

6TL0D5DXW4
20-12947

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 20-12947	Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 11/08/2020		Crash Time 01:24 PM	Date Arrived 11/08/2020	Time Arrived 01:39 PM	
Date Notified 11/08/2020		Time Notified 01:25 PM	Total Units 02	Total Injured 01	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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By 9198
	Additional Information NONE, PHOTOS

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

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE EASTBOUND ON CR H AT CHERRY LN. UNIT 1 APPROACHED UNIT FROM BEHIND AND ATTEMPTED TO PASS ON THE LEFT. UNIT 2 TURNED LEFT IN ATTEMPT ON TRAVEL NORTHBOUND ON CHERRY LN. UNIT 1 AND UNIT 2 COLLIDED IN SAME WAY SIDESWIPE. UNIT 1 OPERATOR STATED SHE DID NOT SEE UNIT 2 USE A LEFT TURN BLINKER. UNIT 2 OPERATOR STATED HE TURNED THE FOUR-WAY FLASHERS OFF AND UTILIZED THE LEFT TURN SIGNAL INDICATING A LEFT TURN. UNIT 2 TURNED INTO UNIT 1 WHICH WAS ATTEMPTING TO PASS ON THE LEFT IN A LEGAL PASSING ZONE.

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Location

ON CTHH EB 33 FT W OF CHERRY LN IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.594404048	Longitude -89.93258221
	X Coordinate 263281.84375	Y Coordinate 4831005
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	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 NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	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	<input type="checkbox"/> Pre Crash Tire 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 01 01	Vehicle			
	License Plate Number 276YPH	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5GAKRDED4CJ211767	Make BUICK	Year 2012	Model ENCLAVE
	Color WHI - WHITE	Body Style LL - CARRYALL	Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
	What Driver Was Doing OVERTAKE LEFT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER OVERTAKING / PASSING LEFT			
01 01	Owner Name JOLEEN M KOKENZIE (608) 495-2798	Owner Address 1140 19TH ST APT 16 REEDSBURG, WI 53959 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company MADISON-MUTUAL-INSURANCE-CO	Individual JOLEEN KOKENZIE		
UNIT INDIVIDUAL	Individual			
	Driver JOLEEN M KOKENZIE (608) 495-2798	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 1140 19TH ST APT 16 REEDSBURG, WI 53959 , 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	
	Injury		Injury Severity POSSIBLE 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				

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UNIT INDIVIDUAL 01 001	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 O CLASS		Unit Type EQUIPMENT	
	Vehicle Type FARM TRACTOR/SELF PROPELLED				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire 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					

Vehicle

UNIT VEHICLE 02 02	License Plate Number		Plate Type	St	Country of Issuance	
	Vehicle Identification Number Z7RZ06539		Make CSE	Year	Model 275 MAGNUM	
	Color RED - RED		Body Style TC - TRACTOR		Bus Use	
	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage			
	Extent Of Damage NO DAMAGE		00 - NO DAMAGE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			

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UNIT VEHICLE	What Driver Was Doing LEFT TURN	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions UNKNOWN			
02 02	Owner Name REGINA E LANGER (608) 853-3201	Owner Address N2431 CR N LYNDON STATION, WI 53944 , US		
	Sequence Of Events			
04 01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 02	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual REGINA LANGER		
UNIT TRAILER 02	Trailer/Towed			
	Trailer Plate #	Plate Type	Make OTH	State
	Country of Issuance			
UNIT 02	Unit Type UTILITY TRAILER	Individual REGINA E LANGER (608) 853-3201	Address N2431 CR N LYNDON STATION, WI 53944 , US	
	Vehicle Identification Number 525-14			
UNIT INDIVIDUAL 02	Individual			
	Driver NICOLAS J MADDEN (608) 844-7280	Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address N2105 W LIMITS RD LYNDON STATION, WI 53944 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	Safety Equipment		On Duty Crash	
	Safety Equipment		NOT APPLICABLE	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
02 002	Injury		Airbag	
	NO APPARENT INJURY		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 INDIVIDUAL 02 002	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						