# WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Date 08/31/2023 Date Notified 08/31/2023	Crash Time 09:24 AM Time Notified		Date Ar 08/31/2		Time Arrived <b>09:32 AM</b>		
08/31/2023	Time Notified				09.32 AIVI		
	09:28 AM		Total Ui	nits	Total Injured <b>00</b>	Total Kille	d
On Emergency H	it and Run	Lane Closu		Work Zone	Trailer or	Towed	Reporting Threshold
Government Property		hool Zone	School <b>NO</b>	Bus Related	Tags		
Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amended		Secondary Crash
escription Diagram						econstruction	
Non-Reportable priv	rate property				A	notos By	mation
				I any CJIS data in th			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/31/2023

Crash Time 09:24 AM

L	OC.	ation									
Ī	PRI	VATE PROPERTY				Latitude			Longitu	ude	
		CTHBD EB				43.47638	87809		-89.76	9144196	
	•	USE/BUILDING 619)				X Coordin 276038.4			Y Coor 48174		
		HE VILLAGE OF WES AUK COUNTY	ST BARABOO			Structure	Туре		1.0		
						HOUSE/	BUILDING	<b>i</b>			
C	ra	sh Scene									
Ţ	First	Harmful Event					nful Event Lo	ocation			
- 1 -		KED MOTOR VEHICL	.E			ON ROADWAY					
		ner of Collision				Light Cond					
	03 - FRONT TO REAR					DAYLIG					
	Road DRY	d Surface Condition(s)	Roadway	Factor(s)							
H	Envir	onment Factor(s)				-					
	NON	. ,				NONE					
,	Wea	ther Condition(s)				1					
	CLE	. ,									
,	Anim	al Type				To Trafficway					
L	Oran	h Classification I agation						Y - PARKIN	G LOI		
	Crash Classification - Location PRIVATE PROPERTY Tribal Land					Crash Classification - Jurisdiction PRIVATE PROPERTY					
Ī						Access Control Special Study NO CONTROL			Special Study		
	Withi <b>NO</b>	in Interchange Area	Junction Location NON-JUNCTION		Intersection NOT AN	on Type INTERSE	CTION			•	
L	Init	Summary =									
		Status —		Vehicle Ope	erating As C	lassification	1	Unit Type			
	N T	RANSIT		D CLASS				AUTOMOBILE			
_ h	Vehi	cle Type		·			Operating A	s Endors	ements		
5	(SP	ORT) UTILITY VEHICL									
	Total <b>2</b>	Occs	Train/Bus # Recorded	Total # Cita  0	tions Issued	sued Total Trail		Total Ha		nzMat Types	
П	nsur	ance?	Direction Of Travel	Pre	CrashTire	)	Speed Lin	nit	Total La	nes	
<u>:</u> [ˈ	YES		EASTBOUND		Mark		N/A	Traffic Control Inoperative/Missing NO Road Grade LEVEL			
<b>.</b> .		Harmful Event: Collision \		Special Fur		TION					
ļ !		FOR VEH IN TRANSPO	ORT		IAL FUNC	TION					
		ic Way KING LOT OR PRIVA	TE DDODEDTY	Traffic Cont							
		ace Type	IE PRUPERIT	Road Curva							
		CKTOP (BITUMINOU:	S)	STRAIGH							
-	Truc	k Bus or HazMat	-,	2.10.0011	· <del>-</del>						
_	NO ,	Vehicle									
		License Plate Number		Plate Type	)		St	Country of Is:	suance		
	ADY8635				, JTOMOBIL	.E	WI	UNITED STATES			
		Vehicle Identification Nur	mber	Make			Year	Model			
	4A4AP3AU1DE008354				MITSUBISHI		2013	OUTLANDER			
			, <del>-</del>	Body Style			1		Bus Use		
		Color	<del>, , , , , , , , , , , , , , , , , , , </del>	Body Style	•		<u>I</u>	Bus Use			
		WHI - WHITE	, <del>-</del>	Body Style	RT UTILI	TY VEHIC	<u>I</u>	Bus Use NOT A BUS	3		
	:LE	WHI - WHITE Initial Contact Point		Body Style	RT UTILI	TY VEHIC	<u>I</u>	Bus Use NOT A BUS	5	7 8 9 10 11	
	/EHICLE	WHI - WHITE		Body Style UT - SPC Vehicle Da	RT UTILI	TY VEHIC	<u>I</u>	Bus Use NOT A BUS	6	7 8 9 10 11 6 2 2 12 5 4 3 2 1	

