

6TL0D9428S

22-08366

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 SC22-08366		Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 08/23/2022		Crash Time 07:23 PM		Date Arrived 08/23/2022		Time Arrived 07:36 PM	
Date Notified 08/23/2022		Time Notified 07:26 PM		Total Units 01		Total Injured 01	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>N REEDSBURG RD</p> <p>SPEED LIMIT 45</p>		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 TRAVELING EAST ON N REEDSBURG RD AND CRESTED A SMALL HILL. UNIT 1 THEN LOST CONTROL AND BEGAN TO SLIDE TOWARD THE DRIVER SIDE INTO THE SOUTH SHOULDER/DITCH. UNIT 1 THEN OVERTURNED AND ROLLED PASSENGER SIDE OVER DRIVER SIDE APPROXIMATELY ONE AND A HALF TIMES. UNIT 1 THEN CAME TO REST ON ITS ROOF. THE DRIVER ADMITTED TO CONSUMING ALCOHOL AND SFST'S WERE CONDUCTED. THE DRIVER WAS THEN ARRESTED FOR OWI 1ST OFFENSE. THE PASSENGER SUSTAINED MINOR CUTS TO THE HAND AND WAS RELEASED FROM THE SCENE AFTER MEDICAL ATTENTION. THE DRIVER WAS ISSUED AND EXPLAINED CITATIONS FOR FAILURE TO MAINTAIN CONTROL OF THE VEHICLE AND OWI 1ST OFFENSE AND RELEASED TO A RESPONSIBLE PARTY AFTER A LEGAL BLOOD DRAW.

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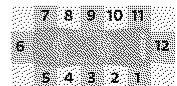
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ON N REEDSBURG RD 362 FT W OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude	Longitude
	43.540125017	-89.868679171
	X Coordinate	Y Coordinate
	268232.125	4824796
	Structure Type	
	NO STRUCTURE	

First Harmful Event OVERTURN/ROLLOVER		First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

<div>01</div> <div>UNIT</div>	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 EASTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With OVERTURN/ROLLOVER		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 HILLCREST	
	Truck Bus or HazMat NO					

UNIT VEHICLE	01	License Plate Number 202876	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	01	Vehicle Identification Number 2Y27B4L132848	Make PONTIAC	Year 1974	Model 74
		Color RED - RED	Body Style 2D - 2DR		Bus Use
		Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 15 - ALL AREAS		
		Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name DALTON JAY RATHMAN (608) 512-9072		Owner Address 1915 SUNSET DR REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01	Event	RUN OFF ROADWAY RIGHT		
	Event	OVERTURN/ROLLOVER		
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual DALTON RATHMAN	
UNIT INDIVIDUAL	Individual			
	Driver DALTON JAY RATHMAN (608) 512-9072		Citations Issued 2	Sex MALE
	Address 1915 SUNSET DR REEDSBURG, WI 53959 , 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	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
001	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death				
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
01	001	Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO	
		Alcohol Test Given TEST GIVEN	Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
		Drug Type				
Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL						
UNIT	INDIVIDUAL	Individual				
		Passenger REGALLE DENEE RATHMAN (608) 477-5583		Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]		Race WHITE		
		Address 1915 SUNSET DR REEDSBURG, WI 53959 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01	002	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		
01	002	Injury		Injury Severity POSSIBLE 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						
Distracted By Action						
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	

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