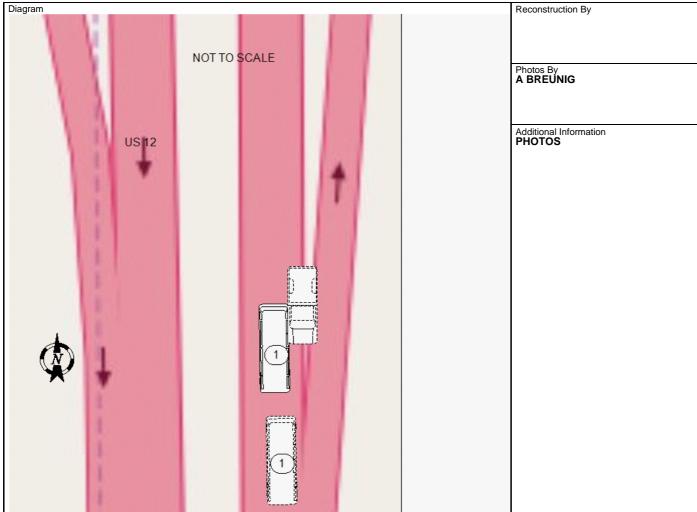
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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

.0133			0117101		J. C.			(608) 356-4895	
Document Number Ove	rride	Primary Crash	Document #	Agency 19-087	Crash Number 99	Investigating Officer/Deputy DEPUTY A. BREUNIG			
Crash Date 07/17/2019		Crash Time 01:53 PM		Date Arrived 07/17/2019		Time Arrived 02:07 PM			
Date Notified 07/17/2019		Time Notified 01:57 PM		Total Units 02		Total Injured 00	Total Kille	ed	
On Emergency	✓ Hi	t and Run	Lane Closu	ure	Work Zone	Trailer or	Towed	Reporting Threshold	
Governmer Property	Government Property		Active School Zone		Bus Related	Tags		•	
✓ Reportable		Crash Type DT4000 (STA	ANDARD CRASH	1)		Amended		Secondary Crash	
Description									
Diagram						Re	econstruction	n By	
1 1		NOT	TO SCALE			Ph	otos By		



UNIT 1 WAS TRAVELING NORTHBOUND IN THE MIDDLE LANE. UNIT 2 WAS TRAVELING SOUTHBOUND IN THE NORTHBOUND LANES. UNIT 2 TRAVELED ALONG THE PASSENGER SIDE OF UNIT. UNIT 1 AND 2 STRUCK EACH OTHERS PASSENGER SIDES. UNIT 2 CROSSED OVER THE MEDIAN AND FLED SOUTHBOUND. THE OPERATOR OF UNIT 1 STATED THAT SHE HAD COME TO A STOP TO ATTEMPT TO AVOID THE COLLISION. UNIT 2 WAS A GRAY GM PICKUP WITH A TOPPER.

Location				
	Latitude 43.565681226	Longitude -89.778306004		
LIN THE TOWN OF DELTON	X Coordinate 275628.8125	Y Coordinate 4827386.5		
	Structure Type			

