

6TL0B3P3H5
21-07423

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 21-07423		Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 08/07/2021		Crash Time 05:03 PM		Date Arrived 08/07/2021		Time Arrived 05:17 PM	
Date Notified 08/07/2021		Time Notified 05:06 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
	Additional Information NONE

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

UNIT 1 HAD ENTERED THE ROUND ABOUT AND WAS TRAVELING IN THE RIGHT LANE. UNIT 2 WAS TRAVELING IN THE LEFT, INSIDE, LANE. UNIT 1 CHANGED LANES IN THE ROUND ABOUT TO AVOID EXITING TO THE EAST ON CTH BD. THIS CAUSED THE FRONT DRIVER'S CORNER OF UNIT 1 TO COME INTO CONTACT WITH THE PASSENGER SIDE OF UNIT 2. THE OPERATOR OF UNIT 1 DID NOT WANT TO EXIT BECAUSE THEY WANTED TO RE-ENTER USH 12.

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Location

ON USHL U WB 52 FT S OF USH WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude	Longitude
	43.557453385	-89.779417278
	X Coordinate	Y Coordinate
	275508.5	4826475.5
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) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
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 1	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 15	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

UNIT VEHICLE 01	License Plate Number BLN6700	Plate Type AUT - AUTOMOBILE	St WA	Country of Issuance UNITED STATES
	Vehicle Identification Number JTDKARFU5H3041321	Make TOYOTA	Year 2017	Model /PRIUS
	Color BLK - BLACK	Body Style HB - HATCHBACK		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
	Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing CHANGING LANES	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION		
01 01	Owner Name SHARON C SHAH (630) 292-1272	Owner Address 7730 38TH AVE SW SEATTLE, WA 98126 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company GEICO-ADVANTAGE-INSURANCE-CO	Individual SHARON SHAH	
UNIT INDIVIDUAL	Individual		
	Driver SHARON C SHAH (630) 292-1272	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 7730 38TH AVE SW SEATTLE, WA 98126 , US	Driver License Number [REDACTED] STATE: WASHINGTON COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
			Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	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 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	
	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					
	01	001				

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 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 15	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 AAU3202	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES																
				Vehicle Identification Number 1GKS2BKC6KR400198	Make GENERAL MOTORS COR	Year 2019	Model YUKON																
				Color MAR - MAROON (BURGUNDY)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use																
				Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage			<table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>6</td><td></td><td></td><td></td><td>12</td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	6				12	5	4	3	2	1
		7	8	9	10	11																	
6				12																			
5	4	3	2	1																			
		Extent Of Damage MINOR DAMAGE	03 - RIGHT SIDE MIDDLE																				
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER																				

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UNIT	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name LAURIE LYNN SIMONSON (262) 490-7991	Owner Address 109 SAVANNAH CIR BARNEVELD, WI 53507 , US	
02	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
02	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual LAURIE SIMONSON	
03	Individual		
	Driver LAURIE LYNN SIMONSON (262) 490-7991	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 109 SAVANNAH CIR BARNEVELD, WI 53507 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
04	Safety Equipment		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
002	Injury		Airbag
	Injury Severity NO APPARENT INJURY	NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
002	Hospital		Date of Death
	Time of Death		
	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			
002	Non Motorist		
	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	002	Action Other			
		To/From School			
02	002	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 JASON E SIMONSON	Citations Issued 0		
			Sex MALE		
		Date of Birth [REDACTED]	Race WHITE		
	Address 109 SAVANNAH CIR BARNEVELD, WI 53507 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
02	003	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		
02	003	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		
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 ASHER J SIMONSON (262) 490-7991	Citations Issued 0
	Date of Birth [REDACTED]			Race WHITE	
UNIT	INDIVIDUAL	Address 109 SAVANNAH CIR BARNEVELD, WI 53507 , US	Driver License Number		
		Safety Equipment			
02	004	On Duty Crash	Safety Equipment		
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	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		
Prior Action					

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		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 MEKENNA R SIMONSON (262) 490-7991	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE		
		Address 109 SAVANNAH CIR BARNEVELD, WI 53507 , US	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment BOOSTER SEAT	
02	005	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	Helmet Use	
		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			
Prior Action					

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UNIT	INDIVIDUAL	Action	
		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	
UNIT	INDIVIDUAL	Individual	
		Passenger TENLEY E SIMONSON (262) 490-7991	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race WHITE
	Address 109 SAVANNAH CIR BARNEVELD, WI 53507 , US	Driver License Number	
02	006	Safety Equipment	
		On Duty Crash	Safety Equipment BOOSTER SEAT
		Row 03 - THIRD ROW	Seat Position 08 - MIDDLE
		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
	Prior Action		

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UNIT INDIVIDUAL 02 006	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		