WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Primary Crash Docume Crash Date 06/21/2022 Date Notified 06/21/2022 Out:19 PM On Emergency Hit and Run Crash Time 06/21/2022 Use Notified Use	22-05i	rived 2022	DEPUTY E Time Arrived 04:30 PM Total Injured 00	d Total Kille 00	
Date Notified O6/21/2022 Date Notified O6/21/2022 O4:19 PM On Emergency Hit and Run Crash Type DT4000 (STANDAR Description Diagram	Total U 02 Lane Closure School NO	2022 nits	04:30 PM Total Injured 00 Trailer Tags	Total Kille 00 Tor Towed	Reporting Threshold Secondary
Date Notified 06/21/2022 On Emergency Hit and Run Government Property Crash Type DT4000 (STANDAR Description Diagram	Total U 02 Lane Closure School NO	work Zone	Total Injured 00 Trailer Tags	00 or Towed	Reporting Threshold Secondary
On Emergency Hit and Run L Government Property Active School 2 Reportable DT4000 (STANDAR Diagram	Lane Closure School NO	☐ Work Zone	00 Trailer	00 or Towed	Reporting Threshold Secondary
On Emergency Hit and Run L Government Property Active School 2 Reportable Crash Type DT4000 (STANDAR Diagram	Zone School	<u> </u>	Trailer	or Towed	Secondary
Property Crash Type DT4000 (STANDAR Diagram	Zone NO	Bus Related			
Reportable DT4000 (STANDAR Diagram	RD CRASH)		Ameno		
Diagram				Reconstruction	
				Reconstruction	
90T2				1	n By
9012					
9012			1		
9018				Photos By B STODDAR	₹D
— ;			W		
100000	<u> </u>				
				Additional Info	rmation
				PHOTOS	

Gall Rd					
Gali Nu					
	(TTT)				
		TOP			
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		S5518	}		
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		/ ~/ ~/	reserves.		
	112	() La II U2			
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Not to Scale					
Glacier	Dr				
	Manage				

UNIT 2.

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Crash Date 06/21/2022

Crash Time 04:19 PM

L	ocation ===									
Г	ON GLACIER VIEW DR				Latitude			Longitu	de	
	OF GALL RD					43.44525871 -89.73148			1484596	
OF GALL RD IN THE TOWN OF BARABOO						ate		Y Coord	dinate	
	N THE TOWN OF BARAE N SAUK COUNTY	278970.875 4813886.5								
	N SAUN COUNT			Structure	Туре		1			
c	rash Scene				•					
_	First Harmful Event				FirstHarm	nful Event Lo	ocation			
l	MOTOR VEH IN TRANSP	ORT			ON ROA					
h	Manner of Collision				Light Condition					
	05 - REAR TO SIDE			DAYLIG						
h	Road Surface Condition(s)		Roadway	Factor(s)						
	DRY									
-	Environment Factor(s)				1					
	NONE				NONE					
r	Weather Condition(s)				1					
	CLEAR									
ŀ	Animal Type				1	To Trafficwa	•			
Ļ	Crash Classification - Location	1				SSification -				
- 1	PUBLIC PROPERTY	•			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land		Access Control NO CONTROL				Special Study			
- 1	Within Interchange Area NO		Intersection	on Type INTERSE	CTION					
Ĺ	nit Summary 💻									
_	Jnit Status		Vehicle O	perating As C	lassification	3	UnitType			
	IN TRANSIT D CLASS						TRUCK			
ŀ	Vehicle Type					Operating As Endorsements				
:	UTILITY TRUCK/PICKUP	TRUCK								
ŀ	Total Occs	Train/Bus#Recorded	Total#Cit	ations Issued	d Total Trail		ers	Total Ha:	zMat Types	
	1		0				0		Lanes	
t	nsurance?	Direction Of Travel	Pre	Pre CrashTire		Speed Lin	imit Total L			
ŀ	YES	SOUTHBOUND		Mark		25	2			
	Most Harmful Event: Collision	With	Special Fu				Emergency			
	MOTOR VEH IN TRANSP	ORT	NO SPE	CIAL FUNC	TION		NOT APPLICABLE			
	Traffic Way		Traffic Co				Traffic Control Inoperative/Missing		ative/Missing	
	TWO-WAY, NOT DIVIDED) 	NO CON				NO			
1	Surface Type		Road Cur				Road Grade	€		
ш	BLACKTOP (BITUMINOU	S)	STRAIG	1 T			LEVEL			
	Truck Bus or HazMat NO									
-	Vehicle				cecececeee	a a a a a a a a a a a a a				
			Plate Typ	e		St	Country of Is	suance		
	License Plate Number	DG86251				I I				
			1	GHT TRUC	CK	WI	טואוו ובט ס	IAIES		
	DG86251 Vehicle Identification Nu	ımber	1	GHT TRUC	CK	WI Year	Model	IAIES		
	DG86251		LTK - L		CK .					
	DG86251 Vehicle Identification Nu		LTK - Li Make	OLET	CK .	Year	Model			
	DG86251 Vehicle Identification Nu 1GC4K1C81DF18234 Color BLU - BLUE		LTK - Li Make CHEVRO Body Sty PK - PIO	OLET le CKUP	CK	Year	Model SILVERAD			
	DG86251 Vehicle Identification Nu 1GC4K1C81DF18234 Color BLU - BLUE Initial Contact Point		LTK - Li Make CHEVRO Body Sty	OLET le CKUP	CK	Year	Model SILVERAD		7. 8. 9. 10. 11.	
	DG86251 Vehicle Identification Nu 1GC4K1C81DF18234 Color BLU - BLUE Initial Contact Point		LTK - Li Make CHEVR(Body Sty PK - PtC Vehicle E	OLET le CKUP		Year 2013	Model SILVERAD Bus Use		7 8 9 10 11 6 12	
	DG86251 Vehicle Identification Nu 1GC4K1C81DF18234 Color BLU - BLUE Initial Contact Point	45	LTK - Li Make CHEVR(Body Sty PK - PtC Vehicle E	OLET le CKUP		Year 2013	Model SILVERAD Bus Use			