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
	щ	OTHER CONTRIBUTING	ACTION					
LNO	101							
5	VEHICLE							
	>							
		Owner Name		Owner Address				
	1	AMANDA CICERO		202 8TH AVE # B				
	01	(608) 432-2719		BARABOO, WI 53	913 , US			
	3	Sequence Of Events Event						
	01	MOTOR VEH IN TRANSP	ORT					
	02	Event						
	3	Event						
	03	-						
	04	Event						
_	İ	Policy Holder						
LNO		Insurance Company		Individual				
_		PROGRESSIVE-ADVANC	ED-INSURANCE-CO	AMANDA CICERO				
	ı	ndividual						
		Driver  AMANDA CICERO		Citations Issued  0	Sex FEMALE			
	AL	(608) 432-2719		Date of Birth	Race			
_	INDIVIDUAL			Bate of Birth	WHITE			
	Σ	Address		Driver License Number				
_	N	202 8TH AVE # B BARABOO, WI 53913, U	S	STATE: WISCONSIN COUNTRY: UNITED STATES				
		, , , , , , , , ,						
		On Duty	r Crash	Safety Equipment				
	Sat	ety Equipment						
		Row	Seat Position	SHOULDER & LAP	BELT			
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		•						
7	001	Injury S	everity	Airbag				
J	0		PARENT INJURY	NON DEPLOYED		1 Tanana ad (Fataina tan)		
		Ejected  NOT EJECTED	Ejection Path  NOT EJECTED/NOT API	PLICARI E		Trapped/Extricated NOT TRAPPED		
		Medical Transport	NOT ESECTED/NOT AFT	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
			ad Div Carre					
		Distracted By	ed By Source					
		Distracted By Action UNKNOWN						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		_										
		Non Motorist	Striking Uni	t#	Location							
		Prior Action										
 		Action										
		Action										
	A											
LIND	INDIVIDUAL											
5	$\geq$											
	Ĭ											
		Action Other							To/From School			
			Cuanastad	Alaahal I I		I Cumpated Drug Has						
	ı	Drug & Alcohol	Suspected NO	Alconol U	se	Suspected Drug Use 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 Tool Typo		Drug Test Nesults	•				
7	001	Drug Type					-1					
	0											
		Individual Condition										
		APPEARED NORM	//AL									
		L Individual										
	•	Passenger				Citations Issued	Sex					
	닊	WILLIAM BREEN (414) 552-8863				0 MALE  Date of Birth Race						
_	INDIVIDUAL	, ,				Date of Birth	WHITE					
Ĭ N N	Σ	Address	ND # 440			Driver License Number	er					
_	Ĭ	8643 N SERVITE D MILWAUKEE, WI 5		;		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	fety Equipment	On Duty Cr	ash		Safety Equipment						
		Row		Seat Pos	sition	SHOULDER & LA	P BELT					
		01 - FRONT ROW		09 - RIG								
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
	•		Injury Seve	rity		Airbag						
2	005	I '	NO APPA	-	IJURY	NON DEPLOYED						
		Ejected	1	ection Pat				Trapped/Extricated				
		NOT EJECTED  Medical Transport	N	OT EJEC	CTED/NOT APPL	LICABLE  EMS Agency Identifie	ar .	NOT TRAPPED EMS Run #				
		NOT TRANSPORT	ED			Livio / igency identine	•1	LIVIO ITAII #				
		Hospital				Date of Death		Time of Death				
			Distracted F	By Source								
		Distracted By		-								
		Distracted By Action										
		Man Birtani	Striking Uni	t #	Location							
		Non Motorist										

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Crash Date 08/31/2023

Crash Time 09:24 AM

		Prior Action									
		Action									
	INDIVIDUAL										
l⊨	<u>ا</u>										
LIND	≥										
	5										
	=										
İ		Action Other									To/From School
İ	,	Orug & Alcohol NO	pected Alcohol U	lse		Suspected Drug Use NO					
	-										
		Alcohol Test Given		Alcohol Test Ty	Гуре			Alcohol Tes	t Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type	pe Drug Test Results						
		TEST NOT GIVEN		Diag rest type	-		Drug	rest Results			
_	2	Drug Type									
6	002	2.ag .,pe									
		Individual Condition									
		APPEARED NORMAL									
	Unit	t Summary 💳									
		Status			Ve	hicle Operating As Classif	fication	า	Unit Type		
	IN TRANSIT				D	CLASS			TRUCK		
05		hicle Type							Operating A	s Endors	ements
0		TILITY TRUCK/PICKUP TRUCK			T						
		I Occs Train/Bus # Recorded		corded	Total # Citations Issued			Total Traile	ers		azMat Types
	2		Direction Of Travel		0			0 Speed Lim	.;+	<b>0</b> Total La	unoo.
١.	YES	rance?	EASTBOUN		Pre CrashTire N/A N/A			1			
FNO		, : Harmful Event: Collision Wi		,	Special Function			Emergency	_	hicle Use	
⊃		TOR VEH IN TRANSPO			NO SPECIAL FUNCTION			NOT APPLICABLE			
i		ic Way			Traffic Control			Traffic Control Inoperative/Missing			
	PAR	KING LOT OR PRIVATE PROPERTY			NO CONTROL			NO			
İ		асе Туре			Ro	Road Curvature			Road Grade		
	BLA	CKTOP (BITUMINOUS)			STRAIGHT LEVEL						
		k Bus or HazMat									
	NO										
	1	Vehicle						La			
		License Plate Number				ate Type		St	Country of Is		
		RE3293				TK - LIGHT TRUCK ake		WI Year	UNITED STATES		
	02	Vehicle Identification Numb 1GTG6BE30F1199789				ENERAL MOTORS C	ΩR	2015	Model CANYON		
		Color				ody Style	<u> </u>	2013	Bus Use		
		BLK - BLACK				K - PICKUP			Duo Coo		
	ш	Initial Contact Point				ehicle Damage					
⊨	VEHICLE	06 - REAR									7 8 9 10 11
LNO	Ĭ	Extent Of Damage			0	6 - REAR					6 2 2 12
_	VE	MINOR DAMAGE									5 4 3 2 1
		Towed Due To Damage				ehicle Removed By					
		NOT TOWED			0	PERATOR					
		What Driver Was Doing									
		STOP IN TRAFFIC			1						

