#### 6TL0B3P3F

Crash Date 07/09/2021

•	
	21_0631

<b>.0B3P3H1</b> 21-0633	V	Wisconsin Motor Vehicle Crash Report						JNTY SH	IERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913		
Document Number Override	2	Primary Crash [	Document #	Agenc	y Crash I	Number		Investigating Offi	cer/Deputy	(608) 356-4895	
Document Humber Overnor		Timary orden	Socument "	rigene	y ordsir	ramber		DEPUTY S. PA	0.85		
Crash Date 07/09/2021		Crash Time 10:49 PM		Date Arrived 07/09/2021			Time Arrived 10:51 PM				
Date No ified 07/09/2021		Time Notified 10:51 PM		Total 0	Units			Total Injured Total Killed 00 00			
On Emergency	Hit	and Run	Lane C	losure	<b>N</b>	Vork Zone	е	Trailer or	Γowed	Reporting Threshold	
Government Property		Active Sc	hool Zone	Schoo NO	Bus Re	lated		Tags			
Reportable		Crash Type DT4000 (STA	NDARD CR	ASH)				Amended		Secondary Crash	
ocation											
ON CTHBD SB 123 FT S				Latitude 43.555853	The second	ongitude 39.778460		t/LongSource _T/ILT	Acc	ess Control	
OF USHL U WB IN THE TOWN OF DELT IN SAUK COUNTY	TON			X Coordinate 275579.78	100 March	Coordinate 826295.5		Roadway Link ID: 96528	# On 123	Roadway Link Offset	
N OAOR COOKIT			Ī	Override	☐ Tr	ribal Land			Stru	icture Type	
Crash Scene						-					
First Harmful Event				First Harmfu		ocation					
MOTOR VEH IN TRANS	SPORT			ON ROAD		<b>&amp;</b>	/ ·				
Manner of Collision				Light Condi ion							
00 - NO COLLISION W	VEHIC	LE IN TRANS		DAYLIGH	4007	7					
Road Surface Condition(s)				Environment	t Factor(s	S)					
DRY				WEATHER	COND	ITIONS					
Roadway Factor(s)				Wea her Co	ndition(s)	)					
NONE				CLEAR							
Animal Type				Rela ion To		The second					
Crash Classification - Locat	ion		277	Crash Class							
PUBLIC PROPERTY				NO SPECI	AL JUR	RISDICTIO	ON				
Tribal Land				NO CONT			Specia	al Study			
Within Interchange Area YES	5 12 12 12 12	retion Location				ction Type IDABOUT	13				
Jnit Summary	-		).								
Unit Status	1	Vel	hicle Operating	As Classific	ation	L	Init Type				
IN TRANSIT			CLASS			1	UTOMO	OBILE			
Vehicle Type	11	_				C	perating	As Endorsements	Ž.		

		4007						
	Unit Summa	ry			100			
	Unit Status IN TRANSIT	7.3	Vehicle Operating As Classifica D CLASS	ation	Unit Type AUTOMO			
10	Vehicle Type PASSENGER 0	CAR			Operating As Endorsements			
	Total Occs	Train/Bus # Recorded	Total # Citations Issued Total Trailer  0 0		ers	Total HazMat Types  0		
UNIT	Insurance? YES	Direction Of Travel SOUTHBOUND	Pre CrashTire Mark	Speed Limi	it	Total Lanes 2		
)	Most Harmful Eve MOTOR VEH IN	ent: Collision With N TRANSPORT	Special Function NO SPECIAL FUNCTION		NOT APP	y Motor Vehicle Use PLICABLE		
	Traffic Way  ONE-WAY TRA	AFFIC	Traffic Control NO CONTROL		Traffic Con	ntrol Inoperative/Missing		
	Surface Type BLACKTOP (B	ITUMINOUS)	Road Curvature CURVE LEFT		Road Grad	le		
10	Truck Bus or Hazi	Mat						

