

6TL0B4X4M7
19-13830

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 19-13830 | Investigating Officer/Deputy DEPUTY E. KNULL | |
| Crash Date 11/06/2019 | | Crash Time 09:23 AM | Date Arrived 11/06/2019 | Time Arrived 09:42 AM | |
| Date Notified 11/06/2019 | | Time Notified 09:23 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 CTH T WHILE NEGOTIATING CURVE LOST CONTROL DUE TO SNOW/SLUSH COVERED ROAD AND WENT INTO THE RIGHT DITCH. VEHICLE ROLLED ONTO ITS DRIVERS SIDE. MIKES TOWING RESPONDED AND FLIPPED VEHICLE ONTO WHEELS. OPERATOR THEN DROVE VEHICLE AWAY FROM SCENE. NO INJURIES REPORTED.

Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON CTH NB 0.27 MI S OF GILLEM RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY | Latitude 43.508347603 | Longitude -89.719122132 |
| | X Coordinate 280200.28125 | Y Coordinate 4820860.5 |
| | 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 | 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 Crash Tire 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 TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature CURVE RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | | | |
|-------------|----------------|---|--|--|--|---|---------------------|---|
| UNIT | VEHICLE | License Plate Number AD9096 | | | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1D7HU16D35J588247 | | | | Make DODGE | Year 2005 | Model RAM 1500 S |
| | | Color ONG - ORANGE | | | | Body Style PK - PICKUP | | Bus Use NOT A BUS |
| | | Initial Contact Point NON-COLLISION | | | | Vehicle Damage 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER | | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | | | | | | |
| | | Towed Due To Damage NOT TOWED | | | | Vehicle Removed By OPERATOR | | |
| | | What Driver Was Doing NEGOTIATING CURVE | | | | Vehicle Factors NOT APPLICABLE | | |
| | | Driver Prior Action Other | | | | | | |

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| | | | |
|--|----------------------|---|---|
| UNIT | VEHICLE | Driver Actions SPEED TOO FAST/COND | |
| | | Owner Name MINDY M FERDON (608) 477-1746 | Owner Address 808 MOUND ST BARABOO, WI 53913 , US |
| UNIT | 01 | Sequence Of Events | |
| | | 01 | Event DITCH |
| | | 02 | Event OVERTURN/ROLLOVER |
| | | 03 | Event |
| UNIT | 04 | Policy Holder | |
| | | Insurance Company AMERICAN-FAMILY-INS-CO | Individual MINDY FERDON |
| UNIT | INDIVIDUAL | Individual | |
| | | Driver DARRION D WADE (608) 477-1746 | Citations Issued 0 |
| | | Date of Birth | Sex MALE |
| UNIT | 001 | Address 808 MOUND ST BARABOO, WI 53913 , 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 Compliance |
| | | Helmet Use | Tint Compliance |
| | | Eye Protection | Airbag NON DEPLOYED |
| | | 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 | | | |
| 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 | | | |