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		Towed Due To Damage NOT TOWED		1	icle Removed By ERATOR				
		What Driver Was Doing BACKING		Veh	icle Factors				
		Driver Prior Action Other		NO	T APPLICABLE				
NIT	VEHICLE	Driver Actions UNSAFE BACKING							
٦	۶	Owner Name RANDY WILLIAM SCHICK (608) 609-7309	ζ		Owner Address 903 SADDLE RDG PORTAGE, WI 539				
	5	Event MOTOR VEH IN TRANSPO	ORT						
	ន	Event							
	8	Event							
	3	Event							
 ⊨		Policy Holder							
H N		Insurance Company GEICO-CASUALTY-CO	• •						
		ndividual							
		Driver			itations issued	Sex			
	4	RANDY WILLIAM SCHICK (608) 609-7309				MALE			
E	8				ate of Birth	Race WHITE			
TINO	INDIVIDUAL	Address 903 SADDLE RDG PORTAGE, Wt 53901 , US		DriverLicense Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Fety Equipment	Crash	5	afety Equipment				
		Row	Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW HelmetUse	07 - LEFT		Helmet Compliance				
		Eye Protection		Tint Compliance					
		2,011000001		Ι΄	ii x oonipiianee				
٤	8	Injury NO AP	PARENT INJURY	- 1	irbag ION DEPLOYED				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	PLIC	ABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			MS Agency Identifier		EMS Run#		
		Hospital			ate of Death		Time of Death		
		Distracted By	ed By Source						
		Distracted By Action OTHER ACTION (LOOKIN	G AWAY EDOM TARK E	TC'					
		STREET AS HOR (ESSAN	CAHALLINON IAGICE	. •,					

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		Non Motorist	ing Unit#	Location							
		Prior Action		•							
		Action									
	UAL										
	INDIVIDUAL										
	ND										
		Antina Other								T- (5 Cabasa)	
		Action Other			To/From School						
	I	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test I	Results		
		Drug Test Given Drug Test T				Drug Tes	st Results				
10	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		Summary ===									
		Status RANSIT			ehicle Operating As Classi CLASS	fication		Unit Type AUTOMOB	ILE		
05		cle Type DRT) UTILITY VEHICLE		•				Operating As	Endorsem	nents	
	Tota 3	otal Occs Train/Bus#Re		corded To	otal#Citations Issued	T 0	otal Traile		Total Hazîv 0	/lat Types	
╘	YES		Direction Of Tra	D [Pre CrashTire Mark		peed Limi 5	2			
LINO		:Harmful Event: Collision Wi F OR VEH IN TRANSPOF			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way D-WAY, NOT DIVIDED			Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		ace Type .CKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade LEVEL			
		k Bus or HazMat		1-	his This						
		/ehicle		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	acentanoentanoentanoenta	********	**************************************		SSSSSSSS		
		License Plate Number 359ZAL		I	Plate Type AUT - AUTOMOBILE	S N		Country of Issi UNITED STA			
02	02	Vehicle Identification Numb			Make CHEVROLET			Model TRAVERSE			
		Color	<u></u>	E	Body Style	<u> </u>		Bus Use			
	Щ	BLK - BLACK Initial Contact Point			JT - SPORT UTILITY V /ehicle Damage	ENICLE				7 8 9 10 11	
UNI	VEHICL	08 - LEFT SIDE REAR Extent Of Damage FUNCTIONAL DAMAG			07 - LEFT REAR CORM	NER, 08	- LEFT S	IDE REAR		6 12 5 4 3 2 1	
	Λ	Towed Due To Damage NOT TOWED		I	Vehicle Removed By OPERATOR				The second secon		