# Wisconsin Motor Vehicle Crash Report

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

Crash Date 07/09/2021

_		Role DRIVER			Citations Issued 0			e Driver ddress	Individual INDIVID		
6	2	Last Name ZABRONSKY			First Name ARTHUR		•		Middle In		Suffix
		Street Address 6207 JACOBS WA	AY		Street Address 2	8			PO Box		1
_	JAL	City MADISON			State WI		Zip Code <b>53711</b>		Country of UNITED	of Resider	
LIND	INDIVIDUAL	DOB	Sex M	Race	Hair BLACK	Eyes BRO	WN 5	leight 506	Weight 145	(415)	Number 509-1674 EXT.
	N	Driver's License Num	ber		State WI		License Jurs STATE	sidiction	UNITED		
		License Type NON-CDL DRIVER	R'S LICENSI	=	License Status VALID LICENS	SF			DL Expire 2029	e Year	
		Equipment	On Duty Acc		Safety Equipmen						
	200	Row 01 - FRONT ROW		Seat Position	SHOULDER &	LAP	BELT				
	2	Helmet Use	i i		Helmet Complian	ice					
		Eye Protection			Tint Compliance		/ ,				
	_	Injury	Injury Severi	y RENT INJURY	Airbag NON DEPLOY	ED	V.				
_	M	Ejected NOT EJECTED			Ejection Path NOT EJECTEI	D/NOT	APPLICA	Trapped/E			
LIND	INDIVIDUAL	MedicalTransport NOT TRANSPORT	TED		EMS Agency Ide	ntifier	1	EMS Run	#		
	Z	Hospital			Date of Death			Time of De	eath		
		Non Motorist	Striking Unit	#	Location			To/FromSo	chool		
		Prior Action	***		Action						
	2	Distracted By Action NOT DISTRACTE	D								
		Distracted By Source NOT APPLICABLE		TRACTED)	Action Other						
		Drug & Alcoh	Individual Co	ndition D NORMAL	ļ						
	AL	Suspected Alcohol Us	se		Suspected Drug NO	Use					
LINO	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T	est Resu	Its
_	N N	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results	
		Drug Type									
_		Role PASSENGER			Citations Issued 0			e Driver ddress	Individual INDIVID		
2	02	Last Name KURUTZ			First Name THOMAS		-		Middle In		Suffix
	ad establi	Street Address			Street Address 2				PO Box	(D	
		6311 IRVING DR				20 1	7-6:			1000	
		City SUN PRAIRIE			State WI		Zip Code 53590		Country C		

Crash Date 07/09/2021

	AL									
LIND	INDIVIDUAL	DOB	Sex M	Race W	Hair BROWN	Eyes BLUE		Height 510	Weight 160	Phone Number
	Ξ	Driver's License Num	ber		State WI		License Jui STATE	rsidiction	UNITED	f Issuance STATES
		License Type NON-CDL DRIVER	R'S LICENS	E	VALID LICE				DL Expire 2024	Year
		Equipment	On Duty Ac	cident	Safety Equipm		SHTT-MEDITATO			
	2	Row 02 - SECOND ROV	W	Seat Position  09 - RIGHT	SHOULDER	& LAP	BELT			
	05	Helmet Use	51		Helmet Compl	iance				
		Eye Protection			Tint Compliand	ce	1,			
	_	Injury	Injury Sever	ity RENT INJURY	NON DEPLO	OYED	V.			
Ė	DUA	NOT EJECTED			Ejection Path NOT EJECT	ED/NOT	APPLICA	Trapped/E		
LIND	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency I	dentifier		EMS Run	#	
	Z	Hospital			Date of Death			Time of D	eath	
	Ì	Non Motorist	Striking Uni	1#	Location			To/FromS	chool	
		Prior Action			Action			N.		
	05	Distracted By Action	Distracted By Action							
		Distracted By Source			Action Other					
		Drug & Alcoh	Individual C	ondition ED NORMAL	<u>.</u>					
	AL	Suspected Alcohol Us	se		Suspected Dru NO	ig Use				
LIND	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u>.</u>				Alcohol To	est Results
_	IND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	Results
		Drug Type		•						
					F-2000				<b>■</b> 01 201012 31	
7		PASSENGER			Citations Issue 0	ed		se Driver Address	Individual INDIVIDI	JAL
0	03	Last Name HEIMAN			First Name ZACHARY				Middle Init	
		Street Address 151 E WILSON ST	APT 1203		Street Address	52			PO Box	
		City MADISON			State WI		Zip Code <b>53703</b>			Residence STATES

