6TL0D9428R 22-08029

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		Primary Crash Document#		Agency Crash Number SC22-08029		Investigating Officer/Deputy DEPUTY M. PETERSON			
8 8	Crash Date 08/15/2022		Crash Time 02:00 AM		Date Arrived 08/15/2022		Time Arrived 02:18 AM			
942	Date Notified 08/15/2022		Time Notified 02:06 AM		Total Units 01		Total Injured 01	Total Killed 00		
	On Emergency Hit		t and Run Lane Closu		ure Work Zone		Trailer or	Trailer or Towerd " '		Reporting Threshold
0T	Government Property		Antive Cabasi Zone		School Bus Related NO		Tags			
	▼ Reportable		Crash Type DT4000 (STANDARD CRASH))		Amended	Amended		Secondary Crash
	Description -						•			•

Photos By Additional Information NONE NOT TO SCALE The state of the

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

UNIT 1 WAS TRAVELING EAST ON CTH H AND WAS APPROACHING A LEFT HANDED CURVE. UNIT 1 DRIVER SAID IT WAS FOGGY AND DIFFICULT TO SEE. THE DRIVER SAID SOMETHING WAS IN THE MIDDLE OF THE ROADWAY AND HE ATTEMPTED TO AVOID IT BY STEERING LEFT (NORTH). UNIT 1 THEN ENTERED THE NORTH DITCH SLIDING TOWARD THE PASSENGER SIDE. UNIT 1 THEN ROLLED DRIVER SIDE OVER PASSENGER SIDE AND CAME TO REST ON ALL FOUR TIRES. UNIT 1 DRIVER WAS ISSUED AND EXPLAINED CITATION BG112546 FOR DRIVING TOO FAST FOR CONDITIONS. THIS AREA WAS EXPERIENCING DENSE FOG WITH LIMITED VISIBILITY. THE TIRE MARKS SHOWED THE VEHICLE SLOWLY ENTERED THE SOUTH SHOULDER. THE DRIVER THEN OVER CORRECTED THE VEHICLE AND BEGAN SLIDING SIDEWAYS INTO THE NORTH DITCH BEFORE ROLLING. GIVEN THE LENGTH OF THE CRASH SCENE IT APPEARED THAT THE VEHICLE HAD BEEN TRAVELING AT A HIGHER RATE OF SPEED ESPECIALLY FOR WEATHER CONDITIONS WITH DENSE FOG.

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Location ON CTHH EB

91 FT E

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Latitude

43.616439277

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-89.829974695

Crash Time 02:00 AM

Longitude

	BIRCHWOOD SPUR							_		
IN '	N THE TOWN OF DELTON					X Coordinate 271648.125		1	Y Coordinate 4833165	
IN:	SAUK COUNTY			Structure Type NO STRUCTURE			100011			
Cra	ash Scene 💳									
_	st Harmful Event				FirstHarm	nful Event L	ocation			
	гсн				ROADSI	DE				
	nner of Collision				Light Con-					
	- NO COLLISION W/VE ad Surface Condition(s)	HICLE IN TRANSPORT			DARK/U					
DR	• • •				Roadway	ractor(s)				
Env	/ironment Factor(s)				1					
WE	ATHER CONDITIONS			NONE						
We	ather Condition(s)				1					
FO	G									
Ani	malType				Relation T	o Trafficwa	ау			
					1		N ROAD			
	ish Classification - Location BLIC PROPERTY			Crash Classification - Jurisdiction						
	pal Land				NO SPECIAL JURISDICTION Access Control			Special Study		
					NO CON	TROL				
NO	hin Interchange Area I	Junction Location NON-JUNCTION		tion Type N INTERSECTION						
Uni	it Summary 💻									
	t Status			erating As C	lassification	ļ	UnitType			
	TRANSIT		D CLASS		AUTOMOBILE					
	Vehicle Type PASSENGER CAR				Operating As Endorsements					
Tota	al Occs	Train/Bus#Recorded	Total#Citations Issued		ł	Total Trailers 0		Total HazMat Types 0		
	Insurance? Direction Of Travel YES EASTBOUND		Pre CrashTire Mark		Speed Lii 55		2		es	
	Most Harmful Event: Collision With		1 '	Special Function NO SPECIAL FUNCTION		•	Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing			
	TWO-WAY, NOT DIVIDED Surface Type			NO CONTROL			NO Road Grade			
	BLACKTOP (BITUMINOUS)			Road Curvature CURVE LEFT			LEVEL			
	ck Bus or HazMat	,								
	Vehicle									
	License Plate Number			Plate Type		St		Country of Issuance		
	CR98711 Vehicle Identification Number 1G1AL52FX57668079 Color RED - RED Initial Contact Point 09 - LEFT SIDE MIDDLE			Make Ye				UNITED STATES		
Z			ı			Year 2005		Model COBALT		
						2003	Bus Use			
***			ı			6				
H			venicie Da					7 8 9 10 11		
り田	Extent Of Damage	15 - ALL								
VEHICL VEHICL	DISABLING DAMAGE						5 4 3 2 1			

