

6TL0C884FL

20-06549

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON USH12 EB 796 FT N OF CTHPF NB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.295242563	Longitude -89.759125459
	X Coordinate 276182.71875	Y Coordinate 4797299
	Structure Type NO STRUCTURE	

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) BACKUP DUE TO REGULAR CONGESTION	
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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle						
	01	License Plate Number ABX5478		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G4PP5SK3F4207954		Make BUICK	Year 2015	Model VERANO	
	VEHICLE	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use	
		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 GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name ROBERT R COOKSON (608) 449-8773		Owner Address 628 W DELAVAN DR JANESVILLE, WI 53546 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AGURITY		Individual ROBERT COOKSON	
UNIT INDIVIDUAL	Individual			
	Driver ROBERT R COOKSON (608) 449-8773		Citations Issued 1	Sex MALE
	Address 628 W DELAVAN DR JANESVILLE, WI 53546 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	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
001	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 NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
01	001	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					
		Individual					
		Passenger ADDISON J KEEGAN			Citations Issued 0		Sex FEMALE
		Address 242 EVLYN AVE #6 LOVES PARK, IL 61011 , US			Date of Birth BLACK		
		Driver License Number			Race		
		Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
Row 02 - SECOND ROW		Seat Position 09 - RIGHT		Helmet Compliance			
Helmet Use		Eye Protection		Tint Compliance			
01	002	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 #
		Hospital			Date of Death		Time of Death
		Distracted By		Distracted By Source			
		Distracted By Action					
		Non Motorist		Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action					
		Action					
01	002	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					
		Violations					
		01	01	UTC Number BD759414	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR					Operating As Endorsements		
		Total Occs 2		Train/Bus # Recorded		Total # Citations Issued 1		Total Trailers 0	
		Insurance? NO		Direction Of Travel SOUTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	
		Total HazMat Types 0		Total Lanes 2		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	
		Emergency Motor Vehicle Use NOT APPLICABLE		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		Truck Bus or HazMat NO	
		Vehicle							
		License Plate Number 643YVR		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1N4AL24E78C278651		Make NISSAN		Year 2008		Model ALTIMA	
Color GRY - GRAY		Body Style CP - COUPE		Bus Use		Initial Contact Point 06 - REAR			
Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 06 - REAR							

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name HARRIET N BRIONES RODRIGUEZ (608) 370-9355		Owner Address S7559 US HIGHWAY 12 # H-2 NORTH FREEDOM, WI 53951 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver HARRIET N BRIONES RODRIGUEZ		Citations Issued 1	Sex FEMALE
			Date of Birth	Race HISPANIC
	Address S7559 US HIGHWAY 12 # H-2 NORTH FREEDOM, WI 53951 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	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 #	
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	

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CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
02	003	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			
		Individual			
		Passenger JUSTIN BLU HERON	Citations Issued 0	Sex MALE	
		Date of Birth		Race	
		Address 6827 PARK EDGE DR MADISON, WI 53719 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		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	
02	004	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
		Hospital		EMS Run #	
		Date of Death		Time of Death	
		Distracted By			
Distracted By Source					
Distracted By Action					
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL			
	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			
	Violations			
	02	UTC Number BD759413	Issue To? 003	Statute Number 344.62(1)