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

**NDIVIDUAL** Hair BROWN DOB Eyes **BLUE** Weight 190 Sex Race Height Phone Number W 511 М Country of Issuance Driver's License Number State License Jursidiction WI **STATE UNITED STATES** License Status DL Expire Year License Type 2026 **NON-CDL DRIVER'S LICENSE VALID LICENSE** On Duty Accident Safety Equipment Equipment **SHOULDER & LAP BELT** Seat Position 01 - FRONT ROW **09 - RIGHT** Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity Airbag Injury **NON DEPLOYED NO APPARENT INJURY** INDIVIDUAL Trapped/Extricated Ejected Ejection Path **NOT TRAPPED NOT EJECTED NOT EJECTED/NOT APPLICA** MedicalTransport EMS Agency Identifier EMS Run # **NOT TRANSPORTED** Hospital Date of Death Time of Death Striking Unit # Location To/FromSchool Non Motorist Prior Action Action 03 Distracted By Action Distracted By Source Action Other Individual Condition Drug & Alcoh APPEARED NORMAL Suspected Alcohol Use Suspected Drug Use NDIVIDUAL Alcohol Test Given Alcohol Test Type Alcohol Test Results **TEST NOT GIVEN** Drug Test Given Drug Test Results Drug Test Type **TEST NOT GIVEN** Drug Type License Plate Number Plate Type St Country of Issuance **AGK5815 AUT - AUTOMOBILE** WI **UNITED STATES** Vehicle Identification Number Year Make WAUCFAFH2AN020377 2010 AUDI Model Body Style Color **CV - CONVERTIBLE BLK - BLACK** 

