### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|  | Document Number Override                | Primary Crash E                                     | Oocument#    | Agency<br>20-124                                | / Crash Number |                                  | Investigating |                    |                          |                         |
|--|---|---|--------------|---|----------------|----------------------------------|---------------|--------------------|--------------------------|-------------------------|
| 7  | Crash Date<br>10/24/2020                | Crash Time<br>09:05 AM<br>Time Notified<br>09:13 AM |              | Date Arrived<br>10/24/2020<br>Total Units<br>02 |                | Time Arrived 09:28 AM            |               |                    |                          |                         |
| O I LUDODAV                                      | Date Notified<br>10/24/2020             |   |              |   |                | Total Injured Total Killed 00 00 |               | d                  |                          |                         |
| ֡֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟֟֝֟֟֟֝֟֟֟֟ | On Emergency Hi                         | t and Run   | Lane Closu   |   | Work Zo        | ne                               | Trailer       | r or T             | owed                     | Reporting  Threshold    |
|  | Government Property                     | Active Sc   | hool Zone    | School<br><b>NO</b>                             | Bus Related    |                                  | Tags          |                    |                          |                         |
| _  | <b>▽</b> Reportable                     | Crash Type<br>DT4000 (STA                           | NDARD CRASH  | )   |                |                                  | Ameno         | ded                |                          | Secondary Crash         |
|  | Description Diagram                     |   |              |   |                |                                  |               | I s                |                          |                         |
|  |   | <u></u>   | <u>J2</u> () |   |                | Q                                |               |                    | onstruction<br>itos By   | . i by                  |
|  |   |   |              |   |                |                                  |               | Add<br><b>NO</b> I | litional Info<br>NE, PHO | rmation<br>FOS          |
|  | *************************************** |   | Phylane Rd   |   |                | <del></del>                      |               |                    |                          |                         |
|  |   |   |              | 7   | <b>,</b>       |                                  |               |                    |                          |                         |
|  |   |   |              | Canal known (units Annua)                       | 1 E2530        |                                  |               |                    |                          |                         |
|  |   |   |              |   |                | Not to s                         | scale         |                    |                          |                         |
|  | I, a sworn law enforcement              |   |              |   |                |                                  |               | -ROM               | THE DRIVE                | OF F2530 PHVI ANE DD    |
|  | UNIT 2 WAS PARKED IN SOUTH D            |   |              |   |                |                                  |               |                    |                          | . OF EZOOU FIITEMIE RD. |

