

6TL09PBQ9R  
18-12598

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 <b>18-12598</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>11/11/2018</b>		Crash Time <b>11:37 AM</b>	Date Arrived <b>11/11/2018</b>	Time Arrived <b>11:58 AM</b>	
Date Notified <b>11/11/2018</b>		Time Notified <b>11:37 AM</b>	Total Units <b>01</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<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 checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS SOUTHBOUND ON STH 23. UNIT 1 OPERATOR STATES SHE SWERVED TO MISS A DEER. UNIT 1 ENTERED THE WEST SHOULDER. UNIT 1 SIDESWIPE A GUARDRAIL. UNIT 1 CAME TO REST FACING SOUTHBOUND NEXT TO THE GUARDRAIL.

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Location

ON STH23 EB 0.42 MI S OF CTHWC EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.212734728</b>	Longitude <b>-90.07613487</b>
	X Coordinate <b>250128.390625</b>	Y Coordinate <b>4789034</b>
	Structure Type	

Crash Scene

First Harmful Event <b>GUARDRAIL END</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</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>CLOUDY</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 # Injured	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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>GUARDRAIL END</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>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>120PAB</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KNDCM3LD3J5191841</b>	Make <b>KIA MOTORS CORPORA</b>	Year <b>2018</b>	Model <b>NIRO</b>
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>	Vehicle Damage		
Extent Of Damage <b>DISABLING DAMAGE</b>	<b>3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER</b>				

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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>			
01	01	Driver Distractions <b>DISTRACTED BY OUTSIDE PERSON, OBJECT, OR EVENT</b>		
		Owner Name <b>DANIELLE MARIE BERNACCHI (262) 391-0575</b>	Owner Address <b>103 SHARON ST APT 3 ARENA, WI 53503 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	Event <b>GUARDRAIL END</b>		
		Event <b>GUARDRAIL FACE</b>		
		Event		
		Event		
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>DANIELLE BERNACCHI</b>	
UNIT	001	<b>Individual</b>		
		Driver <b>DANIELLE MARIE BERNACCHI (262) 391-0575</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>103 SHARON ST APT 3 ARENA, WI 53503 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Equipment</b>		On Duty Crash		
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
01	001	<b>Injury</b>		Airbag
		Injury Severity <b>POSSIBLE INJURY</b>	<b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		<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>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>ANTHONY T BERNACCHI (262) 391-0575</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>103 SHARON ST APT 3 ARENA, WI 53503 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>		
				Driver License Number			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</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 APPLICABL</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>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			
	<b>01</b>	<b>002</b>	<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>		

**Property Owner**

<b>PROP OWNER</b>	<b>01</b>	Government <b>WISCONSIN DEPT OF TRANSPORTATION</b> (608) 246-3800	Address <b>2101 WRIGHT ST</b> <b>MADISON, WI 53705 2583, US</b>
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**Fixed Objects Struck**

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>GUARDRAIL END</b>	Structure Number	Damage Tag Number <b>322874</b>
	Striking Unit <b>01</b>	Struck Object <b>GUARDRAIL FACE</b>	Structure Number	Damage Tag Number <b>322874</b>