

6TL09N3P6Q

19-02334

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 19-02334 | Investigating Officer/Deputy DEPUTY C. FRANK | |
| Crash Date 02/25/2019 | | Crash Time 02:04 PM | Date Arrived 02/25/2019 | Time Arrived 02:34 PM | |
| Date Notified 02/25/2019 | | Time Notified 02:06 PM | Total Units 01 | Total Injured 00 | 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 type="checkbox"/> Reportable | Crash Type DT4000 (STANDARD CRASH) | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|-------------|---------------------------------------|
| Diagram | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

ON THE ABOVE DATE AND TIME THE ABOVE UNIT AND OPERATOR WERE WESTBOUND ON HWY 60 AT CASSEL RD. UNIT OPERATOR WAS NEGOTIATING A RIGHT CURVE AND ACCELERATED THRU THE CURVE. OPERATOR FAILED TO MAINTAIN CONTROL OF THE UNIT ON THE SLUSHY ROADWAY. UNIT SLID INTO THE NORTH DITCH. ONLY DAMAGE NOTICED BY OPERATOR WAS A FRONT DRIVER SIDE FLAT TIRE. TOWED BY GEORGE'S.

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Location

| | | |
|--|-------------------------------------|-----------------------------------|
| ON E8897 STH60 WB 1028 FT W OF CASSELL RD (FIRE E8897) IN THE TOWN OF TROY IN SAUK COUNTY | Latitude 43.205024107 | Longitude -89.878258649 |
| | X Coordinate 266173.09375 | Y Coordinate 4787605.5 |
| | Structure Type FIRE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event DITCH | First Harmful Event Location ON ROADWAY | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) SLUSH, ICE | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLOUDY | | |
| 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 |

Unit Summary

| | | | | | |
|-------------|--|---|--|--|--------------------------------|
| UNIT | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER VAN | Operating As Endorsements | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With DITCH | 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 LEVEL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|-------------|---|---|--|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number KRMN8R | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 2A4GP54L76R826848 | Make CHRYSLER | Year 2006 | Model TOWN & AMP |
| | | Color BLK - BLACK | Body Style VN - VAN | | Bus Use NOT A BUS |
| | | Initial Contact Point 5--RIGHT REAR CORNER | Vehicle Damage 11--LEFT FRONT CORNER | | |
| | Extent Of Damage MINOR DAMAGE | | | | |

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| | | | | |
|---|---|---|---|---|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By GEORGES AUTO BODY | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL | | | |
| 01 | 01 | Owner Name JOHN KREMM (608) 330-0724 | | Owner Address 652 N CINCINNATI ST SPRING GREEN, WI 53588 , US |
| Sequence Of Events | | | | |
| | 01 | Event DITCH | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual JOHN KREMM | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver JOHN KREMM (608) 330-0724 | | Citations Issued 0 | Sex MALE |
| | Address 652 N CINCINNATI ST SPRING GREEN, WI 53588 , US | | Date of Birth | Race WHITE |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 001 | Safety Equipment | | On Duty Crash |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | 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 # | |
| Hospital | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|------|-------------------|---------------------|--|-------------------|------------------------------------|---------------------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | Action | | | | | | |
| | Action Other | | | | To/From School | | |
| | 01 | 001 | 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 | | | | |