

6TL0D1PTL4  
21-02347

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 21-02347		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 03/19/2021		Crash Time 05:24 PM		Date Arrived 03/19/2021		Time Arrived 05:44 PM	
Date Notified 03/19/2021		Time Notified 05:25 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>	Reconstruction By
	Photos By DEP. S. MESSNER #9134
	Additional Information PHOTOS

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

ON FRIDAY, 3/19/2021, AT APPROXIMATELY 5:24 PM, UNIT 1, A 2015 GMC BLACK AVADIA BEARING WISCONSIN REGISTRATION PLATE #LF9347 WAS BEING DRIVEN BY LEAH M. MISKE. UNIT 1 WAS NORTH BOUND ON MIRROR LAKE ROAD, WHICH HAD A POSTED 45 MPH SPEED LIMIT, AND CAME TO THE FOUR WAY STOP WITH SHADY LANE ROAD. UNIT 1 CAME TO A STOP AT THE STOP SIGN. UNIT 1 PROCEEDED INTO THE INTERSECTION. UNIT #2, A 2009 MAROON CHRYSLER MINI-VAN, BEARING WISCONSIN REGISTRATION PLATE #AAF1154, WAS WESTBOUND ON SHADY LANE ROAD. UNIT #2 WAS DRIVEN BY WILLIAM W. YOBONSKI WITH FRONT SEAT PASSENGER RYAN G. YOBLONSKI, 2ND ROW PASSENGER NASTASIA G. YOBLONSKI, AND 3RD ROW PASSENGER JAMES B. YOBLONSKI. UNIT 2 PROCEEDED INTO THE INTERSECTION IN WHICH UNIT 1 STRUCK UNIT 2. NO INJURIES OCCURRED TO ANY OCCUPANTS. BOTH UNITS WERE REMOVED BY OPERATORS FROM THE INTERSECTION. UPON ARRIVAL BY LAW ENFORCEMENT, LEAH, THE DRIVER OF UNIT 1, ADVISED WILLIAM, THE DRIVER OF UNIT 2, TOLD HER, "I'M SORRY. I WAS TALKING TO MY SON." LEAH EXPLAINED SHE OBSERVED UNIT 2, SHE BELIEVED IT WOULD STOP FOR THE STOP SIGN AND PROCEEDED INTO THE INTERSECTION DUE TO HAVING RIGHT AWAY. LEAH EXPLAINED UNIT 2 FAILED TO STOP AND UNIT 1 STRUCK UNIT 2. I MADE CONTACT WITH WILLIAM. WILLIAM EXPLAINED HE CAME TO A COMPLETE STOP AT THE STOP SIGN, TURNED AND SPOKE TO HIS SON, RYAN, AND THEN PROCEEDED INTO THE INTERSECTION. WILLIAM STATED, "SHE (UNIT 1) CAME OUT OF NOWHERE," AND CLAIMED THAT UNIT 1 DID NOT STOP AT THE STOP SIGN. ON SCENE, I OBSERVED TIRE MARKS POST CRASH IN THE INTERSECTION. I PHOTOGRAPHED THE SCENE AND BOTH UNITS. UNIT 2 WAS REMOVED BY

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CRAIG'S TOWING. UNIT 1 WAS REMOVED BY THE OPERATOR.

Location

ON SHADY LANE RD 35 FT E OF MIRROR LAKE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.54731607	Longitude -89.83722045
	X Coordinate 270801.125	Y Coordinate 4825507.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</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>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>YES</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>1</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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>STOP SIGN</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>LF9347</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GKKVTKD7FJ289560</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2015</b>	Model <b>ACADIA</b>	
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>ACCELERATING IN ROAD</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
01 01	Owner Name <b>LEAH M MISKE</b>	Owner Address <b>SPARK LANE REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>	Individual <b>LEAH MISKE</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>LEAH M MISKE</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>SPARK LANE REEDSBURG, WI 53959 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <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>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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			

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<b>UNIT</b> <b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<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>					

### Unit Summary

<b>UNIT</b> <b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>				Operating As Endorsements	
	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>STOP SIGN</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

<b>UNIT</b> <b>VEHICLE</b> <b>02</b>	License Plate Number <b>AAF1154</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2A8HR54X09R642386</b>		Make <b>CHRYSLER</b>	Year <b>2009</b>	Model <b>TOWN &amp; COU</b>	
	Color <b>MAR - MAROON (BURGUNDY)</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>					
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>			

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UNIT	What Driver Was Doing <b>ACCELERATING IN ROAD</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, OTHER CONTRIBUTING ACTION</b>		
	Owner Name <b>WILLIAM W YOBLONSKI (920) 292-0322</b>	Owner Address <b>S2277 WATER STREET REEDSBURG, WI 53959 , US</b>	
02	<b>Sequence Of Events</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
02	<b>Policy Holder</b>		
	Insurance Company <b>ARTISAN-AND-TRUCKERS-CASUALTY-CO</b>	Individual <b>WILLIAM YOBLONSKI</b>	
03	<b>Individual</b>		
	Driver <b>WILLIAM W YOBLONSKI (920) 292-0322</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>S2277 WATER STREET REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WASHINGTON COUNTRY: UNITED STATES</b>	
04	<b>Safety Equipment</b>		Safety Equipment
	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use	Helmet Compliance	
002	Eye Protection		Tint Compliance
	<b>Injury</b>		Airbag
	Injury Severity <b>NO APPARENT INJURY</b>	<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 <b>PASSENGER/OTHER NON-MOTORIST</b>	
<b>Distracted By Action</b>		<b>TALKING/LISTENING</b>	
<b>Non Motorist</b>		Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
02	002	<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>			
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>RYAN G YOBLONSKI</b> (920) 292-0322	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
		Address <b>S2277 WATER STREET</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number
02	003	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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>Non Motorist</b>			
Striking Unit #	Location		
Prior Action			

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
02	003	<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>Individual</b>	
		Passenger <b>NASTASIA G YOBLONSKI</b> (920) 292-0322	Citations Issued <b>0</b>
	Sex <b>FEMALE</b>		
	Date of Birth [REDACTED]		
	Race <b>WHITE</b>		
Address <b>S2277 WATER STREET</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number		
02	004	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>
		<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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>Non Motorist</b>			
Striking Unit #	Location		
Prior Action			

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
02	004	<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>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>JAMES B YOBLONSKI</b> (820) 292-0322	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
	Address <b>S2277 WATER STREET</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number	
02	005	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
		Row <b>06 -UNKNOWN ROW</b>	Seat Position <b>08 - MIDDLE</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>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>Non Motorist</b>		
	Striking Unit #	Location	
	Prior Action		



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UNIT INDIVIDUAL           02 005           01	Action			
	Action Other			To/From School
	<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>Violations</b>			
	UTC Number <b>BG024187</b>	Issue To? <b>002</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>