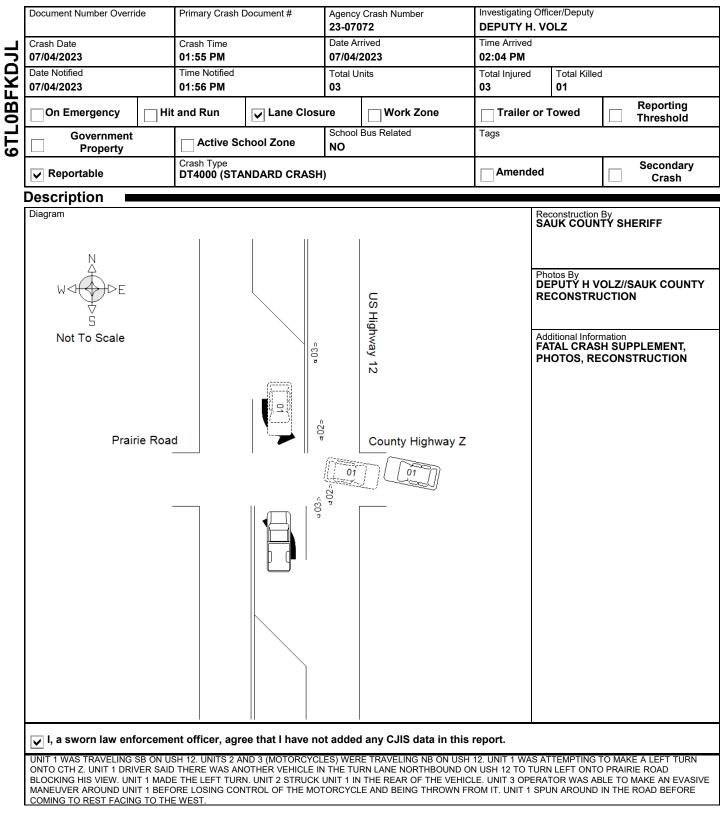
23-07072

WISCONSIN MOTOR VEHICLE CRASH REPORT



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

| ON USH12 EB SFT N OF USH12 EB SFT N OF USH12 EB IN SAUK COUNTY Landod 43.31502359 Longtuke 43.759246826 NT HE TOWN OF PRAIRE DU SAC IN SAUK COUNTY VCoordinate 4798497 VCoordinate 4798497 IN SAUK COUNTY Structure Type NOTEV FM VCoordinate 4798497 Crash Scene Structure Type NOTOR VEH IN TRANSPORT ON ROADWAY Manner of Collision 01 - ANGLE DAYLIGHT Field Hamful Event Location ON ROADWAY Manner of Collision 01 - ANGLE DAYLIGHT Read Strates Constitute(s) Callear Readetion To Trafficowsy TRAFFICWAY - ON ROAD NONE NONE Weather Constitute Type Traits Classification - Location No SPECIAL, JURISBUCTION No Class Classification - Location PUBLIC PROPERTY No SPECIAL, JURISBUCTION No MERRESCTION-RELATED PUBLIC PROPERTY Intersection Type No Constrol Verifies Flags Intersection Type No Constrol Special Study No Constrol Verifies Read Classification - Location Of 104223 Intersection Type No Constrol Special Study No Constrol UBM Intershape Area PUBLIC PROPERTY No SPECIAL, JURISBUCTION Special Study No Constrol UBM Intershape Area PUBLIC PROPERTY Intersection Type No Constrol Intersection Type No Constrol UBM Intershape Area PUBLIC PROPERTY Intersection Type No Constrol Intersection Type No Constrol UNIT SUMMERT <th>Location</th> <th></th> | Location | | | | | | | | | | | |
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| PASSENGER CAR Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types 3 0 0 0 0 0 Insurance? Direction Of Travel SOUTHBOUND Pre CrashTire Mark Speed Limit Total Lanes YES SOUTHBOUND Special Function NO APPLICABLE NO MOST VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE NOT APPLICABLE Traffic Way Traffic Control NO CONTROL NO NO Divided Type Road Curvature Road Grade Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO Vehicle Mate Vi UniTED STATES Vehicle Identification Number | IN TRANSIT | | | DC | LASS | | | | 1 | AUTOMOBILE | | |
| Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types 3 Direction Of Travel Pre CrashTire Speed Limit Total Lanes YES SOUTHBOUND Mark Speed Limit Total Lanes Most Harmful Event: Collision With Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use MOTOR VEH IN TRANSPORT Traffic Control NO APPLICABLE NOTA APPLICABLE Traffic Way Traffic Control NO CONTROL NO DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO NO Surface Type Road Curvature Road Grade ELEVEL BLACKTOP (BITUMINOUS) STRAIGHT LEVEL LEVEL Truck Bus or HazMat NO Vehicle Mate Veinted States MB2955 Vehicle Identification Number Plate Type St Country of Issuance WI UNITED STATES Vehicle Identification Number Make Year Model | | | | | | | | | (| Operating As Endorsements | | nents |
| 3 0 0 0 Insurance? YES Direction Of Travel SOUTHBOUND Pre CrashTire Mark Speed Limit 55 Total Lanes 2 Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE Traffic Way Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO CONTROL Traffic Control Inoperative/Missing DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO Surface Type Road Curvature STRAIGHT Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO NO Vehicle Plate Type AMB2955 St Country of Issuance WI UNITED STATES Vehicle Identification Number Make Year | | CAR | | | | | | | | | | |
| Insurance? Direction Of Travel Pre CrashTire Mark Speed Limit Total Lanes YES SOUTHBOUND Mark Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE MOTOR VEH IN TRANSPORT Traffic Control Image: Control Inoperative/Missing DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat Plate Type St Country of Issuance MB2955 Plate Type St Country of Issuance MB2955 Vehicle Identification Number Make Year Model | | | I rain/Bus # Recorded | | l # Cita | tions Issued | | | railers | 5 | | Mat Types |
| YES SOUTHBOUND Image: Mark 55 2 Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE Traffic Way Traffic Control NTaffic Control Inoperative/Missing DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO NO Vehicle License Plate Number Plate Type AMB2955 AUT - AUTOMOBILE WI Vehicle Identification Number Make Year | | | Direction Of Travel | U | | | | | Limit | | | |
| Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE Traffic Way Traffic Control Traffic Control Inoperative/Missing DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO NO Vehicle License Plate Number Plate Type AMB2955 AUT - AUTOMOBILE Vehicle Identification Number Make | | | | | Pre | | | | Linin | | | 55 |
| Initial State Initial State Initial State Traffic Way Traffic Control Traffic Control Inoperative/Missing DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO NO Vehicle License Plate Number Plate Type AMB2955 AUT - AUTOMOBILE Vehicle Identification Number Make | - | nt: Collision W | | Spee | cial Fun | | | | E | Emergency | | icle Use |
| DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL NO Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO NO Vehicle License Plate Number Plate Type AMB2955 AUT - AUTOMOBILE Vehicle Identification Number Make Year Model | MOTOR VEH IN | N TRANSPO | RT | NO | SPEC | IAL FUNC | TION | | 1 | NOT APPL | | |
| Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO Vehicle Vehicle Plate Type St Country of Issuance AMB2955 AUT - AUTOMOBILE WI UNITED STATES Vehicle Identification Number Make Year Model | - | | | Traff | fic Cont | rol | | | ٦ | Traffic Contr | rol Inoperat | live/Missing |
| BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat NO Vehicle Vehicle License Plate Number Plate Type AMB2955 Output Vehicle Identification Number Make Year Model | | W/O TRAFF | IC BARRIER | | | | | | | | | |
| Truck Bus or HazMat NO Vehicle License Plate Number AMB2955 Vehicle Identification Number Nake Year Model | | | 、 | | | | | | | | • | |
| NO Vehicle License Plate Number AMB2955 Vehicle Identification Number Make Year Model | | | | | | I | | | I | LEVEL | | |
| Vehicle License Plate Number Plate Type St Country of Issuance AMB2955 AUT - AUTOMOBILE WI UNITED STATES Vehicle Identification Number Make Year Model | | viat | | | | | | | | | | |
| License Plate Number Plate Type St Country of Issuance AMB2955 AUT - AUTOMOBILE WI UNITED STATES Vehicle Identification Number Make Year Model | | | | | | | | | | | | |
| AMB2955 AUT - AUTOMOBILE WI UNITED STATES Vehicle Identification Number Make Year Model | | e Number | | Pla | te Type | | | St | C | ountry of Is | suance | |
| Vehicle Identification Number Make Year Model | | | | | | | E | | | | | |
| O 2C3CDXJG9JH316715 DODGE 2018 CHARGER | | tification Num | ber | | | | | Year | Μ | lodel | | |
| | ò 2C3CDXJ | G9JH316715 | 5 | DO | DGE | | | 2018 | С | HARGER | | |

