WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0B3P3H1	1 -		Agency Crash Number 21-06339		Investigating Officer/Deputy DEPUTY S. PARKHURST			
S	Crash Date 07/09/2021	Oldon Fillio		Date Arrived 07/09/2021		Time Arrived 10:51 PM			
CZ7	Date Notified 07/09/2021	Time Notified 10:51 PM		Total Units 02		Total Injured 00	Total Killed 00		
ပ္ပ	On Emergency H	t and Run Lane Closu		ure Work Zone		Trailer or 1	Trailer or Towed		Reporting Threshold
6TL	Government Ac		Active School Zone Sch		l Bus Related	Tags			
_	▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		✓ Amended			Secondary Crash
	Description								

Diagram Reconstruction By Photos By Additional Information NONE **Private Driveway** Timothy Rd Not to Scale CTH BD I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNITS 1 AND 2 WERE TRAVELING SOUTH THROUGH THE ROUNDABOUT. BOTH UNITS WERE USING THE INSIDE LANE. AN UNINVOLVED UNIT ERRATICALLY CHANGED LANES IN FRONT OF UNIT 1. THIS CAUSED UNIT 1 TO STOP AND AVOID A COLLISION, WITH THE UNINVOLVED UNIT. THE REAR DRIVER'S CORNER OF UNIT 1 CAME INTO CONTACT WITH THE FRONT RIGHT CORNER OF UNIT 2.

ERROR

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Crash Date 07/09/2021

	Location I ON CTHBD SB 123 FT S					Latitude 43.5558	5347		Longitud	le 460921	
	OF USHL U WB IN THE TOWN OF DELTON					X Coordin 275579.			Y Coordinate 4826295.5		
	IN SAUK COUNTY					Structure	Туре		<u> </u>		
	Crash Scene										
1	First Harmful Event					FirstHarm	nful Event	Location			
	MOTOR VEH IN TRA	NSPC	PRT			ON ROA					
	Manner of Collision 00 - NO COLLISION	W/VEI	HICLE IN TRANSPORT		Light Condition DAYLIGHT						
	Road Surface Condition	(s)				Roadway	Factor(s)				
	DRY										
	Environment Factor(s)					1					
	WEATHER CONDITI	ONS				NONE					
	Weather Condition(s)					1					
	CLEAR										
	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD					
	Crash Classification - Lo					1	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control Special Study				
	Tribal Land									Special Study	
	, , , , , , , , , , , , , , , , , , , ,						NO CONTROL			- Openial olday	
	Within Interchange Area YES		Junction Location INTERSECTION		ROUND						
	Unit Summary										
	Unit Status				Vehicle Operating As C D CLASS		Classification		UnitType		
	IN TRANSIT Vehicle Type			D CLASS					AUTOMOBILE Operating As Endorsements		
,	PASSENGER CAR			.							
	Total Occs 3		Train/Bus#Recorded	Total#Cita	Total#Citations Issued 0		† Total Traile		Total Haz	MatTypes	
	Insurance?		Direction Of Travel	Pre	CrashTire	•	SpeedL			es	
:	YES	W-2 W	SOUTHBOUND	Special Fur	Mark		35	I Emargana	2	iele i lee	
•	MostHarmfulEvent: Co MOTOR VEH IN TRA				IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE		icie Ose	
	Traffic Way			Traffic Con				Traffic Con	trol Inopera	tive/Missing	
	ONE-WAY TRAFFIC Surface Type			NO CONT				NO Road Grade			
	BLACKTOP (BITUM	NOUS	3)	CURVE L				LEVEL	•		
	Truck Bus or HazMat										
	Vehicle License Plate Nun	ober		Plate Type			St	Country of Is	suance		
	AGK5815	1001		1	JTOMOBII	LE	WI	UNITED S			
	Vehicle Identificat			Make			Year	Model			
•	WAUCFAFH2A	N0203	77	AUDI			2010	A5			
	Color BLK - BLACK			Body Style	e NVERTIBL	.E		Bus Use			
	Initial Contact Poir 08 - LEFT SIDE										

