#### 6TL09426SR

19-09640

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash I	Agency Crash Number 19-09640			Investigating Officer/Deputy  DEPUTY A. KULAS					
_	Crash Date <b>08/03/2019</b>	Crash Time 08:48 PM	Date Ar			Time Arrived 09:01 PM					
L034703	Date Notified	Time Notified		Total Units			Total Injured		lled		
Į	08/03/2019	08:50 PM	1	02			00	00	Reporting		
ž	On Emergency Hit	and Run	Lane Closu			k Zone		or Towed	Threshold		
5	Government Property		Active School Zone School Bus Relate				Tags				
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)			Amend	led	Secondary Crash		
	Diagram Diagram							Reconstructi	San Du		
		н.	Y 12					Photos By	o 5,		
	5							Additional In	formation		
	·										
	(====)										
	}5√ }-{										
	U2				1						
					Not to	Scale					
	UNIT 2 WAS SOUTHBOUND ON HY 12 AND WAS ACCELERATING FROM A STOP LIGHT. UNIT 1 WAS ALSO SOUTHBOUND AND WAS BEHIND UNIT 2. UNIT 1 REAR ENDED UNIT 2. THE DRIVER FROM UNIT 1 STATED HE WAS GOING TO FAST FOR THE HEAVY RAIN AND COULD NOT STOP OR SLOW DOWN TO AVOID UNIT 2.										
	Location =====										
	ON USH12 EB 317 FT S			Latitude		Long					
	OF IH90 EB	ELTON				<b>43.568867212</b> X Coordinate			778574353 ordinate		
	IN THE VILLAGE OF LAKE D IN SAUK COUNTY	ELIUN				275618.96875	5	4827			
						Structure Type NO STRUCTU	JRE				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

First Harmful Event Location

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

### Crash Scene First Harmful Event

							ON ROA	ON ROADWAY				
	Manı	anner of Collision						Light Condition				
		FRONT TO REAR					DARK/UNLIT					
	Road	Road Surface Condition(s)						Roadway Factor(s)				
	WE	NET										
	Envi	ronment Factor(s)										
	МОИ	NE .					NONE					
	Wea	ther Condition(s)										
	RAII											
	Anim	al Type						o Trafficwa WAY - O	-			
		h Classification - Locatio	n						Jurisdiction			
		BLIC PROPERTY							ISDICTION			
	Iriba	Land					Access Co				Special Study	
	Withi	n Interchange Area	Jur	nction Location		Intersectio					<u> </u>	
	NO		NC	ON-JUNCTION		NOT AN INTER						
İ	Unit	Summary =										
	Unit	Init Status Vehicle Opera					assification					
						D CLASS			AUTOMO			
01		cle Type						ments				
0	PASSENGER CAR				T-1-1 # 0:1	Total # Citations logged			oro	Total Haz	Mat Types	
	Total Occs Train/Bus # Recorded  2		1 otal # Cital	Total # Citations Issued		Total Traile <b>0</b>		10tai Haz	iviat Types			
	Insurance? Direction Of Travel			Pre CrashTire		Chood Limi		Total Land	Lanes			
⊨	YES SOUTHBOUND				Mark			65 4				
UNIT	Most Harmful Event: Collision With					Special Function NO SPECIAL FUNCTION			Emergency NOT APP			
	MOTOR VEITIN TRANSFORT						TION		_	_		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Cont	NO CONTROL			Traffic Cont	roi inoperai	tive/Missing	
		ace Type			Road Curva				Road Grade	)		
	BLA	CKTOP (BITUMINO	US)		STRAIGH	STRAIGHT			LEVEL			
	Truc	k Bus or HazMat			<b>-</b>							
	NO											
	,	Vehicle										
		License Plate Number			Plate Type			St	Country of Is			
		AEB3660				TOMOBIL	E	WI	UNITED STATES			
5	01	Vehicle Identification No		r	Make CHEVRO	LET		Year	Model CRUZE			
	0	1G1PH5SBXD72386 Color	009		Body Style			2013	Bus Use			
		RED - RED			SD - SED			NOT A BUS				
	Ш	Initial Contact Point			Vehicle Da	mage						
LINO	IC	12FRONT										
5	VEHICL	Extent Of Damage FUNCTIONAL DAM	۸GE		12FROM	N I						
	<b>&gt;</b>	Towed Due To Damage			Vehicle Re	Vehicle Removed By						
		NOT TOWED	•		OPERAT	,						
		What Driver Was Doing			Vehicle Fa							
		GOING STRAIGHT										
		Driver Prior Action Other	er		NOT APP	NOT APPLICABLE						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>=</b>	VEHICLE	Driver Actions SPEED TOO FAST/0	COND						
UNIT	VEHI								
10	01	Owner Name BOBBIE D ROBBIN (414) 839-6129	S		Owner Address 10155 W CLEVELAND AVE WEST ALLIS, WI 53227 , US				
		Sequence Of Eve	ents						
	01	Event MOTOR VEH IN TRA							
	02	Event							
	03	Event							
	04	Event							
_	i	Policy Holder							
L		Insurance Company			Individual				
		GEICO-CASUALTY-CO			ZACHARY ROBINS				
		Individual Driver			Citations Issued				
		ZACHARY JAMES ROBINS			1	Sex MA			
_	INDIVIDUAL	(414) 839-6129			Date of Birth	Rac <b>WH</b>			
	M	Address			Driver License Number				
	IN	10155 W CLEVELAND AVE WEST ALLIS, WI 53227 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	fety Equipment	On Duty Crash		Safety Equipment				
		Seat Position			SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
7	001	Injury .	njury Severity		Airbag				
	0	Ejected Figure 1	NO APPARENT II	NJURY	NON DEPLOYED	l Tran	oped/Extricated		
		NOT EJECTED	'	CTED/NOT APPL	-ICABLE		T TRAPPED		
		Medical Transport	L		EMS Agency Identifier	EMS	S Run #		
		NOT TRANSPORTE	D		Date of Death	T:	e of Death		
	Hospital				Date of Death	e of Death			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Striking Unit #	Location					
		Prior Action							

