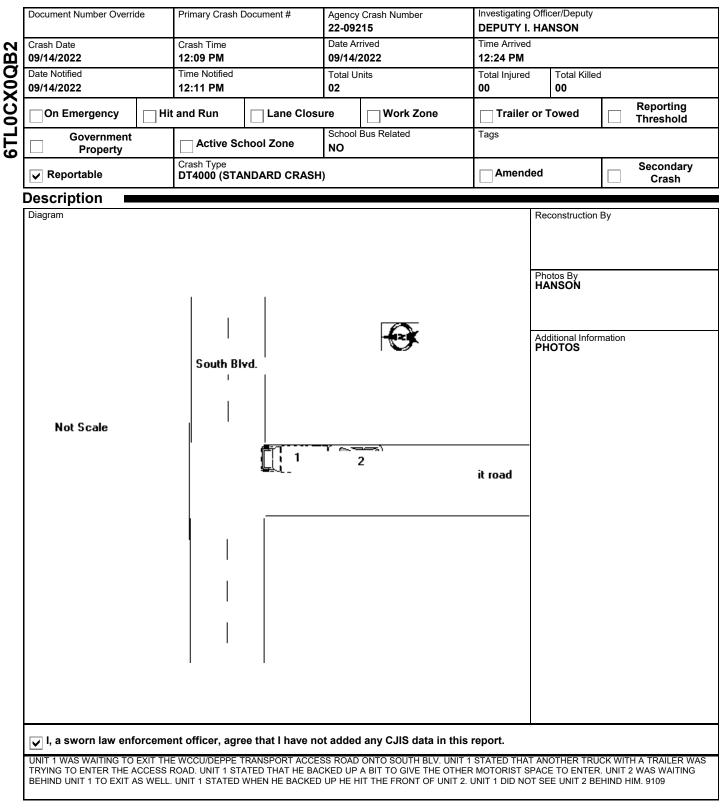
22-09215

#### WISCONSIN MOTOR VEHICLE CRASH REPORT



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6

UNIT

5

UNIT

### WISCONSIN MOTOR VEHICLE CRASH REPORT

PRIVATE PROPERTY CTHW NB								
IN THE TOWN OF BA				-89.766822815				
N SAUK COUNTY		Coordinate			Y Coordinate 4815602.5			
		Structure Type		1.0.00				
rash Scene								
First Harmful Event				irst Harmful Eve				
MOTOR VEH IN TRA	NSPORT				IT-OF-WAY (	[RAFFIC]	NAY)	
Anner of Collision				ight Condition				
DTHER Road Surface Condition(s	1			Roadway Factor(s	<u>\</u>			
	)		Г		)			
Environment Factor(s)								
				IONE				
Veather Condition(s)								
CLEAR								
Animal Type			-	Relation To Traffic				
unnar rype						NG LOT		
Crash Classification - Loc	ation		C	Crash Classification	on - Jurisdiction			
RIVATE PROPERTY	,		F	PRIVATE PROPERTY				
ribal Land			Access Control NO CONTROL				Special Study	
Vithin Interchange Area	Intersection	tion Type						
10	NON-JUNCTION		NOT AN IN	ITERSECTION				
nit Summary								
Jnit Status		-	erating As Clas	sification	Unit Type			
N TRANSIT		B CLASS			TRUCK	A. Endara	amanta	
/ehicle Type STRAIGHT TRUCK (I	NSERT TRUCK)				Operating	As Endors	ements	
Fotal Occs	Train/Bus # Recorded	Total # Cita	tions Issued	Total	railers	ailers Total HazMat Types		
I		0	0			0		
nsurance?	Direction Of Travel	Pre	Pre CrashTire Spe			Total La	Lanes	
′ES	SOUTHBOUND		Mark 05			0		
lost Harmful Event: Coll IOTOR VEH IN TRA			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
raffic Way		Traffic Cont	rol		Traffic Co	ntrol Inoper	ative/Missing	
ARKING LOT OR PI	RIVATE PROPERTY		NO CONTROL			NO		
Surface Type		Road Curva				Road Grade		
	NOUS)	STRAIGH	TRAIGHT LEVEI			.EVEL		
ruck Bus or HazMat	OMBINATION > 10,000LBS	GVWR/GCWR						
Vehicle								
License Plate Num	per	Plate Type	!	St	Country of	Issuance		
SB13956 HTK - HEAVY			AVY TRUCI					
Vehicle Identificatio		Make		Year	Model			
5 5KKSAXDV5EPI	K6208					FULL CAB		
Color		Body Style		Bus Use				
RED - RED			B CHASSIS					
Initial Contact Point         Vehicle Damage           06 - REAR         Vehicle Damage							7 8 9 10 11	
					ie I			
Extent Of Damage		00 - NO I	DAMAGE				6 2 2 12 5 4 3 2 1	

