25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| Document Number Overric | le | Primary Crash [| Document # | Agency 25-049 | Crash Number 955 | | nvestigating Officer/Deputy DEPUTY B. TRAGER | | |
|---|----------------------|-----------------------------------|-----------------------------------|--------------------|------------------------------------|------------------|---|---------------------|------------------------|
| Crash Date 05/23/2025 | 05/23/2025 07 | | | Date Ar 05/23/2 | | | ne Arrived :57 AM | | |
| Crash Date 05/23/2025 Date Notified 05/23/2025 On Emergency Government Property | | | Notified Total Ur 5 AM 03 | | nits | Tot 01 | tal Injured | red Total Killed 00 | |
| On Emergency | Hita | and Run | Lane Clos | ure | Work Zone | | Trailer o | r Towed | Reporting Threshold |
| Government Property | | Active Sc | hool Zone | School NO | Bus Related | Та | gs | | |
| Reportable | | Crash Type DT4000 (STA | NDARD CRASH | l) | | | Amende | d | Secondary Crash |
| Description | | | | | | | | | |
| Diagram | | ate Rd. 23 | Cour | nty Rd. V | VC | Not to Sc | ale | Reconstructio | |
| ✓ I, a sworn law enformed on MAY 23, 2025 AT APPF EPONT OF HER CAME TO | ROXIMATE | ELY 7:44AM UNIT | 1 WAS TRAVELIN | G SOUTH | ON STATE RD. 23 | JUST NORTH | H OF COUN | | |
| FRONT OF HER CAME TO AND CAUSING UNIT 2 TO REMOVED BY THE OPERA | A STOP D CRASH IN | DUE TO A VEHIC NTO UNIT 3. UNI | LE TURNING LEFT S 1 AND 2 WERE | ONTO C | ounty RD. WC. U D by Nachreiner | NIT 1 WAS N | OT ABLE TO | STOP IN TIM | ME CRASHING INTO UNI |

25-04955

6

UNIT

5

UNIT

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | ation | | | | | | | |
|-----------------------------------|---|--------------------------------|--|--|-----------------------------|--|----------------|---------------|
| - | STH23 WB | | | Latitud | le | | Longitu | ıde |
| | TN | | | | 7828312 | | • | 2333327 |
| | CTHWC SB | | | X Coo | rdinate | | Y Coor | dinate |
| | HE TOWN OF SPRING | GREEN | | 25045 | | | 47895 | |
| IN C | | | | Structu | ire Type | | L | |
| | | | | NO S | TRUCTURE | | | |
| Cra | sh Scene | | | • | | | | |
| - | Harmful Event | | | First H | armful Event I | ocation | | |
| | TOR VEH IN TRANSPO | DRT | | | OADWAY | | | |
| Man | ner of Collision | - | | Light C | Condition | | | |
| 03 - | FRONT TO REAR | | | DAYL | IGHT | | | |
| Roa | d Surface Condition(s) | | | Roadw | /ay Factor(s) | | | |
| DR | ſ | | | | | | | |
| Envi | ronment Factor(s) | | | | | | | |
| NO | NE | | | BACK | | REGULAR | CONGE | STION |
| Wea | ther Condition(s) | | | | | | | |
| CLE | | | | | | | | |
| Anin | nal Type | | | Relatio | on To Trafficw | av | | |
| / | | | | | FICWAY - C | - | | |
| Cras | h Classification - Location | | | Crash | Classification | - Jurisdiction | | |
| PUE | BLIC PROPERTY | | | NO S | PECIAL JUI | RISDICTION | | |
| Triba | al Land | | | Access | s Control | | | Special Study |
| | | | | | ONTROL | | | |
| With NO | in Interchange Area | Junction Location NON-JUNCTION | | Intersection Type NOT AN INTER | SECTION | | | |
| | t Summary | | | | | | | |
| | Status | | Vehicle Ope | erating As Classifica | tion | Unit Type | | |
| IN T | RANSIT | | D CLASS | 0 | | AUTOMO | BILE | |
| Vehi | cle Type | | | | | Operating As Endorsements | | |
| PAS | SSENGER CAR | | | | | | | |
| Tota | l Occs | Train/Bus # Recorded | Total # Citat | tions Issued | Total Tra | ilers | | zMat Types |
| 1 | | | 1 | | 0 | 0 | | |
| | rance? | Direction Of Travel | | CrashTire | Speed Li | mit | Total La | nes |
| YES | • t Harmful Event: Collision \ | SOUTHBOUND | Special Fun | Mark | 55 | Emorgonov | 2 Motor Vol | hicle Lise |
| | TOR VEH IN TRANSPO | | | | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | | | | | | | | |
| | fic Way | - | Traffic Cont | rol | | Traffic Cont | rol Inopera | ative/Missing |
| | | | Traffic Cont NO CONT | | | Traffic Cont | rol Inopera | ative/Missing |
| тwo | fic Way | | | ROL | | | · | ative/Missing |
| TWO Surfa BLA | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS | | NO CONT | ROL ture | | NO | | ative/Missing |
| TWC Surfa BLA Truc | fic Way D-WAY, NOT DIVIDED ace Type | | NO CONT Road Curva | ROL ture | | NO Road Grade | | ative/Missing |
| TW(Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOU k Bus or HazMat | | NO CONT Road Curva | ROL ture | | NO Road Grade | | ative/Missing |
| TW(Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle | | NO CONT Road Curva STRAIGH | ROL ture T | | NO Road Grade DOWNHIL | .L | ative/Missing |
| TW(Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number | | NO CONT Road Curva STRAIGH | ROL ture T | St | NO Road Grade DOWNHIL | L suance | ative/Missing |
| TW(Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number AWE7425 | 5) | NO CONT Road Curva STRAIGH Plate Type AUT | ROL ture T | wi | NO Road Grade DOWNHIL Country of Is UNITED S | L suance | ative/Missing |
| TWC Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number AWE7425 Vehicle Identification Num | S) nber | NO CONT Road Curva STRAIGH Plate Type AUT Make | ROL ture T | WI Year | NO Road Grade DOWNHIL Country of Is UNITED S ^T Model | suance | ative/Missing |
| TW(Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number AWE7425 Vehicle Identification Num 1C4PJMCS6GW3579 | S) nber | NO CONT Road Curva STRAIGH Plate Type AUT Make JEEP | ROL ture T | wi | NO Road Grade DOWNHIL Country of Is UNITED S ^T Model CHEROKE | suance | ative/Missing |
| TWC Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number AWE7425 Vehicle Identification Num | S) nber | NO CONT Road Curva STRAIGH Plate Type AUT Make JEEP Body Style | ROL ture T | WI Year 2016 | NO Road Grade DOWNHIL Country of Is UNITED S ^T Model | suance | ative/Missing |
| TWC Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number AWE7425 Vehicle Identification Num 1C4PJMCS6GW3579 Color | S) nber | NO CONT Road Curva STRAIGH Plate Type AUT Make JEEP Body Style | ROL ture T RT UTILITY VEH | WI Year 2016 | NO Road Grade DOWNHIL Country of Is UNITED S ^T Model CHEROKE | suance | |
| TWC Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number AWE7425 Vehicle Identification Num 1C4PJMCS6GW3579 Color GRY - GRAY | S) nber | NO CONT Road Curva STRAIGH Plate Type AUT Make JEEP Body Style UT - SPO Vehicle Da | ROL ture T RT UTILITY VEH mage | WI Year 2016 IICLE | NO Road Grade DOWNHIL Country of Is UNITED S ^T Model CHEROKE Bus Use | suance | 7 8 9 10 11 |
| TWC Surfa BLA Truc NO | fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number AWE7425 Vehicle Identification Num 1C4PJMCS6GW3579 Color GRY - GRAY Initial Contact Point | S) nber | NO CONT Road Curva STRAIGH Plate Type AUT Make JEEP Body Style UT - SPO Vehicle Da 01 - RIGE | ROL ture T RT UTILITY VEH | WI Year 2016 IICLE | NO Road Grade DOWNHIL Country of Is UNITED S ^T Model CHEROKE Bus Use | suance | |

25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damage TOWED DUE TO DISABLING | G DAMAGE | | hicle Removed By | VING | | |
|------|------------|--|-----------------------------------|---|---|---------------|---------------------------------------|--|
| | | What Driver Was Doing | | | nicle Factors | | | |
| | | GOING STRAIGHT | | | | | | |
| | | Driver Prior Action Other | | NC | OT APPLICABLE | | | |
| UNIT | VEHICLE | Driver Actions FOLLOWING TOO CLOSE | | 1 | | | | |
| 6 | 01 | Owner Name STEPHANIE KILLOY (608) 459-0323 | | | Owner Address 980 WILLOW ST PLAIN, WI 53577 | , US | | |
| | | Sequence Of Events | | | | | | |
| | 01 | Event MOTOR VEH IN TRANSPOR | RT | | | | | |
| | 02 | Event | | | | | | |
| | 03 | Event | | | | | | |
| | 04 | Event | | | | | | |
| L | | Policy Holder | | | | | | |
| UNIT | | Insurance Company | | 1 | NDIVIDUAL | | | |
| 5 | | ERIE-INS-CO | | ! | STEPHANIE KILLO | DY | | |
| | ļ | ndividual | | | Ditational and | 0 | | |
| | _ | driver Kylie Killoy | | | Citations Issued 1 | Sex FEMALE | | |
| ⊢ | INDIVIDUAL | (608) 459-0323 | | Date of Birth Race WHITE | | | | |
| UNIT | IVI | Address 980 WILLOW ST | | Driver License Number | | | | |
| | IN | PLAIN, WI 53577 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | Sat | On Duty C | rash | : | Safety Equipment | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | - | SHOULDER & LAF | BELT | | |
| | | Helmet Use | | 1 | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | | |
| ~ | Ξ | Injury Seve | erity | , | Airbag | | | |
| 2 | 001 | | | I | NON DEPLOYED | | | |
| | | | jection Path OT EJECTED/NOT AP | PLIC | ABLE | | Trapped/Extricated NOT TRAPPED | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | |
| | | NOT TRANSPORTED Hospital | | _ | Date of Death | | Time of Death | |
| | | • | | | | | | |
| | | Distracted By Distracted NOT APP | ву Source PLICABLE (NOT DISTR | ACI | ED) | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | |

6TL0FKD6NQ 25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| I I | | Non Motoriat | Striking Unit # | Location | | | | | | |
|----------|--|---|--|--|--|--|--|--|--|--|
| | | Non Motorist | | | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | | | | | | | | | | |
| | AL | | | | | | | | | |
| E | INDIVIDUAL | | | | | | | | | |
| UNIT | N | | | | | | | | | |
| – | ND | | | | | | | | | |
| | 4 | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | | | | | | | | | | |
| | 1 | Drug & Alcohol | Suspected Alcohol L | Use | Suspected Drug Use | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | - | | Alcohol Tes | t Posulte | | |
| | | TEST NOT GIVEN | | Alconol rest rype | 2 | | AICOHOI TES | | | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Resu | llts | | | |
| | | TEST NOT GIVEN | | | | 0 | | | | |
| 2 | 001 | Drug Type | | | | | | | | |
| | õ | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | |
| | | APPEARED NORM | IAL | | | | | | | |
| | 1 | Violations | | | | | | | | |
| | | | | | | | | | | |
| | | UTC Number | | atute Number | Description | | | | | |
| | 01 | | | atute Number 6.14(1m) | Description AUTOMOBILE FOLL | OWING TOO | CLOSELY | | | |
| | 5 Unit | UTC Number BL507633 t Summary | | 6.14(1m) | AUTOMOBILE FOLL | | CLOSELY | | | |
| | ව Unit Unit | UTC Number BL507633 t Summary Status | | 6.14(1m) | AUTOMOBILE FOLL | | Unit Type | | | |
| | 5 Unit ^{Unit} IN T | UTC Number BL507633 t Summary Status RANSIT | | 6.14(1m) | AUTOMOBILE FOLL | | Unit Type AUTOMO | | | |
| | 5 Unit Unit IN T | UTC Number BL507633 t Summary Status RANSIT cle Type | 001 34 | 6.14(1m) | AUTOMOBILE FOLL | | Unit Type AUTOMO | BILE As Endorsements | | |
| 02 | 5 Unit Unit IN T Vehi (SPC | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIC | 001 34 | 6.14(1m) | AUTOMOBILE FOLL | | Unit Type AUTOMO Operating A | As Endorsements | | |
| | 5 Unit Unit IN T Vehi (SPC | UTC Number BL507633 t Summary Status RANSIT cle Type | 001 34 | 6.14(1m) | AUTOMOBILE FOLL | fication | Unit Type AUTOMO Operating A | | | |
| | 5 Unit Unit IN T Vehi (SPC Tota 3 | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIC | 001 34 | 6.14(1m) | AUTOMOBILE FOLL | fication Total Tr | Unit Type AUTOMO Operating A ailers | As Endorsements Total HazMat Types | | |
| Т 02 | 5 Unit IN T Vehi- (SP0 Tota 3 Insur YES | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIC I Occs rance? | 001 34 | 6.14(1m) V Ecorded T ravel IND [| AUTOMOBILE FOLL //ehicle Operating As Classi O CLASS /otal # Citations Issued Pre CrashTire Mark | fication Total Tr 0 | Unit Type AUTOMO Operating A ailers .imit | As Endorsements Total HazMat Types 0 Total Lanes 2 | | |
| NIT 02 | 5 Unit Unit IN T Vehin (SPO Tota 3 Insur YES Most | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIC I Occs rance? S t Harmful Event: Collisio | 001 34 | 6.14(1m) v c c c c c c c c c c c c c | AUTOMOBILE FOLL Vehicle Operating As Classi O CLASS Total # Citations Issued Pre CrashTire Mark Special Function | fication Total Tr 0 Speed I 55 | Unit Type AUTOMO Operating A ailers .imit Emergency | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use | | |
| Т 02 | 5 Unit Unit IN T Vehi (SPC Tota 3 Insur YES Most | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIC I Occs rance? S t Harmful Event: Collisio TOR VEH IN TRANS | 001 34 | 6.14(1m) V Eecorded T oravel IND S N | AUTOMOBILE FOLL (ehicle Operating As Classi) CLASS (otal # Citations Issued) Pre CrashTire Mark Special Function NO SPECIAL FUNCTIO | fication Total Tr 0 Speed I 55 | Unit Type AUTOMO Operating A ailers .imit Emergency NOT APP | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE | | |
| NIT 02 | Unit Unit Unit Vehi (SP(Tota 3 Insur YES Most MOT | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIO I Occs rance? S t Harmful Event: Collisio TOR VEH IN TRANS ic Way | 001 34 | 6.14(1m) | AUTOMOBILE FOLL (ehicle Operating As Classi) CLASS otal # Citations Issued Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIO raffic Control | fication Total Tr 0 Speed I 55 | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use | | |
| NIT 02 | 5 Unit Unit IN T Vehi (SP4 Tota 3 Insur YES Most Traff Two | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIC I Occs rance? S t Harmful Event: Collisio TOR VEH IN TRANS | 001 34 | 6.14(1m) C C C C C C C C C C C C C C C C C C | AUTOMOBILE FOLL (ehicle Operating As Classi) CLASS (otal # Citations Issued) Pre CrashTire Mark Special Function NO SPECIAL FUNCTIO | fication Total Tr 0 Speed I 55 | Unit Type AUTOMO Operating A ailers .imit Emergency NOT APP | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing | | |
| NIT 02 | 5 Unit Unit IN T Vehi (SP4 Tota 3 Insur YES Most Traff TWC Surfa | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIO I Occs rance? S t Harmful Event: Collisio TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT | 6.14(1m) | AUTOMOBILE FOLL (ehicle Operating As Classi) CLASS O CLASS O CLASS Pre CrashTire Mark Pre CrashTire Mark Pre Clal Function NO SPECIAL FUNCTIO Fraffic Control IO CONTROL | fication Total Tr 0 Speed I 55 | Unit Type AUTOMO Operating A ailers .imit Emergency NOT APP Traffic Cont NO | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e | | |
| NIT 02 | 5 Unit Unit IN T Vehi (SP4 Tota 3 Insuu YES Most MO Traff Two Surfa BLA Truc | UTC Number BL507633 Status RANSIT Cle Type ORT) UTILITY VEHIO I Occs rance? St Harmful Event: Collisio TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS To Way D-WAY, NOT DIVIDE ace Type | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT | 6.14(1m) | AUTOMOBILE FOLL (ehicle Operating As Classi) CLASS O CLASS O CLASS Pre CrashTire Mark Pre CrashTire Mark Comparison NO SPECIAL FUNCTIO raffic Control NO CONTROL Road Curvature | fication Total Tr 0 Speed I 55 | Unit Type AUTOMO Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e | | |
| NIT 02 | 5 Unit Unit IN T Vehi (SP/ Tota 3 Insur YES Most YES Most Traff TWO Surfa BLA | UTC Number BL507633 Status Status RANSIT cle Type ORT) UTILITY VEHIO I Occs rance? St t Harmful Event: Collisio TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS To Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINO | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT | 6.14(1m) | AUTOMOBILE FOLL (ehicle Operating As Classi) CLASS O CLASS O CLASS Pre CrashTire Mark Pre CrashTire Mark Comparison NO SPECIAL FUNCTIO raffic Control NO CONTROL Road Curvature | fication Total Tr 0 Speed I 55 | Unit Type AUTOMO Operating A ailers .imit Emergency NOT APP Traffic Cont NO Road Grade | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing | | |
| NIT 02 | 5 Unit Unit IN T Vehi (SP0 Tota 3 Insur YES Most MOST Traff TWC Surfa BLA Truc NO | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIO I Occs rance? S t Harmful Event: Collisio TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINO k Bus or HazMat | 001 34 | 6.14(1m) Pecorded T Pravel ND F F S S S S S S S S S S S S S S S S S | AUTOMOBILE FOLL (ehicle Operating As Classi) CLASS O C | fication Total Tr 0 Speed I 55 N | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e LL | | |
| NIT 02 | 5 Unit Unit IN T Vehi (SP0 Tota 3 Insur YES Most MOST Traff TWC Surfa BLA Truc NO | UTC Number BL507633 t Summary Status RANSIT cle Type ORT) UTILITY VEHIO I Occs TOR VEH IN TRANS TOR VEH IN TRANS CONTOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS | 001 34 | 6.14(1m) ecorded T o ravel IND F S S S S S S S S S S S S S S S S S S | AUTOMOBILE FOLL (ehicle Operating As Classi Cotal # Citations Issued Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIO Fraffic Control IO CONTROL Road Curvature BTRAIGHT Plate Type | fication Total Tr 0 Speed L 55 N St | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade DOWNHII | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e LL ssuance | | |
| UNIT 02 | 5 Unit Unit IN T Vehi (SP0 Tota 3 Insur YES Most MOST Traff TWC Surfa BLA Truc NO | UTC Number BL507633 Status RANSIT Cle Type ORT) UTILITY VEHIO I Occs rance? St Harmful Event: Collisio TOR VEH IN TRANS TOR VEH IN TRANS COMPACTOR (BITUMINO k Bus or HazMat Vehicle License Plate Number ALV9150 | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT ED DUS) | 6.14(1m) | AUTOMOBILE FOLL //ehicle Operating As Classi O CLASS /otal # Citations Issued // Pre CrashTire Mark // Mark | fication Total Tr 0 Speed L 55 N St WI | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e LL ssuance | | |
| NIT 02 | 5 Unit Unit IN T Vehi (SP0 Tota 3 Insur YES Most Traff TWC Surfa BLA Truc NO | UTC Number BL507633 Status RANSIT Cle Type ORT) UTILITY VEHIO I Occs rance? St Harmful Event: Collisio TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINO k Bus or HazMat Vehicle License Plate Number ALV9150 Vehicle Identification N | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT ED US) Jumber | 6.14(1m) | AUTOMOBILE FOLL | fication Total Tr 0 Speed L 55 N St WI Year | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL Country of Is UNITED S [*] Model | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e LL ssuance TATES | | |
| UNIT 02 | 5 Unit Unit IN T Vehi (SP0 Tota 3 Insur YES Most MOST Traff TWC Surfa BLA Truc NO | UTC Number BL507633 Status RANSIT Cle Type ORT) UTILITY VEHIO I Occs rance? St Harmful Event: Collisio TOR VEH IN TRANS TOR VEH IN TRANS COMPACTOR (BITUMINO k Bus or HazMat Vehicle License Plate Number ALV9150 | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT ED US) Jumber | 6.14(1m) ecorded T ecorded T IND F S F S | AUTOMOBILE FOLL //ehicle Operating As Classi O CLASS /otal # Citations Issued //// Pre CrashTire Mark /// /// /// /// /// /// // // // // // | fication Total Tr 0 Speed L 55 N St WI | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e LL ssuance TATES | | |
| UNIT 02 | 5 Unit Unit IN T Vehi (SP0 Tota 3 Insur YES Most Traff TWC Surfa BLA Truc NO | UTC Number BL507633 Status Status RANSIT cle Type ORT) UTILITY VEHIO I Occs TOR VEH IN TRANS TOR VEH IN TRAN | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT ED US) Jumber | 6.14(1m) ecorded T ecorded T IND F S F S | AUTOMOBILE FOLL | fication Total Tr 0 Speed L 55 N St WI Year 2015 | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL Country of Is UNITED S Model ENCLAVE | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e LL ssuance TATES | | |
| UNIT 02 | 5 Unit Unit IN T Vehi (SP0 Tota 3 Insur YES Most Traff TWC Surfa BLA Truc NO | UTC Number BL507633 Status Status RANSIT Cle Type ORT) UTILITY VEHIO I OCCS TOR VEH IN TRANS TOR VEH IN TRAN | 001 34 CLE Train/Bus # Re Direction Of Tr SOUTHBOU on With SPORT ED US) Jumber | 6.14(1m) ecorded T ecorded T IND F S F S | AUTOMOBILE FOLL | fication Total Tr 0 Speed L 55 N St WI Year 2015 | Unit Type AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL Country of Is UNITED S Model ENCLAVE | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e LL ssuance TATES | | |



