23-11762

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Document Number Override | Primary Crash | Document # | Agency 23-117 | r Crash Number 762 | | Officer/Deputy T T. CLAUER | |
|-------------|---|---|-------------------|--|------------------------------|--------------------------|--|------------------------|
| ñ | Crash Date 10/30/2023 | Crash Time 08:46 AM Time Notified 08:48 AM | | Date Arrived 10/30/2023 Total Units 02 | | Time Arrived 08:54 AM | | |
| 61 LUF68VN3 | Date Notified 10/30/2023 | | | | | Total Injured 02 | Total Kille 00 | d |
| Ľ D | On Emergency | and Run | Lane Close | ure | Work Zone | Trailer | or Towed | Reporting Threshold |
| 2 F | Government Property | Active So | chool Zone | School NO | Bus Related | Tags | | |
| | ✓ Reportable | Crash Type DT4000 (STA | ANDARD CRASH |) | | Amend | ed | Secondary Crash |
| | Description | • | | | | | | |
| | U 2 STH 23 | C C | iendship Drive | | - NOT TO SCALE | | Photos By SGT. CLAUE Additional Info PHOTOS | |
| | ✔ I, a sworn law enforceme | nt officer, agr | ee that I have no | ot addeo | d any CJIS data in th | nis report. | | |
| | UNIT ONE WAS STOPPED AT THE ATTEMPTED TO CROSS STH 23 TO | STOP SIGN ON (| CTH W AT STH 23. | UNIT ONE | DIDN'T SEE UNIT TWO | WHICH WAS TRA | | |
| | ONE OPERATOR ISSUED CITATION | | | | | 2. DOTTIVETIIOE | | |

23-11762

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| | 00 | ation | | | | | | | | | |
|-----|--------------|---|----------------------------------|--|---|-------------------------------------|---------------------------|-------------------------------------|------------------|-------------|--|
| į | | CTHW WB | | | | Latitude | | | Longit | ude | |
| | 33 F | ΤE | | | | 43.395572943 X Coordinate | | | | 36364054 | |
| | | FRIENDSHIP RD HE TOWN OF WESTF | | | | | | | Y Coo | rdinate | |
| | | AUK COUNTY | | | | 254097.9 | 921875 | | 4809 | 222.5 | |
| | | | | | | Structure NO STR | | | | | |
| | | | | | | NUSIK | UCTURE | | | | |
| (| - | sh Scene | | | | | | | | | |
| | | Farmful Event | тас | | | First Harm ON ROA | | _ocation | | | |
| | | ner of Collision | | | | Light Cond | | | | | |
| | | FRONT TO FRONT | | | | DAYLIG | | | | | |
| | Road | d Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| | DRY | (| | | | | | | | | |
| | Envir | ronment Factor(s) | | | | | | | | | |
| | NOM | NE | | | | NONE | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLE | | | | | | | | | | |
| | Anim | nal Type | | | | Relation To Trafficway | | | | | |
| | | 51 | | | | TRAFFICWAY - ON ROAD | | | | | |
| | | h Classification - Location | | | | | | - Jurisdiction | | | |
| | - | BLIC PROPERTY | | | NO SPECIAL JURISDICTIC Access Control | | RISDICTION | | On a sint Obushy | | |
| | THDa | ar Land | | Intersection Type FOUR-WAY INTERSECTION | | | | Special Study | | | |
| | | in Interchange Area | | | | | | | | | |
| | NO | | INTERSECTION | | FOUR-W | | RSECTIO | N | | | |
| | | t Summary | | Vehiele Op | proting As C | location | | L In it Tom a | | | |
| | | Unit Status Vehicle Op IN TRANSIT D CLASS | | | Ale Operating As Classification Unit Type ASS TRUCK | | | | | | |
| | | cle Type | | DOLAGO | | | Operating As Endorsements | | sements | | |
| 5 | UTII | LITY TRUCK/PICKUP | TRUCK | | | | | | | | |
| | | Occs | Train/Bus # Recorded | Total # Citations Issue 01 | | 0 | | 0 | | azMat Types | |
| | 01 | | Direction Of Travel | | | | | | | | |
| | Insur YES | rance? | Direction Of Travel WESTBOUND | Pre | Pre CrashTire | | Speed Lii 55 | | 10tal La | nes | |
| | - | , Harmful Event: Collision \ | | Special Fun | Special Function NO SPECIAL FUNCTION Traffic Control STOP SIGN | | | Emergency Motor Vehicle Use | | ehicle Use | |
| D | | TOR VEH IN TRANSPO | | | | | | | NOT APPLICABLE | | |
| | | ic Way | | | | | | Traffic Control Inoperative/Missing | | | |
| | | D-WAY, NOT DIVIDED | | | | | | NO Bood Crode | | | |
| | | ace Type CKTOP (BITUMINOU) | S) | Road Curva STRAIGH | | | | Road Grade | ; | | |
| | | k Bus or HazMat | -, , | STICAIGH | • | | | | | | |
| | NO | | | | | | | | | | |
| | ١ | Vehicle | | | | | | | | | |
| | | License Plate Number | Plate Type | | | St | Country of Is | | | | |
| | | TM8919 Vehicle Identification Nur | Make | LTK - LIGHT TRUCK | | WI Year | | UNITED STATES | | | |
| 5 | 01 | 1D7RW3BP1AS1043 | | DODGE | | | Year Model 2010 DAKOTA | | | | |
| | | Color | | Body Style | | | | Bus Use | | | |
| | | SIL - SILVER (ALUM | INUM) | PK - PICI | | | | | | | |
| | щ | Initial Contact Point | | Vehicle Da | mage | | | | | 7 8 9 10 11 | |
| = I | VEHICL | 12 - FRONT | | | 01 - RIGHT FRONT | | | | - | 6 | |
| 7 | | Extent Of Damage | | | | | SIDE FRONT, 11 - L | | _EFT FRONT | | |
| | Ш | DISABLING DAMAGI | - | | | | ON I, 11 - | LEFT FRON | • | 54321 | |

