18-03713

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #  Crash Time 11:40 PM  Time Notified 11:43 PM		18-03713       D         Date Arrived       T         04/12/2018       1         Total Units       T			Investigating Officer/Deputy DEPUTY A. MEEKER		
8 <b>X</b>	Crash Date <b>04/12/2018</b>					Time Arrived 11:52 PM			
37D	Date Notified <b>04/12/2018</b>					Total Injured <b>00</b>	To <b>00</b>	otal Killed <b>0</b>	
<b>6TL09B7D8K</b>	On Emergency Hi	it and Run		sure Work Zone		Trailer or Towed		ved	Reporting Threshold
9 1 1	Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
_	<b>▼</b> Reportable	Crash Type DT4000 (STA	NDARD CRAS	H)		Amend	ed		Secondary Crash
	Description Diagram	Зу							
		Count	STOP .	Drawing not to County Rd U			TÝ GAL		
	I, a sworn law enforceme								
	UNIT 1 WAS TRAVELING SOUTH FOR A STOP SIGN PRIOR TO EN BOUND LANE OF COUNTY RD A	NTERING THE IN	TERSECTION AN	D COLLIE	ED WITH UNIT 1. UNI	Γ1 CAME TO A S	TOP FAC	CING EAS	ST IN THE NORTH

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

	_oc	ation <b>——</b>											
Ī		ERSECTION						Latitude			Longitud	le	
	ON	CTHA SB						43.53226	66639			860259	
		REEDSBURG RD						X Coordin	ate		Y Coord	inate	
		HE TOWN OF FAIRFI	IELD					278692.1			482356		
	IN 5	AUK COUNTY						Structure	Type				
									.,,,,				
(	Cra	sh Scene											
Ī	First	Harmful Event						First Harm	nful Event Lo	ocation			
	MOTOR VEH IN TRANSPORT						ON ROADWAY						
		ner of Collision						Light Con					
ļ	08FRONT TO SIDE								NLIT				
		Surface Condition(s)						Roadway Factor(s)					
	DRY	•											
Ì	Envir	onment Factor(s)											
	NON	<b>IE</b>						NONE					
	Wea	ther Condition(s)											
		OUDY											
ļ						Deletion T	- Troffieuro						
	Allill	Animal Type					o Trafficwag	•					
	Cras	Crash Classification - Location						Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION								
	Triba	Tribal Land				Access Control Special Study							
							L CONTR	OL					
	Within Interchange Area  NO  Junction Location INTERSECTION					Intersection		RSECTION	ı				
		ure Type	INTERSEC	711014		Reaso	Reasons for Closure						
	LANE CLOSURE				101 0103	uie							
	Date	Initial Lane/Rd Closed	Time In	itial Lane/Rd Closed		LAW ENFORCEMENT							
	04/1	2/2018	11:43	PM	Date Scene Clear								
		All Lanes Open		Lanes Open						ne Scene Clear	ed		
		3/2018	12:59	AM		04/13	/2018		12	:59 AM			
-		Status			1 \/ - l-:	-l- O	A - O	l ifi 4i		I			
	-	Status RANSIT			Vehicle Operating As C D CLASS			lassification		Unit Type AUTOMOBILE			
ŀ		cle Type			DOLAGO					Operating As Endorsements			
5		SENGER CAR						Operating 7-6 Endorsements					
ŀ	Total	Occs	Train/Bus	# Injured	Total # Citations Issued			l	Total Trail	ilers Total HazMat Types		Mat Types	
	1				0			0		0			
		ance?	Direction (			Pre	CrashTire	)	Speed Lin				
:	YES		SOUTHE	BOUND			Mark		55	2			
		Harmful Event: Collision				ial Fun	ction IAL FUNC	TION		NOT APPL			
		ic Way	OKI			ic Conti							
		D-WAY, NOT DIVIDED	)			CONT				Traffic Control Inoperative/Missing NO			
ŀ		•				d Curva				Road Grade			
	BLA	CKTOP (BITUMINOU	IS)		STR	AIGH	Т	LEVEL					
Truck Bus or HazMat													
	NO												
	Vehicle												
		License Plate Number			Plate Type			St Country of Issuance					
		TERN	mhor		AU Mak		TOMOBIL	_E	WI Year	UNITED STATES			
5	01	Vehicle Identification Nui W04WH3N57HG0156				ICK			2017	Model CASCADA			
					1 DOIOIK		ZVII ONOONDA						