Initial Contact Point

08 - LEFT SIDE REAR

# Wisconsin Motor Vehicle Crash Report

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

Crash Date 07/09/2021

Extent Of Damage   TOWED BUT NOT DUE TO DISABLING DAMAG   Vehicle Fractors   Vehicle Fr								Vehicle Damag	je					
FUNCTIONAL DAMAGE TOWED BUT NOT DUE TO DISABLING DAMAG Volicies Removed By Volicie Removad By Volicie Owner Same As Operator  Organization Type Volicie Owner Same As Operator  Organization Type NON/UDUAL Last Name ZABRONSKY ARTHUR MAX HOF Street Address 2607 JACOBS WAY City MADISON VIII STATES  Volicie Owner Same As Operator Volicie Owne	_	_	Extent Of Da	mage				07 - LEFT RE	EAR CORN	IER				
TOWED BUT NOT DUE TO DISABLING DAMAG Violice Remoded By CRAIGS TOWING Wind Driver Vas Doing CRAIGS TOWING WERKED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NOM-MOTORIST IN ROADWAY, ETC.    Vehicle Owner Same As Operator	ò	ò												
Vehicle Removed By CRAIGS TOWING What Driver Was Doing CRAIGS TOWING What Driver Was Doing CRAINCI LANES  Diver Prior Action Other What Driver Was Doing CRAINCI CANCES TOWING What Driver Was Doing CHANCING LANES  Diver Web CRAINCI CANCES  O'CHANCING LANES  Diver Web CRAINCI CANCES  O'CHANCING LANES  Diver Web CRAINCI CANCES  O'CHANCING LANES  O'CHANCIN			Towed Due 7	To Damage				Vehicle Factors	5			A		
CRAIGS TOWING WIND TOWER VISES Dong CHANGING LANES  DIVER ACTION OF STATE - FARM-GENERAL-INS-CO INTERPRETATION OF			TOWED BU	UT NOT DUE TO	O DISABL	ING DA	MAG							
United Driver Was Doning CHAMICHOCANES  Driver Prior Action Other CHAMICHOCANES  Driver Prior Action Other CHAMICHOCANES  Driver Action Other Corparation Type INDIVIDUAL Last Name ZABRONSKY ARTHUR ACOB WAY City City MADISON Telephone Number (415) 959-1674 EXT.  Drivert Country of Residence United Systems Country of Residence Country of Residence Country of Residence United Systems Country of Residence Country of Residence Count				-				NOT APPLIC	ABLE					
CHANGING LANES  WERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.    Vehicle Owner Same As Operator				The state of the s										
Diver Address   Were Policy Policy Policy Holder   Policy Holder Same As Driver								Driver Prior Ac	tion Other		Bus	Jse		
SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.    Vehicle Owner Same As Operator			THE PROPERTY OF STREET	A.A. CONTRACTOR CONTRACTOR										
Organization Type INDIVIDUAL  Last Name	UNIT	VEHICLE	SWERVED	OR AVOIDED	DUE TO I	WIND, S	SLIPPER	Y SURFACE,	MOTOR VI	EHICLE, OE	BJECT, N	ON-MOTORIST IN ROADWA	Y, ETC.	
INDIVIDUAL   Last Name			<b>V</b> ehicle	Owner Same	As Opera	tor		[6	✓ Use Ope	erator Addr	ess			
Last Name						Compa	any Name							
Street Address   Street Address2   PO Box   Super Address   Super Address   Super Address   Po Box   Super Address   Super Address   Po Box   Super Address   Super Address   Po Box   Super Address   Super						First N	lame			Middle	Suffix	Date of Birth		
Separation   Sep			ZABRONS	KY		ARTH	HUR			MAX HOF				
City   MADISON   Wil   53711			Street Addres	SS		Street	Address2		- 2	PO Box		<del></del>		
MADISON   WI 53711   UNITED STATES    Telephone Number (415) 509-1674 EXT.			6207 JACC	DBS WAY										
Telephone Number (415) 509-1674 EXT.    Event   MOTOR VEH IN TRANSPORT							120	le		17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18				
Control   Cont						WI	53711			UNITED ST	TATES			
Event    Solution   Policy Holder   Policy Hol														
S	1			1074 EXT.						-				
Event   S		10		H IN TRANSPO	ORT									
Sevent   S		02	Event						)					
Sevent   Sevent   Sevent   Sevent   Same As Owner   Policy Holder   Same As Owner   Policy Holder Same As Driver   Same As Owner   Policy Holder Same As Driver   Same As Owner   Policy Holder Company   Policy Holder Comp		33	Event											
STATE-FARM-GENERAL-INS-CO		1000	Event			_	/							
