

6TL0B4X4M6
19-13817

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 19-13817		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 11/06/2019		Crash Time 08:28 AM		Date Arrived 11/06/2019		Time Arrived 08:37 AM	
Date Notified 11/06/2019		Time Notified 08:28 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 SB ON USH 12 LOST CONTROL ON SNOW COVERED ROAD AND WENT INTO THE DITCH AND ROLLED OVER. NO INJURIES REPORTED. VEHICLE SUSTAINED DISABLING DAMAGE AND WAS REMOVED BY MIKES TOWING.

Location

ON USH12 EB 0.29 MI S OF OLD HWY 33 IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.492317264	Longitude -89.781356888
	X Coordinate 275109.78125	Y Coordinate 4819246.5
	Structure Type NO STRUCTURE	

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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 AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 4	
	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 CONCRETE		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE	License Plate Number 136AFH		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5GTDN136268179055		Make HUMMER	Year 2006	Model H3 SUV	
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		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 MIKES TOWING			
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			

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UNIT	VEHICLE	Driver Actions SPEED TOO FAST/COND		
		Owner Name TROY SPENCER (608) 432-3797	Owner Address WI , US	
		Sequence Of Events		
		01	Event DITCH	
UNIT	INDIVIDUAL	02	Event OVERTURN/ROLLOVER	
		03	Event	
		04	Event	
		Policy Holder		
UNIT	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO	Individual TROY SPENCER	
		Individual		
		Driver KATARZYNA STANISLAWA SPENCER (608) 432-3797	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address WI , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		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	
		01	001	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		
		Non Motorist	Striking Unit #	Location
		Prior Action		

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	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		
	Individual		
	Passenger TREVOR SPENCER (608) 432-3797	Citations Issued 0	Sex MALE
	Address WI , US	Date of Birth	Race WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 6--SECOND SEAT-RIGHT SIDE	CHILD RESTRAINT SYSTEM - FORWARD FACING	
	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	
	Distracted By Action		
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