

6TL0D0GSJQ
22-06604

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 22-06604	Investigating Officer/Deputy DEPUTY G. AKERS	
Crash Date 07/11/2022		Crash Time 12:26 AM	Date Arrived 07/11/2022	Time Arrived 12:33 AM	
Date Notified 07/11/2022		Time Notified 12:30 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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>V1 going through roundabout to enter eastbound on ramp to HWY 12 when it struck the curb. Vehicle's tire support broke, disabling the vehicle.</p>	Photos By
	Additional Information NONE

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

ON 07/11/22, I DEPUTY GIBSON AKERS #9126 WAS DISPATCHED TO A SINGLE VEHICLE ACCIDENT WITH NO INJURIES AT THE EASTBOUND ON RAMP TO HWY 12 FROM HWY 33. UPON ARRIVAL THERE WAS WHITE LEXUS SEDAN WITH WI PLATES AEF4931 STATIONARY WITH THE FRONT RIGHT WHEEL BROKEN AND THE FRONT OF THE CAR ON THE GROUND. THE VEHICLE WAS BLOCKING THE ENTRANCE RAMP. I MADE CONTACT WITH THE VEHICLE DRIVER KEON HUTSON, WHO WAS IDENTIFIED WITH HIS WI DL. HUTSON STATED THAT HE WAS GOING THROUGH THE ROUNDABOUT WHEN HE STRUCK THE CURB BREAKING THE WHEEL SUPPORTS AND HAVING THE FRONT OF THE CAR HIT THE GROUND. THE VEHICLE WAS NOT DRIVABLE AND TOWED BY CRAIGS TOWING. THE CURB HAD NO DAMAGE. NO CITATIONS ISSUED.

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Location

ON STH33 EB 141 FT S OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.513984405	Longitude -89.785286162
	X Coordinate 274872.65625	Y Coordinate 4821663.5
	Structure Type	

Crash Scene

First Harmful Event CURB	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/LIGHTED	
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 YES	Junction Location ENTRANCE RAMP-RELATED	Intersection Type NOT AN INTERSECTION
Closure Type LANE CLOSURE	Reasons for Closure TOW TRUCK	
Date Initial Lane/Rd Closed 07/11/2022	Time Initial Lane/Rd Closed 12:33 AM	
Date All Lanes Open 07/11/2022	Time All Lanes Open 01:13 AM	Date Scene Cleared 07/11/2022
		Time Scene Cleared 01:13 AM

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 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 1
	Most Harmful Event: Collision With CURB	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way ENTRANCE/EXIT RAMP	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT 01	License Plate Number AEF4931	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JTHBK1GGXD2034287	Make LEXUS	Year 2013	Model ES 350

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UNIT VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 02 - RIGHT SIDE FRONT	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other		
	Driver Actions NO CONTRIBUTING ACTION		
01 01	Owner Name ANITA V TAYLOR	Owner Address 6919 PARK EDGE DR MADISON, WI 53719 , US	
	Sequence Of Events		
01 01	Event MOTOR VEH IN TRANSPORT		
	Event CURB		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company DAIRYLAND-AMERICAN-INS-CO	Individual ANITA TAYLOR	
UNIT INDIVIDUAL	Individual		
	Driver KEON ANDRE HUTSON (608) 217-3688	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race BLACK/AFRICAN AMERICAN
	Address 6919 PARK EDGE DR MADISON, WI 53719 , US	Driver License Number [REDACTED] 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 Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Injury Severity NO APPARENT INJURY
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)					
	Distracted By Action NOT DISTRACTED					
	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	
UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger CAMARA C H STOVALL (608) 622-5946			Citations Issued 0	Sex MALE	
	Address 3021 ASHFORD LN MADISON, WI 53713 , US			Date of Birth [REDACTED]	Race BLACK/AFRICAN AMERICAN	
	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 NON DEPLOYED	
	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	

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UNIT INDIVIDUAL	Distracted By Distracted By Source	
	Distracted By Action	
	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 SAMUAL DENARD MAYMON (608) 395-7164	Citations Issued 0
	Date of Birth	Sex MALE
	Race BLACK/AFRICAN AMERICAN	
Address 917 LAURIE DR MADISON, WI 53711 , US	Driver License Number	
STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment	On Duty Crash	
Safety Equipment SHOULDER & LAP BELT		
Row 02 - SECOND ROW	Seat Position 07 - LEFT	
Helmet Use		
Helmet Compliance		
Eye Protection		
Tint Compliance		
UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY
	Airbag NON DEPLOYED	
	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		

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UNIT INDIVIDUAL 01 003	Distracted By Action		
	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		