WISCONSIN MOTOR VEHICLE CRASH REPORT

									(608) 356-4	
Document Number Ov	erride	Primary Crash	Document #	Agend	cy Crash Nui 3713	mber	Investigating DEPUTY I.		ty	
Crash Date 07/15/2019		Crash Time 04:47 PM			Arrived 5/2019		Time Arrived 05:10 PM			
Date Notified 07/15/2019		Time Notified 04:48 PM		Total U			Total Injured 02	Total Ki	illed	
On Emergency	ПН	t and Run	Lane Clos	sure	Wor	k Zone	Trailer	or Towed	Reporting Threshold	
Governme Property		Active So	chool Zone	Schoo NO	l Bus Relate	ed	Tags			
✓ Reportable		Crash Type DT4000 (STA	ANDARD CRAS	6H)			Amendo	ed	Secondary Crash	
Description							-		•	
✓ I, a sworn law of the state	ON STH 11	3. UNIT 1 ATTEM	ee that I have n	LEFT WE	ST ONTO S	S data in th S LAKE ROAL	nis report.	Photos By I HANSON Additional In NONE, PH	oformation	
Location										
ON STH113 NB 281 FT S						Latitude 43.408413	514		itude 675051136	
OF S LAKE RD IN THE TOWN OF IN SAUK COUNTY		С				X Coordinate 283406.18	e		ordinate	
IN CACK COOK!						Structure Ty	ре			

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Scene

]	First	Harmful Event		First Harmful Event Location							
	MO	TOR VEH IN TRANSPO	RT	ON ROA	ON ROADWAY						
	Manı	ner of Collision				Light Con	Light Condition				
	08	FRONT TO SIDE		DAWN							
	Road	d Surface Condition(s)		Roadway	Factor(s)						
	DRY	'									
	Envi	ronment Factor(s)									
	NON	NE				NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	al Type					To Trafficwa	ay ON ROAD			
	Cras	h Classification - Location				Crash Cla	assification	- Jurisdiction			
		BLIC PROPERTY				NO SPE	CIAL JUI	RISDICTION			
	Triba	al Land				Access C				Special Study	
	With	in Interchange Area	Junction Location		Intersection						
	NO	ı	NON-JUNCTION		NOT AN	INTERSE	CTION				
į	Uni	Summary									
	Unit	Status		Vehicle Ope	erating As C	assificatio	n	Unit Type			
		RANSIT		D CLASS				AUTOMO			
5		cle Type				Operating As Endorsements					
٥		SSENGER CAR	T-4-1 # 0%-4	Total # Citations Issued Total T			illers Total HazMat Types				
	10ta	l Occs	Train/Bus # Recorded		1 0			illers	0	iviat Types	
	Insurance? Direction Of Travel				Pre CrashTire		Speed Limit		Total Lan	es	
_	YES NORTHBOUND				Mark		55		2		
UNIT	Most	Harmful Event: Collision W	lith		Special Function NO SPECIAL FUNCT			Emergency			
		TOR VEH IN TRANSPO	RT			TION		NOT APPLICABLE Traffic Control Inoperative/Missing			
		ic Way D-WAY, NOT DIVIDED		Traffic Control NO CONT				NO			
		ace Type			Road Curvature			Road Grade			
	BLA	CKTOP (BITUMINOUS)	STRAIGH	STRAIGHT			UPHILL			
	Truc NO	k Bus or HazMat		•				•			
		V-1-1-									
	,	Vehicle License Plate Number		Dieta Tura			St	Country of Is	cuanco		
		BK88432		Plate Type	TOMOBIL	F	IL.	UNITED ST			
		Vehicle Identification Numl	ber	Make		· -	Year	Model	.,,,,		
5	5	KNDJC733355352171		KIA MOT	ORS COR	PORA	2005	UTILITY			
		Color WHI - WHITE		Body Style 4D - 4DR				Bus Use NOT A BU	s		
	щ	Initial Contact Point		Vehicle Da							
╘	5	4RIGHT SIDE REAR									
LNO	VEHICL	Extent Of Damage		4RIGHT	SIDE RE	AR, 5RI	GHT REA	R CORNER,	6REAR	1	
	>	FUNCTIONAL DAMAG									
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By MIKES TOWING										
		What Driver Was Doing	DENIO DANAGE	Vehicle Fac							
		LEFT TURN		30.0 1 4							
		Driver Prior Action Other		NOT APP	LICABLE						

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 07/15/2019

Crash Time 04:47 PM

		Driver Actions	OF WAY									
_	VEHICLE	FAILED TO YIELD RIGHT	-OF-WAY									
L N	Н											
	VE											
		Owner Name			Owner Address							
		LEONID SOSIN			964 SHAMBLISS LANE							
5	01	(224) 551-0880			BUFFALO GROVE, IL 6	60089 , US						
		anusanas Of Friends										
		Sequence Of Events Event										
	01	MOTOR VEH IN TRANSPORT										
	02	Event										
	03	Event										
	4	Event										
	04											
≒	I	Policy Holder			1							
LINO		Insurance Company AMERICAN AUTOMOBIL	E ASSOCIA	ATION	Individual LEONID SOSIN							
		ndividual										
		Driver EKATERINA SOSIN (224) 551-0880			Citations Issued		Sex					
	٩L				1		FEMALE Race					
_	INDIVIDUAL				Date of Birth		WHITE					
	IVI	Address			Driver License Number							
	IN I	964 SHAMBLISS LANE BUFFALO GROVE, IL 600	089 , US		STATE: ILLINOIS COUNTRY: UNITED STATES							
	Sat	On Duty ety Equipment	/ Crash		Safety Equipment							
		Seat Position			SHOULDER & LAP BELT	Т						
		1FRONT SEAT-LEFT SI	DE (DRIVE	R/MOTORCY								
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
0	90	Injury S SUSPI	everity FCTFD MIN	IOR INJURY	Airbag NON DEPLOYED							
		Ejected	Ejection Pa	th	1		Trapped/Extricated					
		NOT EJECTED	NOT EJE	CTED/NOT APPI			NOT TRAPPED					
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #					
		Hospital			Date of Death		Time of Death					
		Distress	- 1 D C									
		Distracted By NOT A	ed By Source PPLICABL	E (NOT DISTRA	CTED)							
		Distracted By Action NOT DISTRACTED										
		Non Motorist Striking	Unit #	Location								
		Prior Action										

WISCONSIN MOTOR VEHICLE CRASH REPORT

							` '		
		Action							
	_								
	INDIVIDUAL								
⊢	\supset								
UNIT									
\supset	2								
	₽∣								
	Z								
		Action Other					To/From School		
		Action Other					10/1101113011001		
		Suspected A	Icohol Use	Suspected Drug Use					
		Drug & Alcohol No		NO					
		Alashal Task Circas	Alaskal Task Time			Alaskal Task Daniska			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given	Drug Test Type		Drug Test Results	•			
		TEŠT NOT GIVEN			Ĭ				
7	001	Drug Type							
0	ŏ								
		Individual Condition							
		APPEARED NORMAL							
	ı	ndividual							
		Passenger		Citations Issued		Sex			
		NIKOLENKO YEVHENII	0		MALE				
	7								
	^		Date of Birth		Race				
⊨	INDIVIDUAL				WHITE				
	⋝	Address	Driver License Number						
\supset		1125 MILLER LN APT 201							
	Z	BUFFALO GROVE, IL 60089	, US	STATE: ILLINOIS COUNTRY: UNITED STATES					
		On Duty Cra	sh	Safety Equipment					
	Saf	ety Equipment							
		Seat Position		SHOULDER & LAP	DELT				
				ON OUT OF THE PERIOD OF THE PE					
		3FRONT SEAT-RIGHT SIDE	(TRAIN ENGINEER						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Lye i lotection		Tint Compliance					
		<u> </u>							
_	005	Injury Severi	ty	Airbag					
0	8	Injury NO APPAR	RENT INJURY	NON DEPLOYED					
		Ejected Ejec	ction Path			Trapped/Extricated			
				ICADI E					
			T EJECTED/NOT APPL			NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
				1					
		Distracted By Distracted By	/ Source						
		Distracted by							
		Distracted By Action							
		•							
		10:11	n II . 2						
		Non Motorist Striking Unit	# Location						
		NOT WOLDING							
		Prior Action	•						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action										
LINO	INDIVIDUAL											
		Action Other									To/From School	
	L	Suspected Alcohol Use Drug & Alcohol NO			Use	Suspected Drug Use NO						
		Alcohol Test Given			Alcohol Test Ty	/ре				Alcohol Tes	t Results	
		TEST NOT GIVEN		Drug Toot Tune		ı		T (D)				
		TEST NOT GIVEN	Drug Test Given TEST NOT GIVEN		Drug Test Type	;		Drug	Test Results			
10	005	Drug Type										
		Individual Condition										
		APPEARED NORMAL										
	'	Violations		T 0 10			5					
	5	UTC Number AE753534	001		tatute Number 46.18(2)		Description FAIL/YIELD WHILE N	MAKIN	NG LEFT T	URN		
<u> </u>	Uni	Summary •										
		Status					hicle Operating As Classit	fication	l	Unit Type		
		RANSIT				D	D CLASS			AUTOMOBILE Operating As Endorsements		
02	Vehicle Type PASSENGER CAR									Operating A	s Endorsem	lents
						То	Total # Citations Issued Total			ers	Total HazM	flat Types
	2 Inqui	ance?		Direction Of	Travel	0.00			0 Speed Lim	0 ed Limit Total Lanes		
_	YES			SOUTHBO			FIE CIASIIIIE		55	ıt	2	
UNIT		Harmful Event: Collision				Special Function NO SPECIAL FUNCTION			•	NOT APPI		cle Use
		ic Way				Traffic Control			Traffic Cont	rol Inoperativ	ve/Missing	
		D-WAY, NOT DIVIDE ace Type	ED			NO CONTROL Road Curvature			NO Road Grade			
		CKTOP (BITUMING	OUS))		CURVE RIGHT			DOWNHILL			
	Truc NO	ck Bus or HazMat								•		
	,	Vehicle										
		License Plate Number	-				late Type		St	Country of Is		
		LZ9561 Vehicle Identification N	Jumb	or			UT - AUTOMOBILE ake		WI Year	UNITED STATES		
02	02	1FMCU9E71CKA8					ORD		2012	Model ESCAPE LIM		
		Color RED - RED			U	ody Style T - SPORT UTILITY V	EHIC	LE	Bus Use NOT A BUS	Bus Use NOT A BUS		
_	쁘	Initial Contact Point 12FRONT				V	ehicle Damage					
UNIT	VEHICL	Extent Of Damage				1.	RIGHT FRONT COR	NER,	11LEFT I	FRONT CO	RNER, 12-	FRONT
ا ر	ΛĒ	DISABLING DAMA										
		Towed Due To Damag	_	BI ING DAM	IAGE		ehicle Removed By VERETTS TOWING					
		What Driver Was Doin		PENIO DAN	IAGE		ehicle Factors					
		GOING STRAIGHT										
		Driver Prior Action Other		NOT APPLICABLE								

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 07/15/2019

Crash Time 04:47 PM

	H.	Driver Actions NO CONTRIBUTING	ACTION									
LIND	VEHICLE											
	VE											
		Owner Name BRANDI JEAN ZICK			Owner Address 419 CEDAR ST							
05	02	(608) 477-9194			SAUK CITY, WI 53583 , US							
		Sequence Of Events										
	01	Event MOTOR VEH IN TRANSPORT										
	02	Event										
	03	Event										
	04	Event										
_		Policy Holder										
L		Insurance Company PROGRESSIVE-ADV	ANCED-INSUR	ANCE-CO	Individual BRANDI ZICK							
		Individual	702300		DIANUI ZION							
		Driver BRANDI JEAN ZICK (608) 477-9194			Citations Issued	Sex						
	AL				Date of Birth	FEMALE Race						
╘	INDIVIDUAL					WHITE						
	DIV	Address 419 CEDAR ST			Driver License Number							
	Z	SAUK CITY, WI 5358	3 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
		I On	n Duty Crash		Cofety Favilian and							
	Saf	ety Equipment	I Duty Clasii		Safety Equipment							
		Seat Position	T 0105 (001)(5)	2/1070201	SHOULDER & LAP BELT							
		1FRONT SEAT-LEF Helmet Use	· I SIDE (DRIVEI	R/MOTORCY	Helmet Compliance							
		Eve Dretection			T: 10 "							
		Eye Protection			Tint Compliance							
05	003	Injury en	ury Severity JSPECTED MIN	OD IN HIDV	Airbag DEPLOYED-FRONT							
		Ejected	Ejection Pat	h	DEFLOTED-FRONT	Trapped/Extricated						
		NOT EJECTED	NOT EJEC	CTED/NOT APPL	ICABLE	NOT TRAPPED						
	Medical Transport EMS AIR				EMS Agency Identifier 6000555	EMS Run #						
		Hospital			Date of Death	Time of Death						
		SAUK PRAIRIE HOSI										
		Distracted By No	stracted By Source OT APPLICABL	E (NOT DISTRAC	CTED)							
		NOT DISTRACTED										
		Non Motorist Str	riking Unit #	Location								
		Prior Action										

WISCONSIN MOTOR VEHICLE CRASH REPORT

TINO	INDIVIDUAL	Action							
		Action Other					To/From School		
		Action Other					10/110/11 Contool		
	L	Orug & Alcohol NO	ted Alcohol Use	Suspected Drug Use NO			•		
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given	Drug Test Type		Drug Test Results	<u> </u> 			
		TEST NOT GIVEN	, , , , , , , , , , , , , , , , , , , ,		. 5				
05	003	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual							
		Passenger		Citations Issued		Sex			
	AL	JORDAN ELIZABETH SMALL (608) 293-3313		Date of Birth		FEMALE Race			
_	DO			Date of Biltin		WHITE			
LINO	INDIVIDUAL	Address 94 6TH ST PRAIRIE DU SAC, WI 535	78 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty fety Equipment	r Crash	Safety Equipment					
	Ju.	Seat Position		SHOULDER & LAP BELT					
		3FRONT SEAT-RIGHT S	SIDE (TRAIN ENGINEER						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
05	004	Injury Se	everity	Airbag					
0	ŏ		PARENT INJURY	DEPLOYED-FRONT		I Tanana di Catalanta d			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			
	Distracted By Source								
		Distracted By Action							
		Non Motorist Striking	Unit # Location						
		Prior Action	1						

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 07/15/2019

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		Action					
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⊨	7						
LINO	=						
\supset	\leq						
	INDIVIDUAL						
	_						
		Action Other					To/From School
		Action Other					10/1101113011001
	,	Suspected Alcohol NO	ohol Use	Suspected Drug Use			
	L	Drug & Alconol No		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u>	
		Drug Test Given TEST NOT GIVEN	2.ug . oc)po		Drug Test Nesults	•	
02	004	Drug Type					
J	0						
		Individual Condition					
		ADDEADED MODIAN					
		APPEARED NORMAL					