

6TL09B7DCT

20-04214

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 20-04214	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 05/06/2020		Crash Time 06:38 PM	Date Arrived 05/06/2020	Time Arrived 06:56 PM	
Date Notified 05/06/2020		Time Notified 06:40 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" 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 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 IN THE LEFT LANE OF THE ROUND ABOUT WHILE UNIT #2 WAS IN THE RIGHT LANE. BOTH VEHICLES EXITED THE ROUND ABOUT TO THE RIGHT TO GET ONTO THE ON RAMP FOR US HWY 12. UNIT #1 LOOKED BUT DID NOT SEE THE TRAILER BEING TOWED BY UNIT #2. UNIT #1 STRUCK THE TRAILER CAUSING MINOR DAMAGE TO HER VEHICLE AND NO DAMAGE TO THE TRAILER.

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Location

ON STH33 WB 185 FT N OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475432928	Longitude -89.774062838
	X Coordinate 275637.0625	Y Coordinate 4817351.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area YES	Junction Location ENTRANCE RAMP	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 02
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way ENTRANCE/EXIT RAMP	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE RIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number 961YRB	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5YFEPRAE8LP041146	Make TOYOTA	Year 2020	Model COROLLA
		Color	Body Style SD - SEDAN		Bus Use
	VEHICLE	Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing MERGING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions LOOKED BUT DID NOT SEE				
01	01	Owner Name DESIRAE PAIGE DESIMONE (608) 477-8422		Owner Address 533 ALEXANDER AVE # 23 REEDSBURG, WI 53959 , US	
		Sequence Of Events			
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U		Individual DESIRAE DESIMONE		
UNIT INDIVIDUAL	Individual				
	Driver DESIRAE PAIGE DESIMONE (608) 477-8422		Citations Issued 0	Sex FEMALE	
	Address 533 ALEXANDER AVE # 23 REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

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UNIT	INDIVIDUAL	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					
	Individual Condition APPEARED NORMAL					

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements	
	Total Occs 01		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 1	
	Insurance? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 25	
	Total HazMat Types 0		Total Lanes 2		Emergency Motor Vehicle Use NOT APPLICABLE			
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION				
	Traffic Way ENTRANCE/EXIT RAMP			Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)			Road Curvature CURVE RIGHT			Road Grade UPHILL	
	Truck Bus or HazMat NO							

UNIT	VEHICLE	Vehicle					
		License Plate Number 377WBV		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1PD5SH1B7193118		Make CHEVROLET		Year 2011	Model CRUZE LS
		Color BLU - BLUE		Body Style 4D - 4DR			Bus Use
		Initial Contact Point 00 - NON-COLLISION		Vehicle Damage 00 - NO DAMAGE			
		Extent Of Damage NO DAMAGE					
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					

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UNIT VEHICLE	What Driver Was Doing MERGING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name MICHAEL MATTHEW SEIFERT (608) 477-3333		Owner Address S5311 BLUFF RD BARABOO, WI 53913 , US		
UNIT 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT 02	Policy Holder				
	Insurance Company WISCONSIN-AUTOMOBILE-INS-PLAN		Individual MICHAEL SEIFERT		
UNIT TRAILER/ 02	Trailer/Towed				
	Trailer Plate #	Plate Type	Make HMDE	State	Country of Issuance
	Unit Type	Individual MICHAEL MATTHEW SEIFERT (608) 477-3333		Address S5311 BLUFF RD BARABOO, WI 53913 , US	
	Vehicle Identification Number				
UNIT INDIVIDUAL 02	Individual				
	Driver MICHAEL MATTHEW SEIFERT (608) 477-3333		Citations Issued 0		Sex MALE
	Address S5311 BLUFF RD BARABOO, WI 53913 , US		Date of Birth STATE: WISCONSIN COUNTRY: UNITED STATES		
			Race WHITE		
UNIT 002	Safety Equipment		On Duty Crash		
			Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	

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UNIT	Hospital		Date of Death		Time of Death	
	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					
	Individual Condition APPEARED NORMAL					

UNIT

INDIVIDUAL

02

002