

6TLOB1716S

19-08713

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 19-08713	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 07/15/2019		Crash Time 04:47 PM	Date Arrived 07/15/2019	Time Arrived 05:10 PM	
Date Notified 07/15/2019		Time Notified 04:48 PM	Total Units 02	Total Injured 02	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By I HANSON
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS NORTH ON STH 113. UNIT 1 ATTEMPTED TO TURN LEFT WEST ONTO S LAKE ROAD. UNIT 2 WAS SOUTH ON STH 113. UNIT 1 FAILED TO YIELD TO UNIT 2. THE FRONT END OF UNIT 2 STRUCK THE REAR PASSENGER SIDE OF UNIT 2. 9109

Location

ON STH113 NB 281 FT S OF S LAKE RD IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude 43.408413514	Longitude -89.675051136
	X Coordinate 283406.1875	Y Coordinate 4809646
	Structure Type	

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Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAWN	
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 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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<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 TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number BK88432		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number KNDJC733355352171		Make KIA MOTORS CORPORA	Year 2005	Model UTILITY
	Color WHI - WHITE		Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 4--RIGHT SIDE REAR		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR		
	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			

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UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
		Owner Name LEONID SOSIN (224) 551-0880	Owner Address 964 SHAMBLISS LANE BUFFALO GROVE, IL 60089 , US	
01	01	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN AUTOMOBILE ASSOCIATION	Individual LEONID SOSIN		
UNIT	Individual			
	INDIVIDUAL	Driver EKATERINA SOSIN (224) 551-0880	Citations Issued 1	Sex FEMALE
			Date of Birth	Race WHITE
		Address 964 SHAMBLISS LANE BUFFALO GROVE, IL 60089 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
01	001	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
		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		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist	Striking Unit #	Location		
Prior Action				

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UNIT 01	INDIVIDUAL	Action				
		Action Other		To/From School		
		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				
		Passenger NIKOLENKO YEVHENII	Citations Issued 0	Sex MALE		
		Address 1125 MILLER LN APT 201 BUFFALO GROVE, IL 60089 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
UNIT 01	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER				
		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 APPLICABLE	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		Distracted By	Distracted By Source			
		Distracted By Action				
Non Motorist	Striking Unit #	Location				
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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	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			
	01	Violations				
		UTC Number AE753534	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN	

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 # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES		Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire 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 TWO-WAY, NOT DIVIDED			Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature CURVE RIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO						

Vehicle

UNIT	02	VEHICLE	License Plate Number LZ9561				Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
			Vehicle Identification Number 1FMCU9E71CKA83356				Make FORD	Year 2012	Model ESCAPE LIM	
			Color RED - RED				Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
			Initial Contact Point 12--FRONT				Vehicle Damage			
			Extent Of Damage DISABLING DAMAGE				1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT			
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				Vehicle Removed By EVERETTS TOWING			
			What Driver Was Doing GOING STRAIGHT				Vehicle Factors			
			Driver Prior Action Other				NOT APPLICABLE			

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UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	02	02	Owner Name BRANDI JEAN ZICK (608) 477-9194
			Owner Address 419 CEDAR ST SAUK CITY, WI 53583 , US
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual BRANDI ZICK
UNIT INDIVIDUAL	Individual		
		Driver BRANDI JEAN ZICK (608) 477-9194	Citations Issued 0
			Sex FEMALE
			Race WHITE
	Address 419 CEDAR ST SAUK CITY, WI 53583 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	003	Safety Equipment	On Duty Crash
			Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity SUSPECTED MINOR INJURY
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS AIR	EMS Agency Identifier 6000555	EMS Run #
	Hospital SAUK PRAIRIE HOSP	Date of Death	Time of Death
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location
	Prior Action		

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		Action Other		To/From School	
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			
		Individual			
		Passenger JORDAN ELIZABETH SMALL (608) 293-3313	Citations Issued 0	Sex FEMALE	
		Address 94 6TH ST PRAIRIE DU SAC, WI 53578 , US	Date of Birth	Race WHITE	
		Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	Helmet Use				
Eye Protection	Tint Compliance				
02	004	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT	
		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	
		Distracted By	Distracted By Source		
		Distracted By Action			
		Non Motorist	Striking Unit #	Location	
		Prior Action			

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		Action Other			To/From School
02	004	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			