

6TL09426SR

19-09640

# 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>19-09640</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>08/03/2019</b>		Crash Time <b>08:48 PM</b>	Date Arrived <b>08/03/2019</b>	Time Arrived <b>09:01 PM</b>	
Date Notified <b>08/03/2019</b>		Time Notified <b>08:50 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram		Reconstruction By
<p>HY 12</p> <p>Not to Scale</p>		Photos By
		Additional Information <b>NONE</b>

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

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

<b>ON USH12 EB 317 FT S OF IH90 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY</b>	Latitude <b>43.568867212</b>	Longitude <b>-89.778574353</b>
	X Coordinate <b>275618.96875</b>	Y Coordinate <b>4827741</b>
	Structure Type <b>NO STRUCTURE</b>	

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## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>RAIN</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN 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>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

<b>UNIT</b> 01 <b>VEHICLE</b> 01	License Plate Number <b>AEB3660</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1G1PH5SBXD7238639</b>		Make <b>CHEVROLET</b>	Year <b>2013</b>	Model <b>CRUZE</b>	
	Color <b>RED - RED</b>		Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>12--FRONT</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>SPEED TOO FAST/COND</b>		
		Owner Name <b>BOBBIE D ROBBINS (414) 839-6129</b>	Owner Address <b>10155 W CLEVELAND AVE WEST ALLIS, WI 53227 , US</b>	
01	01	<b>Sequence Of Events</b>		
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>ZACHARY ROBINS</b>	
UNIT	INDIVIDUAL	Driver <b>ZACHARY JAMES ROBINS (414) 839-6129</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>10155 W CLEVELAND AVE WEST ALLIS, WI 53227 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>	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>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>	Striking Unit #	Location		
Prior Action				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<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>		
	<b>Individual</b>		
	Passenger <b>MICHAEL GEORGE POSANSKI (715) 372-4820</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S86W30541 STONEGATE DR MUKWONAGO, WI 53149 , US</b>		Date of Birth Race <b>WHITE</b>
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</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>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<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>			
	01	<b>Violations</b>				
		UTC Number <b>AE142592</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>	

### Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	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>DIVIDED HWY W/O TRAFFIC BARRIER</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>						

### Vehicle

UNIT	02	VEHICLE	License Plate Number <b>AGA1871</b>				Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>1FAHP3FN4BW115922</b>				Make <b>FORD</b>	Year <b>2011</b>	Model <b>FOCUS</b>	
			Color <b>BLU - BLUE</b>				Body Style <b>SD - SEDAN</b>		Bus Use <b>NOT A BUS</b>	
			Initial Contact Point <b>6--REAR</b>				Vehicle Damage			
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				<b>6--REAR</b>			
			Towed Due To Damage <b>NOT TOWED</b>				Vehicle Removed By <b>OWNER</b>			
			What Driver Was Doing <b>GOING STRAIGHT</b>				Vehicle Factors			
			Driver Prior Action Other				<b>NOT APPLICABLE</b>			

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UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	02	02	Owner Name <b>TAYLOR NICOLE ADEE (608) 415-9974</b>
			Owner Address <b>1875 W PINE ST # 406 BARABOO, WI 53913 , US</b>
<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
		Insurance Company <b>USAA-CASUALTY-INS-CO</b>	Individual <b>TAYLOR ADEE</b>
UNIT INDIVIDUAL	<b>Individual</b>		
		Driver <b>TAYLOR NICOLE ADEE (608) 415-9974</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>1875 W PINE ST # 406 BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 003	<b>Safety Equipment</b>		On Duty Crash
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action				
		Action Other		To/From School		
		<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>				
		<b>02</b>	<b>003</b>			