23-11762

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damag | | | | hicle Removed By | | | | |
|------|-------------------|--------------------------------------|-------------------------|---------------------------------|---|--------------------------|---------------|--------------------|--|--|
| | | TOWED DUE TO D | | G DAMAGE | | ACHREINER AUTO | | | | |
| | | What Driver Was Doing | - | | Ve | hicle Factors | | | | |
| | | ACCELERATING IN | | | | OT APPLICABLE | | | | |
| | | Driver Prior Action Oth | er | | NC | | | | | |
| | | Driver Actions | | | | | | | | |
| | | | RIGHT-O | F-WAY, FAILURE TO (| CON | TROL. LOOKED BU | T DID NOT SEE | | | |
| F | Ë | | | | | | | | | |
| UNIT | ₽ | | | | | | | | | |
| | VEHICLE | | | | | | | | | |
| | > | | | | | | | | | |
| | | Owner Name | | | | Owner Address | | | | |
| | | PATRICK H MC GL | YNN | | | S4309 COUNTY R | OAD G | | | |
| 0 | 01 | (608) 986-3500 | | | | LA VALLE, WI 539 | 41,US | | | |
| | | | | | | | | | | |
| | | Sequence Of Ev | ents | | | | | | | |
| | | Event | | _ | | | | | | |
| | 01 | MOTOR VEH IN TR | ANSPOR | T | | | | | | |
| | 02 | Event | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | | Front | | | | | | | | |
| | 04 | Event | | | | | | | | |
| | l | Policy Holder | | | | | | | | |
| UNIT | | Insurance Company | | | | Individual | | | | |
| | | ERIE-INS-CO | | | | PATRICK MC GLYNN | | | | |
| | | ndividual | | | | | | | | |
| | | Driver | | | | Citations Issued | Sex | | | |
| | | PATRICK MC GLYNN (608) 986-3500 | | | | 01 | MALE | | | |
| | IAI | | | | | Date of Birth | Race | | | |
| E | NDIVIDUAL | | | | | | WHITE | | | |
| UNIT | Σ | Address | | | I | Driver License Number | • | | | |
| | | S4309 COUNTY RC LA VALLE, WI 5394 | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | - | LA VALLE, WI 5594 | 1,03 | | | | | | | |
| | | | | | | | | | | |
| | Sat | fety Equipment | On Duty Cr | ash | : | Safety Equipment | | | | |
| | | | | | | | BEI T | | | |
| | | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | SHOULDER & LAP BELT | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| | | | | rih (| | Airbog | | | | |
| 2 | 001 | 1 | | | | Airbag DEPLOYED-FRONT | | | | |
| | Ŭ | Ejected | | ection Path | | | | Trapped/Extricated | | |
| | | NOT EJECTED | | OT EJECTED/NOT AP | PLIC | CABLE | | NOT TRAPPED | | |
| | Medical Transport | | | | EMS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORT | ED | | | 0, | | | | |
| | | Hospital | | | | Date of Death | | Time of Death | | |
| | | | | | | | | | | |
| | | Distracted By | Distracted I NOT APP | By Source LICABLE (NOT DISTR | RACI | [ED) | | | | |
| | | Distracted By Action | | , | | | | | | |
| | | NOT DISTRACTED | 1 | | | | | | | |
| | | | | | | | | | | |