5

UNIT

2

23-07072

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

| | | Color | | Body Style | | Bus Use | | | |
|-------|---------|--|--------------------|-----------------------------|--------------------|--------------|----------------|--|--|
| | | GRY - GRAY | | SD - SEDAN | | | | | |
| | ш | Initial Contact Point | | Vehicle Damage | | ·[| | | |
| E | VEHICLE | 04 - RIGHT SIDE REAR | | 03 - RIGHT SIDE N | | SIDE REAR 05 | 7 8 9 10 11 | | |
| UNIT | Ĭ | Extent Of Damage | | - RIGHT REAR CO | | | 6 | | |
| וכן | Ξ, | FUNCTIONAL DAMAGE | | CORNER, 08 - LEFT SIDE REAR | | | | | |
| | > | Towed Due To Damage | | Vehicle Removed By | | | | | |
| | | TOWED BUT NOT DUE TO D | ISABI ING DAMAG | BILLS TOWING | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | LEFT TURN | | Vehicle Factors | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| | | Driver Prior Action Other | | | | | | | |
| | | | | | | | | | |
| | | Driver Actions LOOKED BUT DID NOT SEE | | | | | | | |
| . | VEHICLE | LOOKED BUT DID NOT SEE | | | | | | | |
| 5 | C | | | | | | | | |
| UNIT | H | | | | | | | | |
| | K | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| ~ | - | SOLOMON BANKHEAD | | 4615 52ND AVE | | | | | |
| 5 | 01 | | | KENOSHA, WI | 55144,05 | | | | |
| | | | | | | | | | |
| | | Sequence Of Events | | | | | | | |
| | | Event | | | | | | | |
| | 01 | LEFT TURN | | | | | | | |
| | 2 | Event | | | | | | | |
| | 02 | MOTOR VEH IN TRANSPOR | Т | | | | | | |
| | 33 | Event | | | | | | | |
| | 03 | | | | | | | | |
| | 04 | Event | | | | | | | |
| | | | | | | | | | |
| E | I | Policy Holder | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | |
| - | | ROUTE INSURANCE | | JESUS MERCADO-MORA | | | | | |
| | I | Individual | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | |
| | _ | JESUS MERCADO-MORA | | 0 | MALE | | | | |
| | DUAL | (779) 625-0617 | | Date of Birth | Race | | | | |
| ⊢ | Ы | | | | WHITE | | | | |
| Z | Σ | Address | | Driver License Num | ber | | | | |
| | INDINI | 2010 W LAPHAM ST | | | | | | | |
| | 4 | MILWAUKEE, WI 53204, US | | STATE: WISCON | SIN COUNTRY: UN | ITED STATES | | | |
| | | | | | | | | | |
| | - | On Duty Cra | ash | Safety Equipment | | | | | |
| | Sat | fety Equipment | | | | | | | |
| | 1 | Row | Seat Position | SHOULDER & L/ | AP BELT | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| | | | | | | | | | |
| - | Ξ | Injury Sever | rity | Airbag | | | | | |
| 2 | 001 | Injury NO APPA | RENT INJURY | NON DEPLOYED |) | | | | |
| | | Ejected Eje | | | Trapped/Extricated | | | | |
| | | | OT EJECTED/NOT API | PLICABLE | | NOT TRAPPED | | | |
| | | Medical Transport | | EMS Agency Identif | ier | EMS Run # | | | |
| | | NOT TRANSPORTED | | | | | | | |
| Wisco | nsin M | Motor Vehicle Crash | This rep | ort does not include any | CJIS data. | Crash Da | ate 07/04/2023 | | |

