18-03987

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL09QKRCD	Primary Crash Document #	Agency Crash Number 18-03987	Investigating DEPUTY S.	Officer/Deputy STACEY
DO	Crash Date 04/20/2018	Crash Time 03:10 PM	Date Arrived 04/20/2018	Time Arrived 03:18 PM	
LH.	Date Notified 04/20/2018	Time Notified 03:12 PM	Total Units 02	Total Injured 00	Total Killed 00
LOBLHJP0		and Run	ire Work Zone	Trailer o	or Towed Reporting Threshold
6TL	Government Property	Active School Zone	School Bus Related NO	Tags	
	Reportable	Crash Type DT4000 (STANDARD CRASH)	Amende	ed Secondary Crash
	Description Diagram				Reconstruction By
	USH 12 Off Ramp	CTH BD	Fern Dell Rd	nothy Ln	Photos By Additional Information NONE
			SCAL		
		nt officer, agree that I have no			
	PROCEEDED TO GO AROUND TI ATTEMPTED TO TURN TO THE L TRAILER UNIT 2 WAS TOWING. BELIEVED THEY WERE EXCEED	BOUND ON CTH BD. UNIT 2 WAS HE ROUND ABOUT. UNIT 1 STRUC .EFT TO AVOID UNIT 2, WHICH A UNIT 2 STATED THEY DID YIELD I ING THE SPEED LIMIT THROUGH DAD. UNIT 1 CAME TO REST IN TH	CK THE LEFT SIDE OF UNIT 2. U USED DAMAGE TO THE PASSE PRIOR TO ENTERING THE ROUI THE ROUND ABOUT. UNIT 2 W/	NIT 1 STATED U NGER SIDE OF I ND ABOUT, AND	NIT 2 DID NOT STOP, AND THEY UNIT 1, AS IT SIDE SWIPED THE DID NOT OBSERVE UNIT 1, BUT

NAME EDIT

Crash Date 04/20/2018 Crash Time 03:10 PM

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Location ON USH12 EB 729 FT N OF CTHBD SB					Latitude 43.55780	8463		Longitud	
IN THE TOWN OF	-				X Coordina 275515.9			Y Coord 482651	
					Structure T				
Crash Scene					First Harm	6			
MOTOR VEH IN T	RANSPORT				ON ROA		Location		
Manner of Collision					Light Cond				
08FRONT TO SI	DE				DAYLIGH				
Road Surface Conditi	on(s)				Roadway F	Factor(s)			
DRY									
Environment Factor(s					NONE				
					NONE				
Weather Condition(s)					7				
CLEAR									
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD							
Crash Classification -				- Jurisdiction					
PUBLIC PROPERTY Tribal Land							RISDICTION		Special Study
Tribai Lano					Access Co				opecial Gluby
Within Interchange Ar	ea Junction Locat EXIT RAMP-			Intersection		CTION			
Unit Summary	/								
Unit Status				rating As Cla	Classification Unit Type				
IN TRANSIT Vehicle Type		D	D CLASS				AUTOMOBILE Operating As Endorsements		ments
(SPORT) UTILITY	VEHICLE						Operating As Endorsements		
Total Occs 3	Train/Bus #	Injured To 0	otal # Citati	ions Issued		Total Trai	ilers	Total Haz 0	Mat Types
Insurance?	Direction Of	-	Pre (CrashTire		Speed Li	mit	Total Lan	es
YES	SOUTHBO	-		Mark		35		2	
Most Harmful Event: 0			oecial Fund O SPECI	ction AL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE		
Traffic Way			affic Contr				Traffic Cont	rol Inopera	tive/Missing
TWO-WAY, NOT D	IVIDED		ELD SIG				NO		
Surface Type BLACKTOP (BITU	MINOUS		oad Curvat				Road Grade	9	
Truck Bus or HazMat				- 1 ⁻ 1					
NO Vehicle									
	License Plate Number					St	Country of Issuance		
722YSP				TOMOBIL	E	WI	UNITED S		
—	Vehicle Identification Number 5GZCZ23D44S883123		Make SATURN		Year 2004	Model VUE			
Color				e Bus Use ORT UTILITY VEHICLE NOT A BUS					
SIL - SILVER	(ALUMINUM)	U	л - SPO	KIUIILIT	T VEHICL	.⊏		-	