STATE-FARM-GENERAL-INS-CO    Same As Owner   Policy Holder Same As Driver		04	LVCIII			_ <								
Organization Type ILast Name ZABRONSKY ARTHUR  Unit Summary  Unit Status Vehicle Operating As Classification D CLASS AUTOMOBILE  Vehicle Type (SPORT) UTILITY VEHICLE  Total Occs Train/Bus # Recorded 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	10		200 PM (200 PM 200 PM COST COST COST COST COST COST COST COST	INS-CO		1			Po	licy Hold	er Same As Driver		
Unit Summary  Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Status IN TRANSIT D CLASS Unit Status IN TRANSIT OPERATION O	ᄛ	٦				ne	1	- Outility		to the required on a following the constant of				
Unit Status IN TRANSIT  Vehicle Operating As Classification D CLASS  Vehicle Type (SPORT) UTILITY VEHICLE  Total Occs 2 Train/Bus # Recorded D Insurance? YES SOUTHBOUND D Pre CrashTire Mortor Veh IN TRANSPORT  Traffic Way ONE-WAY TRAFFIC Surface Type BLACKTOP (BITUMINOUS)  Total # Citations Issued D O D O D O D O D O D O D O D O D O D O	-	유			ZABRO									
IN TRANSIT  Vehicle Type (SPORT) UTILITY VEHICLE  Total Occs 2  Insurance? YES  Direction Of Travel YES  SOUTHBOUND  Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT  Traffic Way ONE-WAY TRAFFIC  Surface Type BLACKTOP (BITUMINOUS)  Truck Bus or HazMat NO  DICLASS  AUTOMOBILE  Operating As Endorsements  Total Traillers Operating As Endorsements  Total HazMat Types O 0  Emergency Motor Vehicle Use NOT APPLICABLE  Traffic Control NO SPECIAL FUNCTION  Traffic Control Inoperative/Missing NO  Citations Issued  Use Driver  Individual Type	į	Unit	Summar	у						-				
Vehicle Type (SPORT) UTILITY VEHICLE  Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total Trailers Total HazMat Types Total Lanes Total Control Use NOT APPLICABLE Traffic Way ONE-WAY TRAFFIC NO CONTROL NO Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO  Citations Issued Use Driver Individual Type		Unit	Status		. 7			As Classificatio	n	Unit Type	NAME OF THE PARTY			
SPORT) UTILITY VEHICLE   Total Occs   Train/Bus # Recorded   Total # Citations Issued   O   O   O   O   O   O   O   O   O						D CLA	SS			21/2/10/20/20/20/20				
Speed Limit   Total Lanes   Speed Limit   Total Lanes   Speed Limit	02	2007	Part Control of the Control	TY VEHICLE						Operating A	s Endorse	ments		
Insurance?   Direction Of Travel   SouthBound   Pre CrashTire   Mark   35   2			Occs	Train/Bus # Reco	orded		Citations Is	ssued		ers		Mat Types		
YES SOUTHBOUND Mark 35 2    Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NO SPECIAL FUNCTION NO TAPPLICABLE   Traffic Way		(2000)	rance?	Direction Of Trav	/el	GHOSE CO.	re Crael	Tire	1.541	it	(CD)	es		
MOTOR VEH IN TRANSPORT  Traffic Way ONE-WAY TRAFFIC Surface Type BLACKTOP (BITUMINOUS)  Truck Bus or HazMat NO  Role PDRIVER  NO SPECIAL FUNCTION NO Traffic Control NO Traffic Control Inoperative/Missing NO Road Curvature CURVE LEFT Road Grade LEVEL  Citations Issued Use Driver Individual Type	F										The second second second	-		
Traffic Way ONE-WAY TRAFFIC NO CONTROL Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO  Role Role Role Role Role Role Role Rol	5	200				Special NO SP	Function	UNCTION	10	Emergency	Motor Veh	icle Use		
ONE-WAY TRAFFIC NO CONTROL NO Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) CURVE LEFT LEVEL  Truck Bus or HazMat NO  Role Role PRIVER				TRANSPORT				ONOTION		a'.				
Surface Type BLACKTOP (BITUMINOUS)  Truck Bus or HazMat NO  Role Role Role Road Curvature LEVEL  Curve Left  Curve Left  Use Driver  Individual Type				FFIC						4550	roi inopera	luve/MISSINg		
BLACKTOP (BITUMINOUS)  CURVE LEFT  LEVEL  Truck Bus or HazMat NO  Citations Issued  Use Driver  Individual Type		410/25/2010	DESCRIPTION NOT SHEET				atom species			Albert	9			
NO  Role Role Role Role Role Role Role Rol		12000000		TUMINOUS)						Charles and Charle				
Role Use Driver Individual Type	02		k Bus or HazM	Mat										
			Role DRIVER						d					

