

6TL0BNZLZ2

19-00850

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 19-00850	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 01/21/2019		Crash Time 06:30 AM	Date Arrived 01/21/2019	Time Arrived 06:41 AM	
Date Notified 01/21/2019		Time Notified 06:31 AM	Total Units 02	Total Injured 00	Total Killed 01
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related YES, SCHOOL BUS DIREC		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>NOT TO SCALE</p>	<p>Reconstruction By SAUK COUNTY SHERIFF</p>
	<p>Photos By A BREUNIG</p>
	<p>Additional Information CMV INSPECTION, ECM/EDR DOWNLOAD, FATAL CRASH SUPPLEMENT, MEASUREMENTS, PHOTOS, RECONSTRUCTION, SURVEILLANCE VIDEO</p>

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

UNIT 1 WAS TRAVELING IN THE HO CHUNK CASINO AND WHITETAIL CROSSING PARKING LOT. UNIT 1 WAS TRAVELING WESTBOUND. UNIT 2 WAS TRAVELING NORTHBOUND ON CTH BD. UNIT 2 WAS APPROACHING THE DRIVEWAY TO HO CHUNK CASINO. UNIT 1 ATTEMPTED TO TURN SOUTHBOUND ONTO CTH BD. UNIT 1 TURNED INTO THE PATH OF UNIT 2. UNIT 2 BRAKED HARD AND SWERVED TO THE LEFT. UNIT 2 BROAD SIDED UNIT 1 ON THE DRIVER'S DOOR. UNIT 1 SPUN AROUND AND TRAVELED OFF THE WEST SIDE OF THE ROAD. UNIT 1 CAME TO REST FACING EASTBOUND. UNIT 2 CAME TO REST IN THE CENTER TURN LANE FACING NORTHEAST.

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Location

ON S3264 CTHBD NB 689 FT N OF COOP LN (FIRE S3264) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.527045787	Longitude -89.777962551
	X Coordinate 275513.09375	Y Coordinate 4823094.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DARK/LIGHTED	
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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 01/21/2019	Time Initial Lane/Rd Closed 06:45 AM		
Date All Lanes Open 01/21/2019	Time All Lanes Open 09:35 AM	Date Scene Cleared 01/21/2019	Time Scene Cleared 09:40 AM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements				
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 PARKING LOT OR PRIVATE PROPERTY		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	01	Vehicle				
		License Plate Number AAK2319	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
01	Vehicle Identification Number 4A4AR4AUXFE027052	Make MITSUBISHI	Year 2015	Model OUTLANDER		

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UNIT VEHICLE	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS
	Initial Contact Point 9--LEFT SIDE MIDDLE	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING	
	What Driver Was Doing LEFT TURN	Vehicle Factors	
Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name FLORENCE M GONZAGOWSKI	Owner Address 1305 15TH ST BARABOO, WI 53913 , US	
01 01	Sequence Of Events		
	Event LEFT TURN		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual FRANCIS GONZAGOWSKI	
UNIT INDIVIDUAL	Individual		
	Driver FRANCIS JAMES GONZAGOWSKI	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 1305 15TH ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety 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	
	Injury	Injury Severity FATAL INJURY	Airbag DEPLOYED-SIDE
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL 01 001	Hospital		Date of Death 01/21/2019		Time of Death 07:45	
	Distracted By		Distracted By Source			
	Distracted By Action UNKNOWN					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING	
Drug Type						
Individual Condition NOT OBSERVED						

Unit Summary

UNIT 02 02 02	Unit Status IN TRANSIT		Vehicle Operating As Classification B CLASS		Unit Type BUS	
	Vehicle Type SCHOOL BUS		Operating As Endorsements S - SCHOOL BUS			
	Total Occs 1	Train/Bus # Recorded 1	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 3	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function VEHICLE USED AS SCHOOL BUS		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS L		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat VEHICLE DESIGNED TO CARRY 9 OR MORE PPL, INCLUDING DRIVER					
	Vehicle					
	License Plate Number 20898B		Plate Type BUS - BUS	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 4DRBUC8P9FB646341		Make ICBU	Year 2015	Model NO DATA FO		
Color YEL - YELLOW		Body Style BU - BUS		Bus Use SCHOOL		

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UNIT VEHICLE	Initial Contact Point 12--FRONT		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		12--FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name KOBUSSEN BUSES LTD (608) 448-4482		Owner Address W914 CTH CE KAUKAUNA, WI 54130 3712, US		
02 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company NATIONAL-INTERSTATE-INS-CO		Organization/Company KOBUSSEN BUSES LTD		
UNIT INDIVIDUAL	Individual				
	Driver MELISSA M APPLGATE (608) 228-9581		Citations Issued 0	Sex FEMALE	
	Address 305 LYNN AVE # A105 BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	Safety 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 NOT APPLICABLE	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		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	Distracted By Distracted By Source		
	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit # Location	
	Prior Action		
	Action		
	Action Other To/From School		
	Drug & Alcohol	Suspected Alcohol Use NO Suspected Drug Use NO	
	Alcohol Test Given TEST GIVEN	Alcohol Test Type BLOOD Alcohol Test Results PENDING	
	Drug Test Given TEST GIVEN	Drug Test Type BLOOD Drug Test Results PENDING	
	Drug Type		
Individual Condition APPEARED NORMAL			
UNIT	Carrier		
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source VEHICLE-SIDE	
	Name KOBUSSEN BUSES LTD USDOT# 275996	Address W914 CTH CE KAUKAUNA, WI 54130 3712, US	
	GVWR MORE THAN 26,000 LB	Vehicle Configuration BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCL Cargo Body Type BUS (SEATS FOR MORE THAN 15 OCCUPAN	
	US DOT # 275996	Carrier Type INTRASTATE CARRIER Permitted Load NOT APPLICABLE	
	<input type="checkbox"/> OS/OW Load	WI Permit Number <input type="checkbox"/> Permitted Vehicle On Permitted Route <input type="checkbox"/> Escort Vehicle Required By Permit <input type="checkbox"/> Escort Vehicle Present	
	Measured Height	Measured Length Measured Width Measured Weight	
	Witness		
	WITN 01	Individual JOHN S HANKO (608) 209-1412	
		Address W1323 DEES RD WISCONSIN DELLS, WI 53965 , US	
ESS	Date of Birth		