

6TL0D6N02C  
22-01697

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 22-01697		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 02/22/2022		Crash Time 02:39 PM		Date Arrived 02/22/2022		Time Arrived 02:45 PM	
Date Notified 02/22/2022		Time Notified 02:39 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

<p>Diagram</p> <p>Not to Scale</p>	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.

UNIT 1 WAS EASTBOUND ON STH 33. UNIT 1 OPERATOR LOST CONTROL ON THE SLIPPERY ROAD AND ENTERED THE SOUTH DITCH. UNIT 1 OVERTURNED AND STRUCK A BARBED WIRE FENCE. UNIT 1 CAME TO REST FACING WEST ON THE FENCE.

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Location

ON STH33 EB 367 FT S OF THIES RD IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.571281993	Longitude -90.100249758
	X Coordinate 249651.1875	Y Coordinate 4828928.5
	Structure Type	

Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SLUSH</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

Vehicle

UNIT VEHICLE 01 01	License Plate Number <b>69150M</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2D4GP44L86R856573</b>	Make <b>DODGE</b>	Year <b>2006</b>	Model <b>GRAND CARA</b>
	Color <b>RED - RED</b>	Body Style <b>VN - VAN</b>	Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SHIELDS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>TIRES</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01 01	Owner Name <b>WILLIAM DAVID CROUSE (608) 963-3767</b>		Owner Address <b>106 FURNACE ST LA VALLE, WI 53941 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>OVERTURN/ROLLOVER</b>		
	02	Event <b>FENCE</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>WILLIAM CROUSE</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>WILLIAM DAVID CROUSE (608) 963-3767</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>106 FURNACE ST LA VALLE, WI 53941 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			

**Property Owner**

<b>PROP OWNER</b>	Organization/Company <b>LAVALLE TEAM PENNERS</b> (608) 434-0048	Address <b>E4320 SCHULTZ RD</b> <b>LAVALLE, WI 53941 , US</b>
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**Fixed Objects Struck**

<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	<b>01</b>	<b>FENCE</b>		

**Witness**

<b>WITN ESS</b>	Individual <b>CHRISTOPHER JOHN WILLIAMS</b> (608) 415-2795	Address <b>E4491 W REDSTONE DR</b> <b>LA VALLE, WI 53941 , US</b>	Date of Birth [REDACTED]
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