

6TL092T5NH  
19-07329


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>19-07329</b>	Investigating Officer/Deputy <b>DEPUTY J. KIRKENG</b>	
Crash Date <b>06/18/2019</b>		Crash Time <b>07:48 PM</b>	Date Arrived <b>06/18/2019</b>	Time Arrived <b>08:00 PM</b>	
Date Notified <b>06/18/2019</b>		Time Notified <b>07:48 PM</b>	Total Units <b>01</b>	Total Injured <b>02</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 checked="" 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 <b>KIRKENG</b>
	Additional Information <b>NONE, PHOTOS</b>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
<p>UNIT 1 WAS TRAVELING W/B ON STH 60. UNIT 1 SWERVED TO AVOID A TURTLE THAT WAS IN THE ROADWAY. UNIT 1 HIT THE GRAVEL DITCH, REENTERED THE ROADWAY, OVER CORRECTED CAUSING IT TO AGAIN ENTER THE DITCH ON THE NORTH SIDE OF THE ROAD AND ROLL. UNIT 1 CAME TO REST ON ITS ROOF.</p>	

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**Location**

ON STH60 WB 0.32 MI E OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.190053091</b>	Longitude <b>-90.032873473</b>
	X Coordinate <b>253551.3125</b>	Y Coordinate <b>4786386.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>ANIMAL (S) IN ROADWAY</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type <b>OTHER NON DOMESTICATED</b>	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**

<b>UNIT</b>  <b>01</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>3</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>WESTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	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>CONCRETE</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>  <b>01</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>ACP6317</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1D4HB58D34F241851</b>	Make <b>DODGE</b>	Year <b>2004</b>	Model <b>DURANGO LI</b>
	<b>VEHICLE</b>	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>1--RIGHT FRONT CORNER</b>	Vehicle Damage		
Extent Of Damage <b>DISABLING DAMAGE</b>		<b>ALL AREAS</b>			

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>			
01 01	Owner Name <b>JOSHUA C SANDBERG (608) 475-9205</b>		Owner Address <b>E2511 PHYLANE RD LONE ROCK, WI 53556 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>DITCH</b>		
	02	Event <b>REENTERING ROADWAY</b>		
	03	Event <b>RUN OFF ROADWAY RIGHT</b>		
	04	Event <b>OVERTURN/ROLLOVER</b>		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>KATHARINE FOUST</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KATHARINE ANN FOUST (608) 475-9205</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>E2511 PHYLANE RD LONE ROCK, WI 53556 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <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>NON DEPLOYED</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>Individual</b>					
		Passenger <b>OREN W SANDBERG (608) 475-9205</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>E2511 PHYLANE RD LONE ROCK, WI 53556 , US</b>			Date of Birth	Race <b>WHITE</b>	
		Driver License Number			Safety Equipment		
		<b>Safety Equipment</b>		On Duty Crash	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>		
Seat Position <b>7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC</b>		Helmet Compliance					
Eye Protection		Tint Compliance					
<b>01</b>	<b>002</b>	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</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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<b>UNIT</b>	Prior Action			
	Action			
	Action Other		To/From School	
<b>01</b>	<b>INDIVIDUAL</b>	<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>Individual</b>		
		Passenger <b>WAYLON F SANDBERG</b> <b>(608) 475-9205</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>	
		Address <b>E2511 PHYLANE RD</b> <b>LONE ROCK, WI 53556 , US</b>	Driver License Number	
<b>01</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>	
		Seat Position <b>9--THIRD SEAT-RIGHT SIDE</b>		
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>		Airbag
		Injury Severity <b>POSSIBLE INJURY</b>	<b>NON DEPLOYED</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>01</b>	<b>003</b>	<b>Distracted By</b>		
		Distracted By Source		
		Distracted By Action		
<b>01</b>	<b>003</b>	<b>Non Motorist</b>		
		Striking Unit #	Location	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>01</b>	<b>003</b>				

### Property Owner

<b>PROP OWNER</b>	<b>01</b>	Government <b>SAUK COUNTY HWY DEPT</b> <b>(608) 356-3855</b>	Address <b>620 STH 136</b> <b>PO BOX 26</b> <b>BARABOO, WI 53913 , US</b>

### Fixed Objects Struck

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>DITCH</b>	Structure Number	Damage Tag Number <b>0000</b>
	Striking Unit <b>01</b>	Struck Object <b>FENCE</b>	Structure Number	Damage Tag Number <b>0000</b>