

6TL097RB4T
20-07392

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 20-07392	Investigating Officer/Deputy DEPUTY L. GJORGJIEV	
Crash Date 07/27/2020		Crash Time 04:47 PM	Date Arrived 07/27/2020	Time Arrived 04:54 PM	
Date Notified 07/27/2020		Time Notified 04:49 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 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

<p>Diagram</p> <p>NOT TO SCALE</p> <p>Driveway of E9208 CTH P</p> <p>CTH P</p>	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 2 WAS EASTBOUND ON CTH P. DRIVER OF UNIT 2 STATED SHE REALIZED SHE MISSED HER TURN SO SHE DECIDED TO TURN ONTO THE NEXT DRIVEWAY SO SHE CAN TURN AROUND. UNIT 2 WAS STOPPED AND WAITING TO TURN WHEN SHE WAS STRUCK FROM BEHIND. THE DRIVER SAID HER LEFT BLINKER WAS ON, INDICATING HER INTENT TO TURN LEFT ONTO THE DRIVEWAY. UNIT 1 WAS ALSO DRIVING EASTBOUND ON CTH P AND WAS COMING UP BEHIND UNIT 2. DRIVER OF UNIT 1 STATED SHE WAS LOOKING FOR HER SUNGLASSES THAT SHE DROPPED IN THE CAR. SHE SAID WHEN SHE LOOKED UP IN FRONT OF HER SHE REALIZED THE CAR IN FRONT WAS STOPPING BUT IT WAS TOO LATE TO STOP ON TIME. UNIT 1 THEN REAR ENDED UNIT 2. BOTH VEHICLES WERE TOWED DUE TO DISABLING DAMAGE. I SPOKE TO WITNESS WHO STATED SHE WAS DRIVING WESTBOUND ON CHT P. SHE SAID SHE SAW UNIT 2 WAS STOPPED AND WAS WAITING TO TURN ONTO THE DRIVEWAY. THE WITNESS STATED UNIT 2 HAD THE BLINKER ON. SHE SAID SHE THEN SAW UNIT 1 STRUCK UNIT 2 FROM BEHIND. WITNESS STATED SHE HAD TO SWERVE OFF THE ROADWAY TO AVOID A SECONDARY CRASH.

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Location

ON CTHP EB 1242 FT E OF COON BLUFF RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.590935449	Longitude -89.862581951
	X Coordinate 268919.21875	Y Coordinate 4830422.5
	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) 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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	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 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<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	VEHICLE	Vehicle			
		License Plate Number AEZ8616	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1PE5SB4G7173784	Make CHEVROLET	Year 2016	Model CRUZE LIMI
		Color RED - RED	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01 01	Owner Name ANGELA K RYCZEK (608) 393-3496		Owner Address 1015 19TH ST REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual ANGELA RYCZEK	
UNIT INDIVIDUAL	Individual			
	Driver BRIANNA MARIE ROBINSON (608) 415-9997		Citations Issued 1	Sex FEMALE
	Address 1015 19TH ST REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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	
	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION
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 OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

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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					
	Violations					
01	001	UTC Number BB957478	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING	

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 0		Total Trailers 0	
		Insurance? YES		Direction Of Travel EASTBOUND		<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	

02	02	Vehicle					
		License Plate Number CAKERS		Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1HGCR2F37FA064928		Make HONDA	Year 2015	Model ACCORD	
		Color SIL - SILVER (ALUMINUM)		Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 06 - REAR					

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	06 - REAR	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02 02	Owner Name KALEIGH M CLARK-MCCABE (507) 995-0152	Owner Address 712 WASHINGTON ST CLEVELAND, MN 56017 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company SELECTIVE-INS-CO-OF-SOUTH-CAROLINA	Individual KALEIGH CLARK-MCCABE	
UNIT INDIVIDUAL	Individual		
	Driver KALEIGH M CLARK-MCCABE (507) 995-0152	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 712 WASHINGTON ST CLEVELAND, MN 56017 , US	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES	
02 002	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
	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

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UNIT	INDIVIDUAL	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	Individual	
		Passenger CHAD G MCCABE (507) 995-0152	Citations Issued 0 Sex MALE
			Date of Birth Race WHITE
		Address 712 WASHINGTON ST CLEVELAND, MN 56017 , US	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES
		Safety Equipment	On Duty Crash Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW Seat Position 09 - RIGHT	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		
UNIT	INDIVIDUAL	Distracted By Distracted By Source	

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UNIT	Distracted By Action			
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	INDIVIDUAL	Action		
		Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
			NO	NO
			Alcohol Test Given	Alcohol Test Type
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
	TEST NOT GIVEN			
	Drug Type			
	Individual Condition			
	APPEARED NORMAL			

Witness

WITN 01 ESS	Individual	Address	Date of Birth
	JANET ELLEN WILSON (608) 253-9883	S1071 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US	