

6TL09426S1

18-13849

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 18-13849	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 12/13/2018		Crash Time 06:10 PM	Date Arrived 12/13/2018	Time Arrived 07:00 PM	
Date Notified 12/13/2018		Time Notified 06:45 PM	Total Units 02	Total Injured	Total Killed
<input type="checkbox"/> On Emergency	<input checked="" 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 <p>NOT TO SCALE</p> <p style="text-align: center;">US HY 12</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 NORTH BOUND ON US HY 12. UNIT 1 WAS IN THE INNER LANE AND HAD JUST FINISHED PASSING A VEHICLE. UNIT 2 WAS ALSO NORTH BOUND AND WAS IN THE OUTER LANE. UNIT 2 CROSSED THE LANE DIVIDER AND STRUCK UNIT 1 IN THE REAR PASSENGER SIDE BUMPER. UNIT 2 CONTINUED ON. UNIT 1 REPORTED THE INCIDENT LATER.

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Location

ON USH12 WB 402 FT N OF RAB N REEDSBURG RD (4) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.533436586	Longitude -89.786991099
	X Coordinate 274807.28125	Y Coordinate 4823828.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Injured	Total # Citations Issued	Total Trailers 0	Total HazMat Types
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01	Vehicle				
	01	License Plate Number 926WMX	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1PD5SHXC7124607	Make CHEVROLET	Year 2012	Model CRUZE
	VEHICLE	Color BLU - BLUE	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	5--RIGHT REAR CORNER		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Driver Distractions UNKNOWN IF DISTRACTED			
		Owner Name DOUGLAS S BOBROWSKI (608) 963-7330	Owner Address 1157 3RD ST BARABOO, WI 53913 , US		
Sequence Of Events					
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	VEHICLE	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U	Individual DOUGLAS BOBROWSKI		
		Individual			
UNIT	INDIVIDUAL	Driver DOUGLAS S BOBROWSKI (608) 963-7330	Citations Issued	Sex MALE	
			Date of Birth	Race WHITE	
		Address 1157 3RD ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
01	001	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance		
		Helmet Use	Tint Compliance		
		Eye Protection	Airbag NON DEPLOYED		
		Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED
		Ejected NOT EJECTED			

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
01	001	Non Motorist		Striking Unit #	Prior Action		
		Action		Location	To/From School		
		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					
		Individual					
		UNIT	INDIVIDUAL	Passenger CYNTHIA V ORBEGOSO ULFE (608) 963-7330		Citations Issued	Sex FEMALE
Address 1157 3RD ST BARABOO, WI 53913 , US				Date of Birth	Race HISPANIC		
				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			
01	002			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				
	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 NOT OBSERVED				
	Individual				
	Passenger RIHANNA ORBEGOSO		Citations Issued	Sex FEMALE	
			Date of Birth	Race HISPANIC	
UNIT INDIVIDUAL	Address 1157 3RD ST BARABOO, WI 53913 , US		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

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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		
			NOT OBSERVED		

Unit Summary

UNIT	02	Unit Status HIT AND RUN	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 0
	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	Most Harmful Event: Collision With		Special Function UNKNOWN	Emergency Motor Vehicle Use UNKNOWN	
	Traffic Way UNKNOWN		Traffic Control UNKNOWN	Traffic Control Inoperative/Missing UNKNOWN	
	Surface Type UNKNOWN		Road Curvature UNKNOWN	Road Grade UNKNOWN	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	02	02	License Plate Number	Plate Type	St	Country of Issuance
				Vehicle Identification Number	Make	Year	Model
				Color	Body Style		Bus Use NOT A BUS
				Initial Contact Point 999	Vehicle Damage		
				Extent Of Damage 999	999		
				Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
				What Driver Was Doing UNKNOWN	Vehicle Factors		
				Driver Prior Action Other	UNKNOWN		

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UNIT	VEHICLE	Driver Actions UNKNOWN			
		Driver Distractions UNKNOWN IF DISTRACTED			
02	02	Owner Name		Owner Address	
				, ,	
Sequence Of Events					
01	Event MOTOR VEH IN TRANSPORT				
	Event				
02	Event				
	Event				
03	Event				
	Event				
04	Event				
	Event				
Individual					
UNIT	INDIVIDUAL	Individual		Citations Issued	Sex
				Date of Birth	Race
02	004	Address		Driver License Number	
		, ,			
Equipment		On Duty Crash		Safety Equipment	
		Seat Position			
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
Injury		Injury Severity		Airbag	
		Ejected		Ejection Path	Trapped/Extricated
		Medical Transport		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	004	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			Drug Test Given	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition		