

6TL09QKRC D
18-03987

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09QKRC D

Document Number Override		Primary Crash Document #	Agency Crash Number 18-03987	Investigating Officer/Deputy DEPUTY S. STACEY	
Crash Date 04/20/2018		Crash Time 03:10 PM	Date Arrived 04/20/2018	Time Arrived 03:18 PM	
Date Notified 04/20/2018		Time Notified 03:12 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 checked="" 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>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS TRAVELING SOUTHBOUND ON CTH BD. UNIT 2 WAS EXITING USH 12 TO GO NORTH BOUND ONTO FERN DELL ROAD. UNIT 2 PROCEEDED TO GO AROUND THE ROUND ABOUT. UNIT 1 STRUCK THE LEFT SIDE OF UNIT 2. UNIT 1 STATED UNIT 2 DID NOT STOP, AND THEY ATTEMPTED TO TURN TO THE LEFT TO AVOID UNIT 2, WHICH CAUSED DAMAGE TO THE PASSENGER SIDE OF UNIT 1, AS IT SIDE SWIPED THE TRAILER UNIT 2 WAS TOWING. UNIT 1 CONTINUED UNIT 2 STATED THEY DID YIELD PRIOR TO ENTERING THE ROUND ABOUT, AND DID NOT OBSERVE UNIT 1. UNIT 1 WAS ABLE TO MOVE THEIR VEHICLE OUT OF THE ROADWAY ONTO FERN DELL ROAD. UNIT 1 CAME TO REST IN THE ROUND ABOUT.

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Location

ON USH12 EB 729 FT N OF CTHBD SB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.557808463	Longitude -89.77934127
	X Coordinate 275515.9375	Y Coordinate 4826515
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
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 EXIT RAMP-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

01 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 # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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 YIELD SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

01 UNIT VEHICLE	Vehicle				
	License Plate Number 722YSP		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5GZCZ23D44S883123		Make SATURN	Year 2004	Model VUE
	Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT		Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE		
Extent Of Damage DISABLING DAMAGE					

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING		
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name MARIA ZABAWA (608) 339-8991		Owner Address 1943 GROVE AVE FRIENDSHIP, WI 53934 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event LEFT TURN			
		02	Event MOTOR VEH IN TRANSPORT			
		03	Event			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual MARIA ZABAWA		
		Driver MARIA ZABAWA (608) 339-8991		Citations Issued 0	Sex FEMALE	
		Address 1943 GROVE AVE FRIENDSHIP, WI 53934 , US		Date of Birth	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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 APPLICABL	Trapped/Extricated NOT TRAPPED	

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		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	INDIVIDUAL	Individual					
		Passenger CAIDEN LOOMIS (608) 339-8991		Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
		Address 1943 GROVE AVE FRIENDSHIP, WI 53934 , US		Driver License Number			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE		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 APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

WISCONSIN MOTOR VEHICLE
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UNIT 01	INDIVIDUAL	Action					
		Action Other					
		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 01	INDIVIDUAL	Individual			
				Passenger CALEB HOFFMAN (608) 339-8991		Citations Issued 0	Sex MALE
				Address 1943 GROVE AVE FRIENDSHIP, WI 53934 , US		Date of Birth	Race WHITE
Driver License Number							
Equipment	On Duty Crash			Safety Equipment			
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI			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 APPLICABL	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #			
	Hospital		Date of Death	Time of Death			
	Non Motorist		Striking Unit #	Prior Action	Location	To/From School	

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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	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		

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
		Total Occs 3	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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 YIELD SIGN	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number MA9750	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3C6UR5CL9HG588960	Make DODGE	Year 2017	Model RAM
		Color RED - RED	Body Style PK - PICKUP		Bus Use NOT A BUS
		Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By		
		What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions NOT DISTRACTED			
	Owner Name ROBERT HILL (608) 963-0217		Owner Address E10828 HATCHERY RD BARABOO, WI 53913 , US	
02 02	Sequence Of Events			
	01	Event LEFT TURN		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
UNIT TRAILER/ TOWED	04	Event		
	Policy Holder			
	Insurance Company QBE-INSURANCE-CORP		Individual III HILL	
UNIT TRAILER/ TOWED	Trailer/Towed			
	Trailer Plate # RV53563	Plate Type RVT - REC	Make HEARTLAND	State WI
	Country of Issuance UNITED STATES	Individual ROBERT HILL (608) 963-0217		Address E10828 HATCHERY RD BARABOO, WI 53913 , US
UNIT INDIVIDUAL	Individual			
	Driver ROBERT HILL (608) 963-0217		Citations Issued 0	Sex MALE
	Address E10828 HATCHERY RD BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment	On Duty Crash	Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT		
	Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance			
02 004	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	

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UNIT	INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		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					
02	004	Individual Condition APPEARED NORMAL					
		Individual					
		Passenger GAGE HILL (608) 963-0217		Citations Issued 0		Sex MALE	
		Date of Birth		Race WHITE			
		Address E10828 HATCHERY RD BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash		Safety Equipment	
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		02	005	Injury		Injury Severity NO APPARENT INJURY	
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Prior Action	Location	To/From School		
		Action							
Action Other									
02	005	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							
UNIT	INDIVIDUAL	Passenger ROBERT HILL (608) 434-7570			Citations Issued 0	Sex MALE			
					Date of Birth	Race WHITE			
		Address E11070 S GASSER RD BARABOO, WI 53913 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment							
02	006			On Duty Crash	Safety Equipment SHOULDER & LAP BELT				
		Seat Position 6--SECOND SEAT-RIGHT SIDE							
		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 APPLICABL		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
Hospital			Date of Death		Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School				

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UNIT	INDIVIDUAL	Action		
		Action Other		
02	006	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		