25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | щ | | | Vehicle Damage | | | | | | | |
|---------|------------|---|---|---|---|---|--|--|--|--|--|
| UNIT | VEHICLE | | | | CORNER, 05 - RIGHT REA | | | | | | |
| S | Ξ | Extent Of Damage | | | R, 07 - LEFT REAR CORN | ER, 11 - | | | | | |
| | ¥ | DISABLING DAMAGE | | LEFT FRONT CORN | ER, 12 - FRONT | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | | | |
| | | | G DAMAGE | NACHREINER'S TO | WING | | | | | | |
| | | What Driver Was Doing SLOW/STOPPING | | Vehicle Factors | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | | |
| | | | | | | | | | | | |
| | | Driver Actions | | | | | | | | | |
| | щ | NO CONTRIBUTING ACTIO | N | | | | | | | | |
| UNIT | <u>כ</u> | | | | | | | | | | |
| 5 | VEHICL | | | | | | | | | | |
| | > | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | | |
| | | BOBBIE JOHNSON | | S9003 STATE RC |)AD 23 | | | | | | |
| 02 | 02 | (608) 495-9488 | | PLAIN, WI 53577 | , US | | | | | | |
| | | | | | | | | | | | |
| | ę | Sequence Of Events | | | | | | | | | |
| | 2 | Event MOTOR VEH IN TRANSPOR | т | | | | | | | | |
| | 0 | | | | | | | | | | |
| | 02 | Event MOTOR VEH IN TRANSPOR | RT | | | | | | | | |
| | 6 | Event | | | | | | | | | |
| | 03 | | | | | | | | | | |
| | 64 | Event | | | | | | | | | |
| | | Policy Holder | | | | | | | | | |
| | | Policy Holder | | | | | | | | | |
| 5 | | Insurance Company | | | | | | | | | |
| UNIT | | Insurance Company PROGRESSIVE-CLASSIC-IN | NS-CO | INDIVIDUAL BOBBIE JOHNSO | N | | | | | | |
| N | | PROGRESSIVE-CLASSIC-IN | NS-CO | INDIVIDUAL BOBBIE JOHNSO | N | | | | | | |
| N | I | | NS-CO | BOBBIE JOHNSO | | | | | | | |
| UN | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON | NS-CO | | N Sex FEMALE | | | | | | |
| NN | | PROGRESSIVE-CLASSIC-IN Individual DRIVER | NS-CO | BOBBIE JOHNSO | Sex FEMALE Race | | | | | | |
| | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON | NS-CO | Citations Issued | Sex FEMALE | | | | | | |
| | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address | NS-CO | Citations Issued | Sex FEMALE Race WHITE | | | | | | |
| UNIT UN | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 | NS-CO | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number | Sex FEMALE Race WHITE | IATES | | | | | |
| | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address | NS-CO | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number | Sex FEMALE Race WHITE | IATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US | | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS | Sex FEMALE Race WHITE | TATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US | | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number | Sex FEMALE Race WHITE | IATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US | | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS | Sex FEMALE Race WHITE or IN COUNTRY: UNITED ST | TATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US fety Equipment Row 01 - FRONT ROW | rash | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI | Sex FEMALE Race WHITE or IN COUNTRY: UNITED ST | IATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US | rash Seat Position | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment | Sex FEMALE Race WHITE or IN COUNTRY: UNITED ST | IATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577, US fety Equipment Row 01 - FRONT ROW Helmet Use | rash Seat Position | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance | Sex FEMALE Race WHITE or IN COUNTRY: UNITED ST | TATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US fety Equipment Row 01 - FRONT ROW | rash Seat Position | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI | Sex FEMALE Race WHITE or IN COUNTRY: UNITED ST | TATES | | | | | |
| UNIT | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577, US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve | rash Seat Position 07 - LEFT | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag | Sex FEMALE Race WHITE IN COUNTRY: UNITED ST P BELT | IATES | | | | | |
| | INDIVIDUAL | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577, US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Seve SUSPEC | rash Seat Position 07 - LEFT erity TED MINOR INJURY | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance | Sex FEMALE Race WHITE IN COUNTRY: UNITED ST P BELT BINATION | | | | | | |
| UNIT | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Seve SUSPEC Ejected E | rash Seat Position 07 - LEFT erity TED MINOR INJURY jection Path | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment ShouldDer & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI | Sex FEMALE Race WHITE or IN COUNTRY: UNITED ST P BELT BINATION Trappe | d/Extricated | | | | | |
| UNIT | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US fety Equipment On Duty Co fety Equipment On Duty Co fety Equipment Injury Suspect Ejected NOT EJECTED N | rash Seat Position 07 - LEFT erity TED MINOR INJURY | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment Shouldber & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI | Sex FEMALE Race WHITE PT IN COUNTRY: UNITED ST P BELT BINATION Trappe NOT T | d/Extricated | | | | | |
| UNIT | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577, US fety Equipment On Duty Cl Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC Ejected NOT EJECTED N Medical Transport | rash Seat Position 07 - LEFT erity TED MINOR INJURY jection Path | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment ShouldDer & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI | Sex FEMALE Race WHITE PT IN COUNTRY: UNITED ST P BELT BINATION Trappe NOT T | d/Extricated | | | | | |
| UNIT | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US fety Equipment On Duty Co fety Equipment On Duty Co fety Equipment Injury Suspect Ejected NOT EJECTED N | rash Seat Position 07 - LEFT erity TED MINOR INJURY jection Path | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment Shouldber & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI | Sex FEMALE Race WHITE PT IN COUNTRY: UNITED ST P BELT BINATION Trappe NOT T r EMS R | d/Extricated | | | | | |
| UNIT | | PROGRESSIVE-CLASSIC-IN Individual DRIVER BOBBIE JOHNSON (608) 495-9488 Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Seve SUSPEC Ejected NOT EJECTED N Medical Transport NOT TRANSPORTED | rash Seat Position 07 - LEFT erity TED MINOR INJURY jection Path | BOBBIE JOHNSO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI LICABLE EMS Agency Identifie | Sex FEMALE Race WHITE PT IN COUNTRY: UNITED ST P BELT BINATION Trappe NOT T r EMS R | d/Extricated FRAPPED Jun # | | | | | |