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

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-	Ξ		Injury Severity		Airbag					
6	001	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D				
		Ejected			Ejection Path		Trapped/Extricated			
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED			
		Medical Transport			EMS Agency Ident	fier	EMS Run #			
		NOT TRANSPOR	TED		- 3 ,					
		Hospital			Date of Death		Time of Death			
					Date of Death		The of Dould			
			Striking Unit #	Prior Action		Location		To/From School		
		Non Motorist	Ounding Onic #							
		Action								
	Ļ									
	٩N									
UNIT	ē									
Б	INDIVIDUAL									
	Z									
	-									
		Action Other								
	,	Drever R. Alashal	Suspected Alcohol U	se	Suspected Drug Us	se				
	L	Drug & Alcohol	NO		NO					
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	l							
		Drug Test Given			Drug Test Type		Drug Test Results			
	TEŠT NOT GIVEN									
2	001	Drug Type								
U	0									
		Individual Condition								
		APPEARED NOR	MAL							
		Individual								
		Passenger			Citations Issued Sex					
		CAIDEN LOOMIS	5		0		MALE			
	AL	(608) 339-8991			Date of Birth		Race			
	Ď				Date of Birth		WHITE			
UNIT	DIVIDUAL	Address			Driver License Nur	abor				
5	ā	1943 GROVE AVE	E		Driver License Nul	ibei				
	Z	FRIENDSHIP, WI	53934 , US							
			On Duty Crash		Safety Equipment					
		Equipment			Caloty Equipmont					
		Seat Position			SHOULDER & L	AP BELT				
		6SECOND SEAT	-RIGHT SIDE							
		Helmet Use			Helmet Compliance	2				
					rionnet e empliane					
		Eye Protection			Tint Compliance					
1										
_	N		Injury Severity		Airbag					
9	002	Injury	NO APPARENT II	NJURY	NON DEPLOYE	D				
		Ejected			Ejection Path		Trapped/Extricated			
1		NOT EJECTED				NOT APPLICABL	NOT TRAPPED			
1		Medical Transport			EMS Agency Ident		EMS Run #			
1		NOT TRANSPOR	TED							

