

6TL0BC3B3B

19-09339

# 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>19-09339</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>07/28/2019</b>		Crash Time <b>10:23 AM</b>	Date Arrived <b>07/28/2019</b>	Time Arrived <b>10:32 AM</b>	
Date Notified <b>07/28/2019</b>		Time Notified <b>10:25 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>01</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>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram	Reconstruction By <b>SAUK COUNTY SHERIFF</b>
Not to scale	Photos By <b>T. SPENCER/ A. RAU</b>
	Additional Information <b>FATAL CRASH SUPPLEMENT, PHOTOS, RECONSTRUCTION, WITNESS STATEMENTS</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING ON A PAVED ROAD ON PRIVATE PROPERTY. AS THE OPERATOR WAS TRAVELING DOWNHILL MAKING A SLIGHT RIGHT TURN, HE STRUCK A PEDESTRIAN ON THE PAVED ROADWAY. THE PEDESTRIAN WAS FATALLY INJURED.

## Location

<b>PRIVATE PROPERTY</b> <b>S1915 ISHNALA</b> <b>(FIRE S1915)</b>  <b>IN THE TOWN OF DELTON</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.577093811</b>	Longitude <b>-89.800595248</b>
	X Coordinate	Y Coordinate
	Structure Type <b>FIRE</b>	

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## Crash Scene

First Harmful Event <b>PEDESTRIAN</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - OTHER</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	

## Unit Summary

<b>UNIT</b> 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes	
	Most Harmful Event: Collision With <b>PEDESTRIAN</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> 01 <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>PT9585</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTBF2A66EEB46886</b>		Make <b>FORD</b>	Year <b>2014</b>	Model <b>F250</b>
	Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>1--RIGHT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>NO DAMAGE</b>		<b>NO DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
Driver Prior Action Other		<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>UNKNOWN</b>		
		Owner Name <b>R AND G INC (608) 340-1694</b>	Owner Address <b>S1915 ISHNALA RD BARABOO, WI 53913 , US</b>	
UNIT	SEQUENCE OF EVENTS	<b>Sequence Of Events</b>		
		01	Event <b>PEDESTRIAN</b>	
		02	Event	
		03	Event	
UNIT	POLICY HOLDER	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Organization/Company <b>R AND G INC</b>	
		<b>Individual</b>		
UNIT	INDIVIDUAL	Driver <b>DAVID W ROBERSON JR (214) 215-2544</b>	Citations Issued <b>0</b>	
		Sex <b>MALE</b>	Date of Birth	
UNIT	INDIVIDUAL	Address <b>181 RAINBOW DR #8135 LIVINGSTON, TX 77399 , US</b>	Race <b>WHITE</b>	
		Driver License Number <b>STATE: TEXAS COUNTRY: UNITED STATES</b>		
UNIT	SAFETY EQUIPMENT	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>
UNIT	MEDICAL	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	
		Hospital	EMS Run #	
UNIT	MEDICAL	Date of Death	Time of Death	
		<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
UNIT	MEDICAL	Distracted By Action <b>NOT DISTRACTED</b>		
		<b>Non Motorist</b>	Striking Unit #	
UNIT	MEDICAL	Location		
		Prior Action		

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST GIVEN</b>	Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>	
			Drug Test Given <b>TEST GIVEN</b>	Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>PEDESTRIAN</b>							
		Vehicle Type <b>PEDESTRIAN</b>				Operating As Endorsements							
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>			
		Insurance? <b>NO</b>		Direction Of Travel <b>UNKNOWN</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>N/A</b>		Total Lanes			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>				Traffic Control <b>NO CONTROL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>CURVE RIGHT</b>				Road Grade <b>DOWNHILL</b>			
		Truck Bus or HazMat <b>NO</b>											

**Sequence Of Events**

UNIT	01	Event <b>PEDESTRIAN</b>	
		Event	
		Event	
		Event	

**Individual**

UNIT	INDIVIDUAL	Pedestrian <b>MACKENZIE M AUCAPINA</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
		Address <b>26646 WOODLANDS PARKWAY ZIMMERMAN, MN 55398 , US</b>		Date of Birth		Race <b>HISPANIC</b>	
		Driver License Number					

**Safety Equipment**

On Duty Crash
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02 002	Seat Position <b>PEDESTRIAN (NON-OCCUPANT)</b>		Safety Equipment <b>NONE</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>		Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
	Hospital		EMS Agency Identifier		
	Date of Death <b>07/28/2019</b>		EMS Run #		
	Time of Death <b>10:35</b>		Distracted By Source <b>UNKNOWN</b>		
	<b>Distracted By</b>		Distracted By Action <b>UNKNOWN</b>		
	<b>Non Motorist</b>		Striking Unit # <b>01</b>		
	Location <b>NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK</b>		Prior Action <b>UNKNOWN</b>		
	Action <b>UNKNOWN</b>		Action Other		
	To/From School <b>NO</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>			

UNIT  
INDIVIDUAL

02  
002

### Witness

WITN 01 ESS	Individual <b>MARCUS D GRAY</b> (715) 584-3730		Address <b>N1922 LESSOR NAVARINO RD</b> <b>BONDUEL, WI 54107 , US</b>		Date of Birth