23-11762

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Non Motorist | Striking Unit # | Location | | | | | |
|---------|---|--|---|---------------------------------------|---|---|---|---|-----|
| | | Prior Action | | | | | | | |
| UNIT | INDIVIDUAL | Action | | | | | | | |
| | | Action Other | | | | | | To/From Sch | ool |
| | | Drug & Alcohol | Suspected Alcohol L NO | Jse | Suspected Drug Use | | | · | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | 2 | | Alcohol Test | Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Result | ŝ | | |
| 2 | 001 | Drug Type | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| | | Violations | 1 | | T | | | | |
| | | | | | | | | | |
| | 9 | UTC Number BK262525 | Issue To? Sta 001 340 | atute Number 6.18(3) | Description FAIL/YIELD RIGHT/V | VAY FROM ST | OP SIGN | | |
| | | | | 6.18(3) | Description FAIL/YIELD RIGHT/V | VAY FROM ST | OP SIGN | | |
| | Uni ^r | BK262525 t Summary Status | | 6.18(3) V | FAIL/YIELD RIGHT/V | | Unit Type | BILE | |
| | Uni Unit IN T Vehi | BK262525 t Summary Status RANSIT icle Type | 001 344 | 6.18(3) V | FAIL/YIELD RIGHT/V | | Unit Type AUTOMOE | BILE s Endorsements | |
| 02 | Unit Unit IN T Vehi (SP | BK262525 t Summary Status TRANSIT icle Type ORT) UTILITY VEHI | 001 344 | 6.18(3) ∨ D | FAIL/YIELD RIGHT/V | ication | Unit Type AUTOMOE Operating A | s Endorsements | |
| | Unit Unit IN T Vehi (SP | BK262525 t Summary Status RANSIT icle Type | 001 344 | 6.18(3) | FAIL/YIELD RIGHT/V | ication Total Tra 0 | Unit Type AUTOMOE Operating A | s Endorsements Total HazMat Types 0 | |
| 02 | Unit Unit IN T Vehi (SP Tota 02 Insu | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI I Occs rance? | 001 344 | 6.18(3) | FAIL/YIELD RIGHT/V | ication Total Tra 0 Speed Liu | Unit Type AUTOMOE Operating A | s Endorsements Total HazMat Types 0 Total Lanes | |
| | Unit Unit IN T Vehi (SP Tota 02 Insu YES Mos | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collision | ICLE Train/Bus # Re Direction Of Tr SOUTHBOU on With | 6.18(3) | FAIL/YIELD RIGHT/V ehicle Operating As Classif O CLASS otal # Citations Issued Pre CrashTire Mark pecial Function | Total Tra 0 Speed Lii 55 | Unit Type AUTOMOE Operating A illers mit Emergency | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use | |
| INIT 02 | Unit Unit IN T Vehi (SP Tota 02 Insu YES Mos | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI I Occs rance? S | ICLE Train/Bus # Re Direction Of Tr SOUTHBOU on With | 6.18(3) V D coorded Tr 0 ravel ND S N | FAIL/YIELD RIGHT/V | Total Tra 0 Speed Lii 55 | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use | |
| INIT 02 | Unit IN T Vehi (SP Tota 02 Insu YES Mos Traff TW(| BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI | 001 344 | 6.18(3) | FAIL/YIELD RIGHT/V rehicle Operating As Classif O CLASS otal # Citations Issued O CLASS O CLAS | Total Tra 0 Speed Lii 55 | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing | |
| INIT 02 | Unit IN T Vehi (SP Tota 02 Insu YES Mos Traff TW0 Surf | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI I Occs rance? t Harmful Event: Collisie TOR VEH IN TRANS fic Way | 001 344 | 6.18(3) ecorded T o ravel ND S N R R | FAIL/YIELD RIGHT/V | Total Tra 0 Speed Lii 55 | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing | |
| INIT 02 | Unii Unit IN T Vehii (SP Tota 02 Insu YES Mos Mos Traff TW0 Surf: COI Truc | BK262525 Status TRANSIT icle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI ace Type NCRETE ik Bus or HazMat | 001 344 | 6.18(3) ecorded T o ravel ND S N R R | FAIL/YIELD RIGHT/V | Total Tra 0 Speed Lii 55 | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing | |
| INIT 02 | Unii Unit IN T Vehi (SP Tota 02 Insu YES MOS Traff TWO Surf COI Truc NO | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI I Occs rance? t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI ace Type NCRETE ik Bus or HazMat | 001 344 | 6.18(3) ecorded T o ravel ND S N R R | FAIL/YIELD RIGHT/V | Total Tra 0 Speed Lii 55 | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing | |
| INIT 02 | Unii Unit IN T Vehi (SP Tota 02 Insu YES MOS Traff TWO Surf COI Truc NO | BK262525 Status TRANSIT icle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI ace Type NCRETE ik Bus or HazMat | 001 344 | 6.18(3) | FAIL/YIELD RIGHT/V | Total Tra 0 Speed Lii 55 | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing | |
| INIT 02 | Unii Unit IN T Vehi (SP Tota 02 Insu YES MOS Traff TWO Surf COI Truc NO | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI il Occs rance? S t Harmful Event: Collisie TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 195NRH | ICLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT ED | 6.18(3) ecorded T o ravel ND S N R C | FAIL/YIELD RIGHT/V rehicle Operating As Classif O CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTION raffic Control IO CONTROL toad Curvature CURVE LEFT Plate Type AUT - AUTOMOBILE | Total Tra 0 Speed Lin 55 N | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO Road Grade UPHILL | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing suance | |
| UNIT 02 | Unii Unit IN T Vehi (SP Tota 02 Insu YES MOS Traff TWO Surfr COI Truc NO | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI il Occs rance? S t Harmful Event: Collisie TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 195NRH Vehicle Identification I | 001 344 | 6.18(3) | FAIL/YIELD RIGHT/V rehicle Operating As Classif O CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTION raffic Control IO CONTROL toad Curvature CURVE LEFT Plate Type AUT - AUTOMOBILE Make | Total Tra 0 Speed Lii 55 N St WI Year | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO Road Grade UPHILL | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing suance | |
| INIT 02 | Unii Unit IN T Vehi (SP Tota 02 Insu YES MOS Traff TWO Surf COI Truc NO | BK262525 t Summary Status RANSIT icle Type ORT) UTILITY VEHI il Occs rance? S t Harmful Event: Collisie TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 195NRH | 001 344 | 6.18(3) | FAIL/YIELD RIGHT/V rehicle Operating As Classif O CLASS otal # Citations Issued Pre CrashTire Mark pecial Function IO SPECIAL FUNCTION raffic Control IO CONTROL toad Curvature CURVE LEFT Plate Type AUT - AUTOMOBILE | Total Tra 0 Speed Lin 55 N | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO Road Grade UPHILL | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing suance | |
| UNIT 02 | Unii Unit IN T Vehi (SP Tota 02 Insu YES MOS Traff TWO Surfr COI Truc NO | BK262525 t Summary Status FRANSIT icle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDI ace Type NCRETE ik Bus or HazMat Vehicle License Plate Number 195NRH Vehicle Identification I 1GKS2BKC2HR29 | ICLE ITrain/Bus # Re Direction Of Tr SOUTHBOU on With SPORT ED r Number 08200 | 6.18(3) | FAIL/YIELD RIGHT/V | Total Tra 0 Speed Lii 55 N St WI Year | Unit Type AUTOMOE Operating A ilers mit Emergency NOT APPL Traffic Contr NO Road Grade UPHILL | s Endorsements Total HazMat Types 0 Total Lanes 02 Motor Vehicle Use ICABLE ol Inoperative/Missing suance | |



