

6TL0BJ1GLB

21-09420

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 21-09420		Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 10/01/2021		Crash Time 01:50 PM		Date Arrived 10/01/2021		Time Arrived 01:55 PM	
Date Notified 10/01/2021		Time Notified 01:52 PM		Total Units 02		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

<p>Diagram</p> <p>Not Drawn to Scale</p>	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.

ON 10/1/21 AT APPROXIMATELY 1350, UNIT 2 WAS STOPPED ON STH 23 PREPARING TO TURN LEFT ONTO LAKE ST. UNIT 1 WAS DRIVING BEHIND UNIT 2. UNIT 1 STATED THEY DIDNT THINK UNIT 2 WAS GOING TO STOP SO QUICKLY. UNIT 1 CRASHED INTO THE BACK OF UNIT 2. UNIT 1 STRUCK THE REAR PASSENGER SIDE OF UNIT 2 WITH THE FRONT DRIVER SIDE OF UNIT 1. UNIT 1 ENDED UP IN THE EASTBOUND DITCH.

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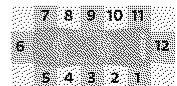
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ON STH23 EB 89 FT N OF LAKE ST IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude	Longitude
	43.563503538	-89.838498847
	X Coordinate	Y Coordinate
	270759.28125	4827309
	Structure Type	

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - 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	

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 LEFT		Road Grade LEVEL	
Truck Bus or HazMat NO						

UNIT	VEHICLE	01	License Plate Number AJU9914	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		01	Vehicle Identification Number 2G1WX12K749146782	Make CHEVROLET	Year 2004	Model MONTE CARL	
			Color WHI - WHITE	Body Style CP - COUPE		Bus Use	
			Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
			Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By OPERATOR	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other			
	Driver Actions FOLLOWING TOO CLOSE, LOOKED BUT DID NOT SEE			
01	Owner Name VERNON M RUFFI (608) 386-1359		Owner Address N7607 SKOY COULEE RD MINDORO, WI 54644 , US	
Sequence Of Events				
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
01	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual VERNON RUFFI	
01	Individual			
	Driver GABRIELLE ROSE RUFFI (608) 386-1359		Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 2010 ELKA LN # 3 MADISON, WI 53704 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
01	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
	Hospital		EMS Agency Identifier EMS Run #	
Distracted By NOT APPLICABLE (NOT DISTRACTED)		Distracted By Source		
Distracted By Action NOT DISTRACTED		Date of Death Time of Death		

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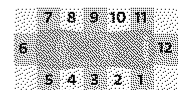
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UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
01 001	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE	Vehicle				
	License Plate Number R348179		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1LN6L9PK3H5603290		Make LINCOLN	Year 2017	Model UNKNOWN
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
	Extent Of Damage FUNCTIONAL DAMAGE				
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		



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UNIT VEHICLE	What Driver Was Doing LEFT TURN	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name CHRISTINE L GIBLER	Owner Address 504 S GOODLING ST WINNEBAGO, IL 61088 , US	
UNIT 02	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT 04	Event		
	Policy Holder		
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	Individual CHRISTINE GIBLER	
	Individual		
UNIT INDIVIDUAL	Driver DENNIS B ANDERSON (815) 742-0823	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 8015 E RIDOTT RD RIDOTT, IL 61067 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES	
	Safety Equipment		
UNIT 02	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
UNIT 002	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
UNIT 002	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
	Non Motorist		
	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO			
02	002	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			
UNIT	INDIVIDUAL	Individual			
		Passenger		Citations Issued	Sex
		CHRISTINE L GIBLER		0	FEMALE
		Date of Birth		Race	
			WHITE		
Address		Driver License Number			
504 S GOODLING ST WINNEBAGO, IL 61088 , US		STATE: ILLINOIS COUNTRY: UNITED STATES			
02	003	Safety Equipment		On Duty Crash	
				Safety Equipment	
		Row	Seat Position	SHOULDER & LAP BELT	
		01 - FRONT ROW	09 - RIGHT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
02	003	Injury		Airbag	
		NO APPARENT INJURY		NON DEPLOYED	
		Ejected	Ejection Path	Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
Medical Transport		EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED					
Hospital		Date of Death	Time of Death		
Distracted By		Distracted By Source			
Distracted By Action					
Non Motorist		Striking Unit #	Location		
Prior Action					

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UNIT	INDIVIDUAL	Action		
		Action Other		
02	003	Suspected Alcohol Use		Suspected Drug Use
		NO		NO
02	003	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
02	003	Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
02	003	Drug Type		
		Individual Condition		
02	003	APPEARED NORMAL		
		Individual		
UNIT	INDIVIDUAL	Passenger	Citations Issued	Sex
		JANET MARIE ANDERSON	0	FEMALE
UNIT	INDIVIDUAL	Date of Birth	Race	
			WHITE	
UNIT	INDIVIDUAL	Address	Driver License Number	
		314 E 11TH ST PECATONICA, IL 61063 , US	STATE: ILLINOIS COUNTRY: UNITED STATES	
02	004	On Duty Crash		Safety Equipment
		SHOULDER & LAP BELT		
02	004	Row	Seat Position	
		02 - SECOND ROW	09 - RIGHT	
02	004	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
02	004	Injury	Injury Severity	Airbag
			NO APPARENT INJURY	NON DEPLOYED
02	004	Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
02	004	Medical Transport	EMS Agency Identifier	EMS Run #
		NOT TRANSPORTED		
02	004	Hospital	Date of Death	Time of Death
02	004	Distracted By Source		
		Distracted By Action		
02	004	Non Motorist		
		Striking Unit #	Location	
02	004	Prior Action		

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UNIT	INDIVIDUAL	Action																				
		Action Other																				
02	004	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																				
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		<table border="1"> <tr> <td>Passenger DENISE R LYONS</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td></td> <td>Date of Birth [REDACTED]</td> <td>Race WHITE</td> </tr> <tr> <td colspan="2">Address 9998 N LEAF RIVER RD LEAF RIVER, IL 61047 , US</td> <td>Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES</td> </tr> </table>			Passenger DENISE R LYONS	Citations Issued 0	Sex FEMALE		Date of Birth [REDACTED]	Race WHITE	Address 9998 N LEAF RIVER RD LEAF RIVER, IL 61047 , US		Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES									
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02	005	Safety Equipment																				
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Eye Protection		Tint Compliance																				
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UNIT INDIVIDUAL 02 005	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	
			Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	
	Drug Test Given TEST NOT GIVEN		Drug Test Results	
	Drug Test Type		Drug Test Results	
Drug Type				
Individual Condition APPEARED NORMAL				