23-07072

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

| | | Hospital | | | Date of Death | | Time of Death | | |
|-----|------------|-------------------------------------|--------------|--|--------------------------|----------------------|-----------------------------------|----------------|--|
| | | | | | | | | | |
| | | Distracted By | istracted B | y Source N | | | | | |
| | I | Distracted By Action | | | | | | | |
| | | UNKNOWŃ | | | | | | | |
| | | Non Motorist | triking Unit | # Location | | | | | |
| | I | Prior Action | | | | | | | |
| | | | | | | | | | |
| | | Action | | | | | | | |
| | Ļ | | | | | | | | |
| ьI | N | | | | | | | | |
| | | | | | | | | | |
| - | INDIVIDUAL | | | | | | | | |
| | = | | | | | | | | |
| | | A. I' | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | _ | S | suspected A | Alcohol Use | Suspected Drug Use | | | | |
| | | Drug & Alcohol N | 10 | | NO | | | | |
| | | Alcohol Test Given | | Alcohol Test Type BLOOD | 2 | | Alcohol Test Results PENDING | | |
| | | Drug Test Given | | Drug Test Type | Drug Test Type Dru | | | | |
| | | TEST GIVEN | | BLOOD | | PENDING | | | |
| 2 | 001 | Drug Type | | | | | | | |
| | - | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMA | AL. | | | | | | |
| | - i | ndividual | | | | | | | |
| | | Passenger | | | Citations Issued | Sex | | | |
| | ۲ | MYLISSA RAMOS (779) 704-1554 | | | 0 | FEMALE | | | |
| _ | | (, | | | Date of Birth | Race WHITE | | | |
| | DIVIDUAL | Address | | | Driver License Number | | | | |
| - | | 9215 RACHEL DRIV WONDER LAKE, IL | | JS | STATE: ILLINOIS | COUNTRY: UNITE | D STATES | | |
| | | - | , | | | | | | |
| | 0-1 | 0 | n Duty Cra | ash | Safety Equipment | | | | |
| | Sar | ety Equipment | | | | DC T | | | |
| | | Row 01 - FRONT ROW | | Seat Position 09 - RIGHT | SHOULDER & LAP | BELI | | | |
| | | Helmet Use | | | Helmet Compliance | | | | |
| | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| ~ | 002 | In | njury Sever | ity | Airbag | | | | |
| 2 | 8 | | | EINJURY | NON DEPLOYED | | | | |
| | | Ejected NOT EJECTED | | ection Path DT EJECTED/NOT APPI | | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | | |
| | | EMS GROUND | | | 6000555 | | 2307 730 | | |
| | | | 20 | | Date of Death | | Time of Death | | |
| . 1 | | SAUK PRAIRIE HOS | 7 | | t dooo not include any C | | | 07/04/2023 | |

