

6TL0BC3B59  
21-07981

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 21-07981		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 08/23/2021		Crash Time 10:51 AM		Date Arrived 08/23/2021		Time Arrived 10:53 AM	
Date Notified 08/23/2021		Time Notified 10:52 AM		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> <p>Not to scale</p> <p>Linn St</p>		<p>Reconstruction By</p>
		<p>Photos By</p>
		<p>Additional Information NONE</p>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1 AND 2 WERE TRAVELING EASTBOUND. UNIT 1 WAS IN THE RIGHT LANE AND UNIT 2 WAS IN THE LEFT LANE. WHILE TRAVELING EASTBOUND, THE OPERATOR OF UNIT 1 ATTEMPTED TO CHANGE LANES. THE OPERATOR OF UNIT 1 STATED SHE DID NOT SEE UNIT 2. UNIT 1 THEN HIT UNIT 2. NO REPORTED INJURIES.

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**Location**

ON LINN ST/ STH33 EB 205 FT W OF WALNUT ST IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474797853	Longitude -89.766038515
	X Coordinate 276283.71875	Y Coordinate 4817259.5
	Structure Type NO STRUCTURE	

**Crash Scene**

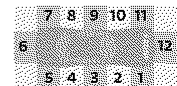
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather 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>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>  <b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements				
	Total Occs <b>2</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>NO CONTROL</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>01</b>  <b>VEHICLE</b>  <b>01</b>	License Plate Number <b>FP44599</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>4T1G11AK8MU431116</b>	Make <b>TOYOTA</b>	Year <b>2021</b>	Model <b>CAMRY</b>
	Color <b>RED - RED</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>		
	Extent Of Damage <b>MINOR DAMAGE</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>CHANGING LANES</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
	Driver Prior Action Other			
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE, LOOKED BUT DID NOT SEE</b>			
01 01	Owner Name <b>EAN HOLDINGS LLC--FIRM OWNED (630) 693-2916</b>	Owner Address <b>1050 N LOMBARD RD LOMBARD, IL 60148 , 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>AUTO-CLUB-OF-SOUTHERN-CALIFORNIA</b>	Individual <b>ANDREA CONTARINO</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANDREA M CONTARINO (310) 874-3041</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>1234 BRUNSWICK LN VENTURA, CA 93001 , US</b>	Driver License Number [REDACTED] <b>STATE: CALIFORNIA COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>UNKNOWN</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
		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>				
UNIT	INDIVIDUAL	Passenger <b>HERBERT L PICKELL III</b> (317) 966-2718		Citations Issued 0	Sex <b>MALE</b>	
				Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>6510 COUGAR CT</b> <b>INDIANAPOLIS, IN 46237 , US</b>		Driver License Number [REDACTED] <b>STATE: INDIANA COUNTRY: UNITED STATES</b>		
01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>		

01  
002

## 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>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>NO CONTROL</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>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>LM6813</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GT4K0BG6AF113567</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2010</b>	Model <b>SRA</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>02 - RIGHT SIDE FRONT</b>		
		Extent Of Damage <b>MINOR DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>			

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name DEBBRA JOANN NISBIT (507) 707-1369	Owner Address 1152 S CZECH CT FRIENDSHIP, WI 53934 , US
	<b>Sequence Of Events</b>	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual DEBBRA NISBIT
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver DEBBRA JOANN NISBIT (507) 707-1369	Citations Issued 0
		Sex FEMALE
		Race WHITE
	Address 1152 S CZECH CT FRIENDSHIP, WI 53934 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
003	<b>Injury</b>	
	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
	Hospital	EMS Run#
		Date of Death
		Time of Death
<b>Distracted By</b>		
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		
<b>Non Motorist</b>		
Striking Unit#	Location	

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UNIT INDIVIDUAL          02 003	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>		