## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #		Agency Crash Number 23-06052  Date Arrived		Investigating Officer/Deputy DEPUTY J. GREENWOOD Time Arrived			
Crash Date <b>06/11/2023</b>	Crash Time 01:34 PM		06/11/2		02:53 PM			
Date Notified <b>06/11/2023</b>	Time Notified 02:36 PM		Total Ui	nits	Total Injured <b>00</b>	Total Kille	ed	
On Emergency Hit	t and Run	Lane Closu		Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property		chool Zone	School <b>NO</b>	Bus Related	Tags			
<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amended		Secondary Crash	
Not to scale	12	I-90 ALT - IIII II II		y.Ch	Pt	otos By		

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	Loc	ation									
		USH12 WB			La	atitude			Longitu	ıde	
	625	FTS			4:	3.567995	5514		_	8354505	
		RAMP IH90 EB			X	Coordina	te		Y Coor	dinate	
		HE TOWN OF DELTO SAUK COUNTY	DN			275633.5			48276		
	IIN S	AUR COUNTY			St	tructure T	уре				
	Cra	sh Scene 💳									
	First	Harmful Event			Fi	irst Harmf	ul Event Lo	cation			
		TOR VEH IN TRANSP	ORT		_	N ROAD					
		ner of Collision				ight Condi					
		FRONT TO REAR				AYLIGH					
	DRY	d Surface Condition(s)	R	loadway F	actor(s)						
	Envi	ronment Factor(s)									
	NOI	. ,			N	IONE					
	Wea	ther Condition(s)									
		DUDY									
	Anin	nal Type			R	elation To	Trafficway	,		_	
		•					WAY - ON				
		h Classification - Location	1		_	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land				1	Access Control PARTIAL CONTROL				Special Study	
	With	in Interchange Area	Junction Location		Intersection T		OOMING				
	YES	•	INTERSECTION-RELAT	ED	T-INTERSE						
	Uni	t Summary $\blacksquare$									
	Unit	Status		Vehicle Ope	erating As Class	sification		Unit Type			
		RANSIT		D CLASS		AUTOMOBILE					
5		cle Type	_					Operating As Endorsements			
J	_	ORT) UTILITY VEHIC	Train/Bus # Recorded	TT ! ! O'!	·		Total Trails	  ers			
	<b>3</b>	l Occs	Train/Bus # Recorded	0	tions Issued	0		<b>0</b> Limit Total L		THazmat Types	
		rance?	Direction Of Travel	Pre	CrashTire						
	YES		NORTHBOUND		Mark		45	4			
		t Harmful Event: Collision  TOR VEH IN TRANSP		Special Fun	iction IAL FUNCTION	ON		NOT APPI			
		ic Way		Traffic Cont	rol			Traffic Control Inoperative/Missing  NO  Road Grade  LEVEL			
	DIVI	DED HWY W/O TRAF	FIC BARRIER	TRAFFIC							
	Surfa	асе Туре		Road Curva	ature						
	BLA	CKTOP (BITUMINOU	IS)	STRAIGH	Т						
	Truc <b>NO</b>	k Bus or HazMat									
	,	Vehicle									
		License Plate Number		Plate Type			St	Country of Is			
			AUT - AU	AUT - AUTOMOBILE		IL	UNITED STATES				
		CE22033						Madal			
5	7	Vehicle Identification Nu		Make			Year <b>2009</b>	Model HIGHLAND	ER		
5	5						7ear 2009	HIGHLAND Bus Use	ER		
5	5	Vehicle Identification Nu JTEEW41A99203128		Make TOYOTA Body Style			2009	HIGHLAND	ER		
	щ	Vehicle Identification Nu JTEEW41A99203128 Color WHI - WHITE Initial Contact Point		Make TOYOTA Body Style	RT UTILITY		2009	HIGHLAND	ER	7 8 9 10 11	
	щ	Vehicle Identification Nu JTEEW41A99203128 Color WHI - WHITE Initial Contact Point 06 - REAR		Make TOYOTA Body Style UT - SPC Vehicle Da	ORT UTILITY	VEHICL	2009 E	Bus Use		7 8 9 10 11 6 3 12	
UNIT 01		Vehicle Identification Nu JTEEW41A99203128 Color WHI - WHITE Initial Contact Point	30	Make TOYOTA Body Style UT - SPC Vehicle Da	PRT UTILITY Image  HT REAR CO	VEHICL	2009 E	Bus Use		7 8 9 10 11 6 2 2 12 5 4 3 2 1	

