Towed Due To Damage<br><b>NOT TOWED</b>                          | Vehicle Removed By<br><b>OPERATOR</b>   |  |  |
|   | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>                | Vehicle Factors   |  |  |
|   | Driver Prior Action Other  | <b>NOT APPLICABLE</b>   |  |  |
|   | Driver Actions<br><b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b> |   |  |  |
| 01<br>01                                    | Owner Name<br><b>DAMON L GILLINGHAM<br/>(608) 548-3025</b>       | Owner Address<br><b>957 PARK AVE<br/>HILLSBORO, WI 54634 , US</b>                     |  |  |
|   | <b>Sequence Of Events</b>  |   |  |  |
| 01<br>01                                    | Event<br><b>CROSS CENTERLINE</b>                                 |   |  |  |
|   | Event<br><b>GUARDRAIL FACE</b>                                   |   |  |  |
|   | Event  |   |  |  |
|   | Event  |   |  |  |
| UNIT  | <b>Policy Holder</b>   |   |  |  |
|   | Insurance Company<br><b>ROCKFORD-MUTUAL-INS-CO</b>               | Individual<br><b>DAMON GILLINGHAM</b>   |  |  |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>  |   |  |  |
|   | Driver<br><b>DAMON L GILLINGHAM<br/>(608) 548-3025</b>           | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                       |  |
|   |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                     |  |
|   | Address<br><b>957 PARK AVE<br/>HILLSBORO, WI 54634 , US</b>      | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |  |
| 01<br>001                                   | <b>Safety Equipment</b>  |   | On Duty Crash                            |  |
|   |  |   | Safety Equipment                         |  |
|   | Row<br><b>01 - FRONT ROW</b>                                     | Seat Position<br><b>07 - LEFT</b>   | <b>SHOULDER &amp; LAP BELT</b>           |  |
|   | Helmet Use   |   | Helmet Compliance                        |  |
|   | Eye Protection   |   | Tint Compliance                          |  |
|   | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>  | Airbag<br><b>NON DEPLOYED</b>            |  |
| Ejected<br><b>NOT EJECTED</b>               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>               |   | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |
| Medical Transport<br><b>NOT TRANSPORTED</b> |  | EMS Agency Identifier   | EMS Run #                                |  |
| Hospital                                    |  | Date of Death   | Time of Death                            |  |
| <b>Distracted By</b>                        |  | Distracted By Source  |  |  |
| Distracted By Action<br><b>UNKNOWN</b>      |  |   |  |  |

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|---|--|--|--|---------------------------------|--------------------------------|--|
| <b>UNIT</b><br><b>INDIVIDUAL</b><br><br><br><br><br><br><br><br><b>01</b><br><b>001</b> | <b>Non Motorist</b>  | Striking Unit #                        | Location   |                                 |                                |  |
|   | Prior Action   |  |  |                                 |                                |  |
|   | Action   |  |  |                                 |                                |  |
|   | Action Other   |  |  |                                 | To/From School                 |  |
|   | <b>Drug &amp; Alcohol</b>                                  | Suspected Alcohol Use<br><b>NO</b>     |  | Suspected Drug Use<br><b>NO</b> |                                |  |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                |  | Alcohol Test Type  |                                 | Alcohol Test Results           |  |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>                   |  | Drug Test Type   |                                 | Drug Test Results              |  |
|   | Drug Type  |  |  |                                 |                                |  |
|   | Individual Condition<br><b>APPEARED NORMAL</b>             |  |  |                                 |                                |  |
|   | <b>Property Owner</b>                                      |  |  |                                 |                                |  |
| <b>PROP OWNER</b><br><b>01</b>  | Government<br><b>TOWNSHIP OF LAVALLE</b><br>(608) 985-7695 |  | Address<br><b>218 COMMERCIAL ST</b><br><b>PO BOX 30</b><br><b>LAVALLE, WI 53941 , US</b> |                                 |                                |  |
| <b>Fixed Objects Struck</b>   |  |  |  |                                 |                                |  |
| <b>01</b>   | Striking Unit<br><b>01</b>                                 | Struck Object<br><b>GUARDRAIL FACE</b> |  | Structure Number                | Damage Tag Number<br><b>NA</b> |  |