24-04251

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash	Document #	Agency Crash Number Investigating 24-04251 DEPUTY			g Officer/Deputy A. KING		
БП	Crash Date 04/28/2024	Crash Time 01:09 PM		Date Arrived 04/28/2024		Time Arrived 01:16 PM			
Õ	Date Notified	Time Notified		Total U	nits	Total Injured	Total Kille	ed	
S S	04/28/2024	01:10 PM		02		00	00		
-0F3SS	On Emergency	it and Run	Lane Clos		Work Zone		r Towed	Reporting Threshold	
6TL	Government Property		chool Zone	School NO	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amende	d	Secondary Crash	
	Description								
	Diagram	Not to scale			$\mathbf{\mathbf{\mathbf{b}}}$		Reconstructio Photos By	n By	
		And and	1		*		Additional Info		
						Gastal			
	U2 WAS STOPPED AT THE INTER U1'S VIEW. U2 TAPPED THE REAI WAS NO DAMAGE TO THEIR VEH	R OF U1. BOTH O	PERATORS AND O	CCUPAN	F DENIED INJURIES. I MI	ET WITH BOTH OPE	RATORS AND		

24-04251

6

UNIT

UNIT

WISCONSIN MOTOR VEHICLE CRASH REPORT

Loc	ation									
	PIT RD				Latitude			Longitu	ude	
61 FT W						43.513633085			-89.778280263	
OF CTHBD SB						X Coordinate Y			rdinate	
	THE TOWN OF DELTON SAUK COUNTY	N			275437.	65625		48216	605.5	
					Structure	Туре				
	sh Scene									
-	Harmful Event				First Harn	nful Event	Location			
	TOR VEH IN TRANSPO	ORT			ON ROA		Location			
Man	ner of Collision				Light Con	dition				
03 -	FRONT TO REAR				DAYLIG	нт				
Roa	d Surface Condition(s)				Roadway	Factor(s)				
WE	т									
Envi	ronment Factor(s)				-					
NO	NE				NONE					
Wea	ther Condition(s)				-					
RAI	N									
Anin	nal Type				Relation 1	To Trafficw	ay			
							ON ROAD			
_	sh Classification - Location									
	al Land			NO SPECIAL JUF Access Control					Special Study	
					NO CON					
	in Interchange Area	Junction Location		Intersection	• •					
NO		INTERSECTION		FOUR-W	VAY INTEI	RSECTIC	N			
	t Summary		Vehicle Ope	erating As C	Classification	ו	Unit Type			
-	RANSIT		D CLASS		Jacomouloi	•	AUTOMO	BILE		
	icle Type							As Endorsements		
PAS	SSENGER CAR									
	l Occs	Train/Bus # Recorded	Total # Citat	tions Issued	b	Total Tra	ailers		azMat Types	
2			0	0				0		
Insu YES	rance?	Direction Of Travel EASTBOUND		Pre CrashTire			imit	Total La 2	Lanes	
Mos	- t Harmful Event: Collision V			Special Function			Emergency	Motor Ve	hicle Use	
_	TOR VEH IN TRANSPO	DRT	NO SPECI	NO SPECIAL FUNCTION			NOT APPLICABLE			
	fic Way			Traffic Control			Traffic Control Inoperative/Missing			
	O-WAY, NOT DIVIDED ace Type			STOP SIGN			NO Road Grade			
	ACKTOP (BITUMINOUS	5)	STRAIGH	Road Curvature STRAIGHT			LEVEL			
	k Bus or HazMat	-,		-						
NO										
	Vehicle									
	License Plate Number		Plate Type		E			suance		
	ADP9396 Vehicle Identification Number 1C3CCCAB8FN574514		AUT - AU Make	TOMOBIL	LE WI Year		UNITED S	IAIES		
~							200			
0				ER		2015	200			
01	1C3CCCAB8FN57451 Color		CHRYSLE Body Style			2015	200 Bus Use			
0	1C3CCCAB8FN57451		CHRYSLE			2015				
щ	1C3CCCAB8FN57451 Color WHI - WHITE Initial Contact Point		CHRYSLE Body Style	AN		2015			7 8 9 10 11	
	1C3CCCAB8FN57451 Color WHI - WHITE		CHRYSLE Body Style SD - SED	AN mage		2015			7 8 9 10 11	

