WISCONSIN MOTOR VEHICLE CRASH REPORT

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

							(608) 356-4	
Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number 19-12287		Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER		
Crash Date 10/02/2019	Crash Time 08:43 PM		Date Arrived 10/02/2019		Time Arrived 08:50 PM			
Date Notified 10/02/2019	Time Notified 08:45 PM			Total Units 02		Total Kill	Total Killed 00	
On Emergency	Hit and Run	Lane Closu	sure Work Zone		Trailer	or Towed	wed Reporting Threshold	
Government Property	Active S	School Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRASH))		Amende	ed	Secondary Crash	
Description								
Diagram						Reconstruction	on By	
not to	scale							
,	Coulo							
		-				Photos By		
						Additional Info	ormation	
		10000000000000000000000000000000000000						
		and a farmantin		1				
CTHP		unit 1			L			
				A Company of the Comp	/			
					1			
ال ا		1	nit 1					
uni	t 2	u	III	wet 150 -	-			
A SA SA				14 (7 April 1				
		6 10	<u></u>		A.A.			
		g unit 2		PROFESSION OF STREET	* 4			
于 八级 4	COLUMN TO SERVICE	CO unit 2			7			
State of the				A STREET, STREET, B.	Section 1			
STREET, STREET	TO THE STATE OF	四						
		E -	6, 7	10000000000000000000000000000000000000	200			
and the second		3		""一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	-10.5			
	100 TO 100	D			- 0			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>a</u>		100				
St. St. St.		- D. N. C.	95					
N CO CO	MATERIAL STATES	400	P. N.	6 4 4 4 5 6				
, a sworn law enforce	ement officer, ag	ree that I have not	t adde	d any CJIS data in th	is report.			
UNIT 1 WAS TRAVELING S/E		RD. UNIT 1 CONTIN	UED S/I	3 ON COON BLUFF RD	AND DIDN'T SEE	UNIT 2 WHIC	CH WAS TRAVELING E.B	
ON CTH P UNIT 2 THEN STR	UCK UNIT 1.							
ocation ===								
ON CTHP EB				Latitude		Longit	ude	
39 FT E				43.5907776	645		67254678	
OF COON BLUFF RD IN THE TOWN OF DELLO	NA			X Coordinate			rdinate	
IN SAUK COUNTY				268541.406		4830	41 8	
				Structure Typ				
				NO STRUC	JI UKE			

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Crash Scene

	First Harmful Event				First Harmful Event Location							
	MO	MOTOR VEH IN TRANSPORT					ON ROADWAY					
	Manı	ner of Collision	Light Condition									
	08	FRONT TO SIDE				DARK/UNLIT						
	Road	d Surface Condition(s)	Roadway Factor(s)									
	WE.	WET										
	Envi	ronment Factor(s)										
	WE	ATHER CONDITIONS				NONE						
	Wea	Weather Condition(s)										
	RAI	RAIN										
	Anim	Animal Type					o Trafficw	ay				
	_							ON ROAD				
		h Classification - Location BLIC PROPERTY						- Jurisdiction RISDICTION				
		I Land				Access Co		KIODIOTION		Special Study		
						NO CON	TROL					
		ŭ	Junction Location		Intersectio							
	NO		INTERSECTION		FOUR-W	AY INTER	RSECTIO)N				
		t Summary Status		Vehicle Ope	roting As C	assification		Had Torre				
		RANSIT		D CLASS	eraung As C	assincation		Unit Type AUTOMOBILE				
		cle Type		D OLAGO				Operating As Endorsements				
0		SENGER CAR										
	Total Occs Train/Bus # Recorded			Total # Citat	Total # Citations Issued Total Trail		, , , , , , , , , , , , , , , , , , ,		Mat Types			
	1			0	0		0		0			
_	YES	ance?	Direction Of Travel SOUTHBOUND		Pre CrashTire Mark		Speed Limit 45		Total Lanes			
UNIT	Most Harmful Event: Collision With			Special Fun			40	Emergency		icle Use		
-	MO	TOR VEH IN TRANSPO	NO SPEC	IAL FUNC	TION		NOT APPLICABLE					
		ic Way		Traffic Cont			Traffic Control Inoperative/Missing					
		D-WAY, NOT DIVIDED ace Type		STOP SIG			NO Road Grade					
		ACKTOP (BITUMINOUS	1	Road Curvature STRAIGHT				LEVEL				
		k Bus or HazMat	,	101111111011	•							
	NO											
	'	Vehicle										
		License Plate Number			Plate Type		St	Country of Is				
		766HMP Vehicle Identification Numl	hor	Make	TOMOBIL	.E	WI Year	UNITED ST	TATES			
2	5	1G4HD57286U226909		BUICK			2006	Model LUCERNE CX				
		Color		Body Style				Bus Use				
		GRY - GRAY			4D - 4DR		NOT A BUS					
_	쁫	Initial Contact Point 1RIGHT FRONT COR	venicie Da	Vehicle Damage								
L	Ĭ	Extent Of Damage		1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 4RIGHT SIDE REAR, 5								
	Ϋ́	1RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE			RIGHT REAR CORNER, 12FRONT							
	Towed Due To Damage Vehicle Removed By TOWED DUE TO DISABLING DAMAGE PLATTS WRECKI											
			ABLING DAMAGE		WRECKE	۲						
	What Driver Was Doing GOING STRAIGHT Vehicle Factors											
	Driver Prior Action Other NOT APPLICABI											

