6TL0D5DZ17

24-00402

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Overrid	le Primary Crash	Document #	Agency 24-004	/ Crash Number 402	Investigat	•			
17	Crash Date 01/11/2024	Crash Time 05:10 PM	Crash Time 05:10 PM Time Notified 09:51 PM		01/11/2024 10:		me Arrived D:25 PM			
6TL0D5DZ1	Date Notified 01/11/2024	Time Notified					Total InjuredTotal Killed0000		ed	
ÖD.	On Emergency	✓ Hit and Run	Lane Clos	ure Work Zone		Trail	Trailer or Towe		Reporting	
6TL	Government Property	Active So	chool Zone	School NO	Bus Related	Tags				
	Reportable	Crash Type PRIVATE PR	OPERTY/PARK	ING LO	г	Ame	nded		Secondary Crash	
ļ	Description									
	Diagram							constructior		
	Devil's He	ead Main Entrance/I	Desk			not to scale	Phi DE	Photos By DEPUTY J. HUNTER		
	ED				Additional Information PHOTOS					
		Travel lanes fror parking lots								
	✓ I, a sworn law enfo	orcement officer. aor	ee that I have n	ot adde	d any CJIS data in	this report.				
	OPERATOR OF UNIT 1 WA	S EXITING THE PASSEN	GER DROP OFF IN	FRONT C	OF THE MAIN DEVIL'S	HEAD ENTRANCE				
	TOWARD THE TRAVEL LAN 1 TRAVELED ACROSS THE OF UNIT 2, BUT DUE TO TH WERE GONE WHEN OPER	E TRAVEL LANES AND S HE BUSY PARKING LOT,	TRUCK UNIT 2, WI WENT TO PARK H	HICH WAS	STOPPED ON THE S	HOULDER. OPER	ATOR 0	OF UNIT 1 S	POKE TO THE OPERATOR	

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6

UNIT

5

UNIT

WISCONSIN MOTOR VEHICLE CRASH REPORT

Loc	ation									
					Latitude			Longitu	de	
	JFF RD LOT S6330				43.418434252			Ű	-89.62730152	
(FIF	RE S6330)				X Coordinate			Y Coord	Y Coordinate	
	HE TOWN OF MERRI	млс		287307.625				48106	36	
	SAUK COUNTY				Structure	Туре				
					FIRE					
Cra	sh Scene									
-	Harmful Event				First Harn	nful Event	Location			
MO	TOR VEH IN TRANSPO	ORT			IN PARKING LANE OR ZONE					
Man	ner of Collision				Light Condition					
	ANGLE				DARK/L					
Roa	d Surface Condition(s)				Roadway	Factor(s)				
WE	T, SNOW, SLUSH, ICE	i i i i i i i i i i i i i i i i i i i								
Envi	ronment Factor(s)									
NO	NE				NONE					
Wea	ther Condition(s)				-					
	DUDY									
Anin	nal Type				Relation T		ay AY - PARKIN	GLOT		
Cras	sh Classification - Location				-		- Jurisdiction	GLOT		
_					PRIVATE PROPERTY					
Triba	al Land			Access Control				Special Study		
				NO CONTROL						
With	in Interchange Area	Junction Location		Intersection						
NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
	t Summary 🛛 💻									
-	Status			erating As C	Classification	1	Unit Type			
	RANSIT		D CLASS	D CLASS			AUTOMOBILE			
	icle Type						Operating As Endorsements			
	SSENGER VAN	Train/Bus # Recorded	Total # Cita	tions Issue	4	Total Tra	ailers	Total Ha	zMat Types	
1	10003		0	10113 133060	0		0			
Insu	rance?	Direction Of Travel		Pre CrashTire Speed			Limit Total Lanes		nes	
YES	6	NOT ON ROADWAY		Mark	•	10				
Mos	t Harmful Event: Collision	With	Special Fun				Emergency Motor Vehicle Use			
	TOR VEH IN TRANSPO	ORT		NO SPECIAL FUNCTION			NOT APPLICABLE			
	fic Way			Traffic Control			Traffic Control Inoperative/Missing			
	RKING LOT OR PRIVA		NO CONTROL				NO Road Grade			
		S)	STRAIGH							
	k Bus or HazMat	•,	01104001	•			2011			
NO										
	Vehicle									
	License Plate Number		Plate Type	;		St	Country of Is	suance		
	Z745229	AUT - AU	AUT - AUTOMOBIL		LE IL		UNITED STATES			
~	Vehicle Identification Nur	Make CHRYSLER		Year 2014		Model				
0	2C4RC1BG8ER4446					VAN				
	Color	Body Style				Bus Use				
	GRY - GRAY Initial Contact Point		MV - MIN Vehicle Da							
/EHICLE	01 - RIGHT FRONT C	ORNER		anayo					7 8 9 10 11	
¥	Extent Of Damage		01 - RIGI	01 - RIGHT FRONT CORNER					6 12	
the second s							5 4 3 2 1			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Ve	hicle Removed By					
		NOT TOWED			PERATOR					
		What Driver Was Doing			hicle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other			NOT APPLICABLE					
		Driver Actions								
		SPEED TOO FAST/COND								
	Ξ.									
UNIT	S									
Б	VEHICLE									
	>									
		Owner Name BRIAN COUSINS			Owner Address 2430 HARBOR CT					
01	01	(312) 617-1612			AURORA, IL 60504	US				
0	0	(0.2) 0.1 1012				,				
	ę	Sequence Of Events								
	01	Event MOTOR VEH IN TRANSPO	סר							
	0	MOTOR VEH IN TRANSFO								
	02	Event								
	0									
	03	Event								
	0									
	04	Event								
	0									
╘╴		olicy Holder								
UNIT		Insurance Company			ndividual					
5		STATE-FARM-MUTUAL-AU	JTOMOBILE-INS-CO		BRIAN COUSINS					
		Individual								
		Driver BRIAN COUSINS (312) 617-1612			Citations Issued	Sex				
					0 MALE					
	AL				Date of Birth Race					
	INDIVIDUAL					1 doc				
UNIT		Address			Driver License Number					
5	D	2430 HARBOR CT								
	N	AURORA, IL 60504, US		1	STATE: ILLINOIS CO	OUNTRY: UNITE	D STATES			
		On Duty	Crash		Safety Equipment					
	Saf	fety Equipment	010011		Salety Equipment					
	1	Row	Seat Position		SHOULDER & LAP E					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		_	Helmet Compliance					
					Territer Compliance					
		Eye Protection			Tint Compliance					
_	~	Injury Se	verity		Airbag					
5	001	1	PARENT INJURY							
	1	Ejected Ejection Path			Trapped/Extricated					
			NOT EJECTED/NOT AF	PLIC	CABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED			5 ,					
		Hospital			Date of Death		Time of Death			
		Distracte	d By Source				1			
		Distracted By UNKNO	WN .							
		Distracted By Action								
		UNKNOWN								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

