

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL09CGFCG

Document Number Override		Primary Crash Document #		Agency Crash Number 19-09683		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 08/04/2019		Crash Time 03:56 PM		Date Arrived 08/04/2019		Time Arrived 04:36 PM	
Date Notified 08/04/2019		Time Notified 03:56 PM		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

Diagram		Reconstruction By	
		Photos By	
		Additional Information NONE	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	

UNIT 2 WAS FOLLOWING UNIT 1. UNIT 1 SLOWED ABRUPTLY TO STOP FOR A VEHICLE MAKING AN ILLEGAL U TURN IN AN INTERSECTION. UNIT 2 WAS UNABLE TO STOP, STRIKING UNIT 1 IN A REAR END MANNER.

Location

ON USH12 WB 560 FT S OF IH90 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568174012	Longitude -89.778356355
	X Coordinate 275634	Y Coordinate 4827663.5
	Structure Type	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name AMANDA ROSE PRYBYLSKI (262) 496-0034	Owner Address 503 W 5TH ST MARSHFIELD, WI 54449 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
Policy Holder				
UNIT	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual AMANDA PRYBYLSKI	
	Individual			
UNIT	INDIVIDUAL	Driver AMANDA ROSE PRYBYLSKI (262) 496-0034	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 503 W 5TH ST MARSHFIELD, WI 54449 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment				
UNIT	001	On Duty Crash	Safety Equipment	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	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 DISTRACED)		
Distracted By Action NOT DISTRACED				
Non Motorist		Striking Unit #	Location	
Prior Action				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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			

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		
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 4		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER			Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade DOWNHILL	
		Truck Bus or HazMat NO						

UNIT	VEHICLE	Vehicle			
		License Plate Number NK6215	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GCEK190X8Z173752	Make CHEVROLET	Year 2008	Model NO DATA FO
		Color BLU - BLUE	Body Style PK - PICKUP		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	12--FRONT		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
Driver Prior Action Other	NOT APPLICABLE				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	02	02	02
	Owner Name BECKY LYNN ANDERSON (608) 697-6213	Owner Address S4675 COUNTY ROAD W BARABOO, WI 53913 , US	
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company ERIE-INSURANCE-PROPERTY-&-CASUALTY-CO		Individual BECKY ANDERSON
UNIT INDIVIDUAL	Individual		
	Driver BECKY LYNN ANDERSON (608) 697-6213		Citations Issued 0
			Sex FEMALE
			Date of Birth WHITE
Address S4675 COUNTY ROAD W BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 002	Safety Equipment		On Duty Crash
			Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
	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 DISTRACED)	
Distracted By Action NOT DISTRACED			
Non Motorist		Striking Unit #	Location
Prior Action			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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				
		02	002			

Witness

WITN 01 ESS	Individual LISA JO FORD (608) 745-5722	Address 922 WAUONA TRL PORTAGE, WI 53901 , US	Date of Birth