



**Location**

ON LYNDON RD 0.29 MI S OF BERRY RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude <b>43.59723419</b>	Longitude <b>-89.847416798</b>
	X Coordinate <b>270167.46875</b>	Y Coordinate <b>4831080</b>
	Structure Type	

**Crash Scene**

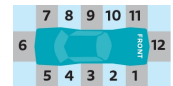
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06 - SIDESWIPE/OPPOSITE DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>HILLCREST</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>UNIT 01 VEHICLE</b>	License Plate Number <b>UNKNOWN</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number	Make <b>UNK</b>	Year	Model <b>UNKNOWN</b>
	Color <b>RED - RED</b>	Body Style <b>UK - UNKNOWN</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage		
	Extent Of Damage <b>VEHICLE NOT AT SCENE</b>	<b>16 - VEHICLE NOT AT SCENE</b>		



UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing		Vehicle Factors		
	Driver Prior Action Other		<b>UNKNOWN</b>		
	Driver Actions <b>WRONG SIDE OR WRONG WAY</b>				
01	01	Owner Name		Owner Address , ,	
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>UNKNOWN UNKNOWN</b>		Citations Issued <b>0</b>	Sex
		Date of Birth		Race	
		Address <b>UNKNOWN UNKNOWN, ,</b>		Driver License Number	
01	001	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>		
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
Distracted By Action <b>UNKNOWN</b>					
<b>Non Motorist</b>		Striking Unit #	Location		

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	001	<b>Drug &amp; Alcohol</b>		
			Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
	Individual Condition <b>NOT OBSERVED</b>				

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>HILLCREST</b>	
		Truck Bus or HazMat <b>NO</b>				

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number <b>AKZ1810</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>1FMCU9JD0HUE03256</b>	Make <b>FORD</b>	Year <b>2017</b>	Model <b>ESCAPE</b>
				Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
				Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>		
				Extent Of Damage <b>MINOR DAMAGE</b>			
				Towed Due To Damage <b>NOT TOWED</b>			
				What Driver Was Doing <b>GOING STRAIGHT</b>			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name CHARLENE MOLITOR (608) 432-4568		Owner Address N1420 COUNTY ROAD HH LYNDON STATION, WI 53944 , US	
	<b>Sequence Of Events</b>			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual CHARLENE MOLITOR	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver CHARLENE MOLITOR (608) 432-4568		Citations Issued 0	Sex FEMALE
	Address N1420 COUNTY ROAD HH LYNDON STATION, WI 53944 , US		Date of Birth	Race WHITE
			Driver License Number	
02 002	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
<b>Non Motorist</b>		Striking Unit #	Location	

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	02	002	