

6TL09KMM08

19-05869

# 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>19-05869</b>		Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>05/21/2019</b>		Crash Time <b>05:15 AM</b>		Date Arrived <b>05/21/2019</b>		Time Arrived <b>05:53 AM</b>	
Date Notified <b>05/21/2019</b>		Time Notified <b>05:16 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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.

UNIT 1 WAS E/B ON BERRY RD WHEN DRIVER APPROACHED A CURVE IN THE ROAD AND STATED HE DID NOT SEE THE CURVE. UNIT 1 ENTERED THE SOUTH DITCH WHERE IT THEN HIT A TREE ON THE PASSENGER SIDE OF THE VEHICLE AND CAME TO REST IN THE DITCH. DRIVER STATED HE WAS ONLY GOING 35-40 MPH HOWEVER THE SKID MARKS AND VEHICLE PARTS AND CHUNK OF TREE MISSING WOULD SAY HE WAS GOING MUCH FASTER.

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**Location**

ON BERRY RD 0.70 MI W OF BIRCHWOOD RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.601868327</b>	Longitude <b>-89.830254253</b>
	X Coordinate <b>271570.375</b>	Y Coordinate <b>4831547.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>TREE</b>		First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>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>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>TREE</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>						
	UNIT 01 VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>AEZ9353</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1FA6P8AM7G5241398</b>		Make <b>FORD</b>	Year <b>2016</b>	Model <b>MUSTANG</b>			
Color <b>BLK - BLACK</b>		Body Style <b>CP - COUPE</b>		Bus Use <b>NOT A BUS</b>			
Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER</b>					
Extent Of Damage <b>DISABLING DAMAGE</b>							

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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>PLATTS WRECKER</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OVER-CORRECTING/OVER-STEERING</b>			
01	01	Owner Name <b>JAYVION GUY VINSON (262) 452-1890</b>		Owner Address <b>1109 ROMAYNE AVE RACINE, WI 53402 , US</b>
		<b>Sequence Of Events</b>		
01	01	Event <b>RUN OFF ROADWAY RIGHT</b>		
	02	Event <b>TREE</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>JAYVION VINSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JAYVION GUY VINSON (262) 452-1890</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>1109 ROMAYNE AVE RACINE, WI 53402 , US</b>		Date of Birth	Race <b>BLACK</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Safety Equipment</b>		
		On Duty Crash		Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-SIDE</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source		
Distracted By Action <b>UNKNOWN</b>				

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UNIT INDIVIDUAL	01	001	<b>Non Motorist</b>	Striking Unit #	Location		
			Prior Action				
			Action				
			Action Other		To/From School		
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
	UNIT INDIVIDUAL	01	002	<b>Individual</b>			
Passenger <b>COLLIN JAMES BIAGAS (262) 902-0033</b>				Citations Issued <b>0</b>		Sex <b>MALE</b>	
Date of Birth				Race <b>WHITE</b>			
Address <b>5125 LILAC LN RACINE, WI 53406 , US</b>				Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>							
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-CURTAIN</b>			
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
<b>Distracted By</b>		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #		Location			

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Violations</b>			
		01	002	UTC Number <b>AE756914</b>	Issue To? <b>001</b>