6TL0BC3B66

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

	01400				. •			(608) 356-4895					
6TL0BC3B66	Document Number Override	Primary Crash Document#		Agency Crash Number 22-07438			Investigating Officer/Deputy DEPUTY W. VERTEIN						
	Crash Date	Crash Time		Date A	Date Arrived			Time Arrived					
	07/31/2022	12:59 PM		07/31/2022			01:14 PM						
	Date Notified	Time Notified			Total Units			Total Injured Total Kille			ed		
	07/31/2022	01:00 PM		01			01 00			1	.		
	On Emergency Hit	t and Run 🔽 Lane Closu		ure	ıre Work Zone		Trailer or Towed		owed		Reporting Threshold		
	Government Property		chool Zone	School Bus Related NO			Tags						
	▼ Reportable	Crash Type DT4000 (STANDARD CRASH)					Amended			Secondary Crash			
	Description	•											
	Not to scale		Horsest Rd	O ₁		STH	23	Pho	onstruction otos By				

, 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 NORTHBOUND. THE OPERATOR MADE A LEFT TURN, BUT LOST CONTROL OF UNIT 1 DUE TO SPEED. UNIT 1 ENTERED THE DITCH WHERE IT STRUCK A TRAFFIC SIGN. UNIT 1 THEN CROSSED THE ROADWAY WHERE IT ENTERED THE DITCH ON THE OPPOSITE SIDE AND STRUCK SEVERAL TREES. THE OPERATOR COMPLAINED OF BACK PAIN AND WAS TRANSPORTED TO THE HOSPITAL VIA AMBULANCE.

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Crash Date 07/31/2022

Crash Time 12:59 PM

L	_ocation ====										
ſ	ON HORSESHOE RD				I	Latitude			Longitu		
	72 FT W						5004		-90.073	3594606	
	OF STH23 WB					X Coordir	nate		Y Coord	Y Coordinate	
	N THE TOWN OF SPRING GREEN N SAUK COUNTY						703125		47899	50	
		Structure	Туре								
L			NO STR	UCTURE							
(Crash Scene										
Ī	First Harmful Event	First Harmful Event Location									
	TRAFFIC SIGN POST	ROADSIDE									
ľ	Manner of Collision		I	Light Condition DAYLIGHT							
L	00 - NO COLLISION W/VE										
	Road Surface Condition(s)						/Factor(s)				
	DRY										
ŀ	Environment Factor(s)										
	NONE					NONE					
L						HOHL					
ĺ	Weather Condition(s)										
	CLEAR										
ŀ	AnimalType					Relation 7	To Trafficwa	v			
	7,60					TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location					Crash Cla	ssification -	Jurisdiction			
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
İ	Tribal Land					Access Control Special Study			Special Study		
L						NO CONTROL					
ſ	Within Interchange Area	Junction Location			Intersection	••					
L	NO	NO INTERSECTION T-INTER									
	Closure Type			Reas	ons for Closu	ure					
ŀ		ULL CLOSURE				RAENIT T	row tello	· k			
	Date Initial Lane/Rd Closed 07/31/2022	Time Initial Lane/Rd Close 01:08 PM	eα	LAVV	ENFORCE	CEMENT, TOW TRUCK					
ŀ	Date All Lanes Open	Time All Lanes Open					me Scene Cleared				
	07/31/2022	01:42 PM					I	01:45 PM			
l	Jnit Summary =			l							
ì	Unit Status		Veh	icle Ope	erating As Cla	assification	3	UnitType			
				CLASS				TRUCK			
ŀ	Vehicle Type				Operating As Endorsements					ements	
	UTILITY TRUCK/PICKUP TRUCK										
ſ	Total Occs Train/Bus#Recorded			Total#Citations Issued					TotalHa	zMat Types	
L	1		0	0			0	0			
- 1	Insurance?	Direction Of Travel		Pre CrashTire			Speed Lin			es	
L	YES WESTBOUND			Mark			45		2		
				pecial Function O SPECIAL FUNCTION			NOT APPLICA		otor Vehicle Use CABLE		
ŀ	11/44			raffic Control			Traffic Control Inoperative/Missing				
- 1	<u> </u>			NO CONTROL			NO				
L				Road Curvature			Road Grade				
- 1				RVE LEFT DOWNHILL							
f	Truck Bus or HazMat							1			
	NO										
	Vehicle	KKEKKKEKKKEKKKEKKEKKEK	erecerec	eeeeee		cecercees					
White designs	License Plate Number		Pla	te Type		St Country of Issuance					
Zinginigini X	TL3066				HT TRUC	<	WI	UNITED STATES			
Spiritage (Vehicle Identification Number Make GENERAL					Year Model					
					ENERAL MOTORS COR		2005	2500			

