

6TL09CGFD7

20-02316

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 20-02316	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 03/01/2020		Crash Time 07:50 PM	Date Arrived 03/01/2020	Time Arrived 07:55 PM	
Date Notified 03/01/2020		Time Notified 07:50 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS DRIVING SOUTH AND DROVE THROUGH A RED LIGHT CAUSING A FRONT TO SIDE COLLISION WITH UNIT 2. UNIT 1 FLED THE SCENE. THE VEHICLE WAS LOCATED SHORTLY THEREAFTER WITHOUT ANY OCCUPANTS. THE OWNER OF UNIT 1 WAS CITED FOR OWNERS LIABILITY HIT AND RUN OF AN ATTENDED VEHICLE. A WRITTEN NARRATIVE WAS ALSO COMPLETED.

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Location

INTERSECTION ON CTHBD SB AT STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474793658	Longitude -89.76883261
	X Coordinate 276057.71875	Y Coordinate 4817266.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control FULL CONTROL	Special Study
Within Interchange Area YES	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number ABR1686	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ZE5ST5GF188009	Make CHEVROLET	Year 2016	Model MALIBU LT
		Color RED - RED	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions DISREGARDED OTHER TRAFFIC CONTROL			
01	Owner Name THERESA A FEIGHT (608) 462-8575		Owner Address W10012 FEIGHT RD WONEWOC, WI 53968 , US	
	Sequence Of Events			
01	01	Event TRAFFIC SIGNAL		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company FARMERS-INS-CO-INC		Individual THERESA FEIGHT	
UNIT INDIVIDUAL	Individual			
	Driver		Citations Issued 0	Sex
	Address		Date of Birth	Race
			Driver License Number	
01	Safety Equipment		On Duty Crash	
	Row 99 - UNKNOWN		Seat Position	Safety Equipment RESTRAINT USE UNKNOWN
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action				

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UNIT INDIVIDUAL 01 002 01
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition NOT OBSERVED
Violations
UTC Number BD755583 Issue To? V01 Statute Number 346.675(1) Description VEHICLE OWNER'S LIABILITY FOR FSA - ATTENDED VEHICLE

Unit Summary

UNIT 02 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR Operating As Endorsements
Total Occs 1 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel EASTBOUND Pre Crash Tire Mark Speed Limit 30 Total Lanes 4
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER Traffic Control TRAFFIC SIGNAL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

UNIT 02 02
Vehicle
License Plate Number AGT3307 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1G6KD57946U142922 Make CADILLAC Year 2006 Model DTS
Color BRZ - BRONZE Body Style 4D - 4DR Bus Use
Initial Contact Point 08 - LEFT SIDE REAR

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UNIT VEHICLE	Vehicle Damage	
	07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT	
	Extent Of Damage DISABLING DAMAGE	Vehicle Removed By MIKES TOWING
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Factors
UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	NOT APPLICABLE
	Driver Prior Action Other	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name BOGDAN CIUBOTARIU (608) 844-0007	Owner Address 1301 WOODLAND DR LAKE DELTON, WI 53940 , US
UNIT VEHICLE	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT
	02	Event
	03	Event
	04	Event
UNIT VEHICLE	Policy Holder	
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual BOGDAN CIUBOTARIU
UNIT INDIVIDUAL	Individual	
	Driver BOGDAN CIUBOTARIU (608) 844-0007	Citations Issued 0
		Sex MALE
		Race WHITE
	Address 1301 WOODLAND DR LAKE DELTON, WI 53940 , US	Driver License Number STATE: WASHINGTON COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance	
UNIT INDIVIDUAL	Injury	
	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
Hospital	Date of Death	
		EMS Run #
		Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use 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	
	Drug Type				
02	001	Individual Condition			
		APPEARED NORMAL			