# **WISCONSIN MOTOR VEHICLE CRASH REPORT**

					V	ehicle Factors				
		Driver Prior Action Oth	har			IOT APPLICABL	F			
		Driver Prior Action Off	ner		Ι.	IOT ALL LIGABL	_			
		Driver Actions	10 40710							
⊢Ⅱ	iii ii	NO CONTRIBUTIN	IG ACTIO	N						
L N N	VEHICL									
_	VE									
		Owner Name		Owner Address						
	2	DANA NACHTIGA	L			E9626 BLUE		0		
	02	(608) 445-0379				BARABOO, W	/i 53913 , U	5		
		Sequence Of Ev	vents							
	01	Event MOTOR VEH IN TE		эт						
		Event	NANSFOR	<b>\</b> 1						
	02	Event								
	03	Event								
		Event								
	04									
⊨ا	I	Policy Holder								
E NO		Insurance Company IMT-INS-CO				Individual  DANA NACHTIC	GAL			
	i	Individual								
		Driver DANA NACHTIGAL			Citations Issued	Sex	. –			
	۱AL	(608) 445-0379			<b>0</b> Date of Birth	FEMA Race	LE			
∟ا	INDIVIDUA					WHITE	E			
END D		Address E9626 BLUEBIRD	TRL			Driver License Nu	mber			
	Z	BARABOO, WI 539				STATE: WISCONSIN COUNTRY: UNITED STATES				
			On Duty C	rach		Safety Equipment				
	Saf	ety Equipment	On Duty C	iasii		Salety Equipment				
		Row		Seat Po		SHOULDER & LAP BELT				
		01 - FRONT ROW Helmet Use		07 - LE	FI	Helmet Compliance				
		Eye Protection				Tint Compliance				
05	003	Injury	Injury Seve	erity		Airbag				
	0	Ejected	NO APPA	ARENT III		NON DEPLOYE	:D		Trapped/Extricated	
		NOT EJECTED			CTED/NOT APPL	ICABLE			NOT TRAPPED	
		Medical Transport  NOT TRANSPORT	FD			EMS Agency Iden	tifier		EMS Run #	
		Hospital				Date of Death			Time of Death	
			Distracted	Dy Cauras						
		Distracted By	Distracted NOT APF	PLICABL	E (NOT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED								
			Strikina Ur	nit #	Location					
		Non Motorist								

# WISCONSIN MOTOR VEHICLE CRASH REPORT

ı										
		Prior Action								
UNIT	INDIVIDUAL	Action  Action Other						To/From School		
	L	Suspect  Orug & Alcohol NO	ed Alcohol l	Jse	Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	5			
02	003	Drug Type		I.		. <b>I</b>				
		Individual Condition								
		APPEARED NORMAL								
	ļ	ndividual								
	\L	Passenger OWEN NACHTIGAL (608) 445-0379  Address E9626 BLUEBIRD TRL BARABOO, WI 53913, US			Citations Issued  0	Sex MALE	MALE			
⊨	אסוי				Date of Birth	Race WHITE				
LIND	INDIVIDUAL				Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment On Duty	Crasn		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po <b>09 - R</b>		SHOULDER & LAP	BELT				
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
02	004	Injury Se	everity PARENT I	NJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa		11011 221 20123		Trapped/Extricated			
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport  NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Distracted By Distracted	ed By Sourc	е	1		1			
		Distracted By Action								
		Non Motorist Striking	Unit#	Location						
		Prior Action		1						

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Crash Date 08/31/2023

Crash Time 09:24 AM

		Action					
	AL						
LIND	INDIVIDUAL						
5	DIV						
	Z						
		A 5 OH					I = 15
		Action Other					To/From School
	I	Drug & Alcohol NO	Jse	Suspected Drug Use 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					
02	004	Drug Type	•				
	0						
		Individual Condition					
		APPEARED NORMAL					