

6TL09XQZ09

19-04661

# 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 <b>19-04661</b>	Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>04/23/2019</b>		Crash Time <b>06:46 PM</b>	Date Arrived <b>04/23/2019</b>	Time Arrived <b>07:05 PM</b>	
Date Notified <b>04/23/2019</b>		Time Notified <b>06:48 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 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 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 WEST BOUND ON E MAPLE ST APPROACHING THE MAIN ST INTERSECTION. UNIT 1 FAILED TO STOP AT STOP SIGN AND STRUCK UNIT 2. UNIT 2 WAS TRAVELING SOUTH BOUND ON N MAIN ST. NO INJURIES WERE REPORTED. UNIT 1 WAS TOWED AND REMOVED BY SHIELD'S TOWING. UNIT 2 WAS REMOVED BY OWNER/OPERATOR. UNIT 1 WAS CITED FOR FAILURE TO STOP AT STOP SIGN.

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Location

Table with 3 columns: Location description, Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type.

Crash Scene

Table with 3 columns: Event/Condition, Location, and other details like Light Condition, Roadway Factor, etc.

Unit Summary

Table with 3 columns: Unit Status, Vehicle Operating As Classification, Unit Type, and various unit details.

Table with 4 columns: License Plate Number, Plate Type, St, Country of Issuance, and other vehicle details.

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SHIELDS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>DISREGARDED STOP SIGN</b>			
01 01	Owner Name <b>BRIANNA EVELYN PALMER (262) 749-1726</b>		Owner Address <b>111 SOUTH ST SHARON, WI 53585 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		Individual <b>BRIANNA PALMER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>BRIANNA EVELYN PALMER (262) 749-1726</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>111 SOUTH ST SHARON, WI 53585 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <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 APPLICABLE</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>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				

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Form containing sections: Non Motorist, Action, Drug & Alcohol, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Drug Test Given, Violations, and Unit Summary.

Unit Summary table with columns: Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat.

Vehicle section table with columns: License Plate Number, Plate Type, St, Country of Issuance, Vehicle Identification Number, Make, Year, Model, Color, Body Style, Bus Use, Initial Contact Point.

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
02 02	Owner Name <b>SCOTT C ZIRZOW (608) 963-3881</b>	Owner Address <b>720 LINCOLN AVE BARABOO, WI 53913 , US</b>
	<b>Sequence Of Events</b>	
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>SCOTT ZIRZOW</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>SCOTT C ZIRZOW (608) 963-3881</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Date of Birth
		Race <b>WHITE</b>
	Address <b>720 LINCOLN AVE BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
02 002	<b>Safety 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
	<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 APPLICABLE</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

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action				
	Action					
	Action Other		To/From School			
	<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>JOHN W BORNTREGER (608) 983-2956</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
	Address <b>10565 SHIELDS RIDGE DR CAZENOVIA, WI 53924 , US</b>		Driver License Number			
			Date of Birth		Race <b>WHITE</b>	
UNIT	<b>Safety Equipment</b>		On Duty Crash			
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	UNIT	<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 APPLICABLE</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>Distracted By</b>		Distracted By Source				

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<b>UNIT</b>	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other			
		To/From School			
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	<b>02</b>	<b>003</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>					
<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>MARTHA A BORTREGER (608) 983-2956</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>WHITE</b>	
	Address <b>10565 SHIELDS RIDGE DR CAZENOVIA, WI 53924 , US</b>		Driver License Number		
	<b>Safety Equipment</b>	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		Helmet Compliance	
Helmet Use		Tint Compliance			
<b>02</b>	<b>004</b>	<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 APPLICABLE</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>Distracted By</b>		Distracted By Source		
Distracted By Action					

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<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
<b>02 004</b>	<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>					
<b>UNIT</b>	Passenger <b>IVAN J BORNTRERGER (608) 983-2956</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Date of Birth		Race <b>WHITE</b>	
	Address <b>10565 SHIELDS RIDGE DR CAZENOVIA, WI 53924 , US</b>		Driver License Number			
	<b>Safety Equipment</b>					
		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>						
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
<b>02 005</b>	<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 APPLICABLE</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>Distracted By</b>					
		Distracted By Source				
Distracted By Action						



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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<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>02</b>	<b>005</b>				