# Wisconsin Motor Vehicle Crash Report

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

Crash Date 07/09/2021

02	4	Last Name			First Name				Middle Ini	itial	Suffix
	04	POLSTER			REBECCA				MAE		
		Street Address 837 EASTERN AV	/E # 203		Street Address	2			PO Box		1
	AL	City WEST BEND			State WI		Zip Code <b>53095</b>		Country of UNITED		
LIND	INDIVIDUAL	DOB	Sex F	Race W	Hair BROWN	Eyes		Height 504	Weight 130		Number 384-8190 EXT.
_	D	Driver's License Num	50		State	1	License Ju	ırsidiction	Country of	*****	NO DESERVE DE COMO PORTE E POLITICO DE LA CONTRACTORIO
	=				WI		STATE		UNITED		S
		License Type NON-CDL DRIVER	R'S LICENS	SE	VALID LICEN	ISE			DL Expire 2023	e Year	
		Equipment	On Duty Ad	cident	Safety Equipme	ent					
		Row		Seat Position	SHOULDER	& LAF	BELT				
	04	01 - FRONT ROW		07 - LEFT	2						
	0	Helmet Use			Helmet Complia	ance					
		Eye Protection			Tint Compliance	е	/ >				
		Injury	Injury Seve	rity ARENT INJURY	Airbag NON DEPLO	VED	$\forall$				
	AL	Ejected	NO AFFA	KENT INJUNT	Ejection Path	IED	_	Trapped/6	Extricated		
LIND	D	NOT EJECTED			NOT EJECTE			A NOT TR	APPED		
5	INDIVIDUAL	MedicalTransport NOT TRANSPORT	TED		EMS Agency Id	lentifier		EMS Run	1#		
	Z	Hospital			Date of Death	7		Time of D	eath		
		Non Motorist	Striking Un	it#	Location			To/FromS	School		
		Prior Action	Action								
	04	Distracted By Action NOT DISTRACTE									
		Distracted By Source NOT APPLICABL	E (NOT DIS	STRACTED)	Action Other						
		Drug & Alcoh	Individual C	Condition							
		Suspected Alcohol Us		ED NORMAL	Suspected Drug Use						
_	NAI	NO Alcohol Test Given		Alcohol Toot Type	NO				Aleebel T	oot Door	ulfo
LINO	NDIVIDUA	TEST NOT GIVEN		Alcohol Test Type					Alcohol T	est Rest	iits
	IND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results	•
		Drug Type		,					_ <b>'</b>		
~		Role PASSENGER			Citations Issued  0	d		se Driver Address	Individual INDIVID		
02	90	Last Name DUKES			First Name ANTOINE				Middle Ini	itial	Suffix
		Street Address	/E # 202		Street Address	2			PO Box		J
		City	E # 203		State		Zip Code		Country of		
		WEST BEND			WI		53095		UNITED	STATE	S

LNO

INDIVIDUAL

05

INDIVIDUAL

05

DOB	Sex M	Race <b>B</b>	Hair <b>BROWN</b>	Eyes HAZEL	Heigh 602	Wei	ight 6	Phone Number
Driver's License Num	ber	1	State WI		ense Jursidict			f Issuance STATES
icense Type	R'S LICENS	SE	License Statu:			DL 202	Expire <b>27</b>	Year
Equipment	On Duty Ac	ccident	Safety Equipn	nent				
Row 11 - FRONT ROW	1	Seat Position 09 - RIGHT	SHOULDER	R & LAP BE	LT			
lelmet Use			Helmet Comp	liance				
Eye Protection			Tint Complian	се				
Injury	Injury Seve	rity ARENT INJURY	Airbag NON DEPLO	OYED				
jected NOT EJECTED			Ejection Path NOT EJECT	ED/NOT A		rapped/Extrica		
MedicalTransport NOT TRANSPOR	ΓED		EMS Agency	Identifier	E	MS Run#		
Hospital			Date of Death		Т	ime of Death		
Non Motorist	Striking Uni	it#	Location		Т	o/FromSchool		
Prior Action			Action		•			
Distracted By Action								
Distracted By Source			Action Other					
Drug & Alcoh	Individual C	Condition ED NORMAL	· ·					
Suspected Alcohol Us	se		Suspected Dr	ug Use				
Alcohol Test Given		Alcohol Test Type	e			Alc	ohol Te	est Results
Orug Test Given EST NOT GIVEN		Drug Test Type				Dru	ıg Test	t Results
Drug Type								
icense Plate Numbe	r		Plate Type AUT - AUTO	OMOBILE	St <b>WI</b>	Country		
ehicle Identification			AUT AUTO		Year	Make		
GKEK63U84J279 Model	9705		Body Style		2004	Color	RAL N	MOTORS CORP
'UKON			UT - SPORT	TUTILITY \	/EHICLE	BLK - I	BLAC	K
nitial Contact Point  11 - RIGHT FRON								

