

6TL0BFKDF7
21-03742

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 21-03742		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 05/02/2021		Crash Time 05:00 PM		Date Arrived 05/02/2021		Time Arrived 05:14 PM	
Date Notified 05/02/2021		Time Notified 05:04 PM		Total Units 02		Total Injured 02	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

Diagram		Reconstruction By	
<p>Not To Scale</p> <p>State Highway 33</p> <p>County Highway X</p>		Photos By DEPUTY KING #9103	
		Additional Information PHOTOS	

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

UNIT 1 WAS TRAVELING WB ON CTH X. UNIT 2 WAS TRAVELING SB ON STH 33. UNIT 1 FAILED TO YIELD FROM THE STOP SIGN FOR UNIT 2. UNIT 1 STRUCK UNIT 2.

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Location

ON STH33 WB 26 FT N OF CTHX SB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.481516181	Longitude -89.641371634
	X Coordinate 286390.84375	Y Coordinate 4817678
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	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 YES	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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT 01 VEHICLE 01	License Plate Number 346SUT	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1C4PJMB52FW789372	Make JEEP	Year 2015	Model CHK	
	Color WHI - WHITE	Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	Owner Name JUDY ANN HOLT		Owner Address 529 W CONANT ST PORTAGE, WI 53901 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual JUDY HOLT	
UNIT INDIVIDUAL	Individual			
	Driver JUDY ANN HOLT		Citations Issued 1	Sex FEMALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 529 W CONANT ST PORTAGE, WI 53901 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
01 001	Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND	
	EMS Agency Identifier 6000368		EMS Run #	
	Hospital ST CLARE HOSP		Date of Death	
	Time of Death		Distracted By Source	
Distracted By		Distracted By Action UNKNOWN		

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CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Individual					
		Passenger SAGE A DECORAH			Citations Issued 0	Sex MALE	
Address 915 DUNN ST PORTAGE, WI 53901 , US			Date of Birth [REDACTED]	Race WHITE			
Driver License Number			Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING				
01	002	Safety Equipment		On Duty Crash			
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING			
		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			
Distracted By							
Distracted By Source							
Distracted By Action							
Non Motorist		Striking Unit#	Location				

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UNIT INDIVIDUAL	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	002	01	<table border="1"> <tr> <td>UTC Number BD758933</td> <td>Issue To? 001</td> <td>Statute Number 346.18(3)</td> <td colspan="2">Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN</td> </tr> </table>		UTC Number BD758933	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN
UTC Number BD758933	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN						

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 6		Train/Bus # Recorded		Total # Citations Issued 0	
	Total Trailers 0		Total HazMat Types 0		Insurance? YES	
	Direction Of Travel WESTBOUND		<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 CURVE LEFT	
	Road Grade LEVEL		Truck Bus or HazMat NO			

Vehicle

UNIT VEHICLE 02	License Plate Number 672ZBP		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5FNRL5H45EB077443		Make HONDA	Year 2014	Model ODYSSEY	
	Color BLK - BLACK		Body Style VN - VAN		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name GAO ZONG HER (414) 458-3522	Owner Address 6757 N 51ST ST MILWAUKEE, WI 53223 , US	
	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
02	Policy Holder		
	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual GAO HER	
03	Individual		
	Driver GAO ZONG HER (414) 458-3522	Citations Issued 0	Sex FEMALE
	Address 6757 N 51ST ST MILWAUKEE, WI 53223 , US	Date of Birth [REDACTED]	Race ASIAN
		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
04	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
02	Injury		Airbag
	NO APPARENT INJURY		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 NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location	
		Prior Action				
		Action				
		Action Other				To/From School
02	003	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				
		Individual				
UNIT	INDIVIDUAL	Passenger ELISHA YUSEF COLAS (414) 252-4280			Citations Issued 0	Sex MALE
		Address 6757 N 51ST ST MILWAUKEE, WI 53223 , US			Date of Birth [REDACTED]	Race BLACK
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
02	004	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	
		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				
Distracted By Action						
Non Motorist		Striking Unit#	Location			

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
02	004	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 KING CHENOU COLAS (414) 458-3522	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race
		Address 6757 N 51ST ST MILWAUKEE, WI 53223 , US	Driver License Number
02	005	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity SUSPECTED MINOR INJURY
Airbag DEPLOYED-CURTAIN			
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		
Trapped/Extricated NOT TRAPPED			
Medical Transport EMS GROUND	EMS Agency Identifier 6000123		
EMS Run#			
Hospital ST CLARE HOSP	Date of Death		
Time of Death			
Distracted By			
Distracted By Source			
Distracted By Action			
Non Motorist			
Striking Unit#	Location		
Prior Action			

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		Action Other	To/From School	
02	005	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		
		Individual		
		Passenger ZION T COLAS (414) 458-3522	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race
		Address 6757 N 51ST ST MILWAUKEE, WI 53223 , US	Driver License Number	
02	006	Safety Equipment		
		On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury		
		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN	
		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				
Distracted By Action				
Non Motorist				
Striking Unit #	Location			
Prior Action				

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
02	006	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 SOLOMON C COLAS (414) 458-3522	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race
	Address 6757 N 51ST ST MILWAUKEE, WI 53223 , US	Driver License Number	
02	007	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 03 - THIRD ROW	Seat Position 07 - LEFT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
	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	
	Distracted By Action		
	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	007	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 SIRE K COLAS (414) 458-3522	Citations Issued 0	Sex MALE
02	008	Date of Birth [REDACTED]	Race	
		Address 6757 N 51ST ST MILWAUKEE, WI 53223 , US	Driver License Number	
02	008	Safety Equipment	On Duty Crash	Safety Equipment
		Row 03 - THIRD ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
02	008	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital	Date of Death	Time of Death
02	008	Distracted By		
		Distracted By Source		
Distracted By Action				
02	008	Non-Motorist	Striking Unit #	Location
		Prior Action		

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UNIT INDIVIDUAL 02 008	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		

Witness

WITN 01 ESS	Individual DENISE D TORRES (630) 240-9102	Address 242 MARILYN AVE GLENDALE HEIGHTS, IL 60139 , US	Date of Birth [REDACTED]