

6TL092T5RM
SC22-01715

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 SC22-01715 | Investigating Officer/Deputy DEPUTY A. KING | |
| Crash Date 02/23/2022 | | Crash Time 03:42 AM | Date Arrived 02/23/2022 | Time Arrived 03:54 AM | |
| Date Notified 02/23/2022 | | Time Notified 03:43 AM | 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 |
| <p>Not to scale</p> <p>County Highway A</p> <p>Private driveway</p> | | <p>Photos By A. KING</p> <p>Additional Information PHOTOS</p> |

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

UNIT 1 WAS TRAVELING WEST BOUND ON HY33 WHEN THE OPERATOR LOST CONTROL OF HIS VEHICLE DUE TO "BLACK ICE" ON THE ROADWAY. OPERATOR THEN CROSSED INTO THE OTHER LANE OF TRAFFIC AND ENTERED THE DITCH AND THEN COMING TO A STOP AFTER STRIKING A TREE. U1 HAD AIRBAG DEPLOYMENT AND LOCKED SEAT BELT.

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Location

| | | |
|--|--------------------------------|----------------------------|
| ON STH33 WB 0.52 MI W OF JOHNSON RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY | Latitude 43.474326446 | Longitude -89.680981758 |
| | X Coordinate 283161.6875 | Y Coordinate 4816982 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|--|--|
| First Harmful Event DITCH | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) SNOW, SLUSH, ICE | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| 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 TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | Operating As Endorsements | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire 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 | | | | |

Vehicle

| | | | | |
|-----------------------|--|---------------------------------|--------------|--------------------------------------|
| UNIT VEHICLE 01 | License Plate Number SU5264 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1GCSCREA7AZ212767 | Make CHEVROLET | Year 2010 | Model SILVERADO |
| | Color BLU - BLUE | Body Style PK - PICKUP | Bus Use | |
| | Initial Contact Point 12 - FRONT | Vehicle Damage | | |
| | Extent Of Damage DISABLING DAMAGE | 12 - FRONT | | |

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|---|--|--|---|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By CRAIGS TOWING | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name ALEXANDER JAMES VOIGTS (608) 477-5971 | | Owner Address 310 BIRCH ST BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event DITCH | | |
| | 02 | Event TREE | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company STATE-NATIONAL-INS-CO-INC | | Individual ALEXANDER VOIGTS | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver ALEXANDER JAMES VOIGTS (608) 477-5971 | | Citations Issued 0 | Sex MALE |
| | Address 310 BIRCH ST BARABOO, WI 53913 , US | | Date of Birth [REDACTED] | Race WHITE |
| | | | Driver License Number [REDACTED] | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01 | 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 DEPLOYED-FRONT | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | |
| Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | | |
| Hospital | | EMS Agency Identifier | EMS Run # | |
| | | 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 | | | | | |