WISCONSIN MOTOR VEHICLE CRASH REPORT

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Crash Scene

		TOR VEH IN TRANS	PORT	ON ROADWAY						
		ner of Collision	I OKI	Light Condition						
		SIDESWIPE/OPPOS	SITE DIRECTION			DAYLIGHT				
		d Surface Condition(s)				Roadway Factor(s)				
	DRY	• •				(-)				
	Envir	ronment Factor(s)								
	NON					NONE				
		ther Condition(s)				NONE				
		DUDY								
	Anim	nal Type				Relation T		N ROAD		
	Cras	h Classification - Location	on					Jurisdiction		
	PUE	BLIC PROPERTY				NO SPE	CIAL JUF	RISDICTION		
	Triba	al Land				Access Co				Special Study
	\//ithi	in Interchange Area	Junction Location		Intersectio	NO CON	IROL			
	NO	in interenange Area	NON-JUNCTION			INTERSE	CTION			
į	Unit	t Summary =								
		Status		Vehicle Ope	erating As C	assification		Unit Type		
		RANSIT		C CLASS	C CLASS			BUS		
7		cle Type	NOT BUG				Operating A			
		SENGER BUS/TRA	Total # Citat	Total # Citations Issued			P - PASSENGER BUS ailers Total HazMat Types			
	Total Occs Train/Bus # Recorded 2				0		0		0	iwat Types
		ance?	Direction Of Travel		Pre CrashTire		Speed Lim		Total Lan	es
╘	YES	;	NORTHBOUND		Mark		45		6	
UNIT		Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		TOR VEH IN TRANS	PORT	Traffic Cont		TION		Traffic Control Inoperative/Missing NO Road Grade		
		DED HWY MEDIAN	W/BARRIER	NO CONT						
	Surfa	асе Туре		Road Curva	ture					
	CON	NCRETE		STRAIGH	STRAIGHT			DOWNHILL		
		k Bus or HazMat	O CARRY 9 OR MORE PP	U INCLUDING D	LUDING DRIVER					
		Vehicle	O OARRETT	E, INCEODING D	TUVEIX					
		License Plate Number		Plate Type			St	Country of Is	suance	
		47843			UNICIPAL		WI	UNITED ST		
_	1	Vehicle Identification N	lumber	Make			Year	Model		
5	01	1FDFE4FS6EDA99	012	FORD			2014	E450 SUPER		
		Color WHI - WHITE		Body Style VN - VAN				Bus Use SHUTTLE		
	Щ	Initial Contact Point		Vehicle Da						
╘	CL	1RIGHT FRONT C	CORNER	1 PIGUT	EDONT C	ODNED	2_DIGUT	SIDE EDON	T 2_PIC	SHT SIDE MIDDLE, 4
LNO	VEHICL	Extent Of Damage			IDE REAR	•	zRIGH I	SIDE FROM	11, 3KIG	SHT SIDE WIIDDLE, 4
	>	FUNCTIONAL DAM		Vehicle Re	mound Du					
		Towed Due To Damag NOT TOWED	l C	OPERAT	,					
		What Driver Was Doing	g	Vehicle Fa						
		GOING STRAIGHT								
		Driver Prior Action Other	er	NOT APP	PLICABLE					

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions											
	щ	NO CONTRIBUTING	G ACT	ION									
╘	VEHICLE												
L N	Ī												
_	VE												
		Owner Name			Owner Address								
		HO-CHUNK NATIO			S3214 CTH BD								
2	01	(800) 746-2486 EXT	. 2434		BARABOO, WI 53913 , US								
		Sequence Of Events											
		Event Events											
	01	MOTOR VEH IN TR	ANSP	ORT									
		Event											
	02	E voin											
		Event											
	03	Lvent											
		Event											
	04	_701IL											
		Dollar Halden											
HIND		Policy Holder			To .								
5		Insurance Company HUDSON-INS-CO			Government								
_					HO-CHUNK NATION								
	ı	Individual											
		Driver			Citations Issued	Sex							
	_	LUELLA MAY ZIPS	IE		0	FEMALE							
	JA	(608) 402-3671			Date of Birth	Race							
⊢	INDIVIDUAL					WHITE							
L N	≥	Address			Driver License Number	•							
_		1520 W PINE ST # 2		0	STATE: WISCONSIN COUNTRY: UNITED STATES								
	=	BARABOO, WI 539	13,0	ა									
	Saf	ety Equipment	On Duty	Crash	Safety Equipment								
	Sai												
		Seat Position			SHOULDER & LAP BELT								
			EFT SI	DE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
				it	A into a m								
6	90	Iniury	Injury S	PARENT INJURY	Airbag								
	0		NO AP	Ejection Path	NON DEPLOYED	Transad/Cytriagted							
		Ejected		•	LICARIE	Trapped/Extricated							
		NOT EJECTED Medical Transport		NOT EJECTED/NOT APP		NOT TRAPPED							
		NOT TRANSPORTE	-D		EMS Agency Identifier	EMS Run #							
			עב		Date of Dooth	Time of Dooth							
		Hospital			Date of Death	Time of Death							
	Distracted By Source												
		Distracted By	NOT A	PPLICABLE (NOT DISTRA	(CTED)								
		Distracted By Action			,								
		NOT DISTRACTED											
			Striking	Unit # Location									
		Non Motorist	ou maily	Location									
		Prior Action		<u> </u>									

