6TL09JDKXR

19-13792

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09JDKXR

Document Number Override	Primary Crash Document #	Agency Crash Number **19-13792**	Investigating Officer/Deputy **DEPUTY B. SCHLOUGH**	
Crash Date **11/06/2019**	Crash Time **05:10 AM**	Date Arrived **11/06/2019**	Time Arrived **05:48 AM**	
Date Notified **11/06/2019**	Time Notified **05:15 AM**	Total Units **01**	Total Injured **00**	Total Killed **00**

☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold
☐ **Government Property**	☐ **Active School Zone**	School Bus Related **NO**	Tags		
☑ **Reportable**	Crash Type **DT4000 (STANDARD CRASH)**		☐ **Amended**		☐ **Secondary Crash**

Description

Diagram	Reconstruction By
  U1 U1 U1 U1 USH 14 DRAWING NOT TO SCALE	
	Photos By
	Additional Information **NONE**

☑ **I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.**

UNIT 1 WAS TRAVELING W/B ON A SNOW COVERED AND SLIPPERY USH 14. OPERATOR OF UNIT 1 LOST CONTROL CAUSING UNIT 1 TO GO INTO A CLOCKWISE SKID. UNIT 1 LEFT THE ROADWAY AND ENTERED THE W/B DITCH. UNIT 1 THEN STRUCK A TREE. UNIT 1 CAME TO REST WELL OFF THE ROADWAY IN THE W/B DITCH FACING N/W.

Location

ON USH14 WB 561 FT W OF PEARL RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude **43.189935128**	Longitude **-90.095843451**
	X Coordinate **248433.625**	Y Coordinate **4786561**
	Structure Type	

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Crash Scene

First Harmful Event	First Harmful Event Location
TREE	**SHOULDER RIGHT**
Manner of Collision	Light Condition
NO COLLISION W/VEHICLE IN TRANSPORT	**DARK/UNLIT**
Road Surface Condition(s)	Roadway Factor(s)
SNOW	
Environment Factor(s)	
NONE	**NONE**
Weather Condition(s)	
SNOW	
Animal Type	Relation To Trafficway
	TRAFFICWAY - ON ROAD
Crash Classification - Location	Crash Classification - Jurisdiction
PUBLIC PROPERTY	**NO SPECIAL JURISDICTION**

Tribal Land	Access Control	Special Study
	NO CONTROL	

Within Interchange Area	Junction Location	Intersection Type
NO	**NON-JUNCTION**	**NOT AN INTERSECTION**

Unit Summary

01

UNIT

Unit Status	Vehicle Operating As Classification	Unit Type
IN TRANSIT	**D CLASS**	**TRUCK**
Vehicle Type		Operating As Endorsements
UTILITY TRUCK/PICKUP TRUCK		

Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
1		**0**	**0**	**0**

Insurance?	Direction Of Travel	Pre CrashTire Mark	Speed Limit	Total Lanes
YES	**WESTBOUND**	☐	**55**	**2**

Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use
TREE	**NO SPECIAL FUNCTION**	**NOT APPLICABLE**
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED	**NO CONTROL**	**NO**
Surface Type	Road Curvature	Road Grade
BLACKTOP (BITUMINOUS)	**STRAIGHT**	**LEVEL**

Truck Bus or HazMat
NO

Vehicle

01

01

UNIT

VEHICLE

License Plate Number	Plate Type	St	Country of Issuance
MZ5245	**LTK - LIGHT TRUCK**	**WI**	**UNITED STATES**
Vehicle Identification Number	Make	Year	Model
1D7RV1GT1BS539240	**DODGE**	**2011**	**RAM 1500**
Color	Body Style		Bus Use
BLK - BLACK	**PK - PICKUP**		**NOT A BUS**

Initial Contact Point	Vehicle Damage
11--LEFT FRONT CORNER	
Extent Of Damage	**11--LEFT FRONT CORNER**
DISABLING DAMAGE	
Towed Due To Damage	Vehicle Removed By
TOWED DUE TO DISABLING DAMAGE	**GEORGES AUTO BODY**
What Driver Was Doing	Vehicle Factors
GOING STRAIGHT	
Driver Prior Action Other	**NOT APPLICABLE**

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UNIT 01

VEHICLE 01

Driver Actions
SPEED TOO FAST/COND, FAILURE TO CONTROL

Owner Name	Owner Address
JAMES EDWARD WILLIAMS **(608) 475-3848**	**220 SCHMITZ ST** **RICHLAND CENTER, WI 53581 , US**

Sequence Of Events

01 Event
TREE

02 Event

03 Event

04 Event

UNIT

Policy Holder

Insurance Company	Individual
STATE-FARM-GENERAL-INS-CO	**JAMES WILLIAMS**

Individual

UNIT 01

INDIVIDUAL 001

Driver	Citations Issued	Sex
JAMES EDWARD WILLIAMS **(608) 475-3848**	**0**	**MALE**
	Date of Birth	Race **WHITE**

Address	Driver License Number
220 SCHMITZ ST **RICHLAND CENTER, WI 53581 , US**	**STATE: WISCONSIN COUNTRY: UNITED STATES**

Safety Equipment

On Duty Crash	Safety Equipment
Seat Position **1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY**	**SHOULDER & LAP BELT**
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

Drug & Alcohol

Suspected Alcohol Use	Suspected Drug Use
NO	**NO**

Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST NOT GIVEN		

Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		

Drug Type

Individual Condition

APPEARED NORMAL

01 **001**

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