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Ve	hicle Removed By				
		NOT TOWED		O	VNER				
		What Driver Was Doing		Ve	hicle Factors				
		BACKING							
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
	щ	OTHER CONTRIBUTING AC	CTION						
Ę	CI								
UNIT	VEHICLE								
	N								
		0							
		Owner Name UNITED GRADING			Owner Address 6522 CTH C				
01	01	(608) 212-0336			SUN PRAIRIE, WI	53590 , US			
-									
		Sequence Of Events							
		Event							
	01	MOTOR VEH IN TRANSPOR	RT						
	02	Event							
		Event							
	03								
	04	Event							
		Dellare Helden		_					
UNIT		Policy Holder							
S		Insurance Company WEST-BEND-MUTUAL-INS-	<u> </u>	Organization/Company UNITED GRADING					
					UNITED GRADING				
		Individual							
		Driver JAMES LANGDON		Citations Issued Sex					
	AL	(608) 843-1524		0 MALE Date of Birth Race					
⊢	INDIVIDUAL								
UNIT	Σ	Address		Driver License Number					
	ND	N483 COUNTY ROAD C		STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	DEFOREST, WI 53532, US					ILD STAILS		
	Sat	On Duty C fety Equipment	rasn	-	Safety Equipment				
				SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT			JEET			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
_	~	Injury Seve	erity		Airbag				
0	001	In the second	ARENT INJURY						
	1	Ejected	jection Path				Trapped/Extricated		
			IOT EJECTED/NOT AP	PLIC	CABLE		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Distracted By NOT APP					1		
				AC	20)				
		Distracted By Action NOT DISTRACTED							

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	ing Unit #	Location							
		Prior Action									
		Action									
	INDIVIDUAL										
UNIT	VID										
-	IDN										
	_										
		Action Other									To/From School
		Susp	pected Alcohol U	se	Suspe	ted Drug Use					
	L	Drug & Alcohol No		_	NO	0 -					
		Alcohol Test Given Alcohol Test TEST NOT GIVEN			e				Alcohol Test	Results	
		Drug Test Given Drug Test Ty					Drug Tes	t Results			
_	1	Drug Type									
2	001										
		Individual Condition									
		APPEARED NORMAL									
	(	Carrier									
	1	Use Vehic	le Owner San	ne as Carrier		Source DRIVER					
01	-	Name		Address							
	01	UNITED GRADING USDOT# 3224660			6522 CTH C SUN PRAIRIE, WI 53590 ,US						
┝	BUS	GVWR Vehicle Configuration 10,001-26,000 LBS SINGLE UNIT TRUCI			(3 OR MORE AXLES) Cargu			o Body Type I <b>P</b>			
UNIT		US DOT #	Carrier Ty	ре				itted Load			
	<b>FRUCK</b>	3224660 INTERSTATE CARRIE WI Permit Number Pe			rmitted Vehicle On Escort Vehi			APPLICAB	4		
	ТВ	OS/OW Load Generation Control						ermit Escort Vehicle Present			
		Medsured Height	Weddu						Medsured W	Sign	
		t Summary			Vohicle Or	erating As Class	ification				
		RANSIT			D CLASS		SIIICALION		Unit Type AUTOMOBILE		
02		cle Type SENGER CAR							Operating As	s Endorsem	ents
		I Occs Train/Bus # Recorded			Total # Citations Issued Total Trail			otal Traile	ers Total HazMat Types		
-	1 Insu	rance?	Direction Of Tra		0 Dra	CreehTire	0 S	peed Lim	it	0 Total Lanes	5
E	YES	YES NORTHBOUND			Mark 05				0		
UNIT		t Harmful Event: Collision Wi TOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE		
	Traff	ic Way			Traffic Cor				Traffic Contr	ol Inoperativ	ve/Missing
		KING LOT OR PRIVATE	- PROPERTY		NO CONTROL Road Curvature				NO Road Grade		
	BLACKTOP (BITUMINOUS)				STRAIGHT				LEVEL		

