6TL0C9H5NP

24-14185

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Do		Agency Crash Number Investigating Officer/Deputy 24-14185 SERGEANT M. TATE				y	
Crash Date 12/29/2024	Crash Time 09:00 PM		Date Arrived 12/29/2024		Time Arrived 09:26 PM			
Date Notified 12/29/2024	Time Notified		Total Units 01		Total Injured	Total Kill 00	led	
12/29/2024	09:01 PM				00		Reporting	
On Emergency	Hit and Run	Lane Closur		ork Zone		or Towed	Threshold	
Crash Date 12/29/2024 Date Notified 12/29/2024 On Emergency Government Property	Active Sch	and Zama	School Bus Related Tags NO					
Reportable	Crash Type DT4000 (STAN	NDARD CRASH)			Amend	ed	Secondary Crash	
Description								
NOT TO S	SCALE					Photos By Additional Infe NONE	ormation	
	Fern Dell Rd	Good	Fern Dell R ile	d				
✔ I, a sworn law enford UNIT 1 ENTERED MIRROR LA ENTERED THE GRASS AREA	AKE STATE PARK ENTR	ANCE TO TURN AR	OUND. UNIT 1 (PERATOR STAT	ED HE DID NOT S		FER GRASS AREA. UNIT 1	

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Lo	cation										
IN	TERSECTION				Latitude			Longitu	ıde		
-	N FERN DELL RD			43.561307475			-89.80	8180639			
AT HASTINGS RD						X Coordinate			Y Coordinate		
	THE TOWN OF DELTO	273199.65625			4826982						
	SAUK COUNTY				Structure	Туре					
						UCTURE					
Cra	ash Scene 💻										
Fire	st Harmful Event				First Harm	nful Event Lo	ocation				
Dľ	тсн				ON ROA	DWAY					
Ma	nner of Collision				Light Con	dition					
00	- NO COLLISION W/V	EHICLE IN TRANSPORT			DARK/U	NLIT					
Ro	ad Surface Condition(s)				Roadway	Factor(s)					
w	ET										
En	vironment Factor(s)										
NC	DNE				NONE						
We	eather Condition(s)										
CL	EAR										
An	imal Type						Relation To Trafficway				
Cr	ash Classification - Locatio	n			-		Y - PARKIN	G LOT			
PU	PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
Tril	bal Land						Access Control Special Study NO CONTROL				
Wit	thin Interchange Area	Junction Location		Intersectio							
NC)	NON-JUNCTION		NOT AN	INTERSE	CTION					
	it Summary 🗖										
	it Status			· ·	Classification Unit Type						
	TRANSIT		D CLASS		AUTOMOBILE						
•	hicle Type			Operating As Endorsements							
	SSENGER CAR										
Tot	tal Occs	Train/Bus # Recorded		ations Issued		Total Trail	ers		zMat Types		
1			0			0		0			
	urance?	Direction Of Travel NOT ON ROADWAY	Pre	CrashTire		Speed Lin	nit	Total La	nes		
YE			Mark		25		2				
	st Harmful Event: Collision	With		Special Function			Emergency Motor Vehicle Use NOT APPLICABLE				
וט	тсн		NO SPEC	TION							
	affic Way			Traffic Control				trol Inoperative/Missing			
	O-WAY, NOT DIVIDE	0	NO CONT	-			NO				
	rface Type	Road Curva			Road Grade						
	BLACKTOP (BITUMINOUS)			STRAIGHT			LEVEL				
Tru NC	ick Bus or HazMat)										
	Vehicle										
	License Plate Number		Plate Type	9		St	Country of Is	suance			
	N415713 Vehicle Identification Number			AUT Make		IL	UNITED ST				
						Year	Model				
5		TOYT		2011							
	Color	Body Style	Э	Bus Use							
щ	Initial Contact Point	Vehicle Da	Vehicle Damage					7 8 9 10 11			
С С	00 - NON-COLLISIO							6			
	Extent Of Damage	00 - NO	DAMAGE	5 4 3 2 1							
	NO DAMAGE			54321							

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		Towed Due To Damage NOT TOWED		Veł	nicle Removed By				
		What Driver Was Doing OTHER Driver Prior Action Other		Vehicle Factors					
		TURNING AROUND							
UNIT	VEHICLE	Driver Actions LOOKED BUT DID NOT SE	E						
		Owner Name			Owner Address				
	01	LUKASZ ROZPADEK (847) 877-2334			11 MONROE CT STREAMWOOD, I	L 60107,US			
		Sequence Of Events							
	01	Event DITCH							
	02	Event							
	03	Event							
		Event							
	04								
UNIT	l	Policy Holder		.					
5		Insurance Company HANOVER-INS-CO,-THE			INDIVIDUAL LUKASZ ROZPADEK				
	l	Individual							
		DRIVER LUKASZ ROZPADEK (847) 877-2334 Address			Citations Issued Sex 0 MALE				
	INDIVIDUAL				Date of Birth	Race WHITE	 E		
UNIT					Driver License Number				
D	INDI	11 MONROE CT STREAMWOOD, IL 60107,US			STATE: ILLINOIS COUNTRY: UNITED STATES				
	Sat	On Duty C	Crash	5	Safety Equipment				
	Sai			SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT			DELI			
		Helmet Use		Helmet Compliance					
		Eye Protection			Tint Compliance				
0	001	Injury Severity			Airbag				
0	õ	Injury NO APPARENT INJURY		NON DEPLOYED					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP			ABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death Time of Death				
		Distracted	l By Source						
		Distracted By NOT AP	PLICABLE (NOT DISTR	АСТ	ED)				
		Distracted By Action NOT DISTRACTED							

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol L NO	Jse	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given		Drug Test Type		Drug Test Results	<u> </u>	
2	001	Drug Type						
Ì		Individual Condition						
			MAL					