

6TL096J8ZJ

19-12287

# 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>19-12287</b>	Investigating Officer/Deputy <b>DEPUTY J. SOLCHENBERGER</b>	
Crash Date <b>10/02/2019</b>		Crash Time <b>08:43 PM</b>	Date Arrived <b>10/02/2019</b>	Time Arrived <b>08:50 PM</b>	
Date Notified <b>10/02/2019</b>		Time Notified <b>08:45 PM</b>	Total Units <b>02</b>	Total Injured <b>01</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>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 1 WAS TRAVELING S/B ON COON BLUFF RD. UNIT 1 CONTINUED S/B ON COON BLUFF RD AND DIDN'T SEE UNIT 2 WHICH WAS TRAVELING E.B ON CTH P UNIT 2 THEN STRUCK UNIT 1.

## Location

<b>ON CTH P EB 39 FT E OF COON BLUFF RD IN THE TOWN OF DELLONA IN SAUK COUNTY</b>	Latitude <b>43.590777645</b>	Longitude <b>-89.867254678</b>
	X Coordinate <b>268541.40625</b>	Y Coordinate <b>4830418</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>08--FRONT TO SIDE</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

## Unit Summary

<b>UNIT</b>  <b>01</b>	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 CrashTire Mark	Speed Limit <b>45</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>TWO-WAY, NOT DIVIDED</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>UNIT</b>  <b>01</b>	<b>Vehicle</b>				
	License Plate Number <b>766HMP</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G4HD57286U226909</b>		Make <b>BUICK</b>	Year <b>2006</b>	Model <b>LUCERNE CX</b>
	Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>1--RIGHT FRONT CORNER</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 12--FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
	01	01	Owner Name <b>DELPHINE BLACKCOON (608) 355-1007</b>
			Owner Address <b>514 4TH ST BARABOO, WI 53913 , US</b>
	<b>Sequence Of Events</b>		
UNIT INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>DELPHINE BLACKCOON</b>
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>DELPHINE BLACKCOON (608) 355-1007</b>		Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
	Address <b>514 4TH ST BARABOO, WI 53913 , US</b>		Date of Birth <b>INDIAN</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 001	<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>		Airbag <b>DEPLOYED-COMBINATION</b>
	Injury Severity <b>POSSIBLE INJURY</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>	EMS Run #
Hospital <b>ST CLARE HOSP</b>		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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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 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 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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire 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>TWO-WAY, NOT DIVIDED</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>UPHILL</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>ADY1290</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1HGCM66575A003813</b>	Make <b>HONDA</b>	Year <b>2005</b>	Model <b>ACCORD EX</b>
		Color <b>GRY - GRAY</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 12--FRONT</b>		
		Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>PLATTS WRECKER</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	02
	Owner Name <b>ABBEY KRISTEN MCDONALD (815) 276-2410</b>	Owner Address <b>120 MISTY PINES DR # 91 WISCONSIN DELLS, WI 53965 , 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>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>ABBEY MCDONALD</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>ABBEY KRISTEN MCDONALD (815) 276-2410</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>120 MISTY PINES DR # 91 WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 002	<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>
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>02</b>	<b>002</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>			