

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL09PBQCP

Document Number Override		Primary Crash Document #	Agency Crash Number 19-13904	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 11/08/2019		Crash Time 07:56 AM	Date Arrived 11/08/2019	Time Arrived 08:05 AM	
Date Notified 11/08/2019		Time Notified 08:00 AM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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

<p>Diagram</p> <p>Not to Scale</p>	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.

UNIT 1 WAS EASTBOUND ON STH 33. UNIT 2 WAS WESTBOUND ON STH 33. UNIT'S 1 AND 2 SIDESWIPE EACH OTHER. UNIT 2 DID NOT STOP.

Location

ON STH33 EB 0.66 MI W OF MIRROR LAKE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.525681052	Longitude -89.850314976
	X Coordinate 269660.875	Y Coordinate 4823141
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE	License Plate Number 772EXJ		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G1AH5F5XA7156366		Make CHEVROLET	Year 2010	Model COBALT	
	Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER			
	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Removed By OPERATOR			
	Towed Due To Damage NOT TOWED		Vehicle Factors NOT APPLICABLE			
	What Driver Was Doing GOING STRAIGHT					
	Driver Prior Action Other					

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UNIT	VEHICLE	Driver Actions UNKNOWN	
		Owner Name JEANNETTE R DURANSO (608) 415-0131	Owner Address 325 S GROVE ST # 12 REEDSBURG, WI 53959 , US
UNIT	01	Sequence Of Events	
		01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
UNIT	04	Policy Holder	
		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	Individual JEANNETTE DURANSO
UNIT	INDIVIDUAL	Individual	
		Driver JEANNETTE R DURANSO (608) 415-0131	Citations Issued 0
		Date of Birth	Sex FEMALE
UNIT	001	Address 325 S GROVE ST # 12 REEDSBURG, WI 53959 , US	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance
		Helmet Use	Tint Compliance
		Eye Protection	Airbag NON DEPLOYED
		Injury	Injury Severity NO APPARENT INJURY
		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			
Distracted By Action UNKNOWN			
Non Motorist			
Striking Unit #	Location		
Prior Action			

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 HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR				Operating As Endorsements	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function UNKNOWN		Emergency Motor Vehicle Use UNKNOWN	
		Traffic Way UNKNOWN		Traffic Control UNKNOWN		Traffic Control Inoperative/Missing UNKNOWN	
		Surface Type UNKNOWN		Road Curvature UNKNOWN		Road Grade UNKNOWN	
		Truck Bus or HazMat NO					

UNIT	02	Vehicle				
		License Plate Number		Plate Type	St	Country of Issuance
		Vehicle Identification Number		Make	Year	Model
		Color		Body Style		Bus Use NOT A BUS
		Initial Contact Point VEHICLE NOT AT SCENE		Vehicle Damage		
		Extent Of Damage VEHICLE NOT AT SCENE		VEHICLE NOT AT SCENE		
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing UNKNOWN		Vehicle Factors		
Driver Prior Action Other		UNKNOWN				

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UNIT	VEHICLE	Driver Actions UNKNOWN		
	02	02	Owner Name	Owner Address
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Individual				
UNIT	INDIVIDUAL	Driver	Citations Issued 0	Sex
			Date of Birth	Race
		Address	Driver License Number	
02	002	Safety Equipment	On Duty Crash	Safety Equipment
		Seat Position	RESTRAINT USE UNKNOWN	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
	Hospital	Date of Death	Time of Death	
	Distracted By	Distracted By Source		
	Distracted By Action			
	Non Motorist	Striking Unit #	Location	
	Prior Action			

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
02	002	Drug & Alcohol		Suspected Alcohol Use		
				Suspected Drug Use		
		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 NOT OBSERVED						