25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Distracted By | istracted By IOT APPLIC | Source CABLE (NOT DISTRAC | CTED) | | | | |
|------|------------|--|----------------------------|------------------------------|---|-------------------|----------------------|----------------|--|
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | Non Motorist | itriking Unit # | Location | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | _ | | | | | | | | |
| . | NAI | | | | | | | | |
| UNIT | IDI | | | | | | | | |
| ∍ | INDIVIDUAL | | | | | | | | |
| | Z | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | | | | | | | | |
| | L | Drug & Alcohol N | uspected Alc | ohol Use | Suspected Drug Use | 2 | | | |
| | [| Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | | |
| | | TEST NOT GIVEN | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | 3 | | |
| ~ | 2 | Drug Type | | | | | | | |
| 02 | 002 | 0.11 | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMA | M | | | | | | |
| | | | ~∟ | | | | | | |
| | I | ndividual | | | | | | | |
| | | PASSENGER ADAM WELLER | | | Citations Issued | Sex | | | |
| | AL | (608) 415-8499 | | | 0 Date of Birth | Race | MALE Race | | |
| E | INDIVIDUAI | | | | | WHITE | | | |
| | Σ | Address S9003 STATE ROAD | 1 22 | | Driver License Number | | | | |
| | I | PLAIN, WI 53577, U | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | | | | | | | | | |
| | Saf | ety Equipment | n Duty Crash | 1 | Safety Equipment | | | | |
| | | Row | 9 | eat Position | SHOULDER & LA | AP BELT | | | |
| | | 01 - FRONT ROW | | 9 - RIGHT | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| | | | | | | | | | |
| 8 | 003 | | njury Severity | | Airbag NON DEPLOYED | | | | |
| | | Ejected | | ion Path | | | Trapped/Extricated | | |
| | | NOT EJECTED | NOT | EJECTED/NOT APPL | | | NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTE | — — | | EMS Agency Identifi | ier | EMS Run # | | |
| | | Hospital | - | | Date of Death | | Time of Death | | |
| | | | | - | | | | | |
| | | Distracted By | istracted By | Source | | | | | |
| | | | | | | | | | |

