6TL09QKRDW 19-12792

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		l =			Agency Crash Number 19-12792			Investigating Officer/Deputy DEPUTY S. STACEY				
DΜ	Crash Date 10/13/2019		Crash Time 11:08 PM		Date Arrived		Time	Time Arrived					
KR	Date Notified 10/13/2019		Time Notified 11:10 PM		Total Units 01		Total 00		I Injured Total Killed				
6TL09QKRDW	On Emergency	Hit	and Run	Lane Clos	Closure Work Zone			Trailer or Towed		Reporting Threshold			
TL(Government Active School Zon				School Bus Related Ta			Tags					
9	Crash Type NON-DOMESTICATED				ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.												
	Location =	ocation											
	ON STH33 WB 491 FT E						Latitude 43.52781	7167	Longitude -89.8653				
	OF COON BLUFF RD IN THE TOWN OF EXCELSIOR				X Coordinate 268457			Y Coordinate 4823420					
	IN SAUK COUNTY							Structure Type NO STRUCTURE					
	0				NO OTT	OOTORL							
,	Crash Scene												
	First Harmful Event NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT							First Harmful Event Location ON ROADWAY Light Condition					
								Roadway Factor(s)					
Road Surface Condition(s)													
	Environment Factor(s)												
	(-)												
	\\\- = 4b = 0 \ \tag{14i} = 0 \(\)												
	Weather Condition(s) Animal Type DEER Crash Classification - Location PUBLIC PROPERTY												
								Relation To Trafficway					
								TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
									SDICTION				
	Tribal Land						Access Control Special Study				Special Study		
	Unit Summary												
	Unit Status			Vel	hicle Opera	ating As C	lassification		Unit Type				
					CLASS			AUTOMOBILE					
1	Vehicle Type							Operating As Endorsements					
01	PASSENGER CAR												
	Total Occs	Т	rain/Bus # Recor		al # Citatio	ns Issued		Total Trail	ers		Mat Types		
	1 Insurance?		Direction Of Trave	0				0 Speed Lim			O Total Lanes		
_	YES		VESTBOUND		Pre CrashTire Mark			Speed Lill	d Limit Total Lanes				
UNIT					Special Function				Emergency Motor Vehicle Use				
	NON DOMESTICATED AMMAE (ALIVE)				NO SPECIAL FUNCTION				NOT APPLICABLE Traffic Control Inoperative/Missing				
	Traffic Way Traffic Control				I			Trainic Control moperative/ivitssing					
	Surface Type				Road Curvature			Road Grade					
Truck Bus or HazMat													
NO													
	Vehicle												

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		License Plate Number		ate Type	St	Country of Issuance					
		AFM1533		UT - AUTOMOBILE	WI	UNITED STATES					
01	01	Vehicle Identification Number		Make Year Model CHEVROLET 2017 IMPALA							
	0	2G1105SA0H9135562 Color			2017	Bus Use					
		SIL - SILVER (ALUMINUM)		Bus Use SD - SEDAN Bus Use NOT A BUS							
	ш	Initial Contact Point		hicle Damage							
╘	VEHICLE	12FRONT		1RIGHT FRONT CORNER, 12FRONT							
LNO	Ĭ	Extent Of Damage									
	VE	FUNCTIONAL DAMAGE									
		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OWNER							
		What Driver Was Doing GOING STRAIGHT	Ve	Vehicle Factors NOT APPLICABLE							
		Driver Prior Action Other	NO.								
		Dilver i noi Action Other									
		Driver Actions									
	щ	NO CONTRIBUTING ACTION									
ţ	CL										
L	VEHICLE										
	V.										
		Owner Name		Owner Address							
		Owner Name		Owner Address							
6	01										
\vdash		Policy Holder									
LNO		Insurance Company		Individual							
_		PROGRESSIVE-CLASSIC-INS-CO		NICHOLAS DEL FRATE							
	1	Individual									
		Driver		Citations Issued		Sex					
	٦	NICHOLAS DEL FRATE (608) 495-5530	<u> </u>	0		MALE					
.	INDINIDUAL	(600)		Date of Birth		Race WHITE					
	Ν	Address		Driver License Number							
D		E7294 STATE ROAD 23 AND 33		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	REEDSBURG, WI 53959 , US									
	On Duty Crash Safety Equipment			Safety Equipment							
	Ou,	Seat Position		SHOULDER & LAP BELT Helmet Compliance Tint Compliance							
		Seat Position									
		Helmet Use									
		Eye Protection									
		Laine Conside		LAirbag							
5	90	Injury Severity NO APPARENT IN	Airbag								
		Ejected Ejection Path			Trapped/Extricated						
		,									
		Medical Transport	EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED									
		Hospital		Date of Death		Time of Death					
		Distracted By Source									
		Distracted By									
		Distracted By Action									
		Non Motorist Striking Unit #	Location								
		Non Motorist									

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	Prior Action							
	Action							
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C								
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Action Other To/Fro								
Drug & Alcohol NO			NO Suspected Drug Use					
	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Type					
01	Drug Type							
0								
	Individual Condition							
	ADDEADED MODMAL							
	APPEAKED NORMAL							
	001 INDIVIDUAL	Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type	Action Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Other Action Other	Action Other Drug & Alcoho Suspected Alcohol Use NO Suspected Drug Use NO	Action Other Drug & Alcohol Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Type Drug Test Results Drug Te		