6TL0CCZ7SM

21-06339

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	4		Vehicle Damage						
NS NS	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE	07 - LEFT REAR CORNER						
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors						
		SLOW/STOPPING		J					
		Driver Prior Action Other NOT APPLICABLE							
TINO	VEHICLE	Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.							
٦	10	Owner Name ARTHUR MAX HOFE! ZABRONSKY (415) 509-1674	Owner Address 6207 JACOBS WAY MADISON, WI 53711 , US						
		Sequence Of Events							
	5	Event MOTOR VEH IN TRANSPORT							
	8	Event							
	63	Event							
	3	Event							
Ħ		Policy Holder Instrance Company Individual							
5		STATE-FARM-GENERAL-INS-CO	Individual ARTHUR ZABRONSKY						
		Individual							
		Driver ARTHUR MAX HOFE: ZABRONSKY	Citations Issued	Sex					
	4	(415) 509-1674	0	MALE					
١,	DIVIDUA		Date of Birth	Race					
S	Z	Address	Driver License Number	Drivert icense Number					
	2	6207 JACOBS WAY MADISON, WI 53711 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position 01 - FRONT ROW 07 - LEFT	SHOULDER & LAP BELT						
		HelmetUse	Helmet Compliance						
		Eye Protection	Tint Compliance						
2	100	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED						
		Ejected Ejection Path		Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT A Medical Transport		NOT TRAPPED					
		NOT TRANSPORTED	EMS Agency Identifier	EMS Run#					
		Hospital	Date of Death	Time of Death					
	SHEET SHEET	1	I	1					

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

::::::::::::::::::::::::::::::::::::::		Distracted By NOT	oted By Source APPLICABLE (NOT DISTRA	ACTED)					
200000000000000000000000000000000000000		Distracted By Action NOT DISTRACTED							
303333333		Non Motorist	g Unit# Location						
000000		Prior Action							
0,000		Action							
	3								
٠ ر									
(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Action Other					To/From School		
(24)	ı	l Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use			1		
(Spanish)	7	Alcohol Test Given	Alcohol Test Ty			Alcohol Test Results			
2633333		TEST NOT GIVEN Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	<u> </u> s			
_	_	TEST NOT GIVEN Drug Type							
2	8	9 . 7							
300		Individual Condition							
		APPEARED NORMAL							
		Individual							
	_	Passenger THOMAS RICHARD KUR	RUTZ	Citations Issued 0		Sex MALE			
–	INDIVIDUAL			Date of Birth		Race WHITE			
S	3	Address 6311 IRVING DR		Driver License Number					
	=	SUN PRAIRIE, WI 53590	, us	STATE: WISCONSIN COUNTRY: UNITED STATES					
(m)	Ç ai	l fety Equipment	ty Crash	Safety Equipment					
	· · ·	Row	Seat Position	SHOULDER & LAP	BELT				
		02 - SECOND ROW HelmetUse	09 - RIGHT	Helmet Compliance					
		Eye Protection		Tint Compliance					
000000000000000000000000000000000000000									
2	8	injury _{no Al}	Severity PPARENT INJURY	Airbag NON DEPLOYED		_			
9,000,000		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT API	PLICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	1	EMS Run#			
		Hospital		Date of Death		Time of Death			
		Distracted By	eted By Source						
1	MAIII								