23-07072

WISCONSIN MOTOR VEHICLE CRASH REPORT

| TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Results Drug Test Results Drug Test Results Drug Test Results Drug Type Individual Condition APPEARED NORMAL Individual Passenger Sex ISANDRO MERCADO-RAMOS 0 MALE MALE Date of Birth Race WHITE Address Safety Equipment On Duty Crash Safety Equipment On Duty Crash Safety Equipment On Duty Crash Row Set Position 02 - SECOND ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Route Trapport Ejecton Path NOT EJECTED NOT EJECTED NOT EJECTED/NOT APPLICABLE Hospital Date of Death SAUK PRAIRIE HOSP Date of Death | | | | | | | | | | |
|---|-----|----------------------------------|-------------------|-----------------------|------------------|----------------------|----------------|--|--|--|
| 100 Non Motorist Stikling Unit # Location Prior Action Action Action Action Other Action Other Drug & Alcohol No Suspected Acohol Use Non Motorist Suspected Acohol Use Non Motorist Suspected Acohol Use Drug & Alcohol Test Given Acohol Test Given Test NOT GIVEN Drug Test Given Drug Test Given Drug Test Type Drug Type Drug Test Given Individual Condition Appeared North Mate Address Drug Type Individual Citations Issued Satery Equipment On Duty Test Results Driver License Number Driver License Number Satery Equipment On Duty Crash Satery Equipment On Duty Crash Basenger Satery Equipment Or Duty Crash Satery Equipment Row 02 - SECOND ROW 07 - LEFT Helmei Use Helmei Compliance Eye Protection Trit Compliance Not Ejected Ejected Not ApplicABLE Trappin Not Ejected Not ApplicABLE Not Ejected Not ApplicABLE Not Ejected Not ApplicABLE Satery Ejected Not ApplicABLE | | Distracted By Source | e | | | | | | | |
| Non Motorist Prior Action Action Action Drug & Alcohol No Suspected Alcohol No No Action Other Drug & Alcohol No Alcohol Test Not Given Drug Test Tor Given Drug Test Given Drug Test Given Motor Given Statest Equipment Address Satety Equipment Row Satety Equipment Row Satety Equipment Row Satety Equipment Row Satety Equipment | | Distracted By Action | | | | | | | | |
| Image: Second Row Posterior Processor Procestor Processor Procesor Processor Processor Processor Processor Pr | | Non Motorist | Location | | | | | | | |
| 100 Action Other 101 Action Other 101 Action Other 101 Suspected Alcohol Use No 101 Action Other 101 Action I fest Given No 101 Action I fest Given No 101 Test NoT Given No 101 Test Results 101 Test NoT Given No 101 Test Results 101 | | Prior Action | | | | | | | | |
| Image: Second State | | Action | | | | | | | | |
| Image: Second State | Ļ | | | | | | | | | |
| Image: Second State | = D | | | | | | | | | |
| Image: Second State | | | | | | | | | | |
| Suspected Alcohol Use No No No Alcohol Test Given Alcohol Test Type Alcohol Drug Test Given Drug Test Results Drug Test Given Drug Test Type Drug Test Given Drug Test Results Drug Test Given Drug Test Results Drug Test Given Drug Test Results Drug Type Drug Test Results Individual Condition APPEARED NORMAL Make Make Make Make Make Make Make Make | Ĭ | | | | | | | | | |
| Suspected Alcohol Use No No No Alcohol Test Given Alcohol Test Type Alcohol Drug Test Given Drug Test Results Drug Test Given Drug Test Type Drug Test Given Drug Test Results Drug Test Given Drug Test Results Drug Test Given Drug Test Results Drug Type Drug Test Results Individual Condition APPEARED NORMAL Make Make Make Make Make Make Make Make | | | | | | | | | | |
| Drug & Alcohol No NO Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Drug Test Given TEST NOT GIVEN Drug Test Results Drug Type Drug Test Results Drug Test Results Drug Test Results Individual Condition APPEARED NORMAL APPEARED NORMAL Sex MALE Passenger ISANDRO MERCADO-RAMOS Citations Issued 0 Sex MALE Address 9215 RACHEL DRIVE WONDER LAKE, IL 60097 , US Driver License Number Safety Equipment On Duty Crash Safety Equipment Row 02 - SECOND ROW On Duty Crash Safety Equipment Row 02 - SECOND ROW On Duty Crash Safety Equipment Figure Eye Protection Tint Compliance Figure Non DEPLOYED Eye Protection Tint Compliance NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT Trapper NOT EJECTED NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT RAS RROUND GO00555 Bus GROUND Ejection Path Not EJECTED EMS Agency Identifier EMS Agency Identifier Hespital SAUK PRAIRIE HOSP Date of Death Time of | | Action Other | | | | | To/From School | | | |
| 5 6 Acohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Trug Test Results Drug Test Given Trug Test Given Trug Test Results Drug Test Results Drug Test Results Drug Type Individual Individual Condition APPEARED NORMAL Drug Test Results Individual Passenger ISANDRO MERCADO-RAMOS Citations Issued 0 Sex MALE Address 9215 RACHEL DRIVE WONDER LAKE, IL 60097 , US Driver License Number Safety Equipment NOT EJECTED On Duty Crash 07 - LEFT Driver License Number Row 02 - SECOND ROW Seat Position 07 - LEFT CHILD RESTRAINT SYSTEM - FORWARD F Heimet Use Heimet Compliance Eye Protection Eye Protection Tint Compliance NOT EJECTED NOT EJECTED Modical Transport Eyection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT EJECTED Distracted Bv Source Date of Death Time of | | Suspected Alcohol | Use | | | | 1 | | | |
| 5 Set | | | Alcohol Test Type | _ | | Alcohol Test Results | | | | |
| 5 S Drug Type Individual Condition APPEARED NORMAL Individual Passenger IsANDRO MERCADO-RAMOS Date of Birth Race VIDE Address 9215 RACHEL DRIVE Driver License Number VODE On Duty Crash Safety Equipment On Duty Crash Safety Equipment Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD F VODE Volter Lacke, IL 60097, US On Duty Crash Safety Equipment Row Seat Position 02 - SECOND ROW 07 - LEFT Heimet Use Heimet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance VID EJECTED NOT EJECTED/NOT APPLICABLE NOT T Modical Transport Election Path MOT EJECTED NOT EJECTED/NOT APPLICABLE NOT T Modical Transport EMS Agency Identifier EMS Agency Identifier EMS GROUND EDistracted By Source Date of Death Time of | | | Drug Test Type | | Drug Tost Posult | | | | | |
