

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL0DQPGFP

Document Number Override		Primary Crash Document #	Agency Crash Number 23-11056	Investigating Officer/Deputy DEPUTY B. SONN	
Crash Date 10/11/2023		Crash Time 05:08 PM	Date Arrived 10/11/2023	Time Arrived 05:19 PM	
Date Notified 10/11/2023		Time Notified 05:08 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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

<p>Diagram</p> <p>**Drawing not to scale**</p>	Reconstruction By
	Photos By
	Additional Information BODY CAMERA VIDEO

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

DRIVER OF UNIT 1 WAS TRAVELING WESTBOUND CTH G NEAR NASH RD. DRIVER OF UNIT 1 ADVISED HE WAS NEGOTIATING THE HILLCREST AND CURVATURE OF THE ROADWAY, DRIVER OF UNIT 1 SAID THAT THE SUN WAS IN HIS EYES. DRIVER OF UNIT 1 ADVISED THAT HE SAW THE BUGGY AT THE LAST SECOND AND SLAMMED ON THE BRAKES, BUT COULD NOT AVOID THE COLLISION. BOTH FRONT AIRBAGS DEPLOYED UPON IMPACT WITH THE BUGGY. OCCUPANT OF THE BUGGY ADVISED THAT SHE WAS STRUCK FROM BEHIND, BUT WAS NOT EJECTED FROM THE BUGGY, NOR DID SHE CLAIM ANY INJURY. BOTH DRIVER OF UNIT 1 AND FRONT PASSENGER OF UNIT 1 WERE WEARING THEIR SHOULDER LAP BELTS DURING THE COLLISION. NEITHER DRIVER OR PASSENGER CLAIMED INJURY. SHIELD'S TOWING RESPONDED TO THE SCENE AND REMOVED UNIT 1 FROM THE SCENE. DRIVER OF UNIT 1 RODE WITH PASSENGER OF UNIT 1 TO THE REEDSBURG AREA MEDICAL CENTER, VIA CAZENOVIA EMS, AS A PRECAUTION. BOTH PARTIES OF UNIT 1 CLAIMED NO INJURY. THE BUGGY WAS REMOVED FROM THE ROADWAY BY THE OCCUPANT AND FAMILY MEMBERS. THE WESTBOUND ROADWAY WAS CLOSED FOR THE DURATION OF THE CRASH INVESTIGATION AND REMOVAL OF THE VEHICLE. CAZENOVIA FIRE CONDUCTED TRAFFIC CONTROL FOR BOTH DIRECTIONS OF TRAVEL. THE SCENE WAS CLEARED AND THE ROADWAY WAS REOPENED.

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

Location

ON CTHG WB 832 FT N OF NASH RD IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude 43.553836872	Longitude -90.183379264
	X Coordinate 242863.765625	Y Coordinate 4827245
	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) GLARE			
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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 10/11/2023	Time Initial Lane/Rd Closed 05:09 PM	Date Scene Cleared 10/11/2023	
Date All Lanes Open 10/11/2023	Time All Lanes Open 05:53 PM		

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade UPHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number 214443	Plate Type COL - COLLECTOR	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1C3XC66RXND746412		Make CHRYSLER	Year 1992	Model NEW YORKER		

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UNIT VEHICLE	Color MAR - MAROON (BURGUNDY)	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By SHIELDS TOWING
	What Driver Was Doing NEGOTIATING CURVE			Vehicle Factors NOT APPLICABLE
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions LOOKED BUT DID NOT SEE			
	Owner Name DONALD BULIN (608) 963-2749	Owner Address E1844 COUNTY ROAD G LA VALLE, WI 53941 , US		
UNIT 01	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 01	Policy Holder			
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO	Individual DONALD BULIN		
UNIT INDIVIDUAL	Individual			
	Driver DONALD BULIN (608) 963-2749	Citations Issued 0	Sex MALE	
		Date of Birth	Race WHITE	
	Address E1844 COUNTY ROAD G LA VALLE, WI 53941 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 01	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	
UNIT 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 #

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Form containing fields for Hospital, Date of Death, Time of Death, Distracted By, Action, Striking Unit #, Location, Prior Action, Drug & Alcohol, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Drug Test Given, Drug Type, Individual Condition, Individual (Passenger LOIS BULIN), Safety Equipment, Injury, Ejected, Medical Transport, Hospital, etc.

UNIT

INDIVIDUAL

01

001

UNIT

INDIVIDUAL

01

002

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Distracted By Distracted By Source		
		Distracted By Action		
		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			

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification O CLASS	Unit Type EQUIPMENT		
		Vehicle Type HORSE AND BUGGY	Operating As Endorsements			
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE LEFT	Road Grade UPHILL		
		Truck Bus or HazMat NO				

Vehicle

UNIT	02	License Plate Number	Plate Type	St	Country of Issuance	
		Vehicle Identification Number	Make	Year	Model BUGGY	
		Color BLK - BLACK	Body Style HE - HORSE-BUGGY	Bus Use		
		Initial Contact Point 06 - REAR				

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UNIT VEHICLE	Vehicle Damage				
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage NOT TOWED				
	Vehicle Removed By OPERATOR AND FAMILY				
UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other				
	Driver Actions NO CONTRIBUTING ACTION				
UNIT VEHICLE	Owner Name BERTHA BONTRAGER (608) 985-8761	Owner Address S2411 ARTISS DR LAVALLE, WI 53941 , US			
	Sequence Of Events				
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Individual				
	01	Driver BERTHA BONTRAGER (608) 985-8761	Citations Issued 0	Sex FEMALE	
	02	Date of Birth	Race WHITE		
UNIT INDIVIDUAL	03	Address S2411 ARTISS DR LAVALLE, WI 53941 , US		Driver License Number	
	UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
Row 98 - NOT APPLICABLE		Seat Position			
Helmet Use		NOT APPLICABLE			
Eye Protection		Helmet Compliance			
Tint Compliance		Safety Equipment			
UNIT INDIVIDUAL	Injury		Injury Severity		
	NO APPARENT INJURY		NOT APPLICABLE		
	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
UNIT INDIVIDUAL	Distracted By		Distracted By Source		

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UNIT	Distracted By Action				
	INDIVIDUAL	Non Motorist	Striking Unit #		
		Location			
	Prior Action				
	Action				
	Action Other		To/From School		
	02	003	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					