25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Distracted By Action | | | | | | |
|------|------------|-------------------------------------|------------------------------------|------------------------|-------------------|----------------------|----------------|--|
| | | Non Motorist | Init # Location | | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| | ۹L | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| 5 | IDIV | | | | | | | |
| | 4 | | | | | | | |
| | | Action Other | | | | | To/From School | |
| | | Suspecte | d Alcohol Use | Suspected Drug Use | | | | |
| | L | Drug & Alcohol NO | | NO | | 1 | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type |) | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | 3 | | |
| 02 | 003 | Drug Type | | | | | | |
| | 0 | Individual Condition | | | | | | |
| | | APPEARED NORMAL | | | | | | |
| | | | | | | | | |
| | | Individual PASSENGER | | Citations Issued | Sex | | | |
| | Ľ | TREVOR WELLER (608) 495-9488 | | 0 | MALE | | | |
| ⊢ | NDIVIDUAL | (000) 433-3400 | | Date of Birth | Race WHITE | | | |
| UNIT | DIVI | Address S9003 STATE ROAD 23 | | Driver License Number | | | | |
| | N | PLAIN, WI 53577 ,US | | | | | | |
| | Sat | On Duty (fety Equipment EMT/FIF | | Safety Equipment | | | | |
| | Sai | Row | RST-RESPONDER Seat Position | SHOULDER & LA | P BELT | | | |
| 1 | | 02 - SECOND ROW Helmet Use | 07 - LEFT | Helmet Compliance | | | | |
| | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | |
| 02 | 004 | Injury Sev Injury NO APP | Verity VARENT INJURY | Airbag NON DEPLOYED | | | | |
| | | | Ejection Path NOT EJECTED/NOT APPI | | | Trapped/Extricated | | |
| | | Medical Transport | | EMS Agency Identifie | er | EMS Run # | | |
| | | NOT TRANSPORTED | | | | | | |
| | | Hospital | | Date of Death | | Time of Death | | |
| | | Distracted By | d By Source | · | | | | |
| | | Distracted By Action | | | | | | |
| | | | | | | | 05/00/0005 | |