| Construction APPEARED NORMAL Individual Individual Passenger ISANDRO MERCADO-RAMOS ISANDRO MERCADO-RAMOS Citations Issued Address Date of Birth Passenger Non Der Date of Birth Address 9215 RACHEL DRIVE 9215 RACHEL DRIVE Driver License Number Safety Equipment On Duty Crash Safety Equipment Safety Equipment Row 02 - SECOND ROW 07 - LEFT Helmet Compliance Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection NON DEPLOYED Ejected NOT EJECTED NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Regound EMS GROUND Bate of Death Time of Saurce | | TEŠT NOT GIVEN | Brug root rypo | 5 ,1 | | | | | | |
| Individual Individual Passenger Sex ISANDRO MERCADO-RAMOS Citations Issued Sex Address Date of Birth Race WHITE Date of Birth Race Address 9215 RACHEL DRIVE Driver License Number Safety Equipment On Duty Crash Safety Equipment Row On Duty Crash Safety Equipment Row On Juty Crash Safety Equipment Row On Juty Crash CHILD RESTRAINT SYSTEM - FORWARD F Very Nor LEFT Helmet Compliance Eye Protection Tint Compliance Injury PossiBLE INJURY NON DEPLOYED Ejected Ejecton Path NON DEPLOYED NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT T Medical Transport EMS Agency Identifier EMS Report Source Bistracted By Source Date of Death Time of | 002 | Drug Type | | | | | | | | |
| Individual Citations Issued Sex Passenger ISANDRO MERCADO-RAMOS Difference Isandro MERCADO-RAMOS Date of Birth MALE Date of Birth Race WHITE Address 9215 RACHEL DRIVE Driver License Number Safety Equipment On Duty Crash Safety Equipment Row 02 - SECOND ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance NON DEPLOYED Ejected NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS Agency Identifier EMS R G000555 2307 7 Hospital Date of Death Distracted By Source Date of Death | | Individual Condition | | | | | | | | |
| Image: Same of the second state of | | APPEARED NORMAL | | | | | | | | |
| Image: Sample of the second | | | | | | | | | | |
| Safety Equipment On Duty Crash Safety Equipment Row O2 - SECOND ROW O7 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury PossiBLE INJURY NON DEPLOYED Ejected Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS GROUND 6000555 Hospital Date of Death SAUK PRAIRIE HOSP Date of Death | _ | | | | | | | | | |
| Safety Equipment On Duty Crash Safety Equipment Row O2 - SECOND ROW O7 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury PossiBLE INJURY NON DEPLOYED Ejected Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS GROUND 6000555 Hospital Date of Death SAUK PRAIRIE HOSP Date of Death | | | | Date of Birth | | | | | | |
| Safety Equipment On Duty Crash Safety Equipment Row O2 - SECOND ROW O7 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury PossiBLE INJURY NON DEPLOYED Ejected Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS GROUND 6000555 Hospital Date of Death SAUK PRAIRIE HOSP Date of Death | | | | Driver License Number | | | | | | |
| Safety Equipment Seat Position 02 - SECOND ROW Seat Position 07 - LEFT CHILD RESTRAINT SYSTEM - FORWARD F Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance F Injury POSSIBLE INJURY NON DEPLOYED Ejected Ejection Path NOT EJECTED Trapped NOT EJECTED Medical Transport EMS Agency Identifier EMS Ri 6000555 EMS GROUND Date of Death Time of | Z | | | | | | | | | |
| Row 02 - SECOND ROW Seat Position 07 - LEFT CHILD RESTRAINT SYSTEM - FORWARD F Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury PossiBLE INJURY NON DEPLOYED Ejected NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS GROUND EMS Agency Identifier Hospital Date of Death SAUK PRAIRIE HOSP Distracted By Source | • | On Duty Crash | | Safety Equipment | | | | | | |
| 5 02 - SECOND ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury POSSIBLE INJURY POSSIBLE INJURY NON DEPLOYED Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS GROUND 6000555 Hospital Date of Death SAUK PRAIRIE HOSP Date of Death | 36 | | osition | CHILD RESTRAIN | IT SYSTEM - FOR | WARD FACING | | | | |
| Eye Protection Tint Compliance Injury Injury POSSIBLE INJURY Airbag NON DEPLOYED Ejected Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS GROUND 6000555 Hospital Date of Death SAUK PRAIRIE HOSP Distracted By Source | | 02 - SECOND ROW 07 - L | | | | | | | | |
| Injury Injury Airbag NON DEPLOYED Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS GROUND 6000555 Hospital Date of Death | | Heimet Use | | Heimet Compliance | | | | | | |
| Ejected Ejection Path Trapper NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT T Medical Transport EMS Agency Identifier EMS R EMS GROUND 6000555 2307 7 Hospital Date of Death Time of SAUK PRAIRIE HOSP Distracted By Source EMS Source | | Eye Protection | | Tint Compliance | | | | | | |
| Ejected Ejection Path Trapped NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT T Medical Transport EMS Agency Identifier EMS Ri EMS GROUND 6000555 2307 7 Hospital Date of Death Time of SAUK PRAIRIE HOSP Distracted By Source Time of | 003 | Injury Severity POSSIBLE INJU | RY | - | | | | | | |
| Medical Transport EMS Agency Identifier EMS Right EMS GROUND 6000555 2307 7 Hospital Date of Death Time of SAUK PRAIRIE HOSP Distracted By Source | | Ejected Ejection P | ath | | | Trapped/Extricated | | | | |
| Hospital Date of Death Time of Death Distracted By Source | | | | | | | | | | |
| SAUK PRAIRIE HOSP | | | | 6000555 2307 730 | | | | | | |
| Distracted By Source | | SAUK PRAIRIE HOSP | | | | Time of Death | | | | |
| | | Distracted By | e | | | | | | | |

