

6TL0BLHJP0  
18-03987

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 <b>6TL09QKRC D</b>		Primary Crash Document #	Agency Crash Number <b>18-03987</b>	Investigating Officer/Deputy <b>DEPUTY S. STACEY</b>	
Crash Date <b>04/20/2018</b>		Crash Time <b>03:10 PM</b>	Date Arrived <b>04/20/2018</b>	Time Arrived <b>03:18 PM</b>	
Date Notified <b>04/20/2018</b>		Time Notified <b>03:12 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 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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 SWIPE THE TRAILER UNIT 2 WAS TOWING. UNIT 2 STATED THEY DID YIELD PRIOR TO ENTERING THE ROUND ABOUT, AND DID NOT OBSERVE UNIT 1, BUT BELIEVED THEY WERE EXCEEDING THE SPEED LIMIT THROUGH THE ROUND ABOUT. UNIT 2 WAS ABLE TO MOVE THEIR VEHICLE OUT OF THE ROADWAY ONTO FERN DELL ROAD. UNIT 1 CAME TO REST IN THE ROUND ABOUT.

NAME EDIT

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**Location**

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

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</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>EXIT RAMP-RELATED</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>	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>3</b>	Train/Bus # Injured	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"/> Pre CrashTire Mark	Speed Limit <b>35</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>YIELD SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>01</b>	<b>Vehicle</b>				
		License Plate Number <b>722YSP</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>5GZCZ23D44S883123</b>		Make <b>SATURN</b>	Year <b>2004</b>	Model <b>VUE</b>		
Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>		

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UNIT	VEHICLE	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BILLS TOWING</b>		
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>MARIA ZABAWA (608) 339-8991</b>	Owner Address <b>1943 GROVE AVE FRIENDSHIP, WI 53934 , US</b>		
01	01	<b>Sequence Of Events</b>			
		Event <b>LEFT TURN</b>			
		Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>MARIA ZABAWA</b>		
		<b>Individual</b>			
UNIT	INDIVIDUAL	Driver <b>MARIA ZABAWA (608) 339-8991</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>1943 GROVE AVE FRIENDSHIP, WI 53934 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>	On Duty Crash	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		

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01	UNIT	INDIVIDUAL	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</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		
			<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
			Action				
			Action Other				
			<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		
001	Drug Type						
Individual Condition	<b>APPEARED NORMAL</b>						
01	UNIT	INDIVIDUAL	<b>Individual</b>				
			Passenger <b>CAIDEN LOOMIS</b> <b>(608) 339-8991</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
			Address <b>1943 GROVE AVE</b> <b>FRIENDSHIP, WI 53934 , US</b>	Driver License Number			
			<b>Equipment</b>	On Duty Crash	Safety Equipment		
			Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>SHOULDER &amp; LAP BELT</b>			
			Helmet Use	Helmet Compliance			
			Eye Protection	Tint Compliance			
			002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #					

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UNIT	Hospital		Date of Death		Time of Death	
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	<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	<b>Individual</b>				
Passenger <b>CALEB HOFFMAN</b> <b>(608) 339-8991</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Date of Birth		Race <b>WHITE</b>	
Address <b>1943 GROVE AVE</b> <b>FRIENDSHIP, WI 53934 , US</b>			Driver License Number			
<b>Equipment</b>		On Duty Crash		Safety Equipment		
Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</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		
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	

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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	003	<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>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
		Total Occs <b>3</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>35</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>YIELD SIGN</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

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

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

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



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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School			
		Action								
		Action Other								
		<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>								
		<b>Individual</b>								
		UNIT	INDIVIDUAL	Passenger <b>ROBERT HILL (608) 434-7570</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>	
Address <b>E11070 S GASSER RD BARABOO, WI 53913 , US</b>				Date of Birth				Race <b>WHITE</b>		
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>										
<b>Equipment</b>				On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>				Helmet Compliance						
Helmet Use				Tint Compliance						
Eye Protection				Airbag <b>NON DEPLOYED</b>						
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>				Trapped/Extricated <b>NOT TRAPPED</b>
Ejected <b>NOT EJECTED</b>				EMS Agency Identifier		EMS Run #				
Medical Transport <b>NOT TRANSPORTED</b>				Date of Death		Time of Death				
<b>Non Motorist</b>		Striking Unit #		Prior Action		Location		To/From School		

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		Action Other		
02	006	<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>		