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Crash Date 10/24/2020

Crash Time 09:05 AM

|   | Location ===  |  |  |                            |   |   |                                     |                  |               |  |  |
|---|---|--|--|----------------------------|---|---|-------------------------------------|------------------|---------------|--|--|
|   | ON E2530 PHYLANE RD   |  |  |                            | Latitude  |   |                                     | Longitud         | de            |  |  |
|   | 240 FT E OF COUNTY LINE RD  |  |  |                            |   | 43.178834589                                      |                                     |                  | -90.191536938 |  |  |
|   | (FIRE E2530)  |  |  |                            |   | X Coordinate Y Coordinate 240610.078125 4785620.5 |                                     |                  |               |  |  |
|   |   |  |  |                            |   | Structure Type FIRE                               |                                     |                  |               |  |  |
|   | Crash Scene   |  |  |                            |   |   |                                     |                  |               |  |  |
|   | First Harmful Event   |  |  |                            | FirstHarm   | ful Event l                                       | ocation                             |                  |               |  |  |
|   | PARKED MOTOR VEHIC  | ON ROA   | ON ROADWAY                                 |                            |   |   |                                     |                  |               |  |  |
|   | Manner of Collision 1 04 - REAR TO REAR 1                                   |  |  |                            |   | Light Condition                                   |                                     |                  |               |  |  |
|   |   |  |  |                            |   | DAYLIGHT  |                                     |                  |               |  |  |
|   |   |  |  |                            |   | Factor(s)   |                                     |                  |               |  |  |
|   | DRY   |  |  |                            |   |   |                                     |                  |               |  |  |
|   | Environment Factor(s)   |  |  |                            | 1   |   |                                     |                  |               |  |  |
|   | NONE  |  |  |                            | NONE  |   |                                     |                  |               |  |  |
|   | Weather Condition(s)  |  |  |                            | -   |   |                                     |                  |               |  |  |
|   | CLOUDY  |  |  |                            |   |   |                                     |                  |               |  |  |
|   |   |  |  |                            |   |   |                                     |                  |               |  |  |
|   | Animal Type   |  |  |                            |   |   | Relation To Trafficway              |                  |               |  |  |
|   | Crash Classification - Location   | <u> </u>   |  |                            | TRAFFICWAY - ON ROAD  Crash Classification - Jurisdiction                       |   |                                     |                  |               |  |  |
|   | PUBLIC PROPERTY   | ,  |  |                            | NO SPECIAL JURISDICTION   |   |                                     |                  |               |  |  |
|   | Tribal Land   |  |  |                            |   |   |                                     | Special Study    |               |  |  |
|   |   |  |  |                            | NO CONTROL  |   |                                     |                  |               |  |  |
|   | Within Interchange Area Junction Location NO NON-JUNCTION                   |  |  | Intersection Type          |   |   |                                     |                  |               |  |  |
|   | NO  |  | NOT AN INTERSECTION                        |                            |   |   |                                     |                  |               |  |  |
|   | Unit Summary 💻  |  |  |                            |   |   |                                     |                  |               |  |  |
|   | Unit Status Vehicle Operating As Cl   |  |  |                            | 1 21  |   |                                     |                  |               |  |  |
|   | IN TRANSIT  |  | D CLASS                                    |                            | AUTOMOBILE Operating As Endorsements  |   |                                     |                  |               |  |  |
| 5 | Vehicle Type (SPORT) UTILITY VEHICLE  |  |  |                            | Operating As Endorsements   |   |                                     |                  |               |  |  |
|   | Total Occs  | Train/Bus#Recorded   | Total#Citat                                | tions Issued               | ł   | Total Tra   | ilers                               | TotalHaz         | MatTypes      |  |  |
|   | 1   |  | 0  |                            | 0   |   | 2                                   |                  |               |  |  |
|   | Insurance?  | Direction Of Travel  | Pre  | CrashTire                  |   |   |                                     |                  | es            |  |  |
| = | YES   | SOUTHBOUND   |  | Mark                       |   |   |                                     |                  |               |  |  |
| 5 |   |  |  |                            | Special Function Emergency Motor Vehicle Use NO SPECIAL FUNCTION NOT APPLICABLE |   |                                     | icle Use         |               |  |  |
|   | PARKED MOTOR VEHICE Traffic Way   | LE   | Traffic Conf                               |                            |   |   | Traffic Control Inoperative/Missing |                  |               |  |  |
|   | TWO-WAY, NOT DIVIDED  | )  | l l  | NO CONTROL  Road Curvature |   |   |                                     | NO<br>Road Grade |               |  |  |
|   | Surface Type  |  | Road Curva                                 |                            |   |   |                                     |                  |               |  |  |
|   | BLACKTOP (BITUMINOU   | IS)  | STRAIGH                                    | STRAIGHT                   |   |   | LEVEL                               |                  |               |  |  |
|   | Truck Bus or HazMat  NO   |  |  |                            |   |   |                                     |                  |               |  |  |
|   | Vehicle   | STANDARD ST | uerouerouerouer                            |                            |   | ****  |                                     |                  |               |  |  |
|   | License Plate Number  | Plate Type   | Plate Type AUT - AUTOMOBILE Make CHEVROLET |                            | St<br>LE WI   |   | Country of Issuance                 |                  |               |  |  |
|   | 932XRZ  Vehicle Identification Number 1GNSKAKC2JR197113  Color WHI - WHITE  |  |  |                            |   |   | AUT - AU                            | UNITED STATES    |               |  |  |
| 5 |   |  |  |                            |   | Year  | Model TAH Bue Hea                   |                  |               |  |  |
| ر |   |  |  |                            |   | 2018  |                                     |                  |               |  |  |
|   |   |  |  | Body Style 4D - 4DR        |   |   | Bus Use                             |                  |               |  |  |
|   |   |  | Vehicle Damage                             |                            |   |   |                                     |                  |               |  |  |
| = | Initial Contact Point  07 - LEFT REAR CO  Extent Of Damage  FUNCTIONAL DAMA |  |  |                            |   |   |                                     |                  |               |  |  |
|   | Extent Of Damage  | Extent Of Damage   |  |                            | 07 - LEFT REAR CORNER   |   |                                     |                  |               |  |  |
| _ | LAICIN OI Dainage   |  | 01-22                                      | I REAR C                   | OILITEIL  |   |                                     |                  |               |  |  |
| _ | FUNCTIONAL DAMA   | AGE  | 01 - 221                                   | REARC                      | ORNER   |   |                                     |                  |               |  |  |

