

6TL0CGFB01
19-13802

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0CGFB01

| | | | | | |
|--|--|---------------------------------------|--|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 19-13802 | Investigating Officer/Deputy DEPUTY K. WASILEWSKI | |
| Crash Date 11/06/2019 | | Crash Time 07:19 AM | Date Arrived 11/06/2019 | Time Arrived 07:25 AM | |
| Date Notified 11/06/2019 | | Time Notified 07:19 AM | 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 checked="" 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.

OPERATOR NB ON USH 12 LOST CONTROL ON SLUSH/SNOW COVERED ROAD AND WENT INTO EAST SIDE DITCH. VEHICLE THEN ROLLED OVER AND CAME TO REST ON DRIVERS SIDE FACING SOUTHWEST. OPERATOR DENIED ANY INJURIES. VEHICLE SUSTAINED DISABLING DAMAGE AND WAS REMOVED BY EVERETTES.

Location

| | | |
|---|----------------------------------|-----------------------------------|
| ON USH12 WB 69 FT S OF CTHZ IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY | Latitude 43.317908 | Longitude -89.758975 |
| | X Coordinate 276278.13 | Y Coordinate 4799815.71 |
| | Structure Type | |

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Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event DITCH | | First Harmful Event Location SHOULDER RIGHT | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) SNOW, SLUSH | | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | | |
| Weather Condition(s) SNOW | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - NOT 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 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | 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 NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 | |
| | Most Harmful Event: Collision With OVERTURN/ROLLOVER | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | |
|---|---|--|--|---------------------|---|--|
| UNIT 01 VEHICLE 01 | License Plate Number PK7208 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1GTHK34275E285977 | | Make GENERAL MOTORS COR | Year 2005 | Model SIERRA K35 | |
| | Color WHI - WHITE | | Body Style TK - TRUCK | | Bus Use NOT A BUS | |
| | Initial Contact Point NON-COLLISION | | Vehicle Damage | | | |
| | Extent Of Damage DISABLING DAMAGE | | ALL AREAS | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By EVERETTS TOWING | | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | | |
| | Driver Prior Action Other | | TIRES | | | |

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| | | | | |
|---|--|---|---|--|
| UNIT | VEHICLE | Driver Actions SPEED TOO FAST/COND | | |
| | | Owner Name AARON V HANKINS (608) 370-4257 | Owner Address 424 CEDAR ST SAUK CITY, WI 53583 , US | |
| 01 | 01 | Sequence Of Events | | |
| | 01 | Event DITCH | | |
| | 02 | Event OVERTURN/ROLLOVER | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company GEICO-GENERAL-INS-CO | Individual AARON HANKINS | | |
| UNIT | Individual | | | |
| | INDIVIDUAL | Driver AARON V HANKINS (608) 370-4257 | Citations Issued 0 | Sex MALE |
| | | | Date of Birth | Race WHITE |
| | | Address 424 CEDAR ST SAUK CITY, WI 53583 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | | | | |
| 01 | 001 | Safety Equipment | | |
| | | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | |
| | | Helmet Use | Helmet Compliance | |
| | | Eye Protection | Tint Compliance | |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| | | 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 | | | | |
| Non Motorist | Striking Unit # | Location | | |
| Prior Action | | | | |

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| | | | | | |
|-------------|-------------------|--------------|--|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | 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 | | |
| | | | | | |
| | | | | | |
| | | | | | |