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color BLU - BLUE	Body Style  CV - CONVERTIBLE	Bus Use NOT A BUS				
	щ	Initial Contact Point	Vehicle Damage					
LNO	걸	12FRONT	12FRONT					
5	VEHICLE	Extent Of Damage DISABLING DAMAGE						
	>	Towed Due To Damage	Vehicle Removed By					
		TOWED DUE TO DISABLING DAMAGE	MIKES TOWING					
		What Driver Was Doing	Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other	NOT APPLICABLE					
		Driver Actions						
_	쁫							
	VEHICLE							
ے	ΛĒ							
		Driver Distractions NOT DISTRACTED						
5	7							
0	0							
		Owner Name THERESA K HENDRICKS	Owner Address 2003 JEFFERSON					
		THEREOA R HERBRIORO	BARABOO, WI 53913 , US					
	;	Sequence Of Events						
	5	Event MOTOR VEH IN TRANSPORT						
	<b>~</b> 1	Event						
	05							
	03	Event						
	40	Event						
LIND	ı	Policy Holder Insurance Company	In many					
5		WEST-BEND-MUTUAL-INS-CO	Individual THERESA HENDRICKS					
	ı	ndividual						
		Driver	Citations Issued	Sex				
	A F	THERESA K HENDRICKS (608) 434-8400	O Date of Birth	FEMALE Race				
_	INDIVIDUAL	•	Date of Birth	WHITE				
	Σ	Address	Driver License Number					
_	Ĭ	2003 JEFFERSON BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Crash	Safety Equipment					
	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance					

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection  Injury Severity			Tint Compliance Airbag						
_	_										
0	90	Injury NO APPARENT INJURY		DEPLOYED-FRONT							
		Ejected			Ejection Path			Trapped/Extricated			
		NOT EJECTED			NOT EJECTED/	NOT APPL	ICABL	NOT TRA	PPED		
		Medical Transport			EMS Agency Identi	fier		EMS Run#			
		NOT TRANSPORTED									
		Hospital			Date of Death			Time of Death			
	ļ	Non Motorist Striking Unit # Prior Action		Location				To/From School			
		Action									
LIND	INDIVIDUAL										
		Action Other									
	E	Prug & Alcohol	Suspected Alcohol NO	Suspected Drug Use NO							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test R	Results		
5	001	Drug Type									
		Individual Condition  APPEARED NOR	MAL								
	Unit	Summary									
		Status		V	Vehicle Operating As Classification			Unit Type			
	IN T	RANSIT		C	CLASS			AUTOMOBILE			
2	Vehi	Vehicle Type						Operating As Endorsements			
02	(SP	PORT) UTILITY VEHICLE									
		al Occs Train/Bus # Injur		•	otal # Citations Issued	b	Total Traile	ers	Total HazMat Types		
	2				1		0		0		
П	YES	Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Mark	Tire Speed Lim 45			Total Lanes 2		
UNIT	MO	Harmful Event: Collis				pecial Function IO SPECIAL FUNCTION			Reference Motor Vehicle Use NOT APPLICABLE		
		ic Way <b>D-WAY, NOT DIVID</b>	DED		Fraffic Control			Traffic Control Inoperative/Missing NO			
				Road Curvature			Road Grade				
				STRAIGHT			DOWNHILL				
	Truc <b>NO</b>	k Bus or HazMat									
	1	Vehicle									
		License Plate Number	er		31			Country of Issuance			
		934XMR	Number		AUT - AUTOMOBI Make	LE			IAIES		
05	02	Vehicle Identification 4JGAB54E03A37			MERCEDES BENZ	!		ML320			

