

6TL0BC3B7F

23-09500

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

PRIVATE PROPERTY 619 CTHBD EB (HOUSE/BUILDING 619) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.476387809	Longitude -89.769144196
	X Coordinate 276038.40625	Y Coordinate 4817444.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number ADY8635	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4A4AP3AU1DE008354	Make MITSUBISHI	Year 2013	Model OUTLANDER
		Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS	
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01	Owner Name AMANDA CICERO (608) 432-2719		Owner Address 202 8TH AVE # B BARABOO, WI 53913 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	02	Event		
		Event		
		Event		
03	Event			
	04	Event		
		Event		
		Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual AMANDA CICERO	
	Individual			
	UNIT	Driver AMANDA CICERO (608) 432-2719		Citations Issued 0
Address 202 8TH AVE # B BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
01	On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
001	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
	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 UNKNOWN				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Passenger WILLIAM BREEN (414) 552-8863			Citations Issued 0	Sex MALE	
		Address 8643 N SERVITE DR # 119 MILWAUKEE, WI 53223 , US			Date of Birth	Race WHITE	
		Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			Helmet Compliance			
Helmet Use				Tint Compliance			
Eye Protection				Airbag NON DEPLOYED			
Injury				Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABLE		
Ejected NOT EJECTED				Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED	
Hospital				EMS Agency Identifier		EMS Run #	
Date of Death				Time of Death			
UNIT	INDIVIDUAL	Distracted By				Distracted By Source	
		Distracted By Action					
		Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	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 Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK	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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	02	License Plate Number RE3293	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
			Vehicle Identification Number 1GTG6BE30F1199789	Make GENERAL MOTORS COR	Year 2015	Model CANYON		
			Color BLK - BLACK	Body Style PK - PICKUP	Bus Use			
			Initial Contact Point 06 - REAR	Vehicle Damage				
			Extent Of Damage MINOR DAMAGE	06 - REAR				
			Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR				
			What Driver Was Doing STOP IN TRAFFIC					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors		
			NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
02	Owner Name DANA NACHTIGAL (608) 445-0379		Owner Address E9626 BLUEBIRD TRL BARABOO, WI 53913 , US		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company IMT-INS-CO		Individual DANA NACHTIGAL		
UNIT INDIVIDUAL	Individual				
	Driver DANA NACHTIGAL (608) 445-0379		Citations Issued 0	Sex FEMALE	
	Address E9626 BLUEBIRD TRL BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02 003	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		
	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					
Non Motorist		Striking Unit #			
		Location			

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	003	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
02	003	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
02	003	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger OWEN NACHTIGAL (608) 445-0379	Citations Issued 0	Sex MALE
02	004	Date of Birth	Race WHITE	
		Address E9626 BLUEBIRD TRL BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	004	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
02	004	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
02	004	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
02	004	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
02	004	Distracted By	Distracted By Source	
		Distracted By Action		
02	004	Non Motorist	Striking Unit #	Location
		Prior Action		

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UNIT INDIVIDUAL 02 004	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		