

6TL0B3P3KC

23-06052

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 23-06052		Investigating Officer/Deputy DEPUTY J. GREENWOOD		
Crash Date 06/11/2023		Crash Time 01:34 PM		Date Arrived 06/11/2023		Time Arrived 02:53 PM		
Date Notified 06/11/2023		Time Notified 02:36 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 1 WAS STOPPED AT THE RED LIGHT. UNIT 2 DID NOT SEE UNIT 1 STOPPED. UNIT 2 REAR ENDED UNIT 1			

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Location

ON USH12 WB 625 FT S OF RAMP IH90 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.567995514	Longitude -89.778354505
	X Coordinate 275633.5	Y Coordinate 4827643.5
	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 DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION-RELATED	Intersection Type T-INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	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 4
	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 LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number CE22033	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
		Vehicle Identification Number JTEEW41A992031280	Make TOYOTA	Year 2009	Model HIGHLANDER
		Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 06 - REAR	Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
		Extent Of Damage FUNCTIONAL DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	Owner Name OLENA KONDRATIUK (224) 804-2357		Owner Address 1077 MILL CREEK DR APT 103 BUFFALO GROVE, IL 60089 , US		
	Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company ALLSTATE-INS-CO		Individual OLENA KONDRATIUK		
UNIT INDIVIDUAL	Individual				
	Driver OLENA KONDRATIUK (224) 804-2357		Citations Issued 0	Sex FEMALE	
	Address 1077 MILL CREEK DR APT 103 BUFFALO GROVE, IL 60089 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
01	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		
	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	
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	
01	001	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					
		Individual					
		Passenger OLEH KONDRATIUK (224) 804-2335			Citations Issued 0	Sex MALE	
					Date of Birth	Race WHITE	
		Address 1077 MILL CREEK DR APT 103 BUFFALO GROVE, IL 60089 , US			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
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		
Distracted By				Distracted By Source			
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
01	003	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		
Individual				
UNIT	INDIVIDUAL	Passenger MAX KONDRATIUK (224) 804-2357	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 1077 MILL CREEK DR APT 103 BUFFALO GROVE, IL 60089 , US	Driver License Number	
01	003	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	003	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
		Distracted By	Distracted By Source	
		Distracted By Action		
		Non Motorist	Striking Unit #	Location
		Prior Action		

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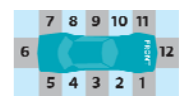
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UNIT INDIVIDUAL
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE 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 NORTHBOUND Pre Crash Tire Mark Speed Limit 45 Total Lanes 4
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 LEVEL
Truck Bus or HazMat NO

UNIT 02 VEHICLE
Vehicle
License Plate Number ACS5715 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 5J6RW6H30JL002851 Make HONDA Year 2018 Model CR-V
Color BLK - BLACK Body Style UT - SPORT UTILITY VEHICLE Bus Use
Initial Contact Point 12 - FRONT Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT
Extent Of Damage DISABLING DAMAGE
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By CRAIGS TOWING
What Driver Was Doing SLOW/STOPPING



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UNIT VEHICLE	Vehicle Factors			
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions FOLLOWING TOO CLOSE			
	Owner Name GUOXIAN PAN (608) 509-6304	Owner Address 5797 DANVILLE DR FITCHBURG, WI 53719 , US		
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company COUNTRY-CASUALTY-INSURANCE-CO	Individual GUOXIAN PAN		
	Individual			
UNIT INDIVIDUAL	Driver GUOXIAN PAN (608) 509-6304	Citations Issued 0	Sex MALE	
	Date of Birth		Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
	Address 5797 DANVILLE DR FITCHBURG, WI 53719 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	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	
	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 UNKNOWN		
Distracted By Action UNKNOWN				
Non Motorist		Striking Unit #	Location	

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UNIT INDIVIDUAL 02 004	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		