6TL09N3P50

18-03418

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Oocument Number Override | Primary Crash Document # Agency Crash Num 18-03418 Crash Time Date Arrived 01:29 PM 04/04/2018 | | | | ng Officer/Deputy C. FRANK | | | |
|--|--|----------|-----------------------|--------|-----------------------------|-----------------------|---------------------|--|
| Crash Date 04/04/2018 | | | | | Time Arrived 01:42 PM | Time Arrived 01:42 PM | | |
| Date Notified 04/04/2018 | Time Notified 01:31 PM | | Total U | Inits | Total Injured | Total Kill | ed | |
| On Emergency Hit | t and Run Lane Close | | ure Work Zone | | Trailer | or Towed | Reporting Threshold | |
| Government Property | Active School Zone | | School Bus Related NO | | Tags | Tags | | |
| ✓ Reportable | Crash Type DT4000 (STANDARD CRASH) | | | | Amended | | Secondar Crash | |
| escription essential essen | | | | | | Reconstruction | n By | |
| | | | | | | Photos By | | |
| S Yellowthunder R | d | | | | | 9198 | | |
| | | | | | | Additional Info | ormation | |
| 2 | | '' | Pepsi ti | Not to | scale | | | |
| | | | | | | | | |

Crash Date 04/04/2018 Crash Time 01:29 PM

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Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time 01:29 PM

| | HO | RKING LOT CHUNK VILLAGE (1) LO | | Latitude 43.541804609 | | | Longitude -89.762629348 | | | | |
|-------|------------|---|------------------------------------|--|-----------------------|--------------------------------|-----------------------------------|---|----------------|---------------------|--|
| | • | E S2845) HE TOWN OF DELTON | | | X Coordin 276806.7 | | | Y Coord 482469 | | | |
| | | AUK COUNTY | | | Structure FIRE | Туре | | • | | | |
| | Cra | sh Scene | | | | | | | | | |
| | | Harmful Event | | | | First Harm | nful Event Lo | ocation | | | |
| | | TOR VEH IN TRANSPO | RT | | | | | E OR ZONE | | | |
| | | Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT | | | | | dition HT | | | | |
| | | Road Surface Condition(s) | | | | | Factor(s) | | | | |
| | DRY | ` , | | | | | | | | | |
| | | | | | | | | | | | |
| | | ronment Factor(s) | | | | VICIDII I | TV OBSCI | UDED | | | |
| | NOI | | | | | VISIBILI | TY OBSC | UKED | | | |
| | | ther Condition(s) | | | | | | | | | |
| | CLE | AR | | | | | | | | | |
| | Anim | nal Type | | | | | o Trafficwa | • | | | |
| | 0 | h Olasaitiantian I anntian | | | | _ | | Y - PARKIN | IG LOT | | |
| | | h Classification - Location BAL LAND | | | | | ssification - RESERVA | TION/TRUS | ST . | | |
| | Triba | al Land | | | | Access Co | ontrol | | | Special Study | |
| | НО- | CHUNK NATION | | | | NO CONTROL | | | | | |
| | | ٠ ا | Junction Location | | | section Type T AN INTERSECTION | | | | | |
| | NO | | NON-JUNCTION | | NOT AN | INTERSE | CHON | | | | |
| | | t Summary Status | | Vehicle One | arating As C | lassification | 1 | Unit Type | | | |
| | - | SALLY PARKED | D CLASS | Vehicle Operating As Classification D CLASS | | | Unit Type AUTOMOBILE | | | | |
| 1 | | Vehicle Type | | | | | | Operating A | | ments | |
| 01 | PAS | SENGER CAR | | | | | | | | | |
| | | l Occs | Train/Bus # Injured | Total # Citations Issued | | | Total Trail 0 | ers | | :Mat Types | |
| | 0 Ineur | rance? | Direction Of Travel | 0 | <u> </u> | Canadilia | | nit | 0 Total Lan | PS | |
| _ | YES | | NOT ON ROADWAY | | CrashTire Mark | 1 ire 10 | | 1 | | | |
| UNIT | Most | Harmful Event: Collision W | ith | Special Function | | | | Emergency Motor Vehicle Use | | | |
| _ | | TOR VEH IN TRANSPO | RT | NO SPECIAL FUNCTION | | | | NOT APPLICABLE Traffic Control Inoperative/Missing | | | |
| | | ic Way K KING LOT OR PRIVAT | Traffic Control NO CONTROL | | | | NO | roi inopera | tive/Missing | | |
| | | ace Type | | Road Curvature | | | Road Grade | | | | |
| | BLA | CKTOP (BITUMINOUS | CURVE R | CURVE RIGHT | | | LEVEL | | | | |
| | | k Bus or HazMat | | | | | | | | | |
| | NO | | | | | | | | | | |
| | ' | Vehicle | | | | | I C4 | Country of la | | | |
| | | License Plate Number 466WHA | Plate Type AUT - AUTOMOBILE | | St WI | | Country of Issuance UNITED STATES | | | | |
| _ | | Vehicle Identification Number | Make | | | Year | Model | | | | |
| 6 | 2 | 3LN6L2LU8FR610275 | | LINCOLN | | | 2015 | MKZ HYBRID | | | |
| | | Color | Body Style | | • | | Bus Use NOT A BUS | | | | |
| | ш | SIL - SILVER (ALUMIN Initial Contact Point | 4D - 4DR NOT A BUS Vehicle Damage | | | | | | | | |
| ⊨ | | 7LEFT REAR CORNI | ER | 75111510 Da | | | | | | | |
| LNO | /EHICL | Extent Of Damage | | 7LEFT F | 7LEFT REAR CORNER | | | R | | | |
| _ | Z | MINOR DAMAGE | | | | | | | | | |
| Visco | nsin N | Motor Vehicle Crash | This | report does not | include any | CJIS data. | | | Crash Date | e 04/04/2018 | |

