

6TL0B3P3H1

21-06339

Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0B3P3H1

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 07/09/2021		Crash Time 10:49 PM		Date Arrived 07/09/2021		Time Arrived 10:51 PM	
Date Notified 07/09/2021		Time Notified 10:51 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	

Location

ON CTHBD SB 123 FT S OF USHL U WB IN THE TOWN OF DELTON IN SAUK COUNTY		Latitude 43.55585347	Longitude -89.7784609	Lat/LongSource TLT/ILT	Access Control	
		X Coordinate 275579.7812	Y Coordinate 4826295.5	On Roadway Link ID# 5196528	On Roadway Link Offset 123	
		Override <input type="checkbox"/>	Tribal Land		Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) WEATHER CONDITIONS	
Roadway Factor(s) 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 YES	Junction Location INTERSECTION	Intersection Type ROUNDBOUT	

Unit Summary

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
UNIT	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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 ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
01	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

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01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name ZABRONSKY		First Name ARTHUR		Middle Initial MAX HOFEI	Suffix		
	Street Address 6207 JACOBS WAY		Street Address 2		PO Box			
	City MADISON		State WI	Zip Code 53711	Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex M	Race	Hair BLACK	Eyes BROWN	Height 506	Weight 145	Phone Number (415) 509-1674 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2029			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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								
01 UNIT 02	Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name KURUTZ		First Name THOMAS		Middle Initial RICHARD	Suffix		
	Street Address 6311 IRVING DR		Street Address 2		PO Box			
	City SUN PRAIRIE		State WI	Zip Code 53590	Country of Residence UNITED STATES			

Wisconsin Motor Vehicle Crash Report

UNIT INDIVIDUAL	DOB		Sex	Race	Hair	Eyes	Height	Weight	Phone Number	
	[REDACTED]		M	W	BROWN	BLUE	510	160		
	Driver's License Number				State	License Jurisdiction	Country of Issuance			
	[REDACTED]				WI	STATE	UNITED STATES			
	License Type				License Status			DL Expire Year		
	NON-CDL DRIVER'S LICENSE				VALID LICENSE			2024		
	Equipment		On Duty Accident			Safety Equipment				
	Row		Seat Position			SHOULDER & LAP BELT				
	02 - SECOND ROW		09 - RIGHT							
	Helmet Use					Helmet Compliance				
Eye Protection					Tint Compliance					
Injury		Injury Severity			Airbag					
		NO APPARENT INJURY			NON DEPLOYED					
Ejected					Ejection Path		Trapped/Extricated			
NOT EJECTED					NOT EJECTED/NOT APPLICA		NOT TRAPPED			
Medical Transport					EMS Agency Identifier		EMS Run #			
NOT TRANSPORTED										
Hospital					Date of Death		Time of Death			
Non Motorist		Striking Unit #			Location		To/From School			
Prior Action					Action					
Distracted By Action										
Distracted By Source					Action Other					
Drug & Alcoh		Individual Condition								
		APPEARED NORMAL								
Suspected Alcohol Use					Suspected Drug Use					
NO					NO					
Alcohol Test Given			Alcohol Test Type				Alcohol Test Results			
TEST NOT GIVEN										
Drug Test Given			Drug Test Type				Drug Test Results			
TEST NOT GIVEN										
Drug Type										
UNIT INDIVIDUAL	Role				Citations Issued	<input type="checkbox"/> Use Driver Address	Individual Type			
	PASSENGER				0		INDIVIDUAL			
	Last Name				First Name		Middle Initial	Suffix		
	HEIMAN				ZACHARY		JONATHAN			
	Street Address				Street Address 2		PO Box			
151 E WILSON ST APT 1203										
City				State	Zip Code	Country of Residence				
MADISON				WI	53703	UNITED STATES				

Wisconsin Motor Vehicle
Crash Report

UNIT INDIVIDUAL	DOB	Sex M	Race W	Hair BROWN	Eyes BLUE	Height 511	Weight 190	Phone Number
	Driver's License Number			State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE		DL Expire Year 2026		
	Equipment	On Duty Accident		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 NON DEPLOYED				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death			
UNIT INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
UNIT INDIVIDUAL	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							
	License Plate Number AGK5815			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number WAUCFAFH2AN020377					Year 2010	Make AUDI		
Model A5		Body Style CV - CONVERTIBLE			Color BLK - BLACK			
Initial Contact Point 08 - LEFT SIDE REAR								

Wisconsin Motor Vehicle Crash Report

01	01	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 07 - LEFT REAR CORNER		
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Factors NOT APPLICABLE		
		Vehicle Removed By CRAIGS TOWING		Driver Prior Action Other		
		What Driver Was Doing CHANGING LANES		Bus Use		
UNIT VEHICLE	Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.					
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name			
	Last Name ZABRONSKY		First Name ARTHUR	Middle MAX HOF	Suffix	Date of Birth [REDACTED]
	Street Address 6207 JACOBS WAY		Street Address2		PO Box	
	City MADISON	St WI	Zip Code 53711	Country of Residence UNITED STATES		
	Telephone Number (415) 509-1674 EXT.					
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
04	Event					
UNIT HOL	01	Insurance Company STATE-FARM-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver	
	Organization Type INDIVIDUAL		Last Name ZABRONSKY	First Name ARTHUR	Policy Holder Company	

Unit Summary

02 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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire 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 ONE-WAY TRAFFIC		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					
	Role DRIVER			Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL

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02 UNIT INDIVIDUAL 04	Last Name POLSTER		First Name REBECCA			Middle Initial MAE	Suffix	
	Street Address 837 EASTERN AVE # 203			Street Address 2		PO Box		
	City WEST BEND		State WI	Zip Code 53095	Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes HAZEL	Height 504	Weight 130	Phone Number (262) 384-8190 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE			DL Expire Year 2023		
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
02 UNIT INDIVIDUAL 04	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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								
02 UNIT INDIVIDUAL 05	Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name DUKES		First Name ANTOINE			Middle Initial D	Suffix	
	Street Address 837 EASTERN AVE # 203			Street Address 2		PO Box		
	City WEST BEND		State WI	Zip Code 53095	Country of Residence UNITED STATES			

Wisconsin Motor Vehicle
Crash Report

UNIT INDIVIDUAL	DOB	Sex M	Race B	Hair BROWN	Eyes HAZEL	Height 602	Weight 216	Phone Number
	Driver's License Number			State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE			License Status SUSPENDED		DL Expire Year 2027		
	Equipment	On Duty Accident		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 NON DEPLOYED				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death			
UNIT INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
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								
License Plate Number AGK8572			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 1GKEK63U84J279705					Year 2004	Make GENERAL MOTORS CORP		
Model YUKON			Body Style UT - SPORT UTILITY VEHICLE			Color BLK - BLACK		
Initial Contact Point 01 - RIGHT FRONT CORNER								

Wisconsin Motor Vehicle Crash Report

02	02	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER		
		Towed Due To Damage NOT TOWED		Vehicle Factors		
		Vehicle Removed By OPERATOR		NOT APPLICABLE		
		What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other	Bus Use	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name			
	Last Name DUKES	First Name ANTOINE	Middle D	Suffix	Date of Birth [REDACTED]	
	Street Address 837 EASTERN AVE # 203		Street Address2	PO Box		
	City WEST BEND	St WI	Zip Code 53095	Country of Residence UNITED STATES		
	Telephone Number					
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
04	Event					
UNIT HOL	02	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input type="checkbox"/> Policy Holder Same As Driver		
		Organization Type INDIVIDUAL	Last Name DUKES	First Name ANTOINE	Policy Holder Company	