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Crash Time 08:43 PM

		Driver Actions	F OF MAY								
	Щ	FAILED TO YIELD RIGHT	I-OF-WAY								
L N	VEHICLE										
5	玉										
	3										
		Owner Name		Owner Address							
		DELPHINE BLACKCOON	I	514 4TH ST							
2	9	(608) 355-1007		BARABOO, WI 53913 , US							
	,	Sequence Of Events									
	5	Event MOTOR VEH IN TRANSPORT									
	0	INCION VEHIN INANGFORI									
	05	Event									
	0										
	~	Event									
	03										
		Event									
	9										
		Dollov Holden									
L	'	Policy Holder									
3		Insurance Company		Individual							
_		STATE-FARM-GENERAL	INS-CO	DELPHINE BLACKCOON							
	ı	Individual									
		Driver		Citations Issued	Sex						
		DELPHINE BLACKCOON	I	0	FEMALE						
	₹	(608) 355-1007		Date of Birth	Race						
	\geq				INDIAN						
	INDIVIDUAL	Address		Driver License Number	l .						
5	ā	514 4TH ST		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	BARABOO, WI 53913 , L	JS								
		On Dut	Crosh	Cofety Familians and							
	Sat	fety Equipment	y Crasii	Safety Equipment	upment						
	-			OHOUR DED & LAB DELT							
		Seat Position	/ / / / / / / / /	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
5	00	Injury S	Severity	Airbag							
	0	Injury POSS		DEPLOYED-COMBINATION							
		Ejected	Ejection Path		Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT APPL	LICABLE	NOT TRAPPED						
		Medical Transport	•	EMS Agency Identifier	EMS Run #						
		EMS GROUND		6000123							
		Hospital		Date of Death	Time of Death						
		ST CLARE HOSP									
		Distracted By Source									
		Distracted By NOT A	APPLICABLE (NOT DISTRA	CTED)							
		Distracted By Action									
		NOT DISTRACTED									
		Striking Unit # Location									
		Non Motorist									
		Prior Action	<u> </u>								
		<u> </u>									

