

6TL0D7W15M
22-10234

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 22-10234		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 10/14/2022		Crash Time 06:04 PM		Date Arrived 10/14/2022		Time Arrived 06:11 PM	
Date Notified 10/14/2022		Time Notified 06:04 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

Diagram		Reconstruction By	
		Photos By	
		Additional Information NONE	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			
UNIT 2 WAS STOPPED NB ON HWY 12 FOR A RED STOP LIGHT. UNIT 1 APPROACHED THE INTERSECTION AND STRUCK UNIT 2 IN THE REAR.			

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Location

ON USH12 WB 22 FT S OF IH90 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude	Longitude
	43.568359981	-89.778358282
	X Coordinate	Y Coordinate
	275634.53125	4827684
Structure Type		

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DUSK	
Road Surface Condition(s) DRY	Roadway Factor(s) 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 FULL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FIVE-POINT, OR MORE

Unit Summary

UNIT 01	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 5
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade DOWNHILL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number ARN1218	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1ND52F25M210813	Make CHEVROLET	Year 2005	Model CLASSIC
	Color GRY - GRAY	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	01	Owner Name LYNETTE SUE HAZEL (608) 547-2553		Owner Address 1536 FERN AVE WISCONSIN DELLS, WI 53965 , US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Policy Holder				
UNIT	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual LYNETTE HAZEL	
Individual				
UNIT INDIVIDUAL	Driver LYNETTE SUE HAZEL (608) 547-2553		Citations Issued 1	Sex FEMALE
	Address 1536 FERN AVE WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
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
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action		NOT DISTRACTED		

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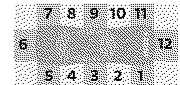
UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				
	Violations				
01	001	UTC Number BG111378	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS

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 1		Train/Bus # Recorded		Total # Citations Issued 0	
	Insurance? YES		Direction Of Travel NORTHBOUND		Total Trailers 0	
			<input type="checkbox"/> Pre Crash Tire Mark		Total HazMat Types 0	
	Speed Limit 45		Total Lanes 5		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	
	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	
	Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		Surface Type BLACKTOP (BITUMINOUS)	
	Road Curvature STRAIGHT		Road Grade DOWNHILL		Truck Bus or HazMat NO	

Vehicle

02 02	License Plate Number 428WTY		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1HGCM66314A052020		Make HONDA	Year 2004	Model ACCORD LX
	Color GRY - GRAY		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 06 - REAR				



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UNIT VEHICLE	Vehicle Damage	
	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER	
	Extent Of Damage FUNCTIONAL DAMAGE	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER
UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02 02	Owner Name DAVID MICHAEL CASTIGLIONE (651) 261-1393	Owner Address 210 MADISON CIR HUDSON, WI 54016 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Policy Holder	
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DAVID CASTIGLIONE
02 002	Individual	
	Driver ANNABELLA GRACE CASTIGLIONE (715) 245-0617	Citations Issued 0
		Sex FEMALE
		Race WHITE
	Address 221 GRAND CANYON #2 MADISON, WI 53705 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 002	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance	
02 002	Injury	
	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	EMS Run#	
Hospital	Date of Death	
Time of Death		

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UNIT INDIVIDUAL 02 002	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	Non Motorist	Striking Unit # Location
	Prior Action	
	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 Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type Drug Test Results
	Drug Type	
Individual Condition APPEARED NORMAL		