

6TL09N3P85

20-01673

# 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>20-01673</b>		Investigating Officer/Deputy <b>DEPUTY C. FRANK</b>	
Crash Date <b>02/14/2020</b>		Crash Time <b>07:00 AM</b>		Date Arrived <b>02/14/2020</b>		Time Arrived <b>07:16 AM</b>	
Date Notified <b>02/14/2020</b>		Time Notified <b>07:02 AM</b>		Total Units <b>02</b>		Total Injured <b>00</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 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> <p>Not to scale</p>	Reconstruction By
	Photos By <b>9198</b>
	Additional Information <b>NONE, PHOTOS</b>

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

ON THE ABOVE DATE AND TIME UNIT 1 AND 2 WERE INVOLVED IN A TWO UNIT CRASH AT S3653 MIRROR LAKE RD IN THE COUNTY OF SAUK. UNIT 1 WAS EXITING THE DRIVEWAY AT S3653 MIRROR LAKE RD. UNIT 1 OPERATOR STATED SHE STOPPED AT END OF DRIVE TO ALLOW A SB UNIT TO PASS. UNIT 1 OPERATOR THEN ENTERED ROADWAY NB WHEN SHE HEARD A HORN HONK. UNIT 2 WAS NB ON MIRROR LAKE RD WHEN UNIT 1 ENTERED ROADWAY IN FRONT OF HER. UNIT 1 AND UNIT 2 MADE CONTACT ON THE REAR PORTIONS OF THE UNITS. UNIT 2 CAME TO A REST FACING EAST ON THE SHOULDER. UNIT 1 CAME TO A REST FACING NB ON MIRROR LAKE RD. ROAD CONDITIONS WERE SNOW AND ICE COVERED.

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## Location

ON S3653 MIRROR LAKE RD 935 FT N OF HOGSBACK RD (FIRE S3653)  IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.513706729</b>	Longitude <b>-89.832734241</b>
	X Coordinate <b>271036.34375</b>	Y Coordinate <b>4821762.5</b>
	Structure Type <b>FIRE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>		ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		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

UNIT 01	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>1</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>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number <b>ABL5088</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>5GAKVCKD4GJ270673</b>		Make <b>BUICK</b>	Year <b>2016</b>	Model <b>ENCLAVE</b>			
Color <b>BRO - BROWN</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use			
Initial Contact Point <b>04 - RIGHT SIDE REAR</b>		Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b>					
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>							

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
	What Driver Was Doing <b>ENTERING TRAFFIC LANE</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
01	Owner Name <b>ANN NOEL CHIOCHON (608) 339-1311</b>		Owner Address <b>S3653 MIRROR LAKE RD BARABOO, WI 53913 , US</b>		
	<b>Sequence Of Events</b>				
01	Event	<b>MOTOR VEH IN TRANSPORT</b>			
	Event				
	Event				
	Event				
04	<b>Policy Holder</b>				
	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>ANN CHIOCHON</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ANN NOEL CHIOCHON (608) 339-1311</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>S3653 MIRROR LAKE RD BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	<b>Safety Equipment</b>	On Duty Crash		Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<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>Distractions</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
	Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT 01 001	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		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>				

## Unit Summary

UNIT 02	VEHICLE	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>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>		
		Truck Bus or HazMat <b>NO</b>						
		<b>Vehicle</b>						
		License Plate Number <b>984VUU</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>1GNEK13T55J139741</b>		Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>TAHOE K150</b>				
Color <b>BLU - BLUE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use				
Initial Contact Point <b>08 - LEFT SIDE REAR</b>		Vehicle Damage						
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>						
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By						

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UNIT VEHICLE	What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>ANN M GOFF (608) 381-1157</b>	Owner Address <b>E9793 HOGSBACK RD BARABOO, WI 53913 , US</b>	
UNIT INDIVIDUAL	<b>Sequence Of Events</b>		
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event <b>DITCH</b>	
	03	Event	
	04	Event	
	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>ANN GOFF</b>
	<b>Individual</b>		
	Driver <b>ANN M GOFF (608) 381-1157</b>		Citations Issued <b>0</b>
	Sex <b>FEMALE</b>		Date of Birth
Address <b>E9793 HOGSBACK RD BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>		Airbag
	Injury Severity <b>NO APPARENT 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
	Hospital		EMS Run #
	Date of Death		Time of Death
UNIT INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>
	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>		
Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	Action Other		To/From School
		<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>		
02	002	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
02	002	Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Passenger <b>MOLLY J GOFF</b> <b>(608) 381-1157</b>		
02	003	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race <b>WHITE</b>	
02	003	Address <b>E9793 HOGSBACK RD</b> <b>BARABOO, WI 53913 , US</b>		Driver License Number
		<b>Safety Equipment</b> On Duty Crash      Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
02	003	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	
		Helmet Use		Helmet Compliance
02	003	Eye Protection		Tint Compliance
		<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b> Airbag <b>NON DEPLOYED</b>		
02	003	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
02	003	Hospital		EMS Run #
		Date of Death		Time of Death
02	003	<b>Distracted By</b> Distracted By Source		
		Distracted By Action		
02	003	<b>Non Motorist</b> Striking Unit #      Location		
		Prior Action		

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	003	<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>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Passenger <b>BEN M GOFF</b> <b>(608) 381-1157</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>	
		Address <b>E9793 HOGSBACK RD</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number	
02	004	<b>Safety Equipment</b> On Duty Crash      Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</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
		Hospital		EMS Run #
		Date of Death		Time of Death
		<b>Distracted By</b> Distracted By Source		
		Distracted By Action		
		<b>Non Motorist</b> Striking Unit #	Location	
		Prior Action		

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UNIT	INDIVIDUAL	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			
02	004	Individual Condition <b>APPEARED NORMAL</b>			