6TL0FKD6NQ 25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Non Motorist | iking Unit # | Location | | | | | | | |
|----------|------------|---|-------------------|-------------------|----------------------------|----------------|----------------------------------|-------------------------------------|----------------|--|--|
| | | Prior Action | | | | | | | | | |
| | | | | | | | | | | | |
| ĺ | | Action | | | | | | | | | |
| | _ | | | | | | | | | | |
| Ι. | INDIVIDUAL | | | | | | | | | | |
| UNIT | ē | | | | | | | | | | |
| | | | | | | | | | | | |
| | Z | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | To/From School | | |
| | | | spected Alcohol I | 100 | Suspected Drug Use | | | | | | |
| | L | Drug & Alcohol | | 556 | NO | | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test | t Results | | | |
| ŀ | | TEST NOT GIVEN Drug Test Given Drug | | Drug Test Type | | Drug Test Res | ulte | | | | |
| | | TEST NOT GIVEN | NOT GIVEN | | | Diug rest test | 113 | | | | |
| 8 | 004 | Drug Type | Drug Туре | | | | | | | | |
| | 0 | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAI | _ | | | | | | | | |
| | | | | | | | | | | | |
| <u> </u> | | t Summary | | Ve | ehicle Operating As Classi | fication | Unit Type | | | | |
| | IN T | RANSIT | | | CLASS | | TRUCK | | | | |
| 03 | | cle Type | | | | Operating As | Operating As Endorsements | | | | |
| | | LITY TRUCK/PICKUP | TRUCK | ecorded | otal # Citations Issued | Total Tr | ailers | ilers Total HazMat Types | | | |
| | 1 | | | 0 | | 0 | 0 | | 51 | | |
| | | rance? | Direction Of Tr | | Pre CrashTire | Speed | | | | | |
| UNIT | YES | • t Harmful Event: Collision \ | SOUTHBOU | | Mark pecial Function | 55 | 2 Emergency Motor Vehicle Use | | | | |
| | | TOR VEH IN TRANSPO | | N | O SPECIAL FUNCTIO | N | NOT APPL | NOT APPLICABLE | | | |
| | | ic Way | | | affic Control | | | Traffic Control Inoperative/Missing | | | |
| | | D-WAY, NOT DIVIDED ace Type | | | O CONTROL oad Curvature | | NO Road Grade | ; | | | |
| | | ACKTOP (BITUMINOUS | S) | | TRAIGHT | | DOWNHIL | | | | |
| | | k Bus or HazMat | | | | | • | | | | |
| | NO | Vahiala | | | | | | | | | |
| | | Vehicle License Plate Number | | F | Plate Type | St | Country of Iss | suance | | | |
| | | UX9553 | | | TK | WI | UNITED ST | | | | |
| 03 | e | Vehicle Identification Nun | | | <i>M</i> ake | Year | Model | | | | |
| 0 | 03 | 1FTNX21F5XEE9447 | 9 | | FORD | 1999 | F250 Bus Use | | | | |
| | | Color RED - RED | | | Body Style PK - PICKUP | | bus Use | | | | |
| 1 | щ | Initial Contact Point | | | /ehicle Damage | | | | 7 9 0 10 11 | | |
| UNIT | | 06 - REAR | | | 05 - RIGHT REAR COF | RNER, 06 - RE | AR, 07 - LEFT | r I | 7 8 9 10 11 | | |
| 5 | VEHICLE | Extent Of Damage MINOR DAMAGE | | | REAR CORNER | , | , | | 5 4 3 2 1 | | |
| | > | Towed Due To Damage | | ١. | /ehicle Removed By | | | I | | | |
| | | NOT TOWED | | C | OPERATOR | | | | | | |

