

6TL0BGSFC9
18-13050

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 18-13050	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 11/29/2018		Crash Time 03:55 PM	Date Arrived 11/29/2018	Time Arrived 04:11 PM	
Date Notified 11/29/2018		Time Notified 03:59 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 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By
	Additional Information OTHER DOCUMENTS

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

OPERATOR OF UNIT 1 STATED SHE WAS NEGOTIATING THE SECOND TRAFFIC CIRCLE. OPERATOR OF UNIT 1 STATED UNIT 2 CUT IN FRONT OF HER WHILE NEGOTIATING THE TRAFFIC CIRCLE CAUSING HER TO STRIKE THE CURB CAUSING DAMAGE TO THE RIM TO AVOID A COLLISION WITH UNIT 2. OPERATOR OF UNIT 2 STATED HE CHANGED LANES PRIOR TO NEGOTIATING THE SECOND TRAFFIC CIRCLE. OPERATOR OF UNIT 2 STATED HE DID NOT SEE UNIT 1 AND DID NOT BELIEVE HE CAUSED HER TO STRIKE THE CURB. TAPED REPORT COMPLETED WITH SUPPLEMENTAL INFORMATION. DAMAGE AMOUNT DID NOT MEET REPORTABLE TRAFFIC CRASH THRESHOLD.

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Location

ON USH12 EB 723 FT N OF CTHBD SB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.557770282	Longitude -89.779785713
	X Coordinate 275479.90625	Y Coordinate 4826512
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event CURB	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	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	Intersection Type

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 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes 2
	Most Harmful Event: Collision With CURB		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number ACY7622	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1C4GP64L8TB379825	Make CHRYSLER	Year 1996	Model TOWN & AMP
		Color BLK - BLACK	Body Style VN - VAN		Bus Use NOT A BUS
		Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	1--RIGHT FRONT CORNER		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
	Driver Distractions UNKNOWN IF DISTRACTED				
01	01	Owner Name BRYTNE ANNE DONATO (608) 434-3919		Owner Address 613 BADGER DR BARABOO, WI 53913 , US	
Sequence Of Events					
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event CURB			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company GENERAL-CASUALTY-INS-CO		Individual BRYTNE DONATO		
UNIT	INDIVIDUAL	Individual			
		Driver BRYTNE ANNE DONATO (608) 434-3919	Citations Issued 0	Sex FEMALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address 613 BADGER DR BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment		Safety Equipment	
	On Duty Crash	RESTRAINT USE UNKNOWN			
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance			
	Helmet Use	Tint Compliance			
	Eye Protection	Airbag NON DEPLOYED			
01	001	Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABL	
		Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED	

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UNIT 01 001	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 Summary

UNIT 02	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 # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes 2	
	Most Harmful Event: Collision With OTHER NON-COLLISION		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

UNIT 02	Vehicle			
	License Plate Number 923ULH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5NPET46C78H376960	Make HYUNDAI	Year 2008	Model SONATA
	Color RED - RED	Body Style SD - SEDAN		Bus Use NOT A BUS
	Initial Contact Point NON-COLLISION	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILED TO KEEP IN DESIGNATED LANE				
02	02	Driver Distractions UNKNOWN IF DISTRACTED				
		Owner Name CASSIE JO FLACHS (414) 699-0301		Owner Address 33 13 1/2 NORTHWEST ROCHESTER, MN 55901 , US		
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event				
		Event				
		Event				
UNIT	04	Policy Holder				
		Insurance Company AMERICAN-FAMILY-INS-CO		Individual CASSIE FLACHS		
UNIT	INDIVIDUAL	Driver JORDAN LEE HOWE (507) 475-4204		Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]		Race WHITE		
		Address 33 13 1/2 NORTHWEST ROCHESTER, MN 55901 , US		Driver License Number [REDACTED] STATE: MINNESOTA COUNTRY: UNITED STATES		
		Equipment		On Duty Crash		
02	002	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment RESTRAINT USE UNKNOWN		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity NO APPARENT INJURY		
Ejected NOT EJECTED		Airbag NON DEPLOYED		Ejection Path NOT EJECTED/NOT APPLICABL		
				Trapped/Extricated NOT TRAPPED		

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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 CASSIE JO FLACHS (414) 699-0301		Citations Issued 0	Sex FEMALE		
		Address 33 13 1/2 NORTHWEST ROCHESTER, MN 55901 , US		Date of Birth [REDACTED]	Race WHITE		
				Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		RESTRAINT USE UNKNOWN			
		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	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		