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Crash Date 10/24/2020

Crash Time 09:05 AM

|      |              | Towed Due To Damage<br>NOT TOWED   |  | Vehicle Removed By  |  |  |  |  |
|------|--------------|--|--|---|--|--|--|--|
|      |              | What Driver Was Doing  |  | Vehicle Factors   |  |  |  |  |
|      |              | BACKING  Driver Prior Action Other   |  | NOT APPLICABLE  |  |  |  |  |
|      |              | Differ Faul Auton Ones   |  |   |  |  |  |  |
| INI  | VEHICLE      | Driver Actions UNSAFE BACKING  |  |   |  |  |  |  |
| 5    | 0.1          | Owner Name<br>DAWN MARIE HALVERSO<br>(608) 604-4971  |  | Owner Address<br>\$12810 COUNTY LINE RD<br>LONE ROCK, WI 53556, US  |  |  |  |  |
|      |              | Sequence Of Events   |  |   |  |  |  |  |
|      | 6            | Event<br>PARKED MOTOR VEHICL   |  |   |  |  |  |  |
|      | 05           | Event  |  |   |  |  |  |  |
|      | 03           | Event  |  |   |  |  |  |  |
|      | 04           | Event  |  |   |  |  |  |  |
| _    |              | Policy Holder  |  |   |  |  |  |  |
| H N  |              | Insurance Company  |  | Individual  |  |  |  |  |
| _    |              | ERIE-INS-CO  |  | DAWN HALVERSON  |  |  |  |  |
|      |              |  |  |   |  |  |  |  |
|      |              |  |  |   |  |  |  |  |
|      |              | Individual  Driver  DAWN MARIE HALVERSO  |  | Citations Issued  | Sex  |  |  |  |
|      |              | Driver   |  | Citations Issued  | Sex FEMALE Race  |  |  |  |
| 탇    |              | Driver<br>DAWN MARIE HALVERSO<br>(608) 604-4971  |  | Citations Issued  0  Date of Birth  | Sex<br>FEMALE  |  |  |  |
| LINO | INDIVIDUAL   | Driver<br>DAWN MARIE HALVERSO  | ON CONTRACTOR OF THE CONTRACTO | Citations Issued  0   | Sex FEMALE Race WHITE  |  |  |  |
| TINO | INDIVIDUAL   | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RD LONE ROCK, WI 53556   | O<br>Us  | Citations Issued  0  Date of Birth  Driver License Number   | Sex FEMALE Race WHITE  |  |  |  |
| FIND | INDIVIDUAL   | Driver DAWN MARIE HALVERSO (608) 604-4971  Address \$12810 COUNTY LINE RD LONE ROCK, WI 53556 ,  | ON US  Crash  Seat Position  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  | Sex FEMALE Race WHITE  |  |  |  |
| UNIT | INDIVIDUAL   | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RD LONE ROCK, WI 53556 , i   | ON<br>US<br>Crash  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  | Sex FEMALE Race WHITE  |  |  |  |
| HNO  | INDIVIDUAL   | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RD LONE ROCK, WI 53556 , 10  Fety Equipment  Row 01 - FRONT ROW  | ON US  Crash  Seat Position  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT   | Sex FEMALE Race WHITE  |  |  |  |
|      | g INDIVIDUAL | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RD LONE ROCK, WI 53556 ,  On Duty  Row 01 - FRONT ROW  Helmet Use  Eye Protection  | ON  Crash  Seat Position  07 - LEFT  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  | Sex FEMALE Race WHITE  |  |  |  |
|      | INDIVIDUAL   | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RE LONE ROCK, WI 53556 ,  Fety Equipment  Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury NO API  | ON OUS OCTASH Seat Position 07 - LEFT  EVERITY PARENT INJURY   | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance   | Sex FEMALE Race WHITE TED STATES   |  |  |  |
|      | g INDIVIDUAL | Driver DAWN MARIE HALVERSO (608) 604-4971  Address \$12810 COUNTY LINE RE LONE ROCK, WI 53556 ,  Tety Equipment  Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury NO AP Ejected  | ON  Crash  Seat Position  07 - LEFT  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED   | Sex FEMALE Race WHITE  TED STATES  Trapped/Extricated                      |  |  |  |
|      | g INDIVIDUAL | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RE LONE ROCK, WI 53556 ,  Fety Equipment  Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury NO API  | Crash  Seat Position 07 - LEFT  Everity  PARENT INJURY  Ejection Path  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED   | Sex FEMALE Race WHITE TED STATES   |  |  |  |
|      | g INDIVIDUAL | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RE LONE ROCK, WI 53556 ,  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Se (Injury) NO API Ejected NOT EJECTED Medical Transport NOT TRANSPORTED | Crash  Seat Position 07 - LEFT  Everity  PARENT INJURY  Ejection Path  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PLICABLE  EMS Agency Identifier                | Sex FEMALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |  |
|      | g INDIVIDUAL | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RE LONE ROCK, WI 53556 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury NO API Ejected NOT EJECTED Medical Transport                                | Crash  Seat Position 07 - LEFT  Everity  PARENT INJURY  Ejection Path  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED   | Sex FEMALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED          |  |  |  |
|      | g INDIVIDUAL | Driver DAWN MARIE HALVERSO (608) 604-4971  Address S12810 COUNTY LINE RD LONE ROCK, WI 53556 ,  On Duty  On Duty  On Puty  Protection  Injury  Injury  NO API  Ejected  NOT EJECTED  Medical Transport  NOT TRANSPORTED  Hospital            | ON  Crash  Seat Position 07 - LEFT  Everity  PARENT INJURY  Ejection Path NOT EJECTED/NOT APP  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death | Sex FEMALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |  |