23-11762

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | Vehicle Damage | | | | | |
|------------|--|--|--|---|--|--|--|--|
| ן ק | Extent Of Damage | | 10 - LEFT SIDE FRO | NT, 11 - LEFT FRO | ONT CORNER, | | | |
| | DISABLING DAMAGE | | 12 - FRONT | | | | | |
| | Towed Due To Damage | | | | | | | |
| ŀ | | 3 DAWAGE | Vehicle Factors | | | | | |
| | GOING STRAIGHT | | | | | | | |
| I | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| | Driver Actions | | | | | | | |
| Ļ | NO CONTRIBUTING ACTIO | N | | | | | | |
| | | | | | | | | |
| Ц > | | | | | | | | |
| - | Owner Name | | Owner Address | | | | | |
| | PENNY JEAN HILBER | | S1518 WEGNER | | | | | |
| 20 | (608) 415-0173 | | LA VALLE, WI 53 | 941,US | | | | |
| | Seguence Of Evente | | | | | | | |
| | Event | _ | | | | | | |
| > | | RT | | | | | | |
| 7N | Event | | | | | | | |
| 6 | Event | | | | | | | |
| 40 | Event | | | | | | | |
| F | Policv Holder | | | | | | | |
| | Insurance Company | | Individual | | | | | |
| l | STATE-FARM-GENERAL-IN | S-CO | PENNY HII BER | | | | | |
| | | | | | | | | |
| | ndividual | | | L Cox | | | | |
| .[| Driver PENNY HILBER | | Citations Issued | Sex FEMALE | | | | |
| .[| Driver | | Citations Issued | FEMALE Race | | | | |
| .[| Driver PENNY HILBER (608) 415-0173 | | Citations Issued 0 Date of Birth | FEMALE Race WHITE | | | | |
| .[| Driver PENNY HILBER | | Citations Issued 0 Date of Birth Driver License Number | FEMALE Race WHITE | | | | |
| | Driver PENNY HILBER (608) 415-0173 Address | | Citations Issued 0 Date of Birth | FEMALE Race WHITE | TED STATES | | | |
| | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941 , US | | Citations Issued 0 Date of Birth Driver License Numbe STATE: WISCONS | FEMALE Race WHITE | TED STATES | | | |
| INDIVIDUAL | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD | | Citations Issued 0 Date of Birth Driver License Number | FEMALE Race WHITE | TED STATES | | | |
| INDIVIDUAL | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941, US Fety Equipment Row | rash Seat Position | Citations Issued 0 Date of Birth Driver License Numbe STATE: WISCONS | FEMALE Race WHITE Pr IN COUNTRY: UNI | TED STATES | | | |
| INDIVIDUAL | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941, US Fety Equipment Row 01 - FRONT ROW | rash | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF | FEMALE Race WHITE Pr IN COUNTRY: UNI | TED STATES | | | |
| INDIVIDUAL | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941, US Tety Equipment Row | rash Seat Position | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment | FEMALE Race WHITE Pr IN COUNTRY: UNI | TED STATES | | | |
| INDIVIDUAL | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941, US Fety Equipment Row 01 - FRONT ROW | rash Seat Position | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF | FEMALE Race WHITE Pr IN COUNTRY: UNI | ITED STATES | | | |
| | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941, US Fety Equipment Con Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve | rash Seat Position 07 - LEFT | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance | FEMALE Race WHITE Pr IN COUNTRY: UNI | TED STATES | | | |
| | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC | rash Seat Position 07 - LEFT | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance | FEMALE Race WHITE IN COUNTRY: UNI | | | | |
| | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941 , US Fety Equipment Con Duty Cr On Duty Cr On Duty Cr On Duty Cr Con Dut | rash Seat Position 07 - LEFT | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag DEPLOYED-COME | FEMALE Race WHITE IN COUNTRY: UNI | TED STATES | | | |
| | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941 , US <i>Ety Equipment</i> On Duty Cr <i>Con Duty Cr</i> <i>Con Duty Cr <i>Con Duty Cr <i>Con Duty Cr <i>Con Duty Cr <i>Con Duty Cr <i>Con Duty Cr <i>Con Duty Cr</i> <i>Con D</i></i></i></i></i></i></i> | rash Seat Position 07 - LEFT rity TED MINOR INJURY ection Path | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag DEPLOYED-COME | FEMALE Race WHITE IN COUNTRY: UNI BELT BINATION | Trapped/Extricated | | | |
| | Driver PENNY HILBER (608) 415-0173 Address S1518 WEGNER RD LA VALLE, WI 53941 , US Fety Equipment On Duty Cr Con Duty Cr On Duty Cr On Duty Cr Con Dut | rash Seat Position 07 - LEFT rity TED MINOR INJURY ection Path | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag DEPLOYED-COME | FEMALE Race WHITE IN COUNTRY: UNI BELT BINATION | Trapped/Extricated NOT TRAPPED | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING What Driver Was Doing GOING STRAIGHT Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Name PENNY JEAN HILBER (608) 415-0173 Sequence Of Events Event Event Event Event Event POlicy Holder | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE What Driver Was Doing GOING STRAIGHT Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Name PENNY JEAN HILBER (608) 415-0173 Sequence Of Events Event MOTOR VEH IN TRANSPORT Event Event Event Event POlicy Holder Insurance Company | Towed Due To Damage Vehicle Removed By TOWED DUE TO DISABLING DAMAGE SHIELDS TOWING What Driver Was Doing Vehicle Factors GOING STRAIGHT NOT APPLICABLE Driver Prior Action Other NOT APPLICABLE Driver Actions NO CONTRIBUTING ACTION Owner Name Owner Address PENNY JEAN HILBER Owner Address (608) 415-0173 St518 WEGNER Event MOTOR VEH IN TRANSPORT Event Event Event Event POlicy Holder Individual | Towed Due To Damage Vehicle Removed By TOWED DUE TO DISABLING DAMAGE SHIELDS TOWING What Driver Was Doing Vehicle Factors GOING STRAIGHT NOT APPLICABLE Driver Prior Action Other NOT APPLICABLE Driver Actions NOT CONTRIBUTING ACTION Owner Name Owner Address PENNY JEAN HILBER Owner Address (608) 415-0173 Storage RD Event LA VALLE, WI 53941 , US Sequence Of Events Event Event Event Policy Holder Individual | Towed Due To Damage Vehicle Removed By TOWED DUE TO DISABLING DAMAGE SHIELDS TOWING What Driver Was Doing Vehicle Factors GOING STRAIGHT NOT APPLICABLE Driver Prior Action Other NOT APPLICABLE Driver Actions NO CONTRIBUTING ACTION Owner Name Owner Address PENNY JEAN HILBER Owner Address (608) 415-0173 Owner Address Sequence Of Events Event Event Event Event Event POlicy Holder Individual | | |

