

6TL0DDT5LL  
22-01546

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 <b>6TL0D6N029</b>		Primary Crash Document#	Agency Crash Number <b>22-01546</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>02/10/2022</b>		Crash Time <b>12:45 PM</b>	Date Arrived <b>02/17/2022</b>	Time Arrived <b>02:01 PM</b>	
Date Notified <b>02/17/2022</b>		Time Notified <b>01:33 PM</b>	Total Units <b>01</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>PRIVATE PROPERTY/PARKING LOT</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS IN THE DRIVE THRU AT ARBYS. UNIT 1 OPERATOR EXITED THE DRIVE THRU LANE AND STRUCK A SIGN THAT SAID DRIVE THRU. UNIT 1 OPERATOR DIDNT SEE THE SIGN DUE TO THE HIGH STANCE OF HIS PICK UP.

UNIT 1 INDIVIDUAL CONDITION BOX

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Location

Table with 3 columns: Location details (Intersection, Address, Village/County), Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type.

Crash Scene

Table with 4 columns: Event details (First Harmful Event, Manner of Collision, Road Surface, Environment, Weather, Animal Type), Location details (First Harmful Event Location, Relation To Trafficway, Crash Classification - Location, Tribal Land), and Control details (Access Control, Special Study, Within Interchange Area, Junction Location, Intersection Type).

Unit Summary

Table with 5 columns: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, and various operational metrics (Total Occs, Citations, Trailers, HazMat, Insurance, Direction of Travel, Special Function, Traffic Control, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat).

Vehicle

Table with 4 columns: License Plate Number, Plate Type, St, Country of Issuance, Vehicle Identification Number, Make, Year, Model, Color, Body Style, Bus Use, Initial Contact Point.

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>12 - FRONT</b>	
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>TODD MICHAEL BULGRIN (608) 477-0274</b>	Owner Address <b>E12318 SHADY LANE RD BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>OTHER FIXED OBJECT</b>		
	Event		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>	Individual <b>TODD BULGRIN</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>TODD MICHAEL BULGRIN (608) 477-0274</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>E12318 SHADY LANE RD BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
UNIT INDIVIDUAL	<b>Injury</b>		Airbag
	<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	EMS Run#
Hospital		Date of Death	Time of Death

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<b>UNIT INDIVIDUAL</b>	<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
	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>NOT OBSERVED</b>		

<b>Property Owner</b>	
<b>01</b> PROP OWNER	Organization/Company <b>SOUTHERN OSTROWSKI ENT</b> (715) 490-2510 Address <b>325 W PINE</b> <b>BARABOO, WI 53913 , US</b>

<b>Fixed Objects Struck</b>			
<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>OTHER FIXED OBJECT</b>	Structure Number Damage Tag Number