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	Hospital				Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action									
	_										
	INDIVIDUAL										
Ē	Ы										
UNIT	N										
	P										
	4										
		Action Other									
	_		Suspected Alcohol L	Jse	Suspected Drug Us	e					
	L	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN	1		Drug Test Type		Drug Test Results				
			I								
2	002	Drug Type									
-	0										
		Individual Condition									
		APPEARED NORMAL									
		APPEARED NORI	MAL								
		ndividual									
			assenger Citations Issued Sex								
		CALEB HOFFMA	N		0		MALE				
	AL	(608) 339-8991			Date of Birth		Race				
⊢					Date of Billin		WHITE				
UNIT	N	Address			Driver License Num	ıber					
	D	1943 GROVE AVE									
	4	FRIENDSHIP, WI	53934 , US								
		Equipmont	On Duty Crash		Safety Equipment						
		Equipment									
		Seat Position			SHOULDER & L	AP BELT					
		4SECOND SEAT	-LEFT SIDE(MOT	ORCYCLE/BI							
		Helmet Use			Helmet Compliance	•					
		Eye Protection			Tint Compliance						
	~		Injury Severity		Airbag						
9	003	Injury	NO APPARENT I	NJURY		ח					
	-	Ejected			Ejection Path	-	Trapped/Extricated				
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED				
		Medical Transport			EMS Agency Identi	fier	EMS Run #				
		NOT TRANSPORT	ΓED								
		Hospital			Date of Death Time of Death						
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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	AL	Action								
UNIT	INDIVIDUAL									
	Z									
		Action Other								
	Ľ	Drug & Alcohol NO	pected Alcohol Use		Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test R	Results	
0	003	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		t Summary								
		Status RANSIT			ehicle Operating As Clas	sification	l	Unit Type TRUCK	Unit Type TRUCK	
02	Vehi	cle Type							as Endorsements	
0		LITY TRUCK/PICKUP T								
	Total Occs Train/Bus # Injured 3				Total # Citations IssuedTotal Traile01		liers	Total HazMat Types 0		
	Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Mark		Speed Lii 35	mit	Total Lanes 2		
UNIT	Most	Harmful Event: Collision W	lith		pecial Function			Emergency NOT APP	Motor Vehicle Use	
-		TOR VEH IN TRANSPO	RT		Traffic Control				rol Inoperative/Missing	
		D-WAY, NOT DIVIDED			IELD SIGN			NO		
		ace Type ACKTOP (BITUMINOUS)	N		oad Curvature URVE LEFT			Road Grade		
		k Bus or HazMat)					LEVEL		
	NO									
	1	Vehicle		[_			C+	Country of la		
		License Plate Number MA9750			Plate Type TK - LIGHT TRUCK		St WI	Country of Is		
02	02	Vehicle Identification Numb			Make		Year	Model RAM		
	0	3C6UR5CL9HG588960 Color)		Body Style		2017	Bus Use		
		RED - RED			PK - PICKUP			NOT A BU	S	
F	CLE	Initial Contact Point 9LEFT SIDE MIDDLE	E	`	/ehicle Damage					
UNIT	VEHICLE	Extent Of Damage	θE	7	LEFT REAR CORN	IER, 8	LEFT SIC	DE REAR, 9-	LEFT SIDE MIDDLE	
		Towed Due To Damage NOT TOWED		١	/ehicle Removed By					
		What Driver Was Doing	_	١	/ehicle Factors					
		NEGOTIATING CURVE Driver Prior Action Other	E		NOT APPLICABLE					

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTIN	IG ACTION								
		Driver Distractions NOT DISTRACTED)								
02	02										
0	U										
		Ourses Name				0					
		Owner Name ROBERT HILL (608) 963-0217					Address B HATCHERY BOO, WI 539'				
	Sequence Of Events										
	0	Event LEFT TURN									
	02	Event MOTOR VEH IN TH	RANSPORT								
	03	Event									
	04	Event									
L		Policy Holder									
UNIT		Insurance Company				Individual					
		QBE-INSURANCE	-CORP			III HILL					
	-	Trailer/Towed									
02		Trailer Plate # RV53563	Plate Type RVT - RE		Make HEARTLAND	State Country of Issuance WI UNITED STATES					
F	ED ER/	Unit Type RECREATIONAL			OBERT HILL	Address E10828 HATCHERY RD BARABOO, WI 53913 , US					
UNIT	TRAILER/ TOWED	Vehicle Identification I 5SFRG4025HE325		(608) 963-0217				3 , US		
		Individual									
	-	Driver				Citations I	ssued		Sex		
	Ļ	ROBERT HILL (608) 963-0217				0			MALE		
F	INDIVIDUAL	(000) 303-0217				Date of Bi	rth		Race WHITE		
UNIT	N	Address				Driver Lice	ense Number				
_	Ï	E10828 HATCHER BARABOO, WI 539				STATE:	WISCONSIN	COUNTRY	: UNITED STATES		
		Equipment	On Duty Cras	h		Safety Equ	uipment				
		Seat Position				SHOULD	ER & LAP B	ELT			
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use				Helmet Co					
		Eye Protection				Tint Comp	liance				
02	004	Injury	Injury Severity NO APPAR		NJURY	Airbag NON DE	PLOYED				