24-04251

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Ve	hicle Removed By						
				OV	OWNER Vehicle Factors						
				Ve							
		Driver Prior Action Other		NC	OT APPLICABLE						
		Driver Actions									
	щ	FOLLOWING TOO CLOSE									
⊑∣	VEHICLE										
UNIT	I										
-	N N										
		Owner Name			Owner Address						
	01	MIA LANGE (608) 393-8041			1214 CARPENTER BARABOO, WI 53						
	0				BARABOO, 111 33	515,00					
		Sequence Of Events									
	01	Event MOTOR VEH IN TRANSPORT									
	0										
	02	Event									
	0										
	03	Event									
	0										
	04	Event									
E	I	Policy Holder									
UNIT		Insurance Company			Individual						
		PROGRESSIVE-CASUALTY	'-INS-CO		MIA LANGE						
	l I	ndividual									
		Driver		- (Citations Issued	Sex					
	Ļ	MIA LANGE (608) 393-8041			0 FEMALE						
	NA				Date of Birth	Race					
E	D				WHITE						
UNIT	NDIVIDUAL	Address		Driver License Number							
-	ND	1214 CARPENTER ST BARABOO, WI 53913, US		STATE: WISCONSIN COUNTRY:			TED STATES				
	-	BARABOO, WI 33313 , 03									
	Saf	On Duty Cl	rash	Safety Equipment							
	Cui										
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	•	SHOULDER & LAP	BELI					
		Helmet Use		_	Holmot Compliance						
		Tielinet Ose		Helmet Compliance							
		Eye Protection		Tint Compliance							
_	~	Injury Seve	erity		Airbag						
2	001	Injury NO APPA	ARENT INJURY	1	NON DEPLOYED						
		Ejected	jection Path				Trapped/Extricated				
		NOT EJECTED N	IOT EJECTED/NOT API	PLIC	CABLE		NOT TRAPPED				
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #					
		Hospital			Date of Death		Time of Death				
		Distracted By NOT APP		• • •							
			LICADLE (NUT DISTR	AU	ועשו						
		Distracted By Action NOT DISTRACTED									

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	riking Unit #	Location								
		Prior Action	Prior Action									
ļ		Action										
		Action										
	AL											
UNIT	INDIVIDUAL											
5	N											
	Z											
		Action Other						To/From School				
		S	uspected Alcoho	l I Ise	Suspected Drug Use							
	L	Drug & Alcohol N	0		NO							
		Alcohol Test Given		Alcohol Test Type	2		Alcohol Test Results					
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results						
		TEST NOT GIVEN				Brug Foot Roodilo						
2	001	Drug Type										
	0											
		Individual Condition										
		APPEARED NORMA	L									
		Individual										
		Passenger			Citations Issued	Sex						
	Ļ	BRADLEY HINZE (608) 583-1094			0 MALE							
	INDIVIDUAL				Date of Birth Race							
UNIT	M	Address E832 COUNTY ROAD EE WONEWOC, WI 53968 , US			Driver License Number							
 	ND				STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	fety Equipment	n Duty Crash		Safety Equipment							
	our	Row	Seat	Position	SHOULDER & LAP BELT							
		01 - FRONT ROW		RIGHT								
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
	••		jury Severity									
2	002		O APPAREN ⁻	INJURY	Airbag NON DEPLOYED							
		Ejected	Ejection	Path			Trapped/Extricated	ipped/Extricated				
		NOT EJECTED Medical Transport	NOT E.	IECTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #					
		NOT TRANSPORTED	C									
	Hospital				Date of Death		Time of Death					
	Distracted By Source											
		Distracted By	-									
		Distracted By Action										
		Non Motorist	riking Unit #	Location								
					t does not include any C.		0.15.	04/28/2024				