# Wisconsin Motor Vehicle Crash Report

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

Crash Date 07/09/2021

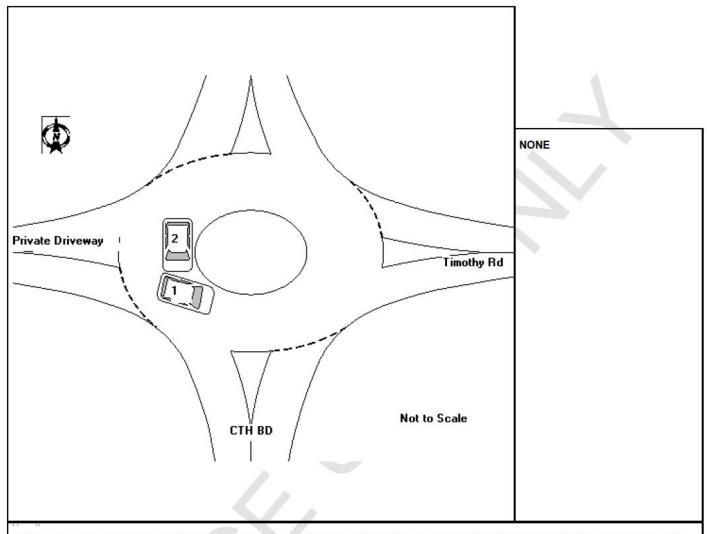
					Vehicle Dam	nage				٦
05	02	Extent Of Damage			01 - RIGH	FRONT COR	NER			
0	0	FUNCTIONAL DAMAGE			presentation in the second					
		Towed Due To Damage			Vehicle Fact	tors				٦
		NOT TOWED								
		Vehicle Removed By			NOT APPI	LICABLE				
		OPERATOR			Debus Deb	A stine Office		I Books		_
		What Driver Was Doing			Driver Prior	Action Other		Bus Us	se	
		GOING STRAIGHT								4
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	ON							
		Vehicle Owner Same A	s Operato	r		Use Oper	ator Add	lress		
		Organization Type INDIVIDUAL		Company Name	е					
		Last Name		First Name		N	1iddle	Suffix	Date of Birth	٦
		DUKES		ANTOINE						
		Street Address		Street Address2	2	P	O Box		<u> </u>	$\neg$
		837 EASTERN AVE # 203								
		City		St Zip Co		. 4000		Residence		
		WEST BEND		WI 53095	5		INITED S	STATES		
		Telephone Number								
	10	Event MOTOR VEH IN TRANSPO	RT							
	02	Event								
	03	Event								
	04	Event		</th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
1		Insurance Company			Po	licy Holder				٦
≢۱	0	PROGRESSIVE-ADVANCE	D-INSURA	NCE-CO	✓ Sa	me As Owner	□Р	olicy Holde	r Same As Driver	
EN S		Organization Type INDIVIDUAL	Last Name DUKES		First Na ANTOI		Policy	Holder Comp	pany	٦
ı	Des	cription								
	Diagi								Reconstruc ion By	٦
	3								•	
									Photos By	٦
									Additional Informa ion	

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

Crash Date

Crash Time 10:49 PM

07/09/2021



UNITS 1 AND 2 WERE TRAVELING SOUTH THROUGH THE ROUNDABOUT. UNIT 1 WAS US NG THE OUTSIDE LANE. UNIT 2 WAS TRAVEL NG IN THE NSIDE LANE. AN UNINVOLVED ERRATICALLY CHANGED LANES IN FRONT OF UNIT 1. THIS CAUSED UNIT 1 TO MANEUVER TO AVOID A COLLISION. THE REAR DRIVER'S CORNER OF UNIT 1 CAME NTO CONTACT WITH THE FRONT RIGHT CORNER OF UNIT 2.

#### Signature

#### ↓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. Law Enforcement Agency Agency Space Officer Middle Name Officer Rank Officer Last Name Officer First Name Suffix **PARKHURST** DEP SCOTT DOT Officer ID DNR Officer ID Officer Badge Number 9116 9116 Officer EMail Law Enforcement Agency Jurisdiction **Local Agency Number** Law Enforcement Agency type **COUNTY SHERIFF** SAUK Law Enforcement Agency Name TAS Agency Name SAUK COUNTY SHERIFFS DEPARTMEN SAUK COUNTY SHERIFF Law Enforcement Agency Street Address Law Enforcement Agency Street Address2 1300 LANGE COURT Law Enforcement Agency City LEA State Law Enforcement Agency Zip Code **BARABOO** WI 53913



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

Law Enforcement Agency Phone Number	ORI Number	BFUNC Agency	TraCS Agency Number
(608) 356-4895 EXT.	WI0570000	5600	205

Crash Date **07/09/2021**Crash Time **10:49 PM**