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Crash Date **06/11/2023** 

		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		STOP IN TRAFFIC								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	щ	NO CONTRIBUTING ACT	ION							
╘	CL									
LNO	VEHICLE									
	VE									
		0 1								
		Owner Name OLENA KONDRATIUK		Owner Address 1077 MILL CREE	EK DR APT 103					
7	01	(224) 804-2357			/E, IL 60089 , US					
		Sequence Of Events								
	10	Event MOTOR VEH IN TRANSP	ORT							
	02	Event								
	)	Cuent								
	<b>8</b> Event									
	04	Event								
		Policy Holder								
LIND		Insurance Company		Individual						
		ALLSTATE-INS-CO		OLENA KONDRA	TIUK					
		Individual								
		Driver		Citations Issued	Sex					
	ب	OLENA KONDRATIUK		0	FEMALE					
	INDIVIDUAL	(224) 804-2357		Date of Birth	Race WHITE					
	ЛD	Address		Driver License Numb						
5	D	1077 MILL CREEK DR AP	T 103	Dilver License Numb	GI					
	Z	BUFFALO GROVE, IL 600	189 , US	STATE: ILLINOIS COUNTRY: UNITED STATES						
	Sat	On Duty fety Equipment	r Crash	Safety Equipment						
	Ou.		la . s	SHOULDER & LA	D DEI T					
		Row 01 - FRONT ROW	Seat Position  07 - LEFT	SHOOLDER & LA	r DLL1					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
_	Ξ	Injury S	everity	Airbag						
2	90	<i>Injury</i> NO AP	PARENT INJURY	NON DEPLOYED						
		Ejected	Ejection Path	•		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT A			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie	er	EMS Run #				
		Hospital		Date of Death		Time of Death				
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTI	RACTED)						
		Distracted By Action NOT DISTRACTED								

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		<u>_</u>									
		Non Motorist	Striking U	nit#	Location						
		Prior Action									
TINO	INDIVIDUAL	Action									
		Action Other								To/From School	
	ı	Drug & Alcohol	Suspected <b>NO</b>	d Alcohol U	lse	Suspected Drug U	se				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	e			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug <sup>-</sup>	Test Results			
2	001	Drug Type					•				
		Individual Condition  APPEARED NORM	1AL								
		  ndividual									
		Passenger				Citations Issued	Sex				
	_	OLEH KONDRATIUK				0 MALE					
_	DUA	(224) 804-2335				Date of Birth	Race WHIT	ГЕ			
LIND	INDIVIDUAL	Address 1077 MILL CREEK DR APT 103 BUFFALO GROVE, IL 60089 , US				Driver License Number  STATE: ILLINOIS COUNTRY: UNITED STATES					
	Sat	fety Equipment	On Duty C	crash		Safety Equipment					
		Row 01 - FRONT ROW		Seat Po		SHOULDER & L	AP BELT				
		Helmet Use		•		Helmet Compliance					
		Eye Protection				Tint Compliance					
6	005	Injury	NO APP	ARENT II		Airbag NON DEPLOYED					
		NOT EJECTED		jection Pa	tn CTED/NOT APP	LICABLE			Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Ident	ifier		EMS Run #		
		Hospital				Date of Death			Time of Death		
		Distracted By	Distracted	By Source	9	_1			l		
		Distracted By Action									
		Non Motorist	Striking U	nit#	Location						

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

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

Crash Date 06/11/2023

ı													
		Prior Action	PHOLACTION										
UNIT	INDIVIDUAL	Action  Action Other						To/From School					
		Suspecto Drug & Alcohol NO	ed Alcohol U	lse	Suspected Drug Use NO								
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	2		Alcohol Test Results						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u> 						
10	002	Drug Type		<u>I</u>		1							
		Individual Condition											
		APPEARED NORMAL											
		ndividual			_								
	Ļ	Passenger MAX KONDRATIUK (224) 804-2357			Citations Issued  0	Sex MALE							
⊨	שםו				Date of Birth	Race WHITE							
LIND	INDIVIDUAL	Address 1077 MILL CREEK DR AP BUFFALO GROVE, IL 6009			Driver License Number								
	Sat	On Duty	Crash		Safety Equipment								
		Row 02 - SECOND ROW	Seat Po		CHILD RESTRAINT	SYSTEM - FORV	WARD FACING						
		Helmet Use	•		Helmet Compliance								
		Eye Protection			Tint Compliance								
01	003	Injury Se	verity PARENT II	NJURY	Airbag NON DEPLOYED								
		Ejected	Ejection Pa	th	L		Trapped/Extricated						
		NOT EJECTED  Medical Transport	NOT EJE	CTED/NOT APPL	LICABLE  EMS Agency Identifier		NOT TRAPPED EMS Run #						
		NOT TRANSPORTED			Livio Agency Identifier		EIVIS KUN #						
		Hospital			Date of Death		Time of Death						
		Distracted By Distracted	ed By Source	9									
		Distracted By Action											
		Non Motorist Striking	Jnit#	Location									
		Prior Action		1									