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

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Distracted By Action								
		Striking U Non Motorist	nit#	Location						
		Prior Action								
 		Action								
		Action								
	M									
E S	MD									
_	INDIVIDUAL									
		Action Other						To/From School		
		Suspected Alcohol Use			Suspected Drug Use					
	I	Drug & Alcohol NO			NO					
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
٤	002	Drug Type								
	0									
		Individual Condition								
		APPEARED NORMAL								
		Individual					***************************************			
	~~~~~	D					<del>damamamamamamamama</del>			
	4	Passenger ZACHARY JONATHAN HEI	MAN		Citations issued  0		Sex MALE			
Ŀ	DUAL	Passenger ZACHARY JONATHAN HEI	MAN		Citations Issued		Sex			
TNU	DMIDUAL	ZACHĀRY JONATHAN HEI Address			Citations Issued  0		Sex MALE Race			
TNU	INDIVIDUAL	ZACHÁRY JONATHAN HEI			Oitations issued O Date of Birth		Sex MALE Race WHITE			
TNU		Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US	)3		Oitations issued  Date of Birth  Driver License Number  STATE: WISCONSI		Sex MALE Race WHITE			
TNO		Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  ety Equipment	03 Crash		Otations issued ODate of Birth Driver License Number STATE: WISCONSIN	N COUNTRY: UNI	Sex MALE Race WHITE			
TNU		Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US	)3	osition	Oitations issued  Date of Birth  Driver License Number  STATE: WISCONSI	N COUNTRY: UNI	Sex MALE Race WHITE			
TNU		Address 151 E WILSON ST APT 120 MADISON, WI 53703, US  Fety Equipment	Crash Seat Po	osition	Otations issued ODate of Birth Driver License Number STATE: WISCONSIN	N COUNTRY: UNI	Sex MALE Race WHITE			
TNU		Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  ety Equipment  Row 01 - FRONT ROW	Crash Seat Po	osition	Otations issued ODate of Birth Driver License Number STATE: WISCONSIN Safety Equipment SHOULDER & LAP	N COUNTRY: UNI	Sex MALE Race WHITE			
	Sai	Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  On Duty 0  ety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection	Seat Po 09 - Ri	osition IGHT	Citations issued  Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance  Tint Compliance	N COUNTRY: UNI	Sex MALE Race WHITE			
UNT UNT		Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sev	Seat Po 09 - Ri	osition GHT NJURY	Citations issued  Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance  Tint Compliance	N COUNTRY: UNI	Sex MALE Race WHITE  TED STATES			
	Sai	Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  Ety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sevent September 1	Seat Po 09 - Ri verity ARENT II	osition GHT NJURY	Citations issued  O Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Heimet Compliance  Tint Compliance  Airbag  NON DEPLOYED	N COUNTRY: UNI	Sex MALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED			
	Sai	Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sev NO APP Ejected	Seat Po 09 - Ri verity ARENT II	osition GHT NJURY	Citations issued  Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Heimet Compliance  Tint Compliance  Airbag  NON DEPLOYED	N COUNTRY: UNI	Sex MALE Race WHITE  TED STATES			
	Sai	Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sevent Se	Seat Po 09 - Ri verity ARENT II	osition GHT NJURY	Citations issued  O Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Heimet Compliance  Tint Compliance  Airbag  NON DEPLOYED	N COUNTRY: UNI	Sex MALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED			
	Sai	Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sevent Se	Seat Po 09 - Ri verity ARENT II	osition IGHT NJURY sith CTED/NOT APPL	Citations issued  Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  LICABLE  EMS Agency identifier	N COUNTRY: UNI	Sex MALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run#			
	Sai	Address 151 E WILSON ST APT 120 MADISON, WI 53703 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Po 09 - Ri verity ARENT II Ejection Pa	osition IGHT NJURY sith CTED/NOT APPL	Citations issued  Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  LICABLE  EMS Agency identifier	N COUNTRY: UNI	Sex MALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run#			

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Crash Date 07/09/2021

		Non Motorist	riking Unit#	Location					
		Prior Action							
UNIT	INDIVIDUAL	Action							
		Action Other						To/From School	
	I	Drug & Alcohol N	spected Alcohol U D	lse	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test F	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ts .		
6	903	Drug Type							
		Individual Condition  APPEARED NORMA	<u> </u>						
