

6TL0BFKDDL  
20-14366

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 20-14366		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 12/27/2020		Crash Time 01:50 PM		Date Arrived 12/27/2020		Time Arrived 02:04 PM	
Date Notified 12/27/2020		Time Notified 01:56 PM		Total Units 01		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>	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 TRAVELING SB ON COUNTY HIGHWAY A. UNIT 1 ATTEMPTED TO MAKE A RIGHT TURN ONTO NORTH REEDSBURG ROAD. UNIT 1 SLID ON THE SNOW COVERED ROADWAY AND WENT TOWARDS THE EMBANKMENT. UNIT 1 ENTERED THE EMBANKMENT AND OVERTURNED ONTO ITS ROOF.

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## Location

ON CTHA SB 63 FT N OF REEDSBURG RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.532438152	Longitude -89.738855184
	X Coordinate 278693.21875	Y Coordinate 4823588.5
	Structure Type	

## Crash Scene

First Harmful Event <b>EMBANKMENT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET, SNOW, SLUSH</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

## Unit Summary

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

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>AE72857</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GKKRRKD8FJ182881</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2015</b>	Model <b>ACADIA</b>
	Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>	Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01	01	Owner Name <b>ZBIGNIEW KRAMARZ (774) 592-3838</b>		Owner Address <b>967 GRISSOM TRL ELK GROVE VILLAG, IL 60007 , US</b>
		<b>Sequence Of Events</b>		
01	01	Event <b>RIGHT TURN</b>		
		Event <b>EMBANKMENT</b>		
		Event <b>OVERTURN/ROLLOVER</b>		
		Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>ZBIGNIEW KRAMARZ</b>	
UNIT	<b>Individual</b>			
	Driver <b>ZBIGNIEW KRAMARZ (774) 592-3838</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>967 GRISSOM TRL ELK GROVE VILLAG, IL 60007 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
01	001	On Duty Crash		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>		
01	001	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Distracted By Action <b>NOT DISTRACTED</b>		

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit#	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>			
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
		Drug Type						
		Individual Condition <b>APPEARED NORMAL</b>						
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
				Passenger <b>VIOLETTA L RADLINSKA</b> (847) 791-0002		Citations Issued <b>0</b>	Sex	
				Date of Birth [REDACTED]		Race <b>ASIAN</b>		
				Address <b>506 E PRAIRIE AVE</b> <b>DES PLAINES, IL 60016 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash		
Safety Equipment <b>SHOULDER &amp; LAP BELT</b>								
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>							
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>				
Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier	EMS Run#				
Hospital			Date of Death	Time of Death				
<b>Distracted By</b>		Distracted By Source						
Distracted By Action								
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit#	Location			

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UNIT INDIVIDUAL          01 002	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	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		