Prior Action Action Action Other									
Action Other To/From									
	m School								
Suspected Alcohol Use Suspected Drug Use									
Drug & Alcohol No No									
Alcohol Test Given Alcohol Test Type Alcohol Test Results TEST NOT GIVEN Alcohol Test Results									
Drug Test Given Drug Test Type Drug Test Results TEST NOT GIVEN									
5 5 Drug Type									
Individual Condition	Individual Condition								
NOT OBSERVED									
Unit Summary Vehicle Operating As Classification Unit Type									
HIT AND RUN D CLASS AUTOMOBILE Vehicle Type Operating As Endorsements	AUTOMOBILE Operating As Endorsements								
B PASSENGER CAR									
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types 1 0 0 0	S								
Insurance? Direction Of Travel Pre CrashTire Speed Limit Total Lanes L UNKNOWN Mark Mark Mark									
L Mark Most Harmful Event: Collision With Special Function MOTOR VEH IN TRANSPORT UNKNOWN									
Traffic Way Traffic Control Traffic Control Inoperative/Missir	ng								
	UNKNOWN Road Grade								
UNKNOWN UNKNOWN UNKNOWN	UNKNOWN								
Truck Bus or HazMat NO									
Vehicle									
License Plate Number Plate Type St Country of Issuance	Country of Issuance								
Note Note Vehicle Identification Number Make Year Model	Model								
Color Body Style Bus Use									
Initial Contact Point Vehicle Damage									
Initial Contact Point Vehicle Damage 99 - UNKNOWN Extent Of Damage Extent Of Damage 16 - VEHICLE NOT AT SCENE	8 9 10 11								
	4 3 2 1								
Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR	Vehicle Removed By OPERATOR								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doing			Vehicle Factors						
		UNKNOWN									
		Driver Prior Action Other			יט	UNKNOWN					
		Driver Actions									
	Driver Actions UNKNOWN										
F	Ľ.										
	Ē										
	-										
		Owner Name				Owner Address					
02	02										
0	0					, ,					
	ļ	Sequence Of Events									
	6	MOTOR VEH IN TRANSF	PORT								
	02	Event									
	03	Event									
		Event									
	04										
		Individual					-				
		Driver UNKNOWN				Citations Issued	Sex				
	AL					0 Date of Birth	Race	20			
	INDIVIDUAL					Date of Difti					
UNIT	Ī	Address			Driver License Number						
	Ā										
	=	≤ , ,									
	Sat	fety Equipment	ty Crash		:	Safety Equipment					
		Row	Sea	t Position		RESTRAINT USE UNKNOWN					
		01 - FRONT ROW	07	- LEFT							
		Helmet Use				Helmet Compliance					
		Eye Protection			-	Tint Compliance					
						Airbog					
02	002		Severity	IT INJURY							
	U	Ejected	Ejectio		NOT APPLICABLE Trapped/Extricated						
		NOT APPLICABLE		JECTED/NOT AP	PLIC	CABLE		NOT APPLICABLE			
		Medical Transport				EMS Agency Identifier		EMS Run #			
	NOT TRANSPORTED										
		Hospital				Date of Death		Time of Death			
		Distracted By	ted By So	ource				1			
		Distracted By Action									
		Non Motorist	g Unit #	Location							
		Prior Action		1							

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action						
	L	Action Other Drug & Alcohol	Suspected Alcohol Us	Se	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	002	Drug Type						
		Individual Condition						