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

Crash Date 04/04/2018

Crash Time 01:29 PM

| | Towed Due To Damage | | | Vehicle Removed By | | | | | | | | |
|--------------|---------------------|---|-----------------------|--------------------|--|-------------|-------------------------------------|---------------------|--|--|--|--|
| | | NOT TOWED | | | | | | | | | | |
| | | What Driver Was Doing | | | Vehicle Factors | | | | | | | |
| | | LEGALLY PARKED | | | NOT APPLICABLE | | | | | | | |
| | | Driver Prior Action Other | | INC | 71 APPLICABLE | | | | | | | |
| | - | Driver Actions | | | | | | | | | | |
| | ш | NO CONTRIBUTING A | CTION | | | | | | | | | |
| | | | | | | | | | | | | |
| E S | VEHICL | | | | | | | | | | | |
| | VE | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | 01 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Owner Name | | | Owner Address | | | | | | | |
| | | LAURA LAMERE (608) 408-7511 | | | 2307 MICHAEL CT REEDSBURG, WI 53959 | IIS | | | | | | |
| | | (000) 400 1011 | | | KEEDODOKO, WI 0000 | , 00 | | | | | | |
| | إ |) | 4 - | | | | | | | | | |
| | Ì | Sequence Of Event | ts | | | | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSPORT | | | | | | | | | | |
| | 05 | Event | | | | | | | | | | |
| | 0 | | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | |
| | | Event | | | | | | | | | | |
| | 04 | LVGIR | | | | | | | | | | |
| H | F | Policy Holder | | | | | | | | | | |
| E E | | Insurance Company Individual PROGRESSIVE-ADVANCED-INSURANCE-CO LAURA LAMERE | | | | | | | | | | |
| 7 | | PROGRESSIVE-ADVA | NCED-INSURANCE-CO | | LAURA LAMERE | | | | | | | |
| | | Summary - | | | | | | | | | | |
| | | Status | | | Vehicle Operating As Classification | | | Unit Type | | | | |
| | | - | | | D CLASS | | | BILE | | | | |
| | | cle Type SENGER VAN | | | | | Operating F | As Endorsements | | | | |
| Ľ | | Occs | Train/Bus # Injured | Tota | I # Citations Issued | Total Trail | ers | Total HazMat Types | | | | |
| | 10tai 1 | Occs | Train, Dao ii Injaroa | 0 | ii # Oilations issued | 0 | 010 | 0 | | | | |
| | | ance? | Direction Of Travel | | Pre CrashTire | Speed Lim | nit | Total Lanes | | | | |
| ⊢ ` | YES | | WESTBOUND | | Mark | 10 | | 1 | | | | |
| | Most | Harmful Event: Collision Wi | ith | Spe | cial Function | | Emergency Motor Vehicle Use | | | | | |
| ا ر | PAR | KED MOTOR VEHICLE | | VE | HICLE USED AS OTHER | BUS | NOT APPLICABLE | | | | | |
| | | c Way | | | fic Control | | Traffic Control Inoperative/Missing | | | | | |
| | | KING LOT OR PRIVATI | E PROPERTY | | CONTROL | | NO | | | | | |
| | | | | | d Curvature RVE RIGHT | | Road Grade | | | | | |
| | | CKTOP (BITUMINOUS) Bus or HazMat | <u>'</u> | 00 | AVE MOITI | | LEVEL | | | | | |
| | NO | 250 OF FIGURIAL | | | | | | | | | | |
| | \ | /ehicle | | | | | | | | | | |
| | ſ | License Plate Number | | Pla | Plate Type St | | | Country of Issuance | | | | |
| G430550S | | | | GC | OV - U S GOVERNMENT | WI | UNITED S | TATES | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Vehicle Identification Number | Make | | Year | Model | | | | | | | |
|-----------|------------|---|--------------------------------|---------------------------------|----------|--------------|--|--|--|--|--|--|--|
| 05 | 02 | | FORD | | 2016 | TRANSIT350 | | | | | | | |
| | | | Body S | | | Bus Use | | | | | | | |
| | | | VN - \ | • | | NOT A BUS | | | | | | | |
| | ш | | | Damage | | | | | | | | | |
| _ | | 5RIGHT REAR CORNER | VOITION | , Damage | | | | | | | | | |
| LINO | ≌ | | 5DIC | HT REAR CORNER | | | | | | | | | |
| \supset | VEHICL | Extent Of Damage MINOR DAMAGE | JKIC | OHI KEAK COKNEK | | | | | | | | | |
| | > | | Vahiala | Domound Du | | | | | | | | | |
| | | Towed Due To Damage NOT TOWED | venicie | Removed By | | | | | | | | | |
| | | | \/-l-:-l- | F | | | | | | | | | |
| | | What Driver Was Doing NEGOTIATING CURVE | venicie | e Factors | | | | | | | | | |
| | | | NOT | APPLICABLE | | | | | | | | | |
| | | Driver Prior Action Other | | AT LIOADEL | | | | | | | | | |
| | | Driver Actions | | | | | | | | | | | |
| | | NO CONTRIBUTING ACTION | | | | | | | | | | | |
| _ | 4 | NO CONTRIBUTING ACTION | | | | | | | | | | | |
| LINO | ≌ | | | | | | | | | | | | |
| 5 | VEHICL | | | | | | | | | | | | |
| | > | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | | | | | | | |
| | | NOI DIGITACIED | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 02 | 02 | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | |
| | | Owner Name DEPARTMENT OF THE INTERIOR | | Owner Address 808 RED IRON ROAD | | | | | | | | | |
| | | (715) 284-2622 | BLK RIVER FALLS, WI 54615 , US | | | | | | | | | | |
| | | (1.10) = 0.1 = 0.1 | | | | _ | | | | | | | |
| | | | | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | | | | |
| | 7 | Event RIGHT TURN | | | | | | | | | | | |
| | C | | | | | | | | | | | | |
| | 02 | Event PARKED MOTOR VEHICLE | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | | |
| | _ | | | | | | | | | | | | |
| | 04 | Event | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ⊨ | ı | Policy Holder | | | | | | | | | | | |
| LNO | | Insurance Company | | ernment | | | | | | | | | |
| ر | | SELF-INSURED | DEPT OF THE INTERIOR | | | | | | | | | | |
| | 1 | Individual | | | | | | | | | | | |
| | | Driver | Cita | tions Issued | | Sex | | | | | | | |
| | | JANINE LONETREE HOUGHTON | | 0 | | FEMALE | | | | | | | |
| | ₹ | (608) 355-1240 EXT. 5527 | Date | e of Birth | | Race | | | | | | | |
| — | 2 | | | | | INDIAN | | | | | | | |
| | INDIVIDUAL | Address | Driv | er License Number | | 1 | | | | | | | |
| \supset | ቯ | 932 BOWMAN RD | | | | | | | | | | | |
| | = | WISCONSIN DELLS, WI 53965, US | STA | ATE: WISCONSIN COU | NTRY: UI | NITED STATES | | | | | | | |
| | | | | | | | | | | | | | |
| | | On Duty Crash | Safe | Safety Equipment | | | | | | | | | |
| | | Equipment | | | | | | | | | | | |
| | | Seat Position | SHOULDER & LAP BELT | | | | | | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | | | | |
| | | • | | | | | | | | | | | |

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

Crash Date 04/04/2018

Crash Time 01:29 PM

| | | Helmet Use | | | Helmet Compliance |) | | | | |
|-----|------------|-----------------------------------|------------------------------------|--------------|-----------------------|----------------|--------------------------------|----------------|--|--|
| | | Eye Protection | | | Tint Compliance | | | | | |
| 05 | 001 | Injury | Injury Severity NO APPARENT INJURY | | Airbag NON DEPLOYED | | | | | |
| | | Ejected NOT EJECTED | Ejected NOT EJECTED | | | NOT APPLICABL | Trapped/Extricated NOT TRAPPED | | | |
| | | Medical Transport NOT TRANSPORT | TED | | EMS Agency Identi | fier | EMS Run # | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School | | |
| | | Action | | | | | | | | |
| | NAL | | | | | | | | | |
| LNO | INDIVIDUAL | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | | | |
| | | Action Other | | | 10 | | | | | |
| | E | Drug & Alcohol | Suspected Alcohol NO | Use | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | I | | Alcohol Test Type | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVEN | rug Test Given EST NOT GIVEN | | | Drug Test Type | | | | |
| 05 | 00 | Drug Type | | | | | 1 | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NOR | MAL | | | | | | | |