24-04251

WISCONSIN MOTOR VEHICLE CRASH REPORT

			Prior Action										
l			Action										
		_											
	.	INDIVIDUAL											
		IDI											
	⊃∣	DIV											
		R											
l			Action Other							To/From School			
			Sust	pected Alcohol U	اده	Suspected Drug Use							
		L	Drug & Alcohol No		130	NO							
l		1	Alcohol Test Given		Alcohol Test Typ	pe		Alcohol T	est Results				
			TEST NOT GIVEN		Drug Test Type		Drug Test Re						
			Drug Test Given TEST NOT GIVEN		Didg rest type		Drug Test Re	esuits					
ł	2	002	Drug Type										
	•	9											
			Individual Condition										
			APPEARED NORMAL										
F			t Summary		L.	Alabiala Operating As Classi	ification	11 N T					
			RANSIT			Vehicle Operating As Classi D CLASS	Unit Type AUTOM						
	2	Vehicle Type						g As Endorse	ements				
	02	(SPORT) UTILITY VEHICLE					Trailers						
		Tota 1	I Occs	Train/Bus # Re		rded Total # Citations Issued 0			l otal Ha	azMat Types			
		Insurance? Direction Of Travel			Pre CrashTire	d Limit	Total La	ines					
	UNIT	YES		EASTBOUND		Mark		2					
	5		t Harmful Event: Collision Wi TOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCTIO		PLICABLE					
		Traffic Way				Traffic Control	Traffic Co	ontrol Inoper	ative/Missing				
			D-WAY, NOT DIVIDED			STOP SIGN	NO						
			ace Type ACKTOP (BITUMINOUS)			Road Curvature STRAIGHT	Road Gra	ade					
			k Bus or HazMat										
L		NO											
			Vehicle										
			License Plate Number PATE			Plate Type AUT - AUTOMOBILE	St WI		Country of Issuance UNITED STATES				
		•	Vehicle Identification Numb	ber		Make	Year	Model					
		02	3GNAXUEV3MS11975	8		CHEVROLET 2021			EQUINOX				
			Color SIL - SILVER (ALUMIN			Body Style UT - SPORT UTILITY \	/EHICI E	Bus Use					
		щ	Initial Contact Point			Vehicle Damage	LINOLL						
	LNI	ICL	12 - FRONT							7 8 9 10 11 6			
	5	VEHICLE	Extent Of Damage NO DAMAGE			00 - NO DAMAGE				54321			
		>	Towed Due To Damage			Vehicle Removed By							
			NOT TOWED			OWNER							
•			What Driver Was Doing										
			RIGHT TURN										

24-04251

WISCONSIN MOTOR VEHICLE CRASH REPORT

				Veh	icle Factors						
		Driver Prior Action Other			NOT APPLICABLE						
		Driver Actions NO CONTRIBUTING ACT									
-	VEHICLE	NO CONTRIBUTING ACT	ION								
UNIT	HIC										
	N N										
		Owner Name			Owner Address						
	02	KELLY PATE			1614 ELIZABETH S						
	0	(608) 434-8168			BARABOO, WI 539	13,05					
		Sequence Of Events									
	01	Event MOTOR VEH IN TRANSPORT									
	02	Event									
	03	Event									
	04	Event									
		Policy Holder									
UNIT		Insurance Company			Individual						
		PROGRESSIVE-CASUALTY-INS-CO			KELLY PATE						
		ndividual									
		Driver KELLY PATE (608) 434-8168 Address 1614 ELIZABETH ST BARABOO, WI 53913 , US On Duty Crash			Citations Issued	Sex FEMALE					
	INDIVIDUAL				Date of Birth	Race					
UNIT	VID				Driver License Number	WHITE					
5	ND/										
	=				STATE: WISCONSIN	COUNTRY: UNI	TED STATES				
					Safety Equipment						
	Sat	fety Equipment									
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT						
		Helmet Use	0	Helmet Compliance							
		Eye Protection		Tint Compliance							
	~	Injury Se	ovority	Airbag							
8	003	Injury NO AP	PARENT INJURY								
		Ejected	Ejection Path				Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AP		ABLE		NOT TRAPPED EMS Run #				
	NOT TRANSPORTED										
	Hospital				Date of Death		Time of Death				
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	RACT	ED)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Unit # Location								

24-04251

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
		Action						
	UAL							
UNIT	INDIVIDUAL							
	INDI							
		Action Other						To/From School
		Su Su	uspected Alcohol Use	9	Suspected Drug Use			
	L	Drug & Alcohol N	0		NO			
		Alcohol Test Given	F	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN	L	Drug Test Type		Drug Test Results	3	
02	003	Drug Type						
	0							
		Individual Condition						
		APPEARED NORMA	L					