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		What Driver Was Doing		\	ehicle Factors				
		BACKING		,	NOT ARRUSARIE				
		Driver Prior Action Other		F	OT APPLICABLE				
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION						
02	8	OwnerName TRACEE DAWN CHU (816) 646-6873			Owner Address S5518 GLACIER DR BARABOO, WI 53913 , US				
		Sequence Of Events							
	5	Event MOTOR VEH IN TRANSP	ORT						
	8	Event							
	8	Event							
Event Event									
		l Policy Holder							
INI		Insurance Company			Individual				
\neg		PROGRESSIVE-CASUAL	TY-INS-CO		TRACEE CHU				
		Individual							
		Driver TRACEE DAWN CHU (816) 646-6873		Citations issued 0	Sex FEMALE				
	₹			Date of Birth	Race				
⊨	Ճ					WHITE			
TIND	INDIVIDITAL	Address S5518 GLACIER DR BARABOO, WI 53913 , US			Driver License Number STATE: WISCONS		TED STATES		
	Sai	On Duty Crash [ety Equipment			Safety Equipment				
					SHOULDER & LAP BELT				
		HelmetUse			Heimet Compliance				
		Eye Protection			Tint Compliance				
~	വ	Injury S	everity		Airbag				
02	85	I njuny no ap			NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	r	EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By NOT A	ed By Source	E (NOT DISTRA	TED)		l		
		Distracted By Action	: FLIVADL	E (NOT SISTAN	. 120)				
		NOT DISTRACTED	للد واجازة	1					
		Non Motorist	UNIT#	Location					

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		Prior Action									
UNIT	INDIVIDUAL	Action									
		Action Other					To/From School				
	1	Drug & Alcohol NO	l Alcohol Use	Suspected Drug Use NO							
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN				Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results						
05	005	DrugType									
		Individual Condition APPEARED NORMAL									
		 ndividual									
		Passenger KAISER Z CHU	<u>понилоненоненоненоненонено</u>	Citations Issued 0	Sex MALE	<u>SHERIZHERIZHERIZHERIZHERIZHERIZHE</u>	HANSHALEHANENANSHALEHANENANG				
L	DUAL	(816) 646-6873	Date of Birth	Race							
LNO	INDIVIDUA	Address S5518 GLACIER DR BARABOO, WI 53913 , US		Driver License Number							
	Sai	On Duty C	rash ST-RESPONDER	Safety Equipment							
		Row 06 -UNKNOWN ROW	SeatPosition 07 - LEFT	SHOULDER & LAP BELT							
		Helmet Use	•	Helmet Compliance							
		Eye Protection		TintCompliance							
05	600	Injury Sevential Injury Sevential Injury No. APPA	erity ARENT INJURY	Airbag NON DEPLOYED							
		l '	jection Path IOT EJECTED/NOT APPL	-ICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#					
		Hospital		Date of Death		Time of Death					
		Distracted By	By Source	1		I					
		Distracted By Action									
		Non Motorist	it# Location								
		Prior Action									

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Crash Date 06/21/2022

Crash Time 04:19 PM

TINO	INDIVIDUAL	Action								
		Action Other							To/From School	
	ı	Drug & Alcohol N	iuspected iO	Alcoholi	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			
03	903	Drug Type								
		Individual Condition	\L							
		Individual								
	TH.	Passenger TUCKER W CHU (816) 646-6873 Address S5518 GLACIER DR BARABOO, WI 53913 , US			Citations issued O Date of Birth	Sex MALE Race				
TINO	INDIVIDUAL				Driver License Number					
	Sai	ety Equipment	n Duty Cr	ash		Safety Equipment				
		Row Seat Position 06 -UNKNOWN ROW 09 - RIGHT		BOOSTER SEAT						
		Helmet Use		Helmet Compliance						
		Eye Protection				Tint Compliance				
05	700	Injury _N		RENT I		Airbag NON DEPLOYED				
		Ejected NOT EJECTED	I	ection Pa OT EJE	ath :CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTE	D			EMS Agency Identifier		EMS Run#		
		Hospital				Date of Death		Time of Death		
		Distracted By	istracted l	By Sourc	e					
		Distracted By Action								
		Non Motorist	itriking Un	it#	Location					
		Prior Action								

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200000000000000000000000000000000000000	IAL	Action					
TINO	INDIVIDUAL						
		Action Other					To/From School
	1	Suspected Alcohol		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		
02	004	Drug Type					
		Individual Condition					
		APPEARED NORMAL					