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/11/2023

		Action								
	_									
_	INDIVIDUAL									
LNO	ΔI									
_										
	_									
		A ski sus Oklasus								T-/ C-b
		Action Other								To/From School
	,	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type	NO		1 /	Alcohol Test	Reculte	
		TEST NOT GIVEN		Alcohol rest type				AICOHOI TESI	ixesuits	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test F	Results			
7	003	Drug Type								
0	ŏ									
		Individual Condition								
		APPEARED NORMAL								
	Unit	Summary								
		Status		V	ehicle Operating As Class	ification	l	Jnit Type		
		RANSIT			CLASS			AUTOMOBILE Operating As Endorsements		
02		cle Type ORT) UTILITY VEHICLE	<u> </u>					operating As	Endorserr	ients
		I Occs Train/Bus # Recorded			Total # Citations Issued Total Tra			3	Total Haz	Mat Types
	1	anas?	Direction Of Traval		) 	0 Sno	eed Limit		<b>0</b> Total Lane	
±	YES	nsurance? Direction Of Travel NORTHBOUND			Mark 45				4	
LINO		Harmful Event: Collision Wi			Special Function  NO SPECIAL FUNCTIO	N		Emergency Motor Vehicle Use NOT APPLICABLE		
		c Way		Т	raffic Control		1	raffic Contro	ol Inoperati	ve/Missing
		DED HWY W/O TRAFFI	C BARRIER		RAFFIC SIGNAL			NO		
		ace Type .CKTOP (BITUMINOUS)	)		Road Curvature STRAIGHT			Road Grade LEVEL		
	Truc	k Bus or HazMat	<u>'</u>	<u> </u>						
	NO									
	`	Vehicle License Plate Number			Plate Type	St	10	ountry of Iss	uance	
		ACS5715			AUT - AUTOMOBILE	WI		NITED ST		
05	02	Vehicle Identification Numb 5J6RW6H30JL002851	oer		Make <b>HONDA</b>	Year <b>201</b>		Model		
		Color			Body Style	201		CR-V Bus Use		
		BLK - BLACK			UT - SPORT UTILITY \ Vehicle Damage	/EHICLE			1	
⊨	SLE	Initial Contact Point  12 - FRONT			· ·					7 8 9 10 11
LINO	VEHICL	Extent Of Damage			01 - RIGHT FRONT CO CORNER, 12 - FRONT		- LEFT	FRONT		6
	7	Towed Due To Damage			Vehicle Removed By					
		TOWED DUE TO DISA	BLING DAMA		CRAIGS TOWING					
		What Driver Was Doing SLOW/STOPPING								

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

						Veh	icle Factors			
		Driver Prior Action Oth	ner			NO	T APPLICABLE			
LIND	VEHICLE	Driver Actions FOLLOWING TOO	CLOSE							
						1				
02	02	Owner Name GUOXIAN PAN (608) 509-6304					Owner Address 5797 DANVILLE D FITCHBURG, WI 5			
		Sequence Of Ev	vents							
	10	Event MOTOR VEH IN TR	RANSPO	RT						
	02	Event								
	03	Event								
	04	Event								
		Policy Holder								
LNO		Insurance Company	T./ ING	NID AN OF	- 00		ndividual			
_		COUNTRY-CASUALTY-INSURANCE-CO Individual					BUOXIAN PAN			
		Driver				Τc	Citations Issued	Sex		
	7	GUOXIAN PAN				0		MALE		
_	DUA	(608) 509-6304	b) 509-6304			С	ate of Birth	Race ASIAN OR NA	TIVE HAWAIIAN OR OTHER PACIFIC	C ISLAN
LINO	INDIVIDUAL	Address 5797 DANVILLE DR FITCHBURG, WI 53719 , US				Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty Crash  fety Equipment				Safety Equipment				
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAP BELT				
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
05	004	Iniurv	Injury Sev	erity ARENT I	N IIIDV	Airbag				
		Ejected	NO AFF	Ejection Pa	ith		EPLOYED-FRONT		Trapped/Extricated	
		NOT EJECTED	I	NOT EJE	CTED/NOT API				NOT TRAPPED	
		Medical Transport  NOT TRANSPORT	ΈD			F	MS Agency Identifier		EMS Run #	
		Hospital				С	ate of Death		Time of Death	
		Distracted By	Distracted <b>UNKNO</b>	d By Source	е				1	
		Distracted By Action UNKNOWN								
		Non Motorist	Striking U	Init #	Location					

Form DT4000

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Crash Date 06/11/2023

		Prior Action						
		Action						
	AL							
⊨	DU							
LNO	INDIVIDUAL							
	N							
	=							
		Action Other						To/From School
			I C		I Commente d David Unio			
	L	Orug & Alcohol	Suspected Alcohol Us NO	se	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		· -				
		Drug Test Given TEST NOT GIVEN	1	Drug Test Type		Drug Test Results	5	
١	4	Drug Type						
02	004	Diag Typo						
		Individual Condition						
		APPEARED NORM	MAL					