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS				
	ш	Initial Contact Point	Vehicle Damage					
╘	CL	9LEFT SIDE MIDDLE						
LIND	VEHICL	Extent Of Damage	8LEFT SIDE REAR, 9LEFT SIDE N	IIDDLE				
	VE	DISABLING DAMAGE						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By MIKES TOWING					
		What Driver Was Doing	Vehicle Factors					
		GOING STRAIGHT						
		Driver Prior Action Other	NOT APPLICABLE					
		Driver Actions						
	ш	DISREGARDED STOP SIGN						
╘	CL							
LIND	VEHICL							
	VE							
		Driver Distractions						
		NOT DISTRACTED						
05	02							
0	0							
		Owner Name	Owner Address					
		SUKRAT MANOJ KUMAR GUPTA (864) 650-6808	7409 TIMBER LAKE TRL # 308 MADISON, WI 53719 , US					
		(22.7) 22.2						
	9	Sequence Of Events						
		Event						
	01	MOTOR VEH IN TRANSPORT						
	02	Event						
	03	Event						
		Event						
	04							
╘		Policy Holder						
LNO		Insurance Company AMERICAN-FAMILY-INS-CO	Individual SUKRAT GUPTA					
		ndividual						
		Driver	Citations Issued	Sex				
	Γ	SUKRAT MANOJ KUMAR GUPTA	1	MALE				
	INDIVIDUAL	(864) 650-6808	Date of Birth	Race INDIAN				
LINO	VIC	Address	Driver License Number					
⊃	Δ	7409 TIMBER LAKE TRL # 308		NUTED 07.1750				
	=	MADISON, WI 53719 , US	STATE: WISCONSIN COUNTRY: U	NITED STATES				
		On Duty Crash	Safaty Equipment					
		Equipment Clash	Safety Equipment					
		Seat Position	SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use	Helmet Compliance					
			1					

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection			Tint Compliance						
05	005				Airbag DEPLOYED-CURTAIN						
		Ejected			Ejection Path		Trapped/Extricated				
		NOT EJECTED  Medical Transport  NOT TRANSPORTED  Hospital				NOT APPLICABL	NOT TRAPPED				
					EMS Agency Ident	пеr	EMS Run #				
					Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action									
LIND	INDIVIDUAL										
		Action Other									
	L	Orug & Alcohol NO			Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				
05	002	Drug Type									
		Individual Condition	Individual Condition								
		APPEARED NOR	MAL								
	i	ndividual									
		Passenger TEJA SINHA KANCHINADA (704) 665-9358			Citations Issued		Sex				
	٩L				0		MALE				
_	DUAL	,			Date of Birth		Race INDIAN				
	INDIVII	Address 5119 BROOKFIELD PKWY MADISON, WI 53718 , US			Driver License Nur	nber					
		Equipment	Equipment On Duty Crash		Safety Equipment						
		Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER Helmet Use			SHOULDER & LAP BELT						
					Helmet Compliance	9					
		Eye Protection			Tint Compliance						
05	003	Injury	Injury Severity NO APPARENT II	N IIIDV	Airbag NON DEPLOYE						
	٦	Ejected	NO AFFARENT II	13UN I	Ejection Path	<u> </u>	Trapped/Extricated				
		NOT EJECTED			=	NOT APPLICABL	NOT TRAPPED				
					•		•				

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency	/ Identifier	EMS Run #			
		NOT TRANSPORT	ΓED							
		Hospital			Date of Dea	th	Time of Death			
			Striking Unit #	Prior Action		Location		To/From School		
		Non Motorist	Striking Onit #	Piloi Action		Location		TO/FIGHT SCHOOL		
		Action		<u>.</u>		<u>.</u>				
	4									
<b>-</b>	INDIVIDUAL									
LINO	₹									
	S									
	_									
		Action Other								
	L	Drug & Alcohol	Suspected Alcoh NO	nol Use	Suspected D					
		Alcohol Test Given			Alcohol Test	Туре	Alcohol Test Results			
		TEST NOT GIVEN			Drug Test Tv	/ne	Drug Test Results			
		Drug Test Given TEST NOT GIVEN			2.49 .00.	,,,,,	Drug Test Nesults			
02	003	Drug Type								
	0									
		Individual Condition								
		APPEARED NOR	MAL							
	,	Violations								
	2	UTC Number	Issue To? <b>002</b>	Statute Number 346.46(1)	Seq Num 001	Description FAIL/STOP AT STOP	SIGN			
	_	AE141830	002		001	17112/01/01 711 01/01	0.0.1			
	Indiv	ness idual			Address		l D:	ate of Birth		
10	ALY	SSA MARIE KNAC	<b>SA</b>		638 MADISON AVE					
WITN 01 ESS 01	(218	9) 308-3178			BARABOO, WI 53913 , US					
W										