

6TL0CCZ7SM
21-06339

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 6TL0B3P3H1		Primary Crash Document#	Agency Crash Number 21-06339	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 checked="" 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.

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

ERROR

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Location

ON CTHBD SB 123 FT S OF USHL U WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.55585347	Longitude -89.778460921
	X Coordinate 275579.78125	Y Coordinate 4826295.5
	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		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
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

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	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	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

01 01	License Plate Number AGK5815		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number WAUCFAFH2AN020377		Make AUDI	Year 2010	Model A5
	Color BLK - BLACK		Body Style CV - CONVERTIBLE		Bus Use
	Initial Contact Point 08 - LEFT SIDE REAR				

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	07 - LEFT REAR CORNER	
	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.		
01 01	Owner Name ARTHUR MAX HOFEI ZABRONSKY (415) 509-1674	Owner Address 6207 JACOBS WAY MADISON, WI 53711 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual ARTHUR ZABRONSKY	
UNIT INDIVIDUAL	Individual		
	Driver ARTHUR MAX HOFEI ZABRONSKY (415) 509-1674	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race
	Address 6207 JACOBS WAY MADISON, WI 53711 , 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	
01 001	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

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	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		
UNIT INDIVIDUAL	Individual	
	Passenger THOMAS RICHARD KURUTZ	Citations Issued 0 Sex MALE
	Date of Birth [REDACTED]	Race WHITE
	Address 6311 IRVING DR SUN PRAIRIE, WI 53590 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment On Duty Crash Safety Equipment	
	Row 02 - SECOND 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 APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED	EMS Agency Identifier EMS Run #	
Hospital	Date of Death Time of Death	
UNIT INDIVIDUAL	Distracted By Distracted By Source	

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UNIT	INDIVIDUAL	Distracted By Action				
		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	
01	002	Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger ZACHARY JONATHAN HEIMAN		Citations Issued 0	Sex MALE	
		Date of Birth [REDACTED]		Race WHITE		
		Address 151 E WILSON ST APT 1203 MADISON, WI 53703 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		On Duty Crash		
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	Safety Equipment SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
01	003	Injury		Airbag NON DEPLOYED		
		Injury Severity NO APPARENT INJURY		Trapped/Extricated NOT TRAPPED		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	EMS Agency Identifier	
		Medical Transport NOT TRANSPORTED		EMS Run#		
		Hospital		Date of Death		
		Time of Death		Distracted By Source		
		Distracted By				
		Distracted By Action				

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UNIT INDIVIDUAL	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 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 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	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number AGK8572		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GKEK63U84J279705		Make GENERAL MOTORS COR	Year 2004	Model YUKON
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		01 - RIGHT FRONT CORNER		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ANTOINE D DUKES	Owner Address 837 EASTERN AVE # 203 WEST BEND, WI 53095 , US	
UNIT VEHICLE	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT VEHICLE	Event		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual ANTOINE DUKES	
	Individual		
	Driver REBECCA MAE POLSTER (262) 384-8190	Citations Issued 0	Sex FEMALE
UNIT INDIVIDUAL		Date of Birth [REDACTED]	Race WHITE
	Address 837 EASTERN AVE # 203 WEST BEND, WI 53095 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
UNIT INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		
UNIT INDIVIDUAL	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
UNIT INDIVIDUAL	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
	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	
UNIT	INDIVIDUAL	Individual Condition APPEARED NORMAL	
		Individual	
		Passenger ANTOINE D DUKES	Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race BLACK
		Address 837 EASTERN AVE # 203 WEST BEND, WI 53095 , US	Driver License Number [REDACTED]
			STATE: WISCONSIN COUNTRY: UNITED STATES
		Safety Equipment On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
02	005	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			
Prior Action			

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UNIT INDIVIDUAL	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			
	02 005			