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

	Truck Bus or HazMat NO									
		Vehicle	-							
		License Plate Number	Plate Type	St	Country of Issuance					
		31945DS	AUT - AUTOMOBILE	WI Year	UNITED STATES					
02	02	Vehicle Identification Number 2G4WC582091174992	BUICK							
-	•	Color	Body Style	2003	LACROSSE C Bus Use					
		DBL - BLUE, DARK	4D - 4DR		Dus Ose					
	ш	Initial Contact Point	Vehicle Damage							
E		12 - FRONT				7 8 9 10 11				
	Ĕ	Extent Of Damage	12 - FRONT			6				
	VEHICLE	MINOR DAMAGE				5 4 3 2 1				
	-	Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OWNER							
		What Driver Was Doing	Vehicle Factors							
		STOP IN TRAFFIC								
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions NO CONTRIBUTING ACTION								
╵┕	VEHICLE									
UNIT	₽									
	μ									
	>									
		Owner Name	Owner Address							
		SUSAN FUHRMAN	901 MOORE ST #43							
02	02	(608) 356-7501	BARABOO, WI 53	BARABOO, WI 53913 , US						
Sequence Of Events										
		Event								
	0	MOTOR VEH IN TRANSPORT								
	02	Event								
	0									
	03	Event								
	0	-								
	8	Event								
<b>⊨</b>		Policy Holder	Г							
S		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual SUSAN FUHRMAN							
			303AN FURINIAN							
		Individual		1						
		Driver SUSAN FUHRMAN	Citations Issued	Sex FEMALE						
	AL	(608) 356-7501	<b>0</b> Date of Birth	Race						
١.	Ŋ		Date of Birtin	WHITE						
	INDIVIDUAL	Address	Driver License Number							
	ā	901 MOORE ST #43								
	Z	BARABOO, WI 53913 , US	STATE: WISCONSIN	I COUNTRY: U	NITED STATES					
1	~	On Duty Crash	Safety Equipment	Safety Equipment						
	Sa	fety Equipment								
	Row Seat Position SHOULDER & LAP BELT									
		01 - FRONT ROW 07 - LEFT								
		Helmet Use	Helmet Compliance							
1										

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection				Tint Compliance						
03	002	Injury Severity				Airbag						
0	9		NO AP	PARENT II		NON DEPLOYED						
		Ejected						Trapped/Extricated				
	NOT EJECTED NOT EJECTED/NOT APP							NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED					T. (D. 1)				
		Hospital				Date of Death		Time of Death				
ļ			Distract	ad Dy Course								
		Distracted By	NOT A	ed By Source PPLICABL	E (NOT DISTRAC	TED)						
		Distracted By Action NOT DISTRACTED	)									
		Non Motorist	Striking	Unit #	Location							
		Prior Action										
i		Action										
	INDIVIDUAL											
E.	D											
UNIT	₹											
<b>_</b>	ā											
	Ζ											
		Action Other							To/From School			
			Suspec	ted Alcohol U	se	Suspected Drug Use						
		Drug & Alcohol	NO			NO						
İ.		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
	2	Drug Type					I					
6	002											
		Individual Condition										
		APPEARED NORM	IAL									