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Crash Date 08/15/2022

Crash Time 02:00 AM

	***************************************	Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLE	NG DAMAGE	, , , , , , , , , , , , , , , , , , , ,					
		What Driver Was Doing		Vehicle Factors					
		NEGOTIATING CURVE		venicle ractors					
				NOT APPLICABLE					
		Driver Prior Action Other		NOT ALL EXABEE					
		Driver Actions		l					
	ш	SPEED TOO FAST/COND							
⊨	VEHICLE								
N	Ŧ								
_	Ш								
		OwnerName		Owner Address					
		JAMAHRI M WATKINS		723 FAIRMOUNT	DR				
5	5			BLOOMINGTON,	IL 61704 , US				
_									
	5	Event RUN OFF ROADWAY LEF	т						
	~	Event							
	8	DITCH							
	8	Event OVERTURN/ROLLOVER							
		Event							
	3	L Porti							
_		Policy Holder							
N		Insurance Company		Individual					
\supset		PROGRESSIVE-CLASSIC-INS-CO		JAMAHRI WATKINS					
		in art fig							
		Driver		Citations ssued Sex					
	5,550,000								
		JAMAHRI M WATKINS		1	1				
	AL			1	MALE				
-	DUAL			1	MALE Race	AN AMERICAN			
ΕN	NIDUAL			1	MALE Race BLACK/AFRIC	AN AMERICAN			
LIND	NDIVIDUAL	Address 723 FAIRMOUNT DR		1 Date of Birth Driver License Number	MALE Race BLACK/AFRIC				
TINO	INDIVIDUAL	JAMAHRI M WATKINS Address	, us	1 Date of Birth	MALE Race BLACK/AFRIC				
TINO	INDIVIDUAL	Address 723 FAIRMOUNT DR	, us	1 Date of Birth Driver License Number	MALE Race BLACK/AFRIC				
TINO		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704		1 Date of Birth Driver License Number	MALE Race BLACK/AFRIC				
TINO		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704		DriverLicense Number	MALE Race BLACK/AFRIC				
TINO		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704		DriverLicense Number	MALE Race BLACK/AFRIC				
TINO		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Con Duty	Crash	Driver License Number STATE: ILLINOIS Safety Equipment	MALE Race BLACK/AFRIC				
TINO		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Tety Equipment Row	Crash Seat Position	Driver License Number STATE: ILLINOIS Safety Equipment	MALE Race BLACK/AFRIC				
TINO		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Tety Equipment Row 01 - FRONT ROW Helmet Use	Crash Seat Position	Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF	MALE Race BLACK/AFRIC				
HNO		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Tety Equipment Row 01 - FRONT ROW	Crash Seat Position	Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF	MALE Race BLACK/AFRIC				
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 City Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Crash Seat Position 07 - LEFT	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance	MALE Race BLACK/AFRIC				
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Crash Seat Position 07 - LEFT	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag	MALE Race BLACK/AFRIC COUNTRY: UNITE				
		Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Tety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Suspe	Crash Seat Position 07 - LEFT Everity CTED MINOR INJURY	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance	MALE Race BLACK/AFRIC COUNTRY: UNITE	D STATES			
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Crash Seat Position 07 - LEFT	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag DEPLOYED-COME	MALE Race BLACK/AFRIC COUNTRY: UNITE				
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Se Ejected	Seat Position 07 - LEFT Everity CCTED MINOR INJURY Ejection Path	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag DEPLOYED-COME	MALE Race BLACK/AFRIC COUNTRY: UNITE	Trapped/Extricated			
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se SUSPE Ejected NOT EJECTED	Seat Position 07 - LEFT Everity CCTED MINOR INJURY Ejection Path	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag DEPLOYED-COME	MALE Race BLACK/AFRIC COUNTRY: UNITE	Trapped/Extricated NOT TRAPPED			
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury Se SUSPE Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT Everity CCTED MINOR INJURY Ejection Path	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag DEPLOYED-COME	MALE Race BLACK/AFRIC COUNTRY: UNITE	Trapped/Extricated NOT TRAPPED			
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se SUSPE Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Everity CTED MINOR INJURY Ejection Path NOT EJECTED/NOT API	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag DEPLOYED-COME PLICABLE EMS Agency Identifier	MALE Race BLACK/AFRIC COUNTRY: UNITE	Trapped/Extricated NOT TRAPPED EMS Run#			
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Everity CTED MINOR INJURY Ejection Path NOT EJECTED/NOT API	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag DEPLOYED-COME PLICABLE EMS Agency Identified Date of Death	MALE Race BLACK/AFRIC COUNTRY: UNITE	Trapped/Extricated NOT TRAPPED EMS Run#			
	Sai	Address 723 FAIRMOUNT DR BLOOMINGTON, IL 61704 Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se SUSPE Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Everity CTED MINOR INJURY Ejection Path NOT EJECTED/NOT API	1 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag DEPLOYED-COME PLICABLE EMS Agency Identified Date of Death	MALE Race BLACK/AFRIC COUNTRY: UNITE	Trapped/Extricated NOT TRAPPED EMS Run#			

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Crash Date 08/15/2022

Crash Time 02:00 AM

		Non Motorist	Striking Unit#	Location				
		Prior Action		·				
UNIT		Action						
	2	Action Other						Ta (Tana Caban)
		Action Other						To/From School
	Ĺ)rug & Alcohol	Suspected Alco NO	phol Use	Suspected Drug Use NO			
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
01	60	Drug Type						
		Individual Condition						
		APPEARED NORM	1AL					
	١	/iolations	SISISISISISISISISISIS	18181818181818181818181818181818181818		KREKKERKERKER		
	5	UTC Number BG112546	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST	FOR CONDITIO	NS	

Wisconsin Motor Vehicle Crash

Form DT4000