20-10677

Wisconsin Motor Vehicle Crash Report

	Document Number Override Primary 0			/ Crash Document # Agency C 20-1067				sh Number		Investigating Officer/Deputy DEPUTY M. TATE					
JT	Crash Date 08/31/2020		Crash Time 10:23 PM			Date Arri 08/31/2				Time Arrived 10:58 PM					
15	Date Notified		Time Notified			Total Uni	its			· · · · · · · · · · · · · · · · · · ·	Total K	illed			
16	08/31/2020		10:24 PM			02				00	00	_			
6TL0C9H5JT	On Emergency	/ 🔽 Hit	and Run	Lane	Closu			Work Zo	ne		owed			Reporting Threshold	
6TI	Governme Propert			School Zone		School B NO	Bus	Related		Tags				,	
	Reportable		Crash Type DT4000 (S	TANDARD CF	RASH)						Ĺ	S	econdary Crash	
	Location														
	PARKING LOT ISHNALA RD LOT	S2011			Latitu			Longitude		at/LongSource	A	ccess C	Control		
	(FIRE S2011)	52011			X Co	7035705 ordinate		-89.80068 Y Coordina	ate C	LT/ILT n Roadway Link ID#	0	n Road	way Lin	k Offset	
	IN THE TOWN OF	-			2738	838.7812	2	4827966.							
	IN SAUK COUNTY	•			Ove	erride		Tribal Land	1			tructure	Туре		
(Crash Scene				•										
	First Harmful Event							nt Location							
	Manner of Collision					OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)									
	00 - NO COLLISIO	N W/VEHIC		ISPORT	Ũ	Light Condition DARK/LIGHTED									
	Road Surface Condition					ronment F									
	DRY	RY													
	Roadway Factor(s)				Weat	ther Condi	itior	n(s)							
	NONE			CLE	AR										
	Animal Type				<i>Y</i>	tion To Tra		cway WAY - PA I	RKING L	от					
	Crash Classification -	Location			h Classific	atio	on - Jurisdiction								
	PRIVATE PROPER	RTY			IVATE PROPERTY										
	Tribal Land					cess Control Spe D CONTROL			Special Study						
	Within Interchange Ar		nction Location			Intersection Type NOT AN INTERSECTION									
	Unit Summary														
	Unit Status		l v	/ehicle Operatir	ng As C	Classificati	on		Unit Type	9					
	HIT AND RUN		I	O CLASS	-				AUTON	IOBILE					
01	Vehicle Type PASSENGER CAP	2							Operating	g As Endorsements					
	Total Occs T 4	rain/Bus # Re		Fotal # Citations	slssue	d		Total Trailer 0	s	Total HazMat Typ 0	bes				
UNIT		irection Of Tr	avel	Pre Cras Mai		9		Speed Limit		Total Lanes					
D	Most Harmful Event: (MOTOR VEH IN T			Special Function		CTION			Emergen	cy Motor Vehicle Use	9				
	Traffic Way PARKING LOT OR			Traffic Control	L				Traffic Co NO	ontrol Inoperative/Mis	sing				
	Surface Type BLACKTOP (BITU	IMINOUS)		Road Curvature											
01	Truck Bus or HazMat														

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_		Role DRIVER			Citations Issued 0			e Driver ddress	Individual			
0	01	Last Name REED			First Name SHERRON		1		Middle Ini P	tial	Suffix	
		Street Address 413 S JOLIET ST			Street Address 2				PO Box			
⊢	UAL	City JOLIET			State IL	(Zip Code 50432		Country o UNITED			
UNIT	INDIVIDUAL	DOB	Sex M	Race B	Hair E BALD I	Eyes BROV	VN 5	leight 507	Weight 185	(414) 8	Number 856-6633 EXT.	
	IND	Driver's License Numl	ber		State IL		License Jurs	sidiction	Country o	STATE		
		License Type NON-CDL DRIVER	S LICENS	E	License Status VALID LICENS	E			DL Expire 2024	e Year		
		Equipment	On Duty Acc	ident	Safety Equipment							
	1	Row 01 - FRONT ROW		Seat Position 07 - LEFT	RESTRAINT US	SE UN	IKNOWN					
	01	Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
	_	Injury	Injury Severit	y RENT INJURY	Airbag NOT APPLICAE	BLE						
F	AUC	Ejected NOT APPLICABLE	E		Ejection Path NOT EJECTED	/NOT	APPLICA	Trapped/Ex		E		
UNIT	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ED		EMS Agency Iden	tifier		EMS Run #	¥			
	2	Hospital			Date of Death			Time of De	ath			
		Non Motorist	Striking Unit	#	Location			To/FromSc	chool			
		Prior Action			Action							
	01	Distracted By Action										
		Distracted By Source			Action Other							
		Drug & Alcoh	Individual Co									
	AL	Suspected Alcohol Us	se		Suspected Drug U	lse						
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T	est Resul	ts	
	INDI	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	t Results		
		Drug Type										
_		Role PASSENGER			Citations Issued 0			e Driver ddress	Individual			
5	02	Last Name REED			First Name CRYSTAL				Middle Ini A	tial	Suffix	
		Street Address 413 S JOLIET ST			Street Address 2				PO Box			
		City JOLIET			State IL		Zip Code 60432		Country o			

