

6TL0FKD6PW  
26-05674

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 <b>26-05674</b>		Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>06/01/2026</b>		Crash Time <b>05:09 AM</b>		Date Arrived <b>06/01/2026</b>		Time Arrived <b>05:22 AM</b>	
Date Notified <b>06/01/2026</b>		Time Notified <b>05:10 AM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON JUNE 1, 2026 AT APPROXIMATELY 5:09AM UNIT 1 WAS TRAVELING EASTBOUND ON STATE RD. 60 NEAR TROY VILLAGE RD. WHEN THE OPERATOR SAYS HE HAD A MECHANICAL MALFUNCTION AND WAS UNABLE TO NAVIGATE THE CURVE AND EVENTUALLY OVER CORRECTED CAUSING THE VEHICLE TO ROLL MULTIPLE TIMES. COMING TO STOP IN THE NORTH SIDE DITCH. MINOR INJURIES WERE REPORTED. EVERETTES RESPONDED FOR THE TOW.

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Location

ON STH60 EB 1299 FT S OF TROY VILLAGE RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude <b>43.197940598</b>	Longitude <b>-89.941863812</b>
	X Coordinate <b>260977.921875</b>	Y Coordinate <b>4786998.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAWN</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>06/01/2026</b>	Time Initial Lane/Rd Closed <b>05:28 AM</b>		
Date All Lanes Open <b>06/01/2026</b>	Time All Lanes Open <b>06:11 AM</b>	Date Scene Cleared <b>06/01/2026</b>	Time Scene Cleared <b>06:11 AM</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>01</b>	<b>Vehicle</b>				
		License Plate Number <b>AZV2365</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JTEGD20V856002444</b>		Make <b>TOYT</b>	Year <b>2005</b>	Model <b>RAV4</b>	

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Form with multiple sections: UNIT VEHICLE (Color, Body Style, Initial Contact Point, Extent Of Damage, Towed Due To Damage, What Driver Was Doing, Driver Prior Action Other, Driver Actions, Owner Name, Owner Address), Sequence Of Events (Event 01, 02, 03, 04), Policy Holder (Insurance Company, Individual), Individual (DRIVER, Citations Issued, Sex, Date of Birth, Race, Address, Driver License Number), Safety Equipment (On Duty Crash, Row, Seat Position, Helmet Use, Eye Protection), Injury (Injury Severity, Airbag, Ejected, Ejection Path, Trapped/Extricated), Medical Transport, EMS Agency Identifier, EMS Run #.



