19-09683

WISCONSIN MOTOR VEHICLE CRASH REPORT

						(000) 000 4000		
Document Number Override	Primary Crash Document #		Agency Crash Number 19-09683		Investigating Officer/Deputy DEPUTY K. MUELLER			
Crash Date 08/04/2019 Date Notified 08/04/2019 On Emergency Government Property	Crash Time 03:56 PM	Date Arri 08/04/2		Time Arrived 04:36 PM				
Date Notified	Time Notified		Total Units		Total Kille	ed		
08/04/2019	03:56 PM	02			00	.		
On Emergency H	it and Run Lane Clo		Work Zone	Trailer or Towed		Reporting Threshold		
Government Property	Active School Zone	us Related						
✓ Reportable	Crash Type DT4000 (STANDARD CRAS	SH)		Amende	d	Secondary Crash		
Description								
Diagram			NOT TO SO	CALE	Photos By Additional Info			
▼ I, a sworn law enforcement	ent officer, agree that I have	not added	any CJIS data in thi	s report.				
	1. UNIT 1 SLOWED ABRUPTLY I ING UNIT 1 IN A REAR END MANI		R A VEHICLE MAKING	AN ILLEGAL U 1	urn in an in	TERSECTION. UNIT 2		
Location								
ON USH12 WB	-		Latitude		Longitu			
560 FT S OF IH90 WB			43.5681740		-89.77	78356355		
IN THE TOWN OF DELTON IN SAUK COUNTY			X Coordinate 275634		Y Coor 4827 6			
			Structure Typ	е	•			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

First Harmful Event Location

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

Crash Scene First Harmful Event

	_							ON ROADWAY				
		nner of Collision					Light Condition					
	02	2FRONT TO REAR				DAYLIGHT						
	Road	Surface Condition(s)					Roadway Factor(s)					
	DRY	DRY										
	Envi	Environment Factor(s)										
	NON	NONE				NONE						
	Wea	ther Condition(s)										
	CLE	CLEAR										
	Anim	al Type					Relation T	o Trafficwa WAY - O	•			
	Cras	h Classification - Location	1				Crash Clas	sification -	Jurisdiction			
	_	SLIC PROPERTY							ISDICTION			
	Triba	Il Land				Access Control FULL CONTROL					Special Study	
	With	n Interchange Area	Junction L	ocation		Intersectio		MINOL				
	YES	•		ECTION-RELATED		OTHER	1,700					
į	Uni	Summary =										
		Status			Vehicle Ope	erating As C	assification		Unit Type			
		RANSIT			D CLASS				AUTOMO	BILE		
10		cle Type							Operating As Endorsement		ments	
0		SENGER VAN										
		Occs	Train/Bu	us # Recorded	Total # Citations Issued			Total Trail	lers		Mat Types	
	1		Directio	n Of Travel	0			0 Canad Lin	0			
	YES	ance?			Pre CrashTire Mark			•		Total Lane	es	
UNIT	YES NORTHBOUND Most Harmful Event: Collision With				Special Function		73	Emergency Motor Vehicle Use		icle Use		
O		TOR VEH IN TRANSP			NO SPEC		TION		NOT APP			
	Traff	ic Way			Traffic Conti	Traffic Control			Traffic Cont	rol Inoperat	tive/Missing	
	DIVI	DED HWY W/O TRAF	FIC BAR	RIER	TRAFFIC SIGNAL		NO		NO	10		
	Surfa	асе Туре			Road Curva	Road Curvature STRAIGHT			Road Grade			
		CKTOP (BITUMINOU	JS)		STRAIGH				DOWNHILL			
		k Bus or HazMat										
	NO											
	1	Vehicle										
		License Plate Number			Plate Type		St		Country of Issuance			
		253WCW		AUT - AUTOMOBIL		.E	WI	UNITED STATES				
5	5	Vehicle Identification Number JN8AE2KP9B9012842		Make NISSAN			Year 2011	Model QUEST S/SV				
		Color			Body Style			Bus Use				
		GRY - GRAY			VN - VAN				NOT A BU	NOT A BUS		
_	쁘	Initial Contact Point			Vehicle Da	mage						
LNO	≌	6REAR			6REAR							
⊃	VEHICL	Extent Of Damage			0-KEAK							
	>	FUNCTIONAL DAMAGE Towed Due To Damage			Vehicle Removed By							
		NOT TOWED What Driver Was Doing Vehicle Factors										
		SLOW/STOPPING										
	Driver Prior Action Other NOT APPLICA					LICABLE						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
70	01	Owner Name AMANDA ROSE PRYBYL (262) 496-0034	SKI	Owner Address 503 W 5TH ST MARSHFIELD, WI 54449 , US						
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSP	ORT							
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
LIND		Insurance Company PROGRESSIVE-UNIVERS	SAL-INSURANCE-COMP	Individual AMANDA PRYBYLSKI						
		ndividual								
	Ī	Driver		Citations Issued	Sex					
	_	AMANDA ROSE PRYBYLSKI		0	FEMALE					
_	DUA	(262) 496-0034		Date of Birth	Race WHITE					
LINO	INDIVIDUAL	Address 503 W 5TH ST MARSHFIELD, WI 54449	, US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Saf	On Duty fety Equipment	r Crash	Safety Equipment						
		Seat Position 1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
5	001	Injury Se	everity	Airbag						
•	ŏ		PARENT INJURY	NON DEPLOYED						
		Ejected	Ejection Path		Trapped/Extricated					
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPI		NOT TRAPPED EMS Run #					
		NOT TRANSPORTED		EMS Agency Identifier						
		Hospital		Date of Death	Time of Death					
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED			-					
		Non Motorist Striking	Unit # Location							
		Prior Action Prior Action								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action								
	JAL									
LND	INDIVIDUAL									
_	N									
	_									
		Action Other								To/From School
	ı	Drug & Alcohol No		lse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	уре			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Typ		Drug Test Results			<u> </u>		
10	001	Drug Type		<u> </u>						
		Individual Condition								
		Individual Condition								
		APPEARED NORMAL								
		t Summary -				121 .1		T		
		Status 'RANSIT			Vehicle Operating As Classification D CLASS			Unit Type TRUCK		
۱		cle Type			DOLAGO			Operating As Endorsements		
05		LITY TRUCK/PICKUP TI	RUCK							
•	Tota	l Occs	Train/Bus # Re	corded	Total # Citations Issued Total Traile		ers	Total Haz	Mat Types	
	1		Discretion Of To		0	0 Speed Lin		14	O Tatallana	
 _	YES	rance?	NORTHBOU		Pre CrashTire Mark 45		1IT	Total Lane	ss.	
LNO		t Harmful Event: Collision Wi			Special Function NO SPECIAL FUNCTION			Emergency NOT APP		cle Use
		ic Way	N I		Traffic Control			Traffic Cont		ve/Missing
	DIVI	DED HWY W/O TRAFFI	C BARRIER		TRAFFIC SIGNAL Road Curvature STRAIGHT			NO		
	Surfa	ace Type		I				Road Grade		
		ACKTOP (BITUMINOUS))					DOWNHILL		
	NO	k Bus or HazMat								
	_	Vehicle								
	License Plate Number			Plate Type		St	Country of Is			
		NK6215			Make		WI Year	UNITED STATES Model		
05	02	Vehicle Identification Number 1GCEK190X8Z173752			CHEVROLET		2008	NO DATA FO		
		Color			Body Style		Bus Use			
		BLU - BLUE			PK - PICKUP		NOT A BUS			
_	쁫	Initial Contact Point			Vehicle Damage					
L	VEHICLE	12FRONT Extent Of Damage			12FRONT					
_ ا	VE	MINOR DAMAGE								
İ		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED What Driver Was Doing			OPERATOR Vehicle Factors					
		GOING STRAIGHT			vollidio i dotoro					
		Driver Prior Action Other			NOT APPLICABLE					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/04/2019

Crash Time 03:56 PM

	щ	Driver Actions NO CONTRIBUTING ACTION								
LINO	VEHICL									
_	点									
		Owner Name	Owner Address							
02	05	BECKY LYNN ANDERSON (608) 697-6213	S4675 COUNTY ROAD W BARABOO, WI 53913 , US							
0	0	(335) 32.13	BARABOO, WI SOSTO , OS							
	;	Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
		Event								
	04	Event								
╘	I	Policy Holder								
UNIT		Insurance Company ERIE-INSURANCE-PROPERTY-&-CASUALTY-CO	Individual BECKY ANDERSON							
	ı	Individual								
		Driver	Citations Issued	Sex						
	Ļ	BECKY LYNN ANDERSON (608) 697-6213	0	FEMALE						
_	INDIVIDUAL	(000) 001 02.0	Date of Birth	Race WHITE						
	≥	Address S4675 COUNTY ROAD W	Driver License Number							
	Z	BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		Or Duty Oracle								
	Sat	On Duty Crash Con Duty Crash	Safety Equipment							
		Seat Position	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	Helmet Compliance							
		Eve Protection	Tint Compliance							
		•								
05	002	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED							
		Ejected Ejection Path	10000 2 = 0 0 = 2	Trapped/Extricated						
		NOT EJECTED NOT EJECTED/NOT APP		NOT TRAPPED						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #						
		Hospital	Date of Death	Time of Death						
	Distracted By Source									
	Distracted By NOT APPLICABLE (NOT DISTRACTED) Distracted By Action									
		NOT DISTRACTED								
		Non Motorist Striking Unit # Location								
		Prior Action								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	ب						
 	INDIVIDUAL						
LNO	N						
_							
	=						
							I.T. /5
		Action Other					To/From School
	'						
	L	Drug & Alcohol No		NO			
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Typ				Alcohol Test Results	
ŀ		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	Brug Foot Typo		Drug Test Nesults		
05	002	Drug Type	•				
	0						
		Individual Condition					
APPEARED NORMAL							
		ness ———————————————————————————————————					
7	Indiv	idual A JO FORD		Address 922 WAUONA TRL		ľ	Date of Birth
Z %	(608	3) 745-5722		PORTAGE, WI 53901	, US		
MITN 01 ESS 01							