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	۹L										
	INDIVIDUAL	DOB	Sex F	Race B	Hair BLACK	Eyes BROW	N 5	eight 04	Weight 150		Number 856-6633 EXT.
	IND	Driver's License Num	ber		State IL		ense Jurs FATE	idiction	Country of UNITED	STATE	
		License Type NON-CDL DRIVER			License Status VALID LICE	NSE			DL Expire 2023	Year	
		Equipment	On Duty Ac	cident	Safety Equipm	nent					
	02	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	RESTRAINT	T USE UNK	NOWN				
	0	Helmet Use			Helmet Compl	liance					
		Eye Protection			Tint Compliant	се					
		Injury	Injury Sever	ity RENT INJURY	Airbag NOT APPLI	CABLE					
ь	INDIVIDUAL	Ejected NOT APPLICABLI	E		Ejection Path NOT EJECT	ED/NOT A	PPLICA	Trapped/Ex NOT APF			
UNIT	INI	MedicalTransport NOT TRANSPORT	ſED		EMS Agency I	Identifier		EMS Run #	ŧ		
	Z	Hospital			Date of Death			Time of De	ath		
		Non Motorist	Striking Uni	t#	Location			To/FromSc	hool		
	~	Prior Action			Action						
	02	Distracted By Action									
		Distracted By Source			Action Other						
		Drug & Alcoh	Individual C NOT OBS								
	AL	Suspected Alcohol Us	se		Suspected Dru	ug Use					
	DIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	I				Alcohol Te	est Resu	lts
	INDI	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	Results	
		Drug Type							1		
2		Role PASSENGER			Citations Issue 0	ed		Driver Idress	Individual INDIVIDU		
0	03	Last Name ROBERTS			First Name KENNETH				Middle Init	ial	Suffix
		Street Address 2821 MOUNT MAR	RIAH RD		Street Address	s 2			PO Box		
		City LISMAN			State AL		Code 912		Country of UNITED		
											00/04/0000

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	۹L										
	INDIVIDUAL	DOB	Sex M	Race B	Hair BLACK	Eyes BRC	WN	Height 507	Weight 140		Number 715-9927 EXT.
	IND	Driver's License Num	ber		State AL		License Ju STATE	rsidiction	Country of UNITED		
		License Type NON-CDL DRIVER	R'S LICENS	E	License Status				DL Expire 2023	e Year	
		Equipment	On Duty Ac	cident	Safety Equipm	ent					
	03	Row 02 - SECOND ROV	N	Seat Position 07 - LEFT	RESTRAINT	USEL	INKNOWN				
	0	Helmet Use			Helmet Compl	iance					
		Eye Protection			Tint Complian	ce					
	Ļ	Injury	Injury Seve	rity RENT INJURY	Airbag NOT APPLI	CABLE					
UNIT	IDUA	Ejected NOT APPLICABLI	E		Ejection Path NOT EJECT			-	PLICABLE		
5	INDIVIDUAL	MedicalTransport	ſED		EMS Agency I	dentifier		EMS Run			
	-	Hospital	I		Date of Death			Time of De			
		Non Motorist	Striking Uni	t#	Location			To/FromSo	chool		
	03	Prior Action			Action						
	-	Distracted By Action Distracted By Source									
		Distracted By Source	Individual C	- analition	Action Other						
		Drug & Alcoh	NOT OBS		Suspected Dru						
⊢	UAL	Alcohol Test Given	50	Alcohol Test Type	Suspected Dit	ig Ose			Alcohol T	oct Pocu	Ite
	DIVIDUAL	TEST NOT GIVEN Drug Test Given		Drug Test Type					Drug Test		
	I	TEST NOT GIVEN		Diug rest type					Diug rea	i i i coulto	
		Bitg type									
6		Role PASSENGER			Citations Issue 0	ed		se Driver Address	Individual		
0	04	Last Name JOHNSON			First Name TORNALIA				Middle Init D	tial	Suffix
		Street Address 212 BARTLESON	ST		Street Address	s 2			PO Box		
		City JOLIET			State IL		Zip Code 60433		Country of UNITED		

