

6TL09N3P7J

19-10333

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 19-10333 | Investigating Officer/Deputy DEPUTY C. FRANK | |
| Crash Date 08/18/2019 | | Crash Time 06:30 AM | Date Arrived 08/18/2019 | Time Arrived 11:34 AM | |
| Date Notified 08/18/2019 | | Time Notified 11:12 AM | Total Units 01 | 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 |

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

ON THE ABOVE DATE AND TIME UNIT 1 WAS NORTHBOUND ON ROESER RD SOUTH OF LEUDERS RD. UNIT 1 OPERATOR STATED HE WAS LOOKING AT A DEER NEAR THE ROADWAY WHEN UNIT DRIFTED INTO A LARGE WATERFILLED DRAINAGE DITCH. UNIT 1 WAS PARTIALLY IMMERSUED.

Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON ROESSER RD 662 FT S OF LUEDERS RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY | Latitude 43.250025511 | Longitude -89.759419863 |
| | X Coordinate 275992.9375 | Y Coordinate 4792278 |
| | Structure Type NO STRUCTURE | |

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Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event IMMERSION, FULL OR PARTIAL | | First Harmful Event Location ROADSIDE | |
| Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DAWN | |
| Road Surface Condition(s) WET | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) RAIN | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |

Unit Summary

| | | | | | | |
|-------------------|---|--|---|----------------------------|--|--|
| UNIT 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | |
| | 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 1 | |
| | Most Harmful Event: Collision With IMMERSION, FULL OR PARTIAL | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way ONE-WAY TRAFFIC | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type SLAG, GRAVEL, OR STONE | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | |
|---|---|--|---|---------------------|---|--|
| UNIT 01 VEHICLE 01 | License Plate Number NK7708 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 2GCEK13M681213040 | | Make CHEVROLET | Year 2008 | Model SILVERADO | |
| | Color BLU - BLUE | | Body Style PK - PICKUP | | Bus Use NOT A BUS | |
| | Initial Contact Point NON-COLLISION | | Vehicle Damage | | | |
| | Extent Of Damage DISABLING DAMAGE | | UNDERCARRIAGE | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By BILLS TOWING | | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | |
|--|--|---|---|----------------------|
| UNIT | VEHICLE | Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY | | |
| | | Owner Name DYLAN JAMES SIPPOLA (608) 370-3052 | Owner Address 10359 HWY Y # 37 MAZOMANIE, WI 53560 , US | |
| Sequence Of Events | | | | |
| UNIT | 01 | Event IMMERSION, FULL OR PARTIAL | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| Policy Holder | | | | |
| UNIT | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO | | Individual DYLAN SIPPOLA | |
| | Individual | | | |
| UNIT | INDIVIDUAL | Driver DYLAN JAMES SIPPOLA (608) 370-3052 | Citations Issued 0 | Sex MALE |
| | | | Date of Birth | Race WHITE |
| | Address 10359 HWY Y # 37 MAZOMANIE, WI 53560 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT | 001 | Safety Equipment | 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 EXTERNAL (TO VEHICLE/NON-MOTORIST AREA) | | | |
| Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | |
| Non Motorist | Striking Unit # | Location | | |
| Prior Action | | | | |

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| | | | | | |
|-------------|-------------------|--------------|--|------------------------------------|---------------------------------|
| 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 | | |
| | | | | | |
| | | | | | |
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