

6TL0B8M80D

23-05039

# 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 <b>23-05039</b>	Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date <b>05/20/2023</b>		Crash Time <b>11:55 AM</b>	Date Arrived <b>05/20/2023</b>	Time Arrived <b>11:56 AM</b>	
Date Notified <b>05/20/2023</b>		Time Notified <b>11:56 AM</b>	Total Units <b>02</b>	Total Injured <b>01</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p> <p>CTH BD</p> <p>N Reedsburg RD</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By <b>DEPUTY ELLICKSON</b>
	Additional Information <b>PHOTOS</b>

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

UNIT ONE WAS TRAVELING NORTH ON CTH BD. UNIT ONE ATTEMPTED TO TURN WEST ONTO N REEDSBURG RD BUT FAILED TO YIELD TO UNIT TWO WHICH WAS TRAVELING SOUTH ON CTH BD. UNIT ONE STRUCK UNIT TWO. BOTH VEHICLES WEREN'T DRIVEABLE. UNIT TWO OPERATOR WAS TRANSPORTED TO THE HOSPITAL. UNIT ONE DRIVER ISSUED CITATION FOR FAILURE TO CONTROL ALONG WITH OPEN INTOXICANTS. CRAIGS TOWING REMOVED BOTH VEHICLES.

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## Location

ON CTHBD NB 35 FT S OF N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.532367163</b>	Longitude <b>-89.777865415</b>
	X Coordinate <b>275540.6875</b>	Y Coordinate <b>4823685.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>03</b>	Train/Bus # Recorded	Total # Citations Issued <b>02</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>04</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>878BMU</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G1PE5SB6E7292837</b>	Make <b>CHEVROLET</b>	Year <b>2014</b>	Model <b>CRUZE</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL</b>			
01	Owner Name <b>ROBERT J GORDER (608) 477-1519</b>		Owner Address <b>1115 SILVER DRAPT 101 BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>LEFT TURN</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ARTISAN-AND-TRUCKERS-CASUALTY-CO</b>		Individual <b>ROBERT GORDER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>GABRIELLA ZAUTKE (608) 477-1519</b>		Citations Issued <b>02</b>	Sex <b>FEMALE</b>
	Address <b>1115 SILVER DRAPT 101 BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>AMERICAN INDIAN OR ALASKAN NATIVE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<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 Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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		<b>Distracted By</b>		
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Distracted By Action <b>NOT DISTRACTED</b>		

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location					
	Prior Action								
	Action								
	Action Other				To/From School				
<b>01</b>	<b>INDIVIDUAL</b>	<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>APPEARED NORMAL</b>							
		<b>Individual</b>							
		Passenger <b>KATELYN GORDER</b> <b>(608) 477-3433</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>			
		Address <b>216 9TH AVE</b> <b>BARABOO, WI 53913 , US</b>			Date of Birth	Race <b>WHITE</b>			
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>							
		<b>01</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash			
Safety Equipment <b>SHOULDER &amp; LAP BELT</b>									
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>								
Helmet Use				Helmet Compliance					
Eye Protection				Tint Compliance					
<b>01</b>	<b>002</b>			<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <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	
				<b>Distracted By</b>		Distracted By Source			
		Distracted By Action							
<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	<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>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>TIMOTHY DIVEN</b> <b>(262) 955-9223</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>2113 PARK VIEW CT</b> <b>WAUKESHA, WI 53188 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		01	003	<b>Safety Equipment</b>	On Duty Crash
Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>				
Helmet Use				Helmet Compliance	
Eye Protection				Tint Compliance	
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <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	
<b>Distracted By</b>	Distracted By Source				
Distracted By Action					
01	003	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	<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>APPEARED NORMAL</b>			
	01	001	<b>Violations</b>			
			UTC Number <b>BG115485</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>
			UTC Number <b>BG115486</b>	Issue To? <b>001</b>	Statute Number <b>346.935(3)</b>	Description <b>KEEP OPEN INTOXICANTS IN MV-DRIVER</b>

## Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>							
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements							
		Total Occs <b>01</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>			
		Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>55</b>		Total Lanes <b>04</b>			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>TRAFFIC SIGNAL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>				Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											

## Vehicle

02	02	License Plate Number <b>L980870</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2T1BURHE9GC647062</b>		Make <b>TOYOTA</b>	Year <b>2016</b>	Model <b>CORROLA</b>	
		Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use	
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>					



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UNIT VEHICLE	Vehicle Damage	
	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT	
	Extent Of Damage <b>DISABLING DAMAGE</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	
UNIT VEHICLE	Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	
	Driver Prior Action Other <b>NOT APPLICABLE</b>	
	Vehicle Factors	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>SARINA PHILLIPS</b>	Owner Address <b>421 ADAMS ST APT 8 ROCKTON, IL 61072 , US</b>
<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT VEHICLE	<b>Policy Holder</b>	
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>SARINA PHILLIPS</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>SARINA PHILLIPS</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>
		Race <b>WHITE</b>
	Date of Birth	
Address <b>421 ADAMS ST APT 8 ROCKTON, IL 61072 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>
UNIT VEHICLE	<b>Safety Equipment</b>	
	On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
	Helmet Use	
	Helmet Compliance	
Eye Protection		
Tint Compliance		
UNIT VEHICLE	<b>Injury</b>	
	Injury Severity <b>POSSIBLE INJURY</b>	
	Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>
EMS Run #		
Hospital <b>ST CLARE HOSP</b>		Date of Death
Time of Death		

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<b>UNIT</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				
<b>02</b>	<b>004</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			