

6TL0BGSFHL  
22-05501

# 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 22-05501		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 06/12/2022		Crash Time 03:30 AM		Date Arrived 06/12/2022		Time Arrived 06:23 AM	
Date Notified 06/12/2022		Time Notified 06:12 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

Photos By

Additional Information  
NONE

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

VEHICLE HAD BEEN WEST BOUND ON SKY VIEW DR WHEN THE OPERATOR WAS SURPRISED BY A CORNER DUE TO DENSE FOG LIMITING VISIBILITY. AS A RESULT, BRAKING AND TURNING WERE INEFFECTIVE AND THE VEHICLE LEFT THE ROADWAY TO THE WEST AS IT WAS TRAVELING TOO FAST TO SUCCESSFULLY TURN THE CORNER. IT ENTERED THE A FIELD AFTER DROPPING APPROXIMATELY 10 FEET AS THE FIELD WAS LOWER, WHERE THE VEHICLE CAME TO REST.

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Location

ON SKYLINE DR 1271 FT W OF HIGH LOW RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.485770792	Longitude -89.946419483
	X Coordinate 261737.0625	Y Coordinate 4818979
	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) WET	Roadway Factor(s)  VISABILITY OBSCURED	
Environment Factor(s) VISUAL OBSTRUCTION (S)		
Weather Condition(s) FOG		
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 WESTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number 449XPB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1NXBR32E17Z836780	Make TOYOTA	Year 2007	Model COROLLA CE
	Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>			
01 01	Owner Name <b>SCOTT EUGENE BOWAR (608) 434-1297</b>		Owner Address <b>S4031 OLD HIGHWAY 33 BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>DITCH</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>SECURA-INS-CO</b>		Individual <b>SCOTT BOWAR</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>HAEDEN ELMER BOWAR (608) 434-1297</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
	Address <b>S4031 OLD HIGHWAY 33 BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Driver License Number <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>DEPLOYED-FRONT</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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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit#	Location	
		Prior Action				
		Action				
		Action Other				To/From School
01	001	<b>Drug &amp; Alcohol</b>		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 NOT OBSERVED				
		<b>Individual</b>				
UNIT	INDIVIDUAL	Passenger RYAN ROBERT LIEGEL (608) 393-2590		Citations Issued 0	Sex MALE	
				Date of Birth [REDACTED]	Race WHITE	
		Address E7226 HIGHLOW RD ROCK SPRINGS, WI 53961 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		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		
<b>Distracted By</b>		Distracted By Source				
Distracted By Action						
<b>Non Motorist</b>		Striking Unit#	Location			

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UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	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>			
	<b>Violations</b>			
	01	002	01	02
UTC Number	Issue To?	Statute Number	Description	
BE132404	001	346.70(1)	FAILURE OF OCCUPANT TO NOTIFY POLICE OF ACCIDENT	
UTC Number	Issue To?	Statute Number	Description	
BE132405	001	343.43(1)(d)	VIOLATE GDL RESTRICTIONS-CURFEW	