6TL096J8ZZ

20-01721

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Agency Crash Number Investigating Officer/Deputy 20-01721 DEPUTY J. SOLCHENE					
N	Crash Date 02/15/2020	Crash Time 02:18 AM		Date Arrived 02/15/2020		Time Arrived 02:35 AM		
- <u>78</u>	Date Notified 02/15/2020	Time Notified 02:20 AM	Total U 01	Total Units		Total Kil 00	led	
6TL096J8ZZ		t and Run		Work Zone	00	or Towed	Reporting Threshold	
6TL	Government Property	Active School Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STANDARD CRASI	H)		Amend	ed	Secondary Crash	
	Description							
	Diagram not t	o scale				Reconstruction Photos By		
			17		l			
I a sworn law enforcement officer, agree that I have not added any CJIS data in this report.								
		INT Officer, agree that I have n						
	UNIT T WAS TRAVELING N/B ON C	IN N WHEN II SWERVED IO MISS	A DEER /	AND WENT INTO THE DIT		A IKEE.		

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	Loc	ation									
		СТНН ИВ				Latitude			Longitu	de	
	-	8 FT N			43.622120843			•	4147632		
	-	TESSERS RD				X Coordinate		Y Coordinate		Jinate	
		HE TOWN OF DELTO	N			272946.65625			4833752.5		
						Structure	Туре				
	Cra	sh Scene									
		Harmful Event				First Harm	nful Event L	ocation			
	TRE							OF-WAY (TI	RAFFICW	/AY)	
	Man	ner of Collision				Light Con		- (-	,	
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT			DARK/UNLIT					
	Roa	Road Surface Condition(s)					Factor(s)				
	DR	ſ									
	Envi	ronment Factor(s)									
	ANI	MAL (S) IN ROADWAY	ſ			NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anin	nal Type				Relation T	o Trafficwa	у			
								OT ON ROA	D		
		h Classification - Location			Crash Classification - Jurisdiction						
	Tribal Land						NO SPECIAL JURISDICTION			Special Study	
						Access Control Special Study NO CONTROL			Special Study		
	Within Interchange Area Junction Location				Intersection Type						
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
		t Summary 🛛 💻									
		Status		-	erating As C						
		IN TRANSIT D CLASS Vehicle Type					AUTOMOBILE Operating As Endorsements				
6		SSENGER CAR									
		I Occs		Total # Citations Issued Total Tr					Mat Types		
	1		Direction Of Trougl	0		0 Speed Lim		0 mit Total Lanes			
	Insurance? Direction Of Travel YES NORTHBOUND			Pre	Fie Glasiffile			2		es	
UNIT		the sent: Collision \		Mark 55 Special Function			Emergency Motor Vehicle Use				
	TREE NO SPECIAL FU					CTION NOT APPLICABLE			E		
		Traffic Way Traffic Control					Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDED NO CONTROL Surface Type Road Curvature					NO Road Grade					
		Surface Type Road Curvature BLACKTOP (BITUMINOUS) STRAIGHT									
		k Bus or HazMat	••••••	STRAIGHT							
	NO										
		Vehicle									
	License Plate Number				Plate Type		St Country of Issuance				
		AGY6075					WI	UNITED STATES			
2	Ξ	5 Vehicle Identification Number KNAFE121565350689 Color			Make KIA MOTORS CORPORA Body Style		Year 2006	Model SPECTRA Bus Use			
U	0						2006				
	RED - RED				SD - SEDAN			243 036			
	щ	Initial Contact Point		Vehicle Damage							
Ē	EHICL	12 - FRONT									
UNIT	H	Extent Of Damage 01 - RIGHT FROM MIDDLE. 09 - LEF				T CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE T SIDE MIDDLE, 10 - LEFT SIDE FRONT, 12 - FRONT					
-					middle, va - Lei i Side middle, iv - Lefi Side (kuni, 12 - Kuni						

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		Towed Due To Damag				nicle Removed By				
		TOWED DUE TO D		G DAMAGE		ATTS WRECKER				
		What Driver Was Doin	-		Veł	nicle Factors				
		GOING STRAIGHT								
		Driver Prior Action Oth	her		NC	OT APPLICABLE				
UNIT	VEHICLE	Driver Actions SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.								
		Owner Name				Owner Address				
01	01	DENISE R CLARK	-CORRAC)		819 BROADWAY WISCONSIN DELLS, WI 53965 ,US				
	ļ	Sequence Of Ev	/ents							
	01	Event TREE								
	02	Event								
	03	Event								
	04	Event								
		Policy Holder								
UNIT		Insurance Company				Individual				
Б		GEICO-CASUALT	Y-CO			MARIE JUDD				
	l	Individual								
	1	Driver		(Citations Issued	Sex				
	Ļ	MARIE JUDD (608) 415-2860			0)	FEMALE			
⊢	INDIVIDUAL				[Date of Birth	Race ASIAN			
UNIT		Address 819 BROADWAY				Driver License Number				
	N	WISCONSIN DELLS, WI 53965 , US			ę	STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sed	iat - Equipment	On Duty C	ash	5	Safety Equipment				
	Sal	fety Equipment		1						
		Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT				
		Helmet Use	Imet Use		Helmet Compliance					
		Eye Protection			1	Tint Compliance				
01	001	Injury Severity			Airbag					
0	õ			RENT INJURY	I	DEPLOYED-FRONT				
							Trapped/Extricated NOT TRAPPED			
		NOT EJECTED NOT EJECTED/NOT APPL Medical Transport				EMS Agency Identifier	EMS Run #			
	NOT TRANSPORTED									
		Hospital			Date of Death	Time of Death				
		Distracted By	Distracted NOT APF	By Source PLICABLE (NOT DISTR	RACI	ĒD)	1			
		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	lse	Suspected Drug Use			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
6	001	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					