Wisconsin Motor Vehicle Crash Report

	_									
UNIT	INDIVIDUAL	DOB	Sex F	Race B	Hair BLACK	Eyes BRC	S SWN	Height 507	Weight 162	Phone Number (815) 715-9957 EXT.
	INDI	Driver's License Num	nber		State IL		License Ju STATE	irsidiction		of Issuance
		License Type NON-CDL DRIVE	R'S LICEN	SE	License Status VALID LICE				DL Expir 2024	e Year
		Equipment	On Duty A	1	Safety Equipm					
	04	Row 02 - SECOND RO	w	Seat Position 09 - RIGHT	RESTRAINT		JNKNOWI			
)	Helmet Use			Helmet Compli					
		Eye Protection	Injury Seve		Tint Compliand	ce				
	_	Injury		ARENT INJURY		CABLE				
╘	INDIVIDUAL	Ejected NOT APPLICABL	E		Ejection Path NOT EJECT	ED/NO			ed/Extricated APPLICABL	E
UNIT	DIVI	MedicalTransport NOT TRANSPOR	TED		EMS Agency I	dentifier		EMS	Run #	
	IN	Hospital			Date of Death			Time	of Death	
		Non Motorist	Striking Ur	it #	Location			To/Fro	omSchool	
		Prior Action			Action					
	04	Distracted By Action								
		Distracted By Source)		Action Other					
		Drug & Alcoh								
	JAL	Suspected Alcohol U	se		Suspected Dru	ıg Use				
UNIT	DIVIDUAL	Alcohol Test Given TEST NOT GIVEN	i	Alcohol Test Type						Test Results
	IND	Drug Test Given TEST NOT GIVEN	I	Drug Test Type					Drug Te	st Results
		Drug Type								
		License Plate Numbe	er		Plate Type		_	St	Country of Iss	
		CC29752 Vehicle Identification	Number		AUT - AUTO	MOBI	-E	IL Year	UNITED ST Make	AIES
		2HNYD18925H54						2005	ACURA	
		Model			Body Style				Color	
		UTILITY			4D - 4DR				GRY - GRA	Y
		Initial Contact Point 00 - NON-COLLIS	ION							

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							Veł	nicle Damage	9						
	5	Extent Of Da	•				09	- LEFT SID		LE					
	Ŭ	MINOR DA Towed Due T					Vot	nicle Factors							
		NOT TOWE	0				ver	IICIE FACIOIS							
		Vehicle Rem					NO								
		OPERATO													
		What Driver					Driv	er Prior Acti	on Other			Bus	Use		
		GOING ST	RAIGHT												
UNIT	VEHICLE	Driver Action NO CONTR		ON											
	2	Vehicle	Owner Same A	As Opera	itor										
		Organization			Compa	any Name	ne								
		Last Name			First N	ame				Μ	iddle	Suffix	Date of Birth		
		JOHNSON			CRYS	TAL				A					
		Street Addres			Street	Address2	2			P	O Box	1	•		
		413 S JOLI	ET ST			-									
		City			St	Zip Co					ountry of R				
		JOLIET Telephone N	umbor		IL	60432				U	NITED S	IAIES			
			(414) 856-6633 EXT.												
		Event													
	01	MOTOR VE	H IN TRANSPO												
	02	Event													
	03	Event													
	04	Event													
⊑ĺ	01	Insurance Co	mpany					Policy Same	/ Holder As Own	er	V Po	licy Hol	der Same As Driver		
	НОГ	Organization		Last Nam				First Name			Policy I	Holder Co	mpany		
		INDIVIDUAI		JOHNS	ON			CRYSTAL	-						
		Summar	у												
		Status					As (Classification			Jnit Type				
		CIE Type			D CLAS	55					AUTOMO		emente		
02		SENGER C	AR								Sperating P	AS ENGUIS	ements		
-	Tota 1	I Occs	Train/Bus # Reco	orded	Total # C 0	Citations I	ssue	d	Total Tra 0	ilers		Total Ha 0	zMat Types		
UNIT	Insu YES	rance?	Direction Of Trav	el	P	re Cras Mark		e	Speed Li N/A	imit		Total La 0	nes		
D			t: Collision With		Special F NO SPI	⁼ unction ECIAL F	UN	CTION		E	Emergency NOT APP	Motor Ve	hicle Use E		
		ic Way R KING LOT (OR PRIVATE PR	ROPE	Traffic C NO CO						Traffic Cont NO	trol Inoper	rative/Missing		
		ace Type ACKTOP (BI	TUMINOUS)		Road Cu STRAIC						Road Grade L EVEL	e			
02	Truc NO	k Bus or HazN	lat							-					
		Role DRIVER					Cita 0	ations Issued			Use Dri Addre		Individual Type INDIVIDUAL		