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

|                        |   | Non Motorist                      | triking Unit# | Location                  |                                   |                     |  |                |  |  |
|------------------------|---|-----------------------------------|---------------|---------------------------|-----------------------------------|---------------------|--|----------------|--|--|
|                        |   | Prior Action                      |               |                           |                                   |                     |  |                |  |  |
| UNIT                   | INDIVIDUAL  | Action                            |               |                           |                                   |                     |  |                |  |  |
|                        | =   |                                   |               |                           |                                   |                     |  |                |  |  |
|                        |   | Action Other                      |               |                           |                                   |                     |  | To/From School |  |  |
|                        | l   | Drug & Alcohol NO                 |               | Use Suspected Drug Use NO |                                   |                     |  |                |  |  |
|                        |   | Alcohol Test Given TEST NOT GIVEN |               | Alcohol Test Type         |                                   | Alcohol Test Result |  |                |  |  |
|                        |   | Drug Test Given<br>TEST NOT GIVEN |               | Drug Test Type            |                                   | Drug Test Results   | 3  |                |  |  |
| 0                      | 8   | Drug Type                         |               |                           |                                   |                     |  |                |  |  |
|                        |   | Individual Condition              |               |                           |                                   |                     |  |                |  |  |
|                        |   | APPEARED NORMA                    | L             |                           |                                   |                     |  |                |  |  |
|                        |   | t Summary 💻<br>Status             |               | LV                        | ehicle Operating As Class         | ification           | I 1 1 - 1 - T                              |                |  |  |
|                        |   | ALLY PARKED                       |               |                           | CLASS                             | meadon              | UnitType AUTOMOBILE                        |                |  |  |
| 02                     |   | cle Type                          |               | I                         |                                   |                     | Operating As Endorsements                  |                |  |  |
|                        | Total Occs Train/Bus#Recorded   |                                   |               | corded To                 | otal#Citations Issued             | Total Trail         | ers Total Ha                               | zMat Types     |  |  |
| _                      | Insurance? Direction Of Travel YES NOT ON ROADW.  |                                   | -             | Pre CrashTire<br>Mark     | Speed Lin                         | nit Total Lar       | nes  |                |  |  |
| TINO                   | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT   |                                   |               | 1 '                       | pecial Function O SPECIAL FUNCTIO | N                   | Emergency Motor Vehicle Use NOT APPLICABLE |                |  |  |
|                        | Traffic Way TWO-WAY, NOT DIVIDED  |                                   |               |                           | raffic Control O CONTROL          |                     | Traffic Control Inoperative/Missing        |                |  |  |
|                        | Surface Type BLACKTOP (BITUMINOUS)  |                                   |               |                           | oad Curvature<br>TRAIGHT          |                     | Road Grade<br>LEVEL                        |                |  |  |
| Truck Bus or HazMat NO |   |                                   |               |                           |                                   |                     |  |                |  |  |
|                        | 1   | Vehicle                           |               |                           |                                   |                     |  |                |  |  |
|                        |   | License Plate Number  ACE5998     |               |                           | Plate Type<br>AUT - AUTOMOBILE    | St<br>WI            | Country of Issuance UNITED STATES          |                |  |  |
| 05                     | Vehicle Identification Number 1G2NE52E25M140746   |                                   | <b>I</b>      | Make Year PONTIAC 2005    |                                   | Model GRAND AM      |  |                |  |  |
|                        |   | Color<br>GRY - GRAY               |               |                           | Body Style Bus Use 4D - 4DR       |                     |  |                |  |  |
|                        | Щ   | Initial Contact Point             |               |                           | Vehicle Damage                    |                     |  |                |  |  |
| TINO                   | Initial Contact Point 07 - LEFT REAR CORNER  Extent Of Damage MINOR DAMAGE  Towed Due To Damage NOT TOWED |                                   |               | c                         | 7 - LEFT REAR COR                 | NER                 |  |                |  |  |
|                        |   |                                   |               | \                         | Vehicle Removed By                |                     |  |                |  |  |