23-11762

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | Distracted By Source | 9 | | | | | | |
|------|------------|--|----------------------------------|-------------------|---|-------------------|----------------------|----------------|--|--|
| | | Distracted By | NOT APPLICABL | E (NOT DISTRAC | CTED) | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | |
| F | В | | | | | | | | | |
| UNIT | Σ | | | | | | | | | |
| | | | | | | | | | | |
| | = | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | | | | | | | | | | |
| | | Drug & Alcohol | Suspected Alcohol U | lse | Suspected Drug Use | | | | | |
| | - | Alcohol Test Given | | Alcohol Test Type | - | | Alcohol Test Results | | | |
| | | TEST NOT GIVEN | | Alconor rest rype | | | Alconor rest Results | | | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Results | 6 | | | |
| | | TEST NOT GIVEN | | | | - | | | | |
| 02 | 002 | Drug Type | | | | | | | | |
| 0 | õ | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | I | Individual | | | | | | | | |
| | | Passenger | | | Citations Issued | | | | | |
| | Ļ | DONALD W GELHO | DUSE | | 0 | MALE | | | | |
| | INDIVIDUAL | | | | Date of Birth | Race WHITE | | | | |
| UNIT | Ę | Address | | | Driver License Number | | | | | |
| 5 | | 300 MACK DRIVE | APT 213 | | | | | | | |
| | Z | REEDSBURG, WI 53959 , US | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | | |
| | Sat | fety Equipment | On Duty Crash | | Safety Equipment | | | | | |
| | Jai | | | | | | | | | |
| | | Row 01 - FRONT ROW | Seat Po 09 - RI | | SHOULDER & LAP BELT | | | | | |
| | | Helmet Use | 00 11 | | Helmet Compliance | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| | | | | | | | | | | |
| 02 | 003 | I | Injury Severity SUSPECTED MIN | | Airbag DEPLOYED-COMBINATION | | | | | |
| | - | Ejected | Ejection Pa | | Trapped/Extricated | | | | | |
| | | NOT EJECTED | NOT EJE | CTED/NOT APPL | ICABLE | | NOT TRAPPED | | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORTE | ED | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | | Distracted By Source | 9 | 1 | | 1 | | | |
| | | Distracted By | | | | | | | | |
| | | | | | | | | | | |

23-11762

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Distracted By Action | | | | | | |
|------|------------|----------------------|---------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| | JAL | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| | NDI | | | | | | | |
| | - | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | L | Drug & Alcohol | Suspected Alcohol L | Jse | Suspected Drug Use | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Results | | |
| 02 | 003 | Drug Type | | | | | | |
| | - | Individual Condition | | | | | | |
| | | | | | | | | |
| | | AFFEARED NORN | | | | | | |