23-07072

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Distracted By Action | | | | | | | | | |
|---------|--|---|--|---|---|--------------------------------------|--|--|---------|--|--|
| | | Non Motorist | king Unit # | Location | | | | | | | |
| | | Prior Action | | | | | | | | | |
| | | Action | | | | | | | | | |
| | Ļ | | | | | | | | | | |
| ⊢ | INDIVIDUAL | | | | | | | | | | |
| UNIT | Σ | | | | | | | | | | |
| | N | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | To/From So | chool | | |
| | | Sus | pected Alcohol U | lse | Suspected Drug Use | | | | | | |
| | L | Drug & Alcohol NO | | | NO | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | 3 | | Alcohol Tes | t Results | | | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Resu | llts | | | | |
| | | TEST NOT GIVEN Drug Type | | | | | | | | | |
| 6 | 003 | 2.49.770 | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | | | | | | | | | | | |
| I | | | | | | | | | | | |
| · | | t Summary Status | | V | ehicle Operating As Class | ification | Unit Type | | | | |
| | Unit IN T | Status RANSIT | | | ehicle Operating As Class I CLASS | ification | Unit Type MOTORC | | | | |
| 02 | Unit IN T Vehi | Status RANSIT cle Type | | | | ification | MOTORC | YCLE | | | |
| | Unit IN T Vehi MO | Status RANSIT | Train/Bus # Re | Μ | | ification | MOTORC Operating A | | | | |
| | Unit IN T Vehi MO ⁻ Tota 1 | Status TRANSIT Icle Type TORCYCLE I Occs | | corded To 0 | I CLASS | Total Tr 0 | MOTORC Operating A ailers | ss Endorsements Total HazMat Types 0 | | | |
| 02 | Unit IN T Vehi MO ⁻ Tota 1 | Status RANSIT Icle Type TORCYCLE I Occs rance? | Train/Bus # Re Direction Of Tra NORTHBOU | corded Tr o avel | I CLASS | Total Tr | MOTORC Operating A ailers .imit | ss Endorsements Total HazMat Types 0 Total Lanes 2 | | | |
| | Unit IN T Vehi MO Tota 1 Insu YES | Status RANSIT icle Type TORCYCLE I Occs rance? S t Harmful Event: Collision W | Direction Of Tra NORTHBOU | corded Tr 0 avel ND S | otal # Citations Issued Pre CrashTire | Total Tr 0 Speed L 55 | MOTORC Operating A ailers .imit | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use | | | |
| 02 | Unit IN T Vehi MO Tota 1 Insur YES Most | Status RANSIT icle Type TORCYCLE I Occs rance? S | Direction Of Tra NORTHBOU | Corded Tr 0 avel ND S N Tr | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO raffic Control | Total Tr 0 Speed L 55 | MOTORC Operating A ailers .imit Emergency NOT APP | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use | | | |
| 02 | Unit IN T Vehi Tota 1 Insu YES Most MO Traff | Status RANSIT Icle Type TORCYCLE I Occs rance? S t Harmful Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF | Direction Of Tra NORTHBOUI /ith RT | corded Tr 0 avel ND S N Tr N | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO raffic Control IO CONTROL | Total Tr 0 Speed L 55 | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont NO | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | | | |
| 02 | Unit IN T Vehi MO Tota 1 Insur YES MO Traff DIVI Surfa | Status RANSIT Icle Type TORCYCLE I Occs rance? S t Harmful Event: Collision W TOR VEH IN TRANSPO fic Way | Direction Of Tra NORTHBOUI /ith RT IC BARRIER | corded Tr 0 avel ND S N Tr N R R | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO raffic Control | Total Tr 0 Speed L 55 | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | | | |
| 02 | Unit IN T Vehi MO Tota I Insuu YES MO Traff DIVI Surfa BLA Truc | Status RANSIT Icle Type TORCYCLE I Occs rance? S t Harmful Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS Ik Bus or HazMat | Direction Of Tra NORTHBOUI /ith RT IC BARRIER | corded Tr 0 avel ND S N Tr N R R | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO raffic Control IO CONTROL oad Curvature | Total Tr 0 Speed L 55 | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | | | |
| 02 | Unit IN T Vehi MO Tota 1 Insuu YES Mosi MO Traff DIVI Surfa BLA Truc NO | Status RANSIT icle Type TORCYCLE I Occs rance? S t Harmful Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS k Bus or HazMat | Direction Of Tra NORTHBOUI /ith RT IC BARRIER | corded Tr 0 avel ND S N Tr N R R | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO raffic Control IO CONTROL oad Curvature | Total Tr 0 Speed L 55 | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | | | |
| 02 | Unit IN T Vehi MO Tota 1 Insuu YES Mosi MO Traff DIVI Surfa BLA Truc NO | Status RANSIT Icle Type TORCYCLE I OCCS rance? S t Harmful Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS Ik Bus or HazMat Vehicle License Plate Number | Direction Of Tra NORTHBOUI /ith RT IC BARRIER | corded Tr 0 avel ND S N Tr N R S | I CLASS Otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO raffic Control O CONTROL oad Curvature TRAIGHT Plate Type | Total Tr 0 Speed L 55 DN | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance | | | |
| 02 | Unit IN T Vehi MO Tota 1 Insuu YES Mosi MO Traff DIVI Surfa BLA Truc NO | Status RANSIT Icle Type TORCYCLE I OCCS rance? S t Harmful Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS Ik Bus or HazMat Vehicle License Plate Number 594TE | Direction Of Tra NORTHBOUI /ith RT IC BARRIER) | Corded Tr 0 avel S ND S N R S S | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO IO CONTROL Oad Curvature TRAIGHT Plate Type CYC - CYCLE | Total Tr 0 Speed L 55 DN | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance | | | |
| 02 | Unit IN T Vehi MO Tota 1 Insuu YES Mosi MO Traff DIVI Surfa BLA Truc NO | Status RANSIT Icle Type TORCYCLE I OCCS rance? S t Harmful Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS Ik Bus or HazMat Vehicle License Plate Number | birection Of Tra NORTHBOUI /ith RT IC BARRIER) | corded Tr 0 avel ND S N Tr N R S S | I CLASS Otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO raffic Control O CONTROL oad Curvature TRAIGHT Plate Type | Total Tr 0 Speed L 55 DN | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance | | | |
| UNIT 02 | Unit IN T Vehi MO Tota 1 Insuu YES MOSI MO Traff DIVI Surfa BLA Truc NO | Status TANSIT Cele Type TORCYCLE I Occs rance? TARTAL Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 594TE Vehicle Identification Num 1HD1KBM19DB68518 Color | birection Of Tra NORTHBOUI /ith RT IC BARRIER) | corded Tr 0 avel ND S N Tr N R S S S S S S S S S S S S S S S S S S | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO IO CONTROL oad Curvature TRAIGHT Plate Type CYC - CYCLE Make HARLEY DAVIDSON Body Style | Total Tr 0 Speed L 55 DN | MOTORC Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance | | | |
| UNIT 02 | Unit IN T Vehi MO Tota 1 Insuu YES MOSI MO Traff DIVI Surfa BLA Truc NO | Status TANSIT Cele Type TORCYCLE I Occs rance? TARTAL Event: Collision W TOR VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 594TE Vehicle Identification Num 1HD1KBM19DB68518 | birection Of Tra NORTHBOUI /ith RT IC BARRIER) | corded Tr 0 avel ND S N Tr N R S S S S S S S S S S S S S S S S S S | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO IO CONTROL oad Curvature TRAIGHT Plate Type CYC - CYCLE Make HARLEY DAVIDSON | Total Tr 0 Speed L 55 DN | MOTORC Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model FLHX | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance FATES | | | |
| UNIT 02 | Unit IN T Vehi MO Tota 1 Insur YES MOSI MO Traff DIVI Surfa BLA Truc NO | Status Status RANSIT Cele Type TORCYCLE I Occs rance? Tance? Tor VEH IN TRANSPO fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 594TE Vehicle Identification Num 1HD1KBM19DB68518 Color BLK - BLACK | birection Of Tra NORTHBOUI /ith RT IC BARRIER) | Corded Tr 0 avel ND S N Tr N R S S S S S S S S S S S S S S S S S S | I CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTIO IO CONTROL oad Curvature TRAIGHT Plate Type CYC - CYCLE Make HARLEY DAVIDSON Body Style MC - MOTORCYCLE | Total Tr 0 Speed L 55 DN | MOTORC Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model FLHX | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance FATES | 9 10 11 | | |

23-07072

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damage | | | icle Removed By | | | |
|------|-----------|---|---------------------|---------------------------------|---------------------------------|-------------|-----------------------|--|
| | | TOWED DUE TO DISABLIN | G DAMAGE | | AIGS TOWING | | | |
| | | What Driver Was Doing GOING STRAIGHT | | Veh | icle Factors | | | |
| | | Driver Prior Action Other | | UN | KNOWN | | | |
| | | | | _ | | | | |
| | | Driver Actions | | | | | | |
| | щ | UNKNOWN | | | | | | |
| Ę | ICL | | | | | | | |
| UNIT | VEHICLE | | | | | | | |
| | K | | | | | | | |
| | | Ourse News | | | Oursen Address | | | |
| | | Owner Name JEFFREY BRUCH | | | Owner Address N57W21490 MEMC | RIAL DR | | |
| 02 | 02 | | | | MENOMONEE FAL | | US | |
| | | | | | | | | |
| | | Sequence Of Events | | 1 | | | | |
| | | Event | | - | | | | |
| | 01 | MOTOR VEH IN TRANSPOR | RT | | | | | |
| | 02 | Event | | | | | | |
| | 0 | | | | | | | |
| | 03 | Event | | | | | | |
| | | Event | | | | | | |
| | 04 | Event | | | | | | |
| | | Policy Holder | | | | | | |
| UNIT | | Insurance Company | | Ir | ndividual | | | |
| 5 | | AMERICAN-FAMILY-INS-CO |) | | EFFREY BRUCH | | | |
| | l | Individual | | | | | | |
| | Ī | Driver | | С | itations Issued | Sex | | |
| | | JEFFREY BRUCH | | 0 MALE Date of Birth Race WHITE | | | | |
| | NΑ | | | | | | | |
| Ę | NDIVIDUAL | | | | | WHILE | | |
| UNIT | | Address N57W21490 MEMORIAL DR | , | Driver License Number | | | | |
| | I | MENOMONEE FALLS, WI 5 | | S | TATE: WISCONSIN | COUNTRY: UN | ITED STATES | |
| | | | | | | | | |
| | | On Duty C | rash | P | rotective Gear | | | |
| | Sat | fety Equipment | | | | | | |
| | | Row | Seat Position | L | ONG PANTS | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | |
| | | Helmet Use HALF | | | elmet Compliance | | | |
| | | Eye Protection | | | int Compliance | | | |
| | | UNKNOWN | | | | | | |
| 8 | 4 | Injury Seve | erity | | irbag | | | |
| 02 | 004 | Injury FATAL IN | NJURY | N | OT APPLICABLE | | | |
| | | | jection Path | | | | Trapped/Extricated | |
| | | | IOT EJECTED/NOT APP | | | | | |
| | | Medical Transport NOT TRANSPORTED | | E | MS Agency Identifier | | EMS Run # | |
| | | Hospital | | D | ate of Death | | Time of Death | |
| | | | | | 7/04/2023 | | 14:43 | |
| | | Distracted Pu | | | | | • | |
| | | Distracted By UNKNOW | VN | | | | | |
| | | Distracted By Action UNKNOWN | | | | | | |
| | | | | | ess pot include any CIII | | Crash Data 07/04/2023 | |

6TL0BFKDJL 23-07072

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Non Motorist | king Unit # | Location | | | | | |
|----------|------------|--|------------------|-------------------|--|-----------------|-------------------------------------|---|--|
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | AL | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | |
| 5 | DZ | | | | | | | | |
| | Z | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | Sus Drug & Alcohol NO | pected Alcohol L | Jse | Suspected Drug Use | | | I | |
| | | Alcohol Test Given | | Alcohol Test Type | _ | | Alcohol Test R | esults | |
| | | TEST NOT GIVEN | | Drug Test Type | | Down To at Dawn | 4- | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug rest type | | Drug Test Resu | ts | | |
| 02 | 004 | Drug Type | | | | | | | |
| | Ū | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | NOT OBSERVED | | | | | | | |
| · | | t Summary | | | | <i>e</i> | | | |
| | | Status RANSIT | | | ehicle Operating As Classi I CLASS | Incation | Unit Type MOTORCYC | LE | |
| 03 | | cle Type TORCYCLE | | | | | Operating As E | ndorsements | |
| | | | Train/Bus # Re | ecorded To | otal # Citations Issued | Total Tra | ilers T | otal HazMat Types | |
| | 1 Insu | rance? | Direction Of Tr | 0 avel | | | 0 mit T | otal Lanes | |
| E | YES | 6 | NORTHBOU | ND | Mark 55 | | 2 | | |
| UNIT | | t Harmful Event: Collision W TOR VEH IN TRANSPO | | | pecial Function IO SPECIAL FUNCTIO | N | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traff | ic Way | | | raffic Control | | Traffic Control Inoperative/Missing | | |
| | | DED HWY W/O TRAFF | IC BARRIER | | O CONTROL oad Curvature | | NO Road Grade | | |
| | BLA | ACKTOP (BITUMINOUS |) | | TRAIGHT | | LEVEL | | |
| | Truc NO | k Bus or HazMat | | | | | | | |
| | 1 | Vehicle | | | | | | | |
| | | License Plate Number 982TJ | | | Plate Type CYC - CYCLE | St WI | Country of Issue | | |
| 6 | ~ | Vehicle Identification Num | ber | | Make | Year | UNITED STATES Model | | |
| 03 | 03 | 1HD1CGP185K419730 | | | HARLEY DAVIDSON 2005 | | XL1200 | | |
| | | |) | | | | Bus Use | | |
| | 111 | Color RED - RED | , | E | Body Style CR - CRANE | | Bus Use | | |
| UNIT | | RED - RED Initial Contact Point | , | E C | Body Style | | Bus Use | 7 8 9 10 11 | |
| द | HICLE | RED - RED | , | E (| Body Style CR - CRANE | | Bus Use | 6 12 | |
| N | VEHICLE | RED - RED Initial Contact Point 99 - UNKNOWN | | E () | Body Style CR - CRANE /ehicle Damage | | Bus Use | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | GOING STRAIGHT Driver Prior Action Other | | NOT APPLICABLE | | | |
|--------|---|---|---|--|---|--|
| | Driver Prior Action Other | | NOT APPLICABLE | | | |
| | | | | | | |
| | | | | | | |
| | Driver Actions NO CONTRIBUTING ACT | | | | | |
| Ш | NO CONTRIBUTING ACT | | | | | |
| ₽ | | | | | | |
| Ш | | | | | | |
| > | | | | | | |
| | Owner Name | | Owner Address | | | |
| ~ | DENISE RUNYAN | | | | | |
| ö | | | MOUNT HORE | 3, WI 53572, US | | |
| | | | | | | |
| 9 | | | | | | |
| 0 | | ORT | | | | |
| 02 | Event | | | | | |
| 03 | Event | | | | | |
| | Event | | | | | |
| 04 | | | | | | |
| F | - | | | | | |
| | | | Individual | | | |
| | | CO | DENISE RUNYA | N | | |
| I | | | | | | |
| AL | | | | | | |
| | | | - | | | |
| DO | | | Date of Birth | WHITE | | |
| Σ | Address | | Driver License Num | ber | | |
| g | | 2 116 | STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| = | WOUNT HORED, WI 5557 | 2,03 | | | | |
| | On Duty | Crash | Dratastiva Caar | | | |
| Saf | ety Equipment | Clash | Protective Gear | | | |
| I | Row | Seat Position | LONG PANTS | | | |
| | 01 - FRONT ROW | 07 - LEFT | | | | |
| | Helmet Use | | Helmet Compliance | | | |
| | | | | | | |
| | | | | | | |
| ا ى | Injury Se | everity | Airbag | | | |
| 8 | Injury _{SUSPE} | | NOT APPLICABL | .E | | |
| | | | | | Trapped/Extricated NOT TRAPPED | |
| | | NOT EDECTED/NOT AT | | er | EMS Run # | |
| | EMS GROUND | | 6000555 | | 2307 731 | |
| | Hospital | | Date of Death | | Time of Death | |
| | Distract | ed By Source | | | | |
| | Distracted By NOT A | PPLICABLE (NOT DISTR | ACTED) | | | |
| | NOT DISTRACTED | | | | | |
| | Non Motorist | Unit # Location | | | | |
| | | Owner Name DENISE RUNYAN Sequence Of Events Event MOTOR VEH IN TRANSPO Event Event Event Policy Holder Insurance Company AMERICAN-FAMILY-INS-4 Individual Driver DENISE RUNYAN Address 8894 OAK GROVE RD MOUNT HOREB, WI 5357 Safety Equipment On Duty Row 01 - FRONT ROW Helmet Use THREE-QUARTER Eye Protection UNKNOWN Fjected NOT APPLICABLE Medical Transport EMS GROUND Hospital UNIVERSITY OF WI HOS Distracted By Action NOT AL Distracted By Action NOT DISTRACTED | Owner Name DENISE RUNYAN Sequence Of Events Event MOTOR VEH IN TRANSPORT Event Event Event Event Event Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver DENISE RUNYAN Address 8894 OAK GROVE RD MOUNT HOREB, WI 53572, US Safety Equipment On Duty Crash Row 01 - FRONT ROW 07 - LEFT Helmet Use THREE-QUARTER Eye Protection UNKNOWN Injury SuspectED SERIOUS INJUR Ejected Ejection Path NOT APPLICABLE NOT EJECTED/NOT API Medical Transport Emis GROUND Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT Distracted By Action NOT APPLICABLE (NOT DISTRACTED Distracted By Action NOT APPLICABLE (NOT DISTRACTED | Owner Name Owner Address Benise RUNYAN Bissa OAK GROMOUNT HOREI Sequence Of Events Event Event Event Event Event Policy Holder Individual Insurance Company AmericAn-FAMILY-INS-CO MarcicAn-FAMILY-INS-CO Denise RUNYAN AmericAn-FAMILY-INS-CO Denise RUNYAN Driver Citations Issued 0 Date of Birth Driver License Numi Stations Issued 0 Date of Birth Address Driver License Numi 8894 OAK GROVE RD Driver License Numi MOUNT HOREB, WI 53572, US STATE: WISCON Safety Equipment On Duty Crash Protective Gear NOUNT HOREB, WI 53572, US On Duty Crash Protective Gear Bistracted Ry Equipment On Duty Crash Protective Gear NOT APPLICABLE Helmet Compliance APPROVED THREE-QUARTER Ejection Path NOT APPLICABLE Not APPLICABLE Not EJECTED/NOT APPLICABLE Not APPLICABLE Medical Transport Eistracted By Source Date of Death | Owner Name DENISE RUNYAN Owner Address B894 OAK GROVE RD MOUNT HOREB, WI 53572 , US Sequence Of Events Event Event Event Event Event Event Event Individual Delise RUNYAN Individual Delise RUNYAN Individual OBISE RUNYAN Individual Citations Issued Oriver Sex O FEMALE Notificidual Citations Issued Driver Delise RUNYAN Address B894 OAK GROVE RD MOUNT HOREB, WI 53572 , US Safety Equipment On Duty Crash Protective Gear Driver License Number Safety Equipment On Duty Crash Protective Gear LONG PANTS O1 - FRONT ROW 07 - LEFT Heimet Compliance APPROVED Eye Protection Tint Compliance UNKNOWN NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE Modical Transport Electon Path NOT APPLICABLE NOT APPLICABLE Modical Transport Electon Path Mot AppLicABLE< | |

23-07072

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Prior Action | | | | | | |
|------|------------|-----------------------------------|----------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| UNIT | INDIVIDUAL | Action | | | | | | |
| | L | Action Other Drug & Alcohol | Suspected Alcohol Us | e | Suspected Drug Use | | | To/From School |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | ; | |
| 03 | 005 | Drug Type | | | | | | |
| | | Individual Condition | | | | | | |
| | | NOT OBSERVED | | | | | | |