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LINO	INDIVIDUAL	Action Other								To/From School
	L	Drug & Alcohol NO	pected Alcohol U		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	pe			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Typ			Drug 1	est Results			
5	00	Drug Type	Drug Type							
		Individual Condition								
	l l.a.:	APPEARED NORMAL								
		t Summary Status			Vehicle Operating As Class	sification		Unit Type		
		RANSIT			D CLASS			AUTOMOBILE		
٠.		cle Type			02.00			Operating As Endorsements		nents
05		SENGER CAR								
	Tota	l Occs	Train/Bus # Re	corded	Total # Citations Issued Total Traile			ers	Total Hazl	Mat Types
	1	1			0		0		0	
_	Insur	rance?	Direction Of Tra		Pre CrashTire Speed Lim Mark 55		iit	Total Lane	es .	
LNO	Most	Harmful Event: Collision Wi			Special Function NO SPECIAL FUNCTION			Emergency NOT APP		cle Use
		TOR VEH IN TRANSPOI	KI		Traffic Control			Traffic Cont		ive/Missing
		D-WAY, NOT DIVIDED			NO CONTROL			NO	тог торстан	vc/wiissing
		ace Type			Road Curvature			Road Grade)	
	BLA	ACKTOP (BITUMINOUS))		STRAIGHT			UPHILL		
	Truc NO	k Bus or HazMat								
		Vehicle								
		License Plate Number			71		St	· · · · · · · · · · · · · · · · · · ·		
		ADY1290			AUT - AUTOMOBILE Make		WI Year	UNITED STATES		
02	05	Vehicle Identification Numb 1HGCM66575A003813			HONDA		2005	Model ACCORD EX		
		Color			Body Style			Bus Use		
		GRY - GRAY						NOT A BUS		
	۳	Initial Contact Point			Vehicle Damage					
UNIT	EHICL	12FRONT			4 DICHT FRONT COL	DNED :	DICUT.	CIDE EDON	IT 42 ED	ONT
_	卓	Extent Of Damage DISABLING DAMAGE			1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 12FRONT				ONI	
		Towed Due To Damage	Vehicle Removed By							
		TOWED BUT NOT DUE	NG DAMAG	PLATTS WRECKER						
		What Driver Was Doing			Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other	NOT APPLICABLE							
		PHYSI FIIOL ACTION OTHER								
		l .								

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	Driver Actions NO CONTRIBUTING A CTION										
	Щ	NO CONTRIBUTING ACT	ION								
L	VEHICLE										
z	王										
	/E										
		Owner Name		Owner Address							
		ABBEY KRISTEN MCDON	NALD	120 MISTY PINES DR # 91							
02	02	(815) 276-2410	TALD	WISCONSIN DELLS, WI 53965 , U	s						
0	0	(010) 210 2410		modernam beleen, modern , oo							
		Sequence Of Events									
		Event									
	01	MOTOR VEH IN TRANSPORT									
	02	Event									
	0										
	03	Event									
	0										
	_	Event									
	04										
		Dalian Haldan									
LIND		Policy Holder									
Ζ		Insurance Company		Individual							
ا ر		STATE-FARM-GENERAL	-INS-CO	ABBEY MCDONALD							
		Individual									
		Driver		Citations Issued	Sex						
		ABBEY KRISTEN MCDON	NALD	0	FEMALE						
	7	(815) 276-2410									
	3	` '		Date of Birth	Race WHITE						
╘	INDIVIDUAL				Willie						
L	\geq	Address		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
_		120 MISTY PINES DR # 9	1								
	=	WISCONSIN DELLS, WI 5	3965 , US								
	_	On Duty	Crash	Safety Equipment							
	Saf	ety Equipment									
		Seat Position		SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY								
		Helmet Use	DE (BITTETUMOTORO)	Helmet Compliance							
		Tieliliet Ose		Tielinet Compilance							
		Fire Destantion		T. 10							
		Eye Protection		Tint Compliance							
05	005	Injury S	everity	Airbag							
	0		PARENT INJURY	NON DEPLOYED							
		Ejected	Ejection Path	Trapped/Extricated							
		NOT EJECTED	NOT EJECTED/NOT APPL	-ICABLE	NOT TRAPPED						
		Medical Transport		EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTED									
		Hospital		Date of Death	Time of Death						
		Distract	ed By Source	1	l .						
		Distracted By NOT A	PPLICABLE (NOT DISTRA	CTED)							
		Distracted By Action	- ,	<u>, </u>							
		NOT DISTRACTED									
		Non Motorist Location									
		Prior Action									

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		Action					
		Action					
	A						
—	Ú						
UNIT	₽						
5	2						
	INDIVIDUAL						
	=						
		Action Other					To/From School
		Suspected Alcohol U	se	Suspected Drug Use			•
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
~	2	Drug Type	•				
02	002						
		Individual Condition					
		APPEARED NORMAL					