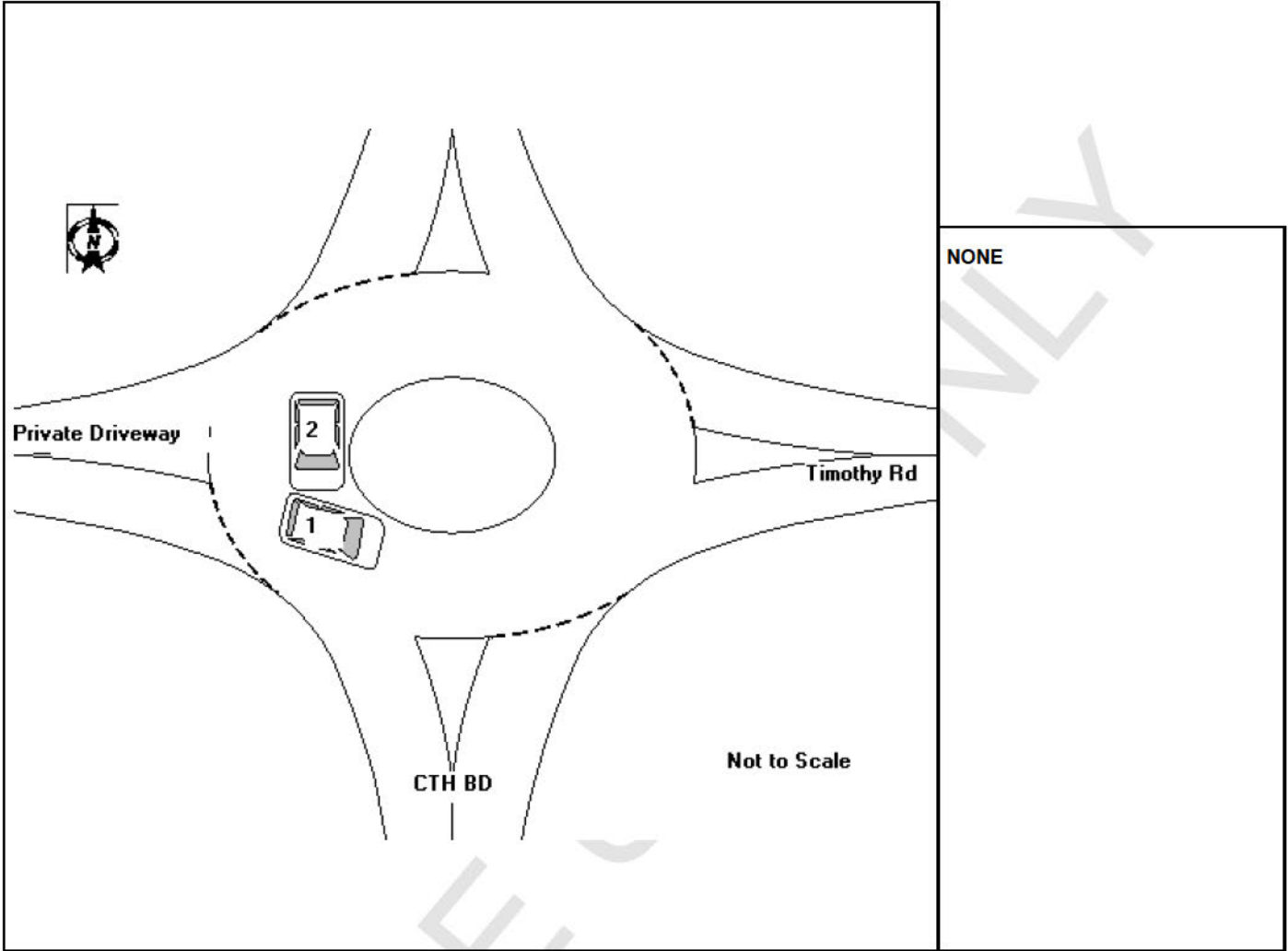
Description

Diagram

Reconstruction By
Photos By

Additional Information

Wisconsin Motor Vehicle Crash Report



NONE

UNITS 1 AND 2 WERE TRAVELING SOUTH THROUGH THE ROUNDABOUT. UNIT 1 WAS USING THE OUTSIDE LANE. UNIT 2 WAS TRAVELING IN THE INSIDE LANE. AN UNINVOLVED ERRATICALLY CHANGED LANES IN FRONT OF UNIT 1. THIS CAUSED UNIT 1 TO MANEUVER TO AVOID A COLLISION. THE REAR DRIVER'S CORNER OF UNIT 1 CAME INTO CONTACT WITH THE FRONT RIGHT CORNER OF UNIT 2.

Signature _____

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

Law Enforcement Agency _____

Agency Space				
Officer Rank DEP	Officer Last Name PARKHURST	Officer First Name SCOTT	Officer Middle Name	Suffix
DOT Officer ID 9116		DNR Officer ID	Officer Badge Number 9116	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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