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		Einste d			Figure Dath Transad/Extrinated								
		Ejected			Ejection Path		Trapped/Extricated						
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED						
		Medical Transport			EMS Agency Ident	ifier	EMS Run #						
		NOT TRANSPOR	TED										
		Hospital			Date of Death		Time of Death						
		rioopitai			Date of Death		Time of Boatin						
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School					
		Action											
	_												
	Ā												
느	2												
	₹												
-	5												
	INDIVIDUAL												
	_												
		Action Other											
				1	Over ested Drug II								
	Г	Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Us	se							
_	-												
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results						
_		TEST NOT GIVEN	1										
		Drug Test Given			Drug Test Type		Drug Test Results						
		TEŠT NOT GIVEN	4				0						
_		Drug Type											
8	004	Diug Type											
-	0												
		Individual Condition											
_		APPEARED NOR	MAL										
_													
_		Individual											
_					Citations Issued Sex								
		Passenger GAGE HILL											
_	Ļ	(608) 963-0217			0		MALE Race WHITE						
_	٩ ۲	(000) 303-0217			Date of Birth								
Еl	ā												
IND	INDIVIDUAL	Address			Driver License Number								
-		E10828 HATCHE											
	Z	BARABOO, WI 53	3913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES								
_			On Duty Crash										
_		Equipment			Safety Equipment								
_													
		Seat Position			SHOULDER & L	_AP BELT							
_		3FRONT SEAT-I	RIGHT SIDE (TRAI	IN ENGINEER									
		Helmet Use			Helmet Compliance	е							
_													
_		Eye Protection			Tint Compliance								
	10		Injury Severity		Airbag								
03	005	Injury			-								
_	0		NO APPARENT I	INJUK I	NON DEPLOYE	U							
		Ejected			Ejection Path		Trapped/Extricated						
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED						
		Medical Transport			EMS Agency Ident	lifier	EMS Run #						
		NOT TRANSPOR	TED										
		Hospital			Date of Death		Time of Death						
					Date et Douit								
					1		1						

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		Non Motorist	Striking Unit #	Prior Action		Location		To/From School				
		Action										
	_											
	INDIVIDUAL											
UNIT	ă											
S	Σ											
	R											
	=											
		Action Other										
	Г	Drug & Alcohol	Suspected Alcohol L	Jse	Suspected Drug Us	se						
	_	-	NO		-							
		Alcohol Test Given TEST NOT GIVEN	1		Alcohol Test Type		Alcohol Test Results					
					Drug Test Type		Drug Test Results					
		Drug Test Given TEST NOT GIVEN	l		Drug root rypo		Drug Test Nesults					
~	S	Drug Type										
02	005	0 71										
		ndividual Condition										
		Individual Condition										
		APPEARED NOR	MAL									
	I	Individual										
		Passenger			Citations Issued		Sex					
	۲	ROBERT HILL (608) 434-7570			0		MALE					
	INDIVIDUAL	(000) 101 1010			Date of Birth		Race WHITE					
UNIT	Ę	Address			Driver License Nun	aber						
Б	ā	E11070 S GASSE										
	Z	BARABOO, WI 53	913,US		STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment	On Duty Crash		Safety Equipment							
		Seat Position			SHOULDER & LAP BELT							
		6SECOND SEAT Helmet Use	-RIGHT SIDE		University Compliance							
					Helmet Compliance	5						
		Eye Protection			Tint Compliance							
		,										
02	900		Injury Severity		Airbag							
0	8	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D						
		Ejected			Ejection Path		Trapped/Extricated					
	NOT EJECTED				NOT APPLICABL	NOT TRAPPED						
	Medical Transport				EMS Agency Identi	tier	EMS Run #					
	NOT TRANSPORTED				Date of Death		Time of Death					
		Hospital			Date of Death			Deam				
			Striking Unit #	Prior Action		Location		To/From School				
		Non Motorist										

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UNIT	INDIVIDUAL	Action Action Other			
	Ľ	Drug & Alcohol Suspected Alcohol Use	Suspected Drug Use		
		Alcohol Test Given TEST NOT GIVEN Drug Test Given	Alcohol Test Type Drug Test Type	Alcohol Test Results Drug Test Results	
		TEST NOT GIVEN			
02	006	Drug Type			
		Individual Condition			
		APPEARED NORMAL			