25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| l | | What Driver Was Doing | | Ve | nicle Factors | | | | |
|----------|----------------|---------------------------------|----------------------|---|---|----------|--------------------|--|--|
| | | SLOW/STOPPING | | | | | | | |
| | | Driver Prior Action Other | | NC | T APPLICABLE | | | | |
| | | | | | | | | | |
| 1 | | Driver Actions | | | | | | | |
| | щ | NO CONTRIBUTING ACTI | ON | | | | | | |
| ╘ | VEHICLE | | | | | | | | |
| UNIT | Η | | | | | | | | |
| - | Ň | | | | | | | | |
| | | | | | | | | | |
| İ 🛛 | | Owner Name | | | Owner Address | | | | |
| 6 | 33 | | | | S7290 SKY VIEW | | | | |
| 03 | 03 | (608) 495-5192 | | | LOGANVILLE, WI | 53943,05 | | | |
| | | | | | | | | | |
| | | Sequence Of Events | | | | | | | |
| | 01 | Event MOTOR VEH IN TRANSPO | DRT | | | | | | |
| | 02 | Event | | | | | | | |
| | 0 | | | | | | | | |
| | 03 | Event | | | | | | | |
| | 04 | Event | | | | | | | |
| | | De l'asse l la lala a | | | | | | | |
| UNIT | | Policy Holder | | - | | | | | |
| S | | Insurance Company | | | | • | | | |
| - | | PROGRESSIVE-CLASSIC | -INS-CO | | ELIZABETH ACCOLA | | | | |
| | | Individual | | | | | | | |
| | | | | | Citations Issued | Sex | | | |
| | ١L | AUSTIN ACCOLA (608) 495-5192 | | | 0 MALE | | | | |
| | INDIVIDUAL | () | | | Date of Birth Race WHITE | | | | |
| UNIT | NI | Address | | [| Driver License Number | | | | |
| | Q | S7290 SKY VIEW DR | | | | | | | |
| | 4 | LOGANVILLE, WI 53943 , | US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | | | | | | | | | |
| | Saf | On Duty fety Equipment | Crash | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Safety Equipment | | | | |
| | | Row | Seat Position | - | SHOULDER & LAP E | BELT | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | |
| | | Helmet Use | | ł | Helmet Compliance | | | | |
| | | Eye Protection | | | Fint Compliance | | | | |
| | | Lye Protection | | | rint Compliance | | | | |
| _ | 2 | Injury Se | everity | / | Airbag | | | | |
| 33 | 005 | Injury NO API | PARENT INJURY | 1 | NON DEPLOYED | | | | |
| | | Ejected | Ejection Path | | | | Trapped/Extricated | | |
| | | NOT EJECTED | NOT EJECTED/NOT API | PLIC | ABLE | | NOT TRAPPED | | |
| 1 | | Medical Transport | | E | EMS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORTED | | | | | | | |
| | | Hospital | | 1 | Date of Death | | Time of Death | | |
| | | Distracted Put | ed By Source | | | | 1 | | |
| | | Distracted By Action | PPLICABLE (NOT DISTR | ACT | ED) | | | | |
| | NOT DISTRACTED | | | | | | | | |
| | | Non Motorist | Unit # Location | | | | | | |
| • | | | | | | | | | |

25-04955

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Prior Action | | | | | |
|------|------------|--|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Action | | | | | |
| | ٩٢ | | | | | | |
| ₽ | DU | | | | | | |
| UNIT | INDIVIDUAL | | | | | | |
| | N | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | r | Suspected Alcohol U Drug & Alcohol NO | Jse | Suspected Drug Use | | | |
| | L | - | | NO | | | |
| | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | | | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 03 | 005 | Drug Type | | | | | |
| 0 | 0 | | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | | | | | | |