

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0C5S26Q

Document Number Override <b>6TL0BNZLZ2</b>		Primary Crash Document #	Agency Crash Number <b>19-00850</b>	Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>01/21/2019</b>		Crash Time <b>06:30 AM</b>	Date Arrived <b>01/21/2019</b>	Time Arrived <b>06:41 AM</b>	
Date Notified <b>01/21/2019</b>		Time Notified <b>06:31 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 checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>YES, SCHOOL BUS DIREC</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	<p>Reconstruction By <b>SAUK COUNTY SHERIFF</b></p>
	<p>Photos By <b>A BREUNIG</b></p>
	<p>Additional Information <b>CMV INSPECTION, ECM/EDR DOWNLOAD, FATAL CRASH SUPPLEMENT, MEASUREMENTS, PHOTOS, RECONSTRUCTION, SURVEILLANCE VIDEO</b></p>

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

UNIT 1 WAS TRAVELING IN THE HO CHUNK CASINO AND WHITETAIL CROSSING PARKING LOT. UNIT 1 WAS TRAVELING WESTBOUND. UNIT 2 WAS TRAVELING NORTHBOUND ON CTH BD. UNIT 2 WAS APPROACHING THE DRIVEWAY TO HO CHUNK CASINO. UNIT 1 ATTEMPTED TO TURN SOUTHBOUND ONTO CTH BD. UNIT 1 TURNED INTO THE PATH OF UNIT 2. UNIT 2 BRAKED HARD AND SWERVED TO THE LEFT. UNIT 2 BROAD SIDED UNIT 1 ON THE DRIVER'S DOOR. UNIT 1 SPUN AROUND AND TRAVELED OFF THE WEST SIDE OF THE ROAD. UNIT 1 CAME TO REST FACING EASTBOUND. UNIT 2 CAME TO REST IN THE CENTER TURN LANE FACING NORTHEAST.

CITATION ISSUED TO MELISSA APPLGATE

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

**Location**

<b>ON S3264 CTHBD NB 689 FT N OF COOP LN (FIRE S3264)</b>  <b>IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.527045787</b>	Longitude <b>-89.777962551</b>
	X Coordinate <b>275513.09375</b>	Y Coordinate <b>4823094.5</b>
	Structure Type <b>FIRE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>		Light Condition <b>DARK/LIGHTED</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>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>DRIVEWAY ACCESS-RELATED</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>01/21/2019</b>	Time Initial Lane/Rd Closed <b>06:45 AM</b>		
Date All Lanes Open <b>01/21/2019</b>	Time All Lanes Open <b>09:35 AM</b>	Date Scene Cleared <b>01/21/2019</b>	Time Scene Cleared <b>09:40 AM</b>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</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>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>STOP SIGN</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>				
	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>AAK2319</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
<b>01</b>	Vehicle Identification Number <b>4A4AR4AUXFE027052</b>	Make <b>MINI</b>	Year <b>2015</b>	Model <b>OUTLANDER</b>	
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>		

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UNIT VEHICLE	Initial Contact Point <b>9--LEFT SIDE MIDDLE</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
	Owner Name <b>FLORENCE M GONZAGOWSKI</b>		Owner Address <b>1305 15TH ST BARABOO, WI 53913 , US</b>	
UNIT 01	<b>Sequence Of Events</b>			
	01	Event <b>LEFT TURN</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT 01	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>FRANCIS GONZAGOWSKI</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>FRANCIS JAMES GONZAGOWSKI</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>1305 15TH ST BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 01	<b>Safety Equipment</b>		On Duty Crash	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Airbag <b>DEPLOYED-SIDE</b>	
UNIT 001	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>TRAPPED/EXTRICATED</b>	
	Hospital		EMS Agency Identifier	EMS Run #
	Date of Death <b>01/21/2019</b>		Time of Death <b>07:45</b>	
	<b>Distracted By</b>		Distracted By Source	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Distracted By Action <b>UNKNOWN</b>	
		<b>Non Motorist</b>	Striking Unit #
		Location	
		Prior Action	
		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 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>NOT OBSERVED</b>			

### Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>B CLASS</b>	Unit Type <b>BUS</b>		
		Vehicle Type <b>SCHOOL BUS</b>	Operating As Endorsements <b>S - SCHOOL BUS</b>			
		Total Occs <b>1</b>	Train/Bus # Recorded <b>1</b>	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>NORTHBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>3</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>VEHICLE USED AS SCHOOL BUS</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS L</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>VEHICLE DESIGNED TO CARRY 9 OR MORE PPL, INCLUDING DRIVER</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>20898B</b>	Plate Type <b>BUS - BUS</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>4DRBUC8P9FB646341</b>	Make <b>ICBU</b>	Year <b>2015</b>	Model <b>NO DATA FO</b>
		Color <b>YEL - YELLOW</b>	Body Style <b>BU - BUS</b>		Bus Use <b>SCHOOL</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BILLS TOWING</b>		

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UNIT

VEHICLE

02

02

What Driver Was Doing  
**GOING STRAIGHT**  
Driver Prior Action Other

Vehicle Factors  
**NOT APPLICABLE**

Driver Actions  
**NO CONTRIBUTING ACTION**

Owner Name  
**KOBUSSEN BUSES LTD  
(608) 448-4482**

Owner Address  
**W914 CTH CE  
KAUKAUNA, WI 54130 3712, US**

### Sequence Of Events

01

Event  
**MOTOR VEH IN TRANSPORT**

02

Event

03

Event

04

Event

UNIT

### Policy Holder

Insurance Company  
**NATIONAL-INTERSTATE-INS-CO**

Organization/Company  
**KOBUSSEN BUSES LTD**

### Individual

UNIT

INDIVIDUAL

Driver  
**MELISSA M APPLGATE  
(608) 228-9581**

Citations Issued  
**1**

Sex  
**FEMALE**

Date of Birth

Race  
**WHITE**

Address  
**305 LYNN AVE # A105  
BARABOO, WI 53913 , US**

Driver License Number  
**STATE: WISCONSIN COUNTRY: UNITED STATES**

### Safety Equipment

On Duty Crash

Safety Equipment

Seat Position  
**1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY**

**SHOULDER & LAP BELT**

Helmet Use

Helmet Compliance

Eye Protection

Tint Compliance

02

002

### Injury

Injury Severity  
**NO APPARENT INJURY**

Airbag  
**NOT APPLICABLE**

Ejected  
**NOT EJECTED**

Ejection Path  
**NOT EJECTED/NOT APPLICABLE**

Trapped/Extricated  
**NOT TRAPPED**

Medical Transport  
**NOT TRANSPORTED**

EMS Agency Identifier

EMS Run #

Hospital

Date of Death

Time of Death

### Distracted By

Distracted By Source

Distracted By Action  
**NOT DISTRACTED**

### Non Motorist

Striking Unit #

Location

Prior Action

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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
	02	002	<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>				
	01	01	<b>Violations</b>				
			UTC Number <b>BD757901</b>	Issue To? <b>002</b>	Statute Number <b>346.63(1)(am)</b>	Description <b>OPERATE WITH CONTROL SUBSTANCE (1ST)</b>	
	UNIT	02	01	<b>Carrier</b>			
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier				Source <b>VEHICLE-SIDE</b>			
TRUCK		BUS	Name <b>KOBUSSEN BUSES LTD USDOT# 275996</b>		Address <b>W914 CTH CE KAUKAUNA, WI 54130 3712, US</b>		
			GVWR <b>MORE THAN 26,000 LB</b>	Vehicle Configuration <b>BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCL</b>	Cargo Body Type <b>BUS (SEATS FOR MORE THAN 15 OCCUPAN</b>		
			US DOT # <b>275996</b>	Carrier Type <b>INTRASTATE CARRIER</b>	Permitted Load <b>NOT APPLICABLE</b>		
			<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present
			Measured Height	Measured Length	Measured Width	Measured Weight	
WITN	01	Individual <b>JOHN S HANKO (608) 209-1412</b>		Address <b>W1323 DEES RD WISCONSIN DELLS, WI 53965 , US</b>	Date of Birth		