UNIT

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:		Color			ly Style		Bus Use				
		BLK - BLACK			- PICKUP						
	Щ	Initial Contact Point			icle Damage						
⊨		12 - FRONT			01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE						
NS NS	Ŧ	Extent Of Damage			ONT, 10 - LEFT SIDI			6 12			
~	VEHIC	FUNCTIONAL DAMAGE			RNER, 12 - FRONT			5 4 3 2 1			
	7	Towed Due To Damage			Vehicle Removed By						
		TOWED BUT NOT DUE TO	DISABI ING DAMAG	1	ORGES AUTO BOD	,					
			DISABLING DAMAG	_		•					
		What Driver Was Doing		ven	icle Factors						
		LEFT TURN		NOT APPLICABLE							
		Driver Prior Action Other		NO	AFFLICABLE						
		Driver Actions SPEED TOO EAST/COMD IMPRODED THEM EAST HER TO CONTROL DAN OEL BOADWAY EASTED TO KEED IN DESIGNATED									
	щ	SPEED TOO FAST/COND, IMPROPER TURN, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED									
N N	VEHICLE	LANE									
15	I										
-	<u></u>										
		Owner Name			Owner Address						
		MYA JAYMEE HARWOOD (608) 588-5886			E4603 HORSESHOE RD SPRING GREEN, WI 53588 , US						
2	5										
				3773776							
	5	Event LEFT TURN									
		LEFITORIN									
	8	Event									
	0	TRAFFIC SIGN POST									
		Event									
	63	RUN OFF ROADWAY LEFT									
		Event									
	2	TREE									
		Policy Holder									
l⊑∶		Insurance Company									
NE NE		STATE-FARM-GENERAL-INS-CO			idividual IYA HARWOOD						
			5-CU	3%	ITA HARWOOD						
		ndividual									
		Driver MYA JAYMEE HARWOOD			Citations Issued Sex						
					FEMALE						
	4	(608) 588-5886		E	ate of Birth	Race					
╘	DUA					WHITE					
Ž		Address		Driver License Number							
🗆	NON	E4603 HORSESHOE RD									
		SPRING GREEN, WI 53588 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash ety Equipment			afatu Equipment						
	Sai				Safety Equipment						
				NONE USED - VEHICLE OCCUPANT							
		Row	Seat Position	''	NONE USED - YERICLE OCCUPANT						
		01 - FRONT ROW 07 - LEFT									
		HelmetUse		Helmet Compliance							
					Tint Compliance						
		Eye Protection	Eye Protection								
드	5 Injury Severity SUSPECTED MINOR INJURY				Airbag						
ا ا	9	(mc4):(41))))1172222110(mc4)		NON DEPLOYED							
		'	ection Path				Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT API			PPLICABLE NOT TRAPPED						
		Medical Transport			EMS Agency Identifier EMS Run#						
		EMS GROUND			000554		1				

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l +		11			D-11D1		T: 4D 42				
		Hospital UNIVERSITY O	F WI HOSPITALS &	CLINICS AUT	Date of Death		Time of Death				
Distracted By Source											
	Distracted By Action UNKNOWN										
	Prior Action										
	INDIVIDUAL	Action									
TINO	INDIVI										
		Action Other						To/From School			
	Ĺ	Drug & Alcoh	Suspected Alcohol U NO	se	Suspected Drug Use NO						
		Alcohol Test Give		Alcohol Test Type			Alcohol Test Results				
		Drug Test Given TEST NOT GIV	EN	Drug Test Type		Drug Test Results					
0	001	Drug Type	ug Type								
		Individual Condition									
	APPEARED NORMAL										
	Pro	perty Owne	r								
PROP OWNER 01	Government TOWNSHIP OF SPRING GREEN (608) 588-3235				Address S12442 E PRAIRIE VIEW RD PO BOX 445 SPRING GREEN, WI 53588 , US						
	Fixe	d Objects St	ruck		uvenenenenenenenenenenen						
	10	Striking Unit	Struck Object TRAFFIC SIGN POST	Γ				Damage Tag Number NA			
1 3		v (TAME TO SIGHT OF	'				10			