18-05251

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Overrio	de Primary Crash		cy Crash Number 5251	Investigating Off		
Crash Date 05/22/2018	Crash Time 04:45 PM		Arrived 2/2018	Time Arrived 05:20 PM		
Date Notified 05/22/2018	Time Notified 05:07 PM	Total Office		Total Injured 00	red Total Killed	
On Emergency	✓ Hit and Run	Lane Closure	Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active So	chool Zone Scho	ol Bus Related	Tags	Tags	
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amended		Secondary Crash
\$				Ac	notos By HANSON Iditional Infor	mation
	sth 136	1 2	nheasant			
▽ I, a sworn law enfo	orcement officer, agr	ree that I have not add		hio rowart		_

6TL0B1714S 18-05251

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	0.65	LINN ST/ STH136 EB			Latitude 43.4753	Latitude 43.475349819		Longitude -89.781577852		
	IN T	LINN ST/ STH33 EB THE TOWN OF BARAB(SAUK COUNTY	00		X Coordin 275028.			Y Coordii 4817362		
					Structure NO STR	Type UCTURE				
(Cra	sh Scene								
	First	Harmful Event				nful Event	Location			_
	MOTOR VEH IN TRANSPORT					ON ROADWAY				
		ner of Collision			Light Con					
		FRONT TO REAR			DAYLIGHT Roadway Factor(s)					
		d Surface Condition(s)								
	DR	Y								
	Envi	ronment Factor(s)								
	NOI	NE			NONE					
	Wea	ther Condition(s)								
	CLE	. ,								
	_									
	Anım	nal Type				To Trafficw CWAY - 0	on ROAD			
		sh Classification - Location					- Jurisdiction			
		BLIC PROPERTY					RISDICTION	l		
	Triba	al Land			Access C			Special Stud		
	With	in Interchange Area	Junction Location	Interse	Intersection Type			•		_
	NO		NON-JUNCTION	NOT	AN INTERSE	ECTION				
- 1	Uni	t Summary 💳								
					Operating As Classification Unit Type					
	Unit	Status			As Classification	n				
	Unit IN T	RANSIT		Vehicle Operating A D CLASS	As Classification	n	AUTOMO			
10	Unit IN T Vehi	TRANSIT icle Type			As Classification	n	AUTOMO	OBILE As Endorsem	nents	
01	Unit IN T Vehi PAS	TRANSIT icle Type SSENGER CAR	Train/Bus # Injured	D CLASS			AUTOMO Operating	As Endorsem		
10	Unit IN T Vehi PAS	TRANSIT icle Type	Train/Bus # Injured			Total Tra	AUTOMO Operating			
10	Unit IN T Vehi PAS Tota 1	TRANSIT icle Type SSENGER CAR	Train/Bus # Injured Direction Of Travel	D CLASS Total # Citations Iss 0	sued	Total Tra	AUTOMO Operating	As Endorsem	Mat Types	
10	Unit IN T Vehi PAS Tota 1	TRANSIT icle Type SSENGER CAR Il Occs	·	D CLASS Total # Citations Iss	sued	Total Tra	AUTOMO Operating	As Endorsem Total Haz 0	Mat Types	
100 III	Unit IN T Vehi PAS Tota 1 Insur YES	TRANSIT icle Type SSENGER CAR II Occs rance? S t Harmful Event: Collision W	Direction Of Travel EASTBOUND Vith	Total # Citations Iss 0 Pre Crash Mark Special Function	sued Tire	Total Tra 0 Speed L	AUTOMO Operating ailers imit	Total HazM 0 Total Lane 2 y Motor Vehice	Mat Types	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama NOT TOWED	ge	Vehic	cle Removed By					
		<u> </u>		Vehicle Factors						
		SLOW/STOPPING								
		Driver Prior Action Ot	her	NOT APPLICABLE						
		Driver Actions		I						
.	Щ	NO CONTRIBUTION	NG ACTION							
LNO	VEHICLI									
5	ᇤ									
	>									
		Driver Distractions								
		NOT DISTRACTE	D							
2	01									
•	0									
		Owner Name		10	Owner Address					
		BRAD J HAHN		;	33782 STH 130					
					LONE ROCK, WI 53556, US					
	\$	Sequence Of E	vents							
	01	MOTOR VEH IN T	RANSPORT							
	02	Event								
	0									
	03	Event								
		Event								
	04	LVOIR								
⊨ا	I	Policy Holder								
LNO		Insurance Company			Individual					
			-INS-CO-(ATTN:-CLAIMS-DEPT)	<u> </u>	LINDA SPEICH					
	ļ	ndividual								
		Driver LINDA KAY SPEIC	СН		tations Issued	Sex FEMALE				
	AL	(608) 963-2455		0	ate of Birth	Race				
L١	INDIVIDUA	,			ate of Birth	WHITE				
	Ξ	Address S3639 THIEMAN HILL RD			Driver License Number					
7	9									
	=	REEDSBURG, WI	53959 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment	On Duty Crash	Sa	afety Equipment					
	ı	Seat Position			HOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		0	HOOLDER & LAI BELI					
		Helmet Use			elmet Compliance					
		Eye Protection		Tir	nt Compliance					
			Linium, Coucarite		who a					
2	90	Injury	Injury Severity NO APPARENT INJURY		rbag ON DEPLOYED					
		Ejected NO APPARENT INJURY			ection Path	Trapped/Extricated				
		NOT EJECTED			OT EJECTED/NOT APPLICABL	NOT TRAPPED				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Ident	ifier	EMS Run #	EMS Run #	
		NOT TRANSPORTE	ĒD						
		Hospital			Date of Death		Time of Dea	Time of Death	
		Non Motorist	Striking Unit #	Prior Action	-	Location		To/From School	
		Action						1	
	JAL								
UNIT	INDIVIDUAL								
)	INDI								
		Action Other							
	E	Orug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Us	se			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Tes	st Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test F	Results	
01	001	Drug Type							
)	Individual Condition							
		APPEARED NORM	AL						
		t Summary =							
	Unit	t Summary Status AND RUN			Vehicle Operating As 0	Classification	Unit Type AUTOMO	BILE	
02	Unit HIT Vehi	Status				Classification	AUTOMO	BILE As Endorsements	
	Unit HIT Vehic PAS	Status AND RUN cle Type	Train/Bus # Inji	ured	D CLASS Total # Citations Issue	d Total Tra	AUTOMO Operating A	As Endorsements Total HazMat Types	
02	Unit HIT Vehic PAS Total 1	