Last Name

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02

Wisconsin Motor Vehicle Crash Report

First Name

Suffix

Middle Initial

UNIT

F	
Z	

	0	SHORE			RILEY				HEBER	т
		Street Address			Street Address	2			PO Box	
		216 S GRANT ST								
⊢	UAL	City ADAMS		_	State WI	- -	Zip Code 53910		UNITED	of Residence
UNIT	INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes	5	Height 506	Weight 145	Phone Number (608) 474-2590 EXT.
	IND	Driver's License Num	ber		State WI		License Ju STATE	ursidiction		of Issuance STATES
		License Type NON-CDL DRIVER	R'S LICENS	E	License Status	ISE			DL Expire 2025	e Year
		Equipment	On Duty Ac	cident	Safety Equipme	ent				
	05	Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER	& LAP	BELT			
	Ő	Helmet Use			Helmet Complia	ance				
		Eye Protection			Tint Compliance	9		,		
	_	Injury	Injury Sever	ity RENT INJURY	Airbag NON DEPLO	YED	V			
╘	INDIVIDUAL	Ejected NOT EJECTED	•		Ejection Path NOT EJECTE	D/NO			d/Extricated	
UNIT	DIVI	MedicalTransport NOT TRANSPORT	ſED		EMS Agency Id	entifier		EMS Ru	ın #	
	N	Hospital			Date of Death			Time of	Death	
		Non Motorist	Striking Unit	t#	Location			To/Fron	nSchool	
		Prior Action	L		Action					
	05	Distracted By Action NOT DISTRACTEI	D							
		Distracted By Source	E (NOT DIS	TRACTED)	Action Other					
		Drug & Alcoh	Individual C							
	٩L	Suspected Alcohol Us			Suspected Drug	g Use				
UNIT		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T	est Results
D	INDINI	Drug Test Given		Drug Test Type					Drug Tes	st Results
	_	Drug Type								
		License Plate Numbe	r		Plate Type			St	Country of Iss	uance
		373UYZ			AUT - AUTO	NOBIL	E		UNITED ST	
		Vehicle Identification	Number						Make	
		4A3AK24F48E019	834					2008	MITSUBISH	11
		Model			Body Style				Color	
		ECLIPSE GS			2D - 2DR			;	SIL - SILVE	R (ALUMINUM)
		Initial Contact Point						•		
		01 - RIGHT FRON	T CORNER							

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					Vehicle Dar	nage			
	02	Extent Of Damage			01 - RIGH	T FRONT CO	RNER		
		Towed Due To Damage			Vehicle Fac	tors			
		NOT TOWED			NOT APP				
		Vehicle Removed By			NUTAPP				
		What Driver Was Doing			Driver Prior	Action Other		Bus L	Jse
		GOING STRAIGHT							
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTIC	DN .						
		Vehicle Owner Same A	s Operator			Use Ope	erator Addres		
		Organization Type INDIVIDUAL	Co	mpany Nam	е				
		Last Name SHORE		st Name LEY			Middle HEBERT	Suffix	Date of Birth
		Street Address	Str	eet Address	2		PO Box		
		216 S GRANT ST City	St	Zip Co	ode		Country of Res	sidence	
		ADAMS	W				UNITED STA		
		Telephone Number	ł						
		(608) 474-2590 EXT. Event							
	01	MOTOR VEH IN TRANSPO	RT						
	02	Event							
	03	Event							
	04	Event							
E	02	Insurance Company AMERICAN-FAMILY-MUTU	AL-INS-CO		Po Sa	olicy Holder Ime As Owner	r 🔽 Poli	cy Holde	er Same As Driver
UNIT	НОГ	Organization Type INDIVIDUAL	Last Name SHORE		First Na RILEY	ame		lder Com	pany
		cription							
	Diag	ram							Reconstruction By
									Photos By DEPUTY TATE
									Additional Information



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Law Enforcement Agency Phone Number	ORI Number	BFUNC Agency	TraCS Agency Number
(608) 356-4895 EXT.	WI0570000	5600	205