

6TL0DJJ8WT  
23-09355

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>23-09355</b>	Investigating Officer/Deputy <b>DEPUTY J. TROTH</b>	
Crash Date <b>08/27/2023</b>		Crash Time <b>06:17 PM</b>	Date Arrived <b>08/27/2023</b>	Time Arrived <b>06:41 PM</b>	
Date Notified <b>08/27/2023</b>		Time Notified <b>06:22 PM</b>	Total Units <b>02</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  	Reconstruction By
	Photos By <b>KULAS</b>
	Additional Information <b>PHOTOS</b>

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

DRIVER OF UNIT 1 WAS IDENTIFIED BY WI PHOTO DL AS CHERYL ANDERSON. DRIVER OF UNIT 2 WAS IDENTIFIED AS ROBIN HILL. ROBIN HAD HER VEHICLE PARKED ON THIS SIDE OF THE ROADWAY. CHERYL WAS SOUTH BOUND ON OLD LAKE RD. CHERYL SWERVED TO MISS A DEER IN THE ROADWAY AND SIDESWIPE ROBIN'S VEHICLE. ROBINS' VEHICLE THEN WAS PUSHED INTO THE RIGHT-SIDE DITCH LINE. NO INJURES REPORTED ON SCENE. ROBIN WAS NOT IN HER VEHICLE AT THE TIME OF THE CRASH.

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Location

ON OLD LAKE RD 26 FT S OF MEADOW LN IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.436141089</b>	Longitude <b>-89.728774423</b>
	X Coordinate <b>279157.03125</b>	Y Coordinate <b>4812866.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</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>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>1</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>NO CONTROL</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>38812U</b>	Plate Type <b>HEM - HIGHER EDUCATI</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GYKNDRSXKZ164872</b>	Make <b>CADILLAC</b>	Year <b>2019</b>	Model <b>XT5</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>BILLS TOWING</b>	
	What Driver Was Doing <b>OTHER</b>		Vehicle Factors	
	Driver Prior Action Other <b>SWERVED TO MISS DEER</b>		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>CHERYL ANDERSON (608) 393-0218</b>		Owner Address <b>537 LAKE WISCONSIN DR MERRIMAC, WI 53561 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>PARKED MOTOR VEHICLE</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>CHERYL ANDERSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>CHERYL ANDERSON (608) 393-0218</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>537 LAKE WISCONSIN DR MERRIMAC, WI 53561 , US</b>		Date of Birth	Race <b>WHITE</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>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
001	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		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
<b>Distracted By</b>				
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT           01  001	<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>APPEARED NORMAL</b>					

**Unit Summary**

UNIT           02	Unit Status <b>LEGALLY PARKED</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>0</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</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>NO CONTROL</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           02  02  VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>489WGF</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FADP3K20HL331836</b>		Make <b>FORD</b>	Year <b>2017</b>	Model <b>FOCUS</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>HB - HATCHBACK</b>		Bus Use	
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>		Vehicle Damage  <b>08 - LEFT SIDE REAR</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>					
Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>				



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UNIT	VEHICLE	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors
		Driver Prior Action Other	<b>NOT APPLICABLE</b>
02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>ROBIN HILL</b> <b>(608) 448-1759</b>	Owner Address <b>910 LAKE ST #403</b> <b>BARABOO, WI 53913 , US</b>
<b>Sequence Of Events</b>			
UNIT	01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
		Event	
		Event	
		Event	
<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>ROBIN HILL</b>