WISCONSIN MOTOR VEHICLE CRASH REPORT

	_						• •		
		Action							
	_								
	INDIVIDUAL								
⊢	\supset								
UNIT									
5	2								
	₽∣								
	Z								
		Action Other					To/From School		
		Action other					10/1101110011001		
		_							
	,	Suspecte	ed Alcohol Use	Suspected Drug Use					
	L	Drug & Alcohol No		NO					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
			Alcohol Test Type			7 (ICONOL TOST TOSUITS			
		TEST NOT GIVEN							
		Drug Test Given	Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN							
	_	Drug Type	l		<u> </u>				
7	001	Diag Type							
_	J								
		Individual Condition							
		APPEARED NORMAL							
	ı	ndividual							
	-			Citations Issued		0			
		Passenger				Sex			
		DENNIS A LEE		0		MALE			
	⋖	(219) 696-4240		Date of Birth Race					
_	\geq					WHITE			
UNIT	INDIVIDUAL	Address		Debuga Liangana Normban					
5	\leq	Address		Driver License Number					
	爿	637 S LAKEVIEW DR		STATE: INDIANA C	OUNTRY, UNITE	ED STATES			
	=	LOWELL, IN 46359, US		STATE. INDIANA C	OUNTRY. UNITE	DSIAIES			
	Į.	On Duty	Crash	Safety Equipment					
	Saf	ety Equipment	Olasii	Salety Equipment					
	ou,								
		Seat Position		NONE USED - VEHI	CLE OCCUPANT	Ī			
		6SECOND SEAT-RIGHT	SIDE						
		Helmet Use		Helmet Compliance					
		Tielinet Ode		Tierrier compilation					
		Eye Protection		Tint Compliance					
_	8	Injury Se	everity	Airbag					
0	005	Injury NO API	PARENT INJURY	NOT APPLICABLE					
		Figure	Figure Dath	INOT ALL LIOADEL		Towns ad / Towks and ad			
			Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED		,					
				Date of Death		Time of Death			
		Hospital		Date of Death		Time of Death			
				<u> </u>					
		Distracte	ed By Source						
		Distracted By							
		Distracted By Action							
		Distracted by Action							
		Striking l	Unit # Location						
		Non Motorist							
		Prior Action	I						

WISCONSIN MOTOR VEHICLE CRASH REPORT

													,500	, 000 4000
	ļ	Action												
UNIT	DU⊿													
'n	NDIVIDUAL													
	=													
		Action Other											To/From Scl	nool
		Sus Drug & Alcohol NO	pected	Alcohol Us	se	Suspe NO	cted Drug Use							
		Alcohol Test Given			Alcohol Test Ty	_				A	Alcohol Test	Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type)		Drug 1	Γest Re	esults				
01	005	Drug Type												
0	ŏ													
		Individual Condition APPEARED NORMAL												
	(Carrier					Source							
			ne as Carrier		VEHICLE-SID	E								
01	6	HO-CHUNK NATION	NC				Address S3214 CTH B BARABOO, V		13 . U	ıs				
		USDOT# 560160												
⊢	BUS	GVWR Vehicle Configuration 10,001-26,000 LBS BUS/LARGE VAN (SE			ATS FOR	9-15 OCCUPA	NTS, II		_	Body Type ARGE VA	N (SEAT	S FOR 9-15	OCCUPA	
UNIT		US DOT # 560160	Carrier Type NOT IN COMMERCE						Permitte	ed Load				
	TRUCK	OS/OW Load WI Permit Number				ermitted Vehicle On Escort Vehicle On Permitted Route By F			Vehicle By Per			Escort Vehic	le Present	
		Measured Height		Measur	ed Length		Measured Width	<u>—</u> 1			leasured We	eight		
	llni	t Summary ===												
	Unit	Status				Vehicle O	perating As Class	ification		ι	Jnit Type			
		AND RUN				D CLASS					TRUCK			
02		cle Type LITY TRUCK/PICKUP T									Operating As Endorsements			
	Tota 1	I Occs	Train	/Bus # Red	corded	Total # Cit	ations Issued		Total 0	Trailers		Total Hazl 0	Mat Types	
_		rance? KNOWN		ction Of Tra		Pre	e CrashTire Mark		Speed 45	d Limit		Total Lane	es	
UNIT		t Harmful Event: Collision W TOR VEH IN TRANSPO				Special Fu	inction CIAL FUNCTIO	N	•	l I	Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way I DED HWY MEDIAN W/ E	BARR	IER		Traffic Cor					Traffic Control Inoperative/Missing			
	Surface Type CONCRETE				Road Curvature STRAIGHT					Road Grade UPHILL				
		k Bus or HazMat				Jimaio					· · · · · · ·			
		Vehicle												
		License Plate Number				Plate Typ	e e		St	С	ountry of Iss	uance		
٥.		Vehicle Identification Numb	oer			Make			Year	M	odel			
02	02													

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use NOT A BUS						
	Щ	Initial Contact Point		Vehicle Dama	ge							
UNIT	∃C∣	VEHICLE NOT AT SCENE Extent Of Damage		VEHICLE NOT AT SCENE								
n	VEHICLE	VEHICLE NOT AT SCENE	:	VEHICLE NOT AT SCENE								
		Towed Due To Damage		Vehicle Remo								
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Factor								
		UNKNOWN										
		Driver Prior Action Other		UNKNOWN								
		Driver Actions										
_	Е	UNKNOWN										
UNIT	VEHICLE											
ر	VEI											
		Owner Name		Owner Ad	ddrooo							
~	7	Owner Name		Owner Ac	duless							
05	02			, ,								
		Sequence Of Events										
		Event										
	01	MOTOR VEH IN TRANSPO	DRI									
	02	Event										
	03	Event										
		Event										
	04											
	ı	Individual Citations Issued Sex										
		Driver		Ottations is:	sued	Sex						
	UAI			Date of Birt	h	Race						
UNIT	INDIVIDUAL	Address		Driver Licer	nse Number							
n	NDI											
	=	, ,										
		On Duty	Crash	Safety Equipment								
	Sai	Seat Position		DECTRAL	NT LICE LINUXNOWN							
		1FRONT SEAT-LEFT SIL	DE (DRIVER/MOTORCY	RESTRAINT USE UNKNOWN								
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
		•										
02	003	Injury Se	everity PARENT INJURY	Airbag NOT APP	LICARI F							
		Ejected	Ejection Path	1		Trapped/Extricated						
		NOT APPLICABLE Medical Transport	NOT EJECTED/NOT APP		ou Idontifior	NOT APPLICABLE						
		NOT TRANSPORTED		EMS Agend	cy identifier	EMS Run #						
		Hospital		Date of Dea	ath	Time of Death						
		Distracte	ed By Source			[
		Distracted By	, » -									
		Distracted By Action										

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Unit #	Location				
		Prior Action		•				
TINO	INDIVIDUAL	Action						
		Action Other	Suspected Alcohol U	Isa	Suspected Drug Use			To/From School
	1	Drug & Alcohol	Cuopocica / liconor c	500	Cuopodica Brug Coo			
		Alcohol Test Given TEST NOT GIVEN	<u> </u>	Alcohol Test Typ	pe .		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	l	Drug Test Type		Drug Test Results		
05	003	Drug Type						
		Individual Condition NOT OBSERVED						
	18714							
	Indiv	ness ridual			Address			Date of Birth
WITN 01	DEE	BRA S MCCOLLUM 3) 408-7656	l		267 MESA VIEW DR BARABOO, WI 53913	, US		