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action									
	7										
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۱ <del>۶</del>	₽										
L L	INDIVIDUAL										
	□										
	=										
1											
		Action Other						To/From School			
İ		Suspe	ected Alcohol Use		Suspected Drug Use						
	L	Drug & Alcohol No			NO						
İ		Alcohol Test Given	Ald	cohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN									
ł		Drug Test Given	Dr	ug Test Type		Drug Test Results	1				
		TEST NOT GIVEN		0 71							
ŀ	_	Drug Type									
2	90	Diag Type									
	J										
ŀ		Individual Condition									
		marriadar Condition									
		APPEARED NORMAL									
		Individual									
		Passenger			Citations Issued		Sex				
		MICHAEL GEORGE PO	SANSKI		0		MALE				
	7	(715) 372-4820									
	3				Date of Birth		Race WHITE				
L L	INDIVIDUAL						WIIII E				
=	≥	Address S86W30541 STONEGATE DR MUKWONAGO, WI 53149 , US			Driver License Number						
-	닐				STATE: WISCONSIN COUNTRY: UNITED STATES						
	_				omizi modolom dodinin dinizb dimizb						
İ		On Du	uty Crash		Safety Equipment						
	Sai	ety Equipment									
		Seat Position			SHOULDER & LAP BELT						
		3FRONT SEAT-RIGHT	SIDE (TRAIN E	NGINEER							
ł		Helmet Use	<u> </u>		Helmet Compliance						
ŀ		Eye Protection			Tint Compliance						
		Lyo i rotoction			Tint Compliance						
ŀ	<b>~</b> I	Injury	Severity		Airbag						
2	002	Injury	APPARENT INJU	IDV	NON DEPLOYED						
			Tiggtion Dath	JK I	NON DEPLOTED		Transad/Eutricated				
		Ejected	Ejection Path		104515		Trapped/Extricated				
ļ		NOT EJECTED	NOT EJECTE	D/NOT APPL			NOT TRAPPED				
		Medical Transport			EMS Agency Identifier		EMS Run #				
1		NOT TRANSPORTED									
		Hospital			Date of Death		Time of Death				
		Distra	acted By Source								
		Distracted By									
İ		Distracted By Action									
1		Strikir	ng Unit # Lo	cation							
		Non Motorist									
		Prior Action									
		I NOI AUUUN									
l											

# WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	INDIVIDUAL	Action											
		Action Other								To/From	School		
			Sucr	pected Alcohol U	leo	-	Suspected Drug Use	and Devention					
	ı	Drug & Alcohol	NO	occica / liconor c	730		NO						
		Alcohol Test Given	en		Alcohol Test Ty	ре				Alcohol Tes	t Results		
		TEST NOT GIVEN											
		Drug Test Given TEST NOT GIVEN			Drug Test Type	•		Drug <sup>-</sup>	Test Results				
_	7	Drug Type											
5	005	3 71											
		Individual Condition											
		APPEARED NORMAL											
	,	Violations											
	7	UTC Number			tute Number 6.57(3)		Description DRIVING TOO FAST	FOR	CONDITIO	NS			
		AE142592	001	J 54	0.01 (0)		DRIVING TOOT ACT	·	OONDING				
		t Summary Status				Vel	nicle Operating As Classif	fication		Unit Type			
		RANSIT					CLASS	AUTOMO	BILE				
05	Vehicle Type								Operating A	s Endorsen	nents		
0	PASSENGER CAR				Table Trail			Large Tratel HorMat Types					
	Tota 1					Total # Citations Issued Total Tra			ilers Total HazMat Types  0				
		rance?		Direction Of Tr	avel				Speed Lim				
⊨	YES	5		SOUTHBOU	ND	☐ Mark 6			65 4				
		t Harmful Event: Collision				Special Function NO SPECIAL FUNCTION			NOT APP		cle Use		
	_	ic Way	SPOI	KI		Traffic Control			Traffic Cont		ive/Missina		
		DED HWY W/O TRA	4FFI	C BARRIER		NO CONTROL			NO				
		асе Туре				Road Curvature			Road Grade				
		CKTOP (BITUMING	OUS)			STRAIGHT				LEVEL			
	Truc <b>NO</b>	k Bus or HazMat											
		Vehicle											
		License Plate Number	r			Pla	ate Type		St	Country of Is	suance		
		AGA1871					UT - AUTOMOBILE		WI	UNITED ST	TATES		
02	02	Vehicle Identification I 1FAHP3FN4BW11					ake ORD		Year <b>2011</b>	Model FOCUS			
		Color	002				ody Style		2011	Bus Use			
		BLU - BLUE					D - SEDAN			NOT A BUS			
_	쁘	Initial Contact Point 6REAR				Ve	ehicle Damage						
UNIT	VEHICL	Extent Of Damage				6-	-REAR						
_	Ξ/	FUNCTIONAL DAI	MAG	Ε									
		Towed Due To Damag	ge				ehicle Removed By						
		NOT TOWED  What Driver Was Doir	20				WNER chicle Factors						
		GOING STRAIGHT	-			ve	anicie raciois						
		Driver Prior Action Oth				N	OT APPLICABLE						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions	ION							
.	VEHICLE	NO CONTRIBUTING ACTION								
L	<u></u>									
5	표									
	7									
		Owner Name		Owner Address						
8	02	TAYLOR NICOLE ADEE		1875 W PINE ST # 406						
05	0	(608) 415-9974		BARABOO, WI 53913 , US						
		Sequence Of Events								
		Event								
	01	MOTOR VEH IN TRANSP	ORT							
	7	Event								
	02									
	•	Event								
	03									
	_	Event								
	04									
		Policy Holder								
		Insurance Company		Individual						
5		USAA-CASUALTY-INS-C	0	TAYLOR ADEE						
				TATEORADEE						
		ndividual								
		Driver TAYLOR NICOLE ADEE		Citations Issued	Sex					
	ļ	(608) 415-9974		0	FEMALE					
	INDIVIDUAL	(666) 116 661 1		Date of Birth	Race WHITE					
╘	<u>ا</u>				WHITE					
	<u>&gt;</u>	Address		Driver License Number						
	Ħ	1875 W PINE ST # 406 BARABOO, WI 53913 , U	le.	STATE: WISCONSIN COUNTRY: UN	IITED STATES					
	_	BAINABOO, WI 33313 , O	.5							
	Saf	On Duty	/ Crash	Safety Equipment						
	Sai									
		Seat Position		SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
		Linium C		A into a re						
02	003	Injury S	PPARENT INJURY	Airbag						
	0	Ejected NO AF	Ejection Path	NON DEPLOYED	Trapped/Extricated					
		•	1 '	ICADI E						
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT APPL		NOT TRAPPED					
		NOT TRANSPORTED		EMS Agency Identifier	EMS Run #					
				Date of Dooth	Time of Dooth					
		Hospital		Date of Death	Time of Death					
		Distracted By Source								
		Distracted By NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action								
		NOT DISTRACTED								
		Striking	Unit # Location							
		Non Motorist								
		Prior Action	<u>l</u>							

### WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action					
		Action Other  Suspected Alcohol U	se	Suspected Drug Use			To/From School
	L	Drug & Alcohol NO		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		
02	003	Drug Type					
		Individual Condition					
		APPEARED NORMAL					