Crash Date 10/24/2020
Crash Time 09:05 AM

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Crash Date 10/24/2020

Crash Time 09:05 AM

|      |                        | What Driver Was Doing                 | Vehicle Factors              |  |  |  |  |  |
|------|------------------------|---------------------------------------|------------------------------|--|--|--|--|--|
|      |                        | LEGALLY PARKED                        | NOT APPLICABLE               |  |  |  |  |  |
|      |                        | Driver Prior Action Other             |                              |  |  |  |  |  |
|      |                        |                                       |                              |  |  |  |  |  |
|      |                        | Driver Actions NO CONTRIBUTING ACTION |                              |  |  |  |  |  |
|      | - 2                    | NO CONTRIBUTING ACTION                |                              |  |  |  |  |  |
| LIND | NO CONTRIBUTING ACTION |                                       |                              |  |  |  |  |  |
| ⊃    | Ü                      |                                       |                              |  |  |  |  |  |
|      | 1                      |                                       |                              |  |  |  |  |  |
|      |                        | Owner Name                            | Owner Address                |  |  |  |  |  |
| ~    | N                      | TRISTIN W RICHARD                     | E10805 CR C                  |  |  |  |  |  |
| 05   | 02                     | (608) 588-5901                        | NORTH FREEDOM, WI 53951 , US |  |  |  |  |  |
|      |                        |                                       |                              |  |  |  |  |  |
|      |                        |                                       |                              |  |  |  |  |  |
|      | 01                     | Event MOTOR VEH IN TRANSPORT          |                              |  |  |  |  |  |
|      | 9                      |                                       |                              |  |  |  |  |  |
|      | 02                     | Event                                 |                              |  |  |  |  |  |
|      |                        | Event                                 |                              |  |  |  |  |  |
|      | 63                     | Event                                 |                              |  |  |  |  |  |
|      |                        | Event                                 |                              |  |  |  |  |  |
|      | 24                     | 27014                                 |                              |  |  |  |  |  |
| ١.   |                        | Policy Holder                         |                              |  |  |  |  |  |
| UNIT |                        | Insurance Company                     | Individual                   |  |  |  |  |  |
| 5    |                        | PROGRESSIVE-ADVANCED-INSURANCE-CO     | TRISTIN RICHARD              |  |  |  |  |  |
| l    |                        |                                       |                              |  |  |  |  |  |