	Lini	t Summary 💻							
	Unit	Status			ehicle Operating As Classi	fication	UnitType		
		RANSIT cle Type		D	CLASS		AUTOMOBI Operating As	<b>LE</b> Endorsements	
05	(SP	ORT) UTILITY VEHICL							
	Tota 2	lOccs	Train/Bus#Re	corded To	otal#Citations Issued	Total Tra  0	0	Fotal HazMat Types )	
E	Insu YES	rance?	Direction Of Tra	D D	Pre CrashTire Speed Lin Mark 35		2		
TINO		tHarmfulEvent:Collision` TOR VEH IN TRANSPO			pecial Function O SPECIAL FUNCTION	N	Emergency Motor Vehicle Use NOT APPLICABLE		
		fic Way E-WAY TRAFFIC			raffic Control  O CONTROL		Traffic Control Inoperative/Missing NO		
		ace Type ACKTOP (BITUMINOU:	S)		oad Curvature URVE LEFT		Road Grade LEVEL		
	Truc <b>NO</b>	k Bus or HazMat		<b>,</b>			1		
	1	Vehicle							
		License Plate Number AGK8572			Plate Type AUT - AUTOMOBILE	St WI	Country of Issu UNITED STA		
02	2	Vehicle Identification Nul 1GKEK63U84J27970			Make SENERAL MOTORS C	Year OR 2004	Model YUKON		
		Color BLK - BLACK		E	Body Style JT - SPORT UTILITY V	<u> </u>	Bus Use		
	Щ	Initial Contact Point	ODVED		/ehicle Damage		1		
NN	VEHICLE	01 - RIGHT FRONT C Extent Of Damage FUNCTIONAL DAMA		o	1 - RIGHT FRONT CO	RNER			
	Towed Due To Damage			Vehicle Removed By OPERATOR					

#### 6TL0CCZ7SM

21-06339

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Crash Date 07/09/2021

		What Driver Was Doing GOING STRAIGHT		Ve	ehicle Factors			
		Driver Prior Action Other		no no	OT APPLICABLE			
	111	Driver Actions NO CONTRIBUTING ACT	ON					
⊨	VEHICLE							
Ĭ.	Ī							
	7							
		Owner Name			Owner Address			
05	8	ANTOINE D DUKES			837 EASTERN AVE # 203 WEST BEND, WI 53095, US			
٠					,			
		Sequence Of Events						
	5	Event MOTOR VEH IN TRANSPO	ORT					
		Event						
	8							
	80	Event						
	8	Event						
		Policy Holder						
IN		Insurance Company			Individu <b>al</b>			
_		PROGRESSIVE-ADVANCE	D-INSUR/	NCE-CO	ANTOINE DUKES			
		ndividual			Citations Issued			
		Driver REBECCA MAE POLSTER (262) 384-8190			0	Sex FEMALE		
	H			Date of Birth	Race WHITE			
LNN		Address			Driver License Number	******		
⊃	INDIVIDUA	837 EASTERN AVE # 203 WEST BEND, WI 53095 ,	110		STATE: WISCONSIN COUNTRY: U	NITED STATES		
		**E51 B214B, *** 55685 ,	00		o Million in a second s			
		On Duty	Crash		Safety Equipment			
	Sai	ety Equipment	la .a		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Po	I	SHOULDER & LAF BELT			
		HelmetUse			Helmet Compliance			
		Eye Protection			Tint Compliance			
		injury Se	verity		Airbag			
05	700	<i>injury</i> no ap	PARENT II	NJURY	NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPLI	CAB: E	Trapped/Extricated NOT TRAPPED		
		Medical Transport	HOLESE	CTED/NOT AFFE	EMS Agency Identifier	EMS Run#		
		NOT TRANSPORTED						
		Hospital			Date of Death	Time of Death		
		Distracted By NOT A	ed By Source PPLICABL	E (NOT DISTRAC	TED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Unit#	Location				
				I				

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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		Prior Action							
		Action							
	7								
ENS.	NDIVIDUAL								
בֿן	ā								
		Action Other						To/From School	
								10/210/1130/100/	
	1	Drug & Alcohol NO	ted Alcohol t	Jse	Suspected Drug Use NO				
		Alcohol Test Given		Alcohol Test Type	)		Alcohol Test Results		
		TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u>		
		Drug Type							
8	8	Drug rype							
		Individual Condition							
		APPEARED NORMAL							
		  Individual							
		Pessenger ANTOINE D DUKES  Address 837 EASTERN AVE # 203 WEST BEND, WI 53095 , US			Citations Issued		Sex MALE		
	M				Date of Birth		Race		
FNS	9				Driver License Number		BLACK		
⋾	INDIVIDUAL				STATE: WISCONSIN	COUNTRY: UNI	TED STATES		
	Sai	On Duty	Crash		Safety Equipment				
		Row	SeatPo		SHOULDER & LAP E	BELT			
		01 - FRONT ROW HelmetUse	09 - Ri	GHT	Helmet Compliance				
		Eye Protection			Tint Compliance				
8	900	Injury S Injury NO AF	everity PARENT II	NJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Pa	ith	1		Trapped/Extricated		
		NOT EJECTED  Medical Transport	MOLEJE	CTED/NOT APP	EMS Agency Identifier		NOT TRAPPED EMS Run#		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Distracted By	ted By Source	9			1		
		Distracted By Action							
		Striking	Unit#	Location					
		Non Motorist							
i .	<b>***********</b>	Prior Action							

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Crash Date 07/09/2021

		Action					
	₹.						
LIND	INDIVIDUAL						
ٔ ر	9						
	_						
		Action Other					To/From School
		Commented Manhall	1	D			
	I	Drug & Alcohol NO	)se	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		
02	900	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
1							