

6TL0CCZ7S0

20-07472

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 6TL0BNZM1H		Primary Crash Document#		Agency Crash Number 20-07472		Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 07/29/2020		Crash Time 03:12 PM		Date Arrived 07/29/2020		Time Arrived 03:21 PM	
Date Notified 07/29/2020		Time Notified 03:17 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 checked="" type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>NOT TO SCALE</p> <p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information NONE</p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING EASTBOUND ON CTH W. UNIT 2 WAS TRAVELING EASTBOUND BEHIND UNIT 2. UNIT 1 WAS SLOWING TO A STOP WITH THE LEFT TURN SIGNAL ACTIVATED. UNIT 2 BEGAN TO MOVE TO THE CURB LINE TO PASS UNIT 1 ON THE RIGHT. UNIT 2 ACTIVATED THE RIGHT TURN SIGNAL AND ATTEMPTED TO MAKE A RIGHT TURN. UNIT 1 AND 2 COLLIDED. THE OPERATOR OF UNIT 1 STATED THAT SHE WAS LOOKING FOR A PLACE TO TURN AROUND. THE OPERATOR STATED THAT SHE CHANGED HER MIND AND TRIED TO MAKE A RIGHT TURN.

DAMAGE WAS MARKED WRONG ON UNIT 1. UNIT 1 WAS DAMAGED ON THE PASSENGER SIDE BY THE FRONT TIRE.

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Location

ON E11257 CTHW EB
508 FT E
OF INDUSTRIAL CT
(FIRE E11257)

IN THE TOWN OF BARABOO
IN SAUK COUNTY

Latitude
43.46003245

Longitude
-89.760842244

X Coordinate
276649.625

Y Coordinate
4815605.5

Structure Type
FIRE

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)

Environment Factor(s)
NONE

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
DRIVEWAY ACCESS-RELATED

Intersection Type
NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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

01 01	License Plate Number 675YHZ		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2FMDK3GC0DBC49797		Make FORD	Year 2013	Model EDGE SE	
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT					

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	02 - RIGHT SIDE FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By
	What Driver Was Doing RIGHT TURN	Vehicle Factors
	Driver Prior Action Other	NOT APPLICABLE
UNIT VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER	
01 01	Owner Name SHAUNNA MAE BURRESS (608) 434-4189	Owner Address 933 2ND ST BARABOO, WI 53913 , US
Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Policy Holder	
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual SHAUNNA BURRESS
01 001	Individual	
	Driver KYRAH MAE BURRESS (608) 963-9066	Citations Issued 1
		Sex FEMALE
	Date of Birth [REDACTED]	Race WHITE
	Address 933 2ND ST BARABOO, WI 53913 , US	Driver License Number [REDACTED]
	STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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
01 001	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
UNIT INDIVIDUAL	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger JAYKEE PRINTICE WILLIAMS (608) 393-2362		Citations Issued 0	Sex MALE
	Address 334 6TH ST BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	
			STATE: WISCONSIN COUNTRY: UNITED STATES	
	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		
UNIT INDIVIDUAL	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	

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UNIT INDIVIDUAL	Distracted By Action		
	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		
01 002	Drug Test Given TEST NOT GIVEN		Drug Test Type
			Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger LUCIANNA F FOWLER		Citations Issued 0
			Sex FEMALE
	Date of Birth		Race WHITE
	Address 1300 LIBERTY ST LA CROSSE, WI 54603 , US		Driver License Number
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash
			Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Injury Severity NO APPARENT INJURY
			Airbag NON DEPLOYED
	Ejected NOT APPLICABLE	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
01 003	Distracted By		Distracted By Source
	Distracted By Action		

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UNIT INDIVIDUAL 01 003	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	UTC Number AE753334	Issue To? 001	Statute Number 343.44(1)(a)	Description OPERATING WHILE SUSPENDED	

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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	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 954VMG		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2GKFLUE39G6195033		Make GENERAL MOTORS COR	Year 2016	Model TERRAIN
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT				

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UNIT VEHICLE	Extent Of Damage MINOR DAMAGE		Vehicle Damage 10 - LEFT SIDE FRONT	
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing OVERTAKE RIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ROBERT JOSEPH ROLTGEN (608) 356-2504		Owner Address 230 4TH ST BARABOO, WI 53913 , US	
UNIT VEHICLE	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT VEHICLE	Event			
	Event			
	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company AUTO-OWNERS-INS-CO		Individual ROBERT ROLTGEN	
UNIT INDIVIDUAL	Individual			
	Driver ROBERT JOSEPH ROLTGEN (608) 356-2504		Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 230 4TH ST BARABOO, WI 53913 , US		Driver License Number [REDACTED] 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	
UNIT INDIVIDUAL	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 #
UNIT INDIVIDUAL	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
02 004	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger MARY GRETCHEN ROLTGEN (608) 356-2504		Citations Issued 0	Sex FEMALE
	Address 230 4TH ST BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED] STATE: WISCONSIN 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	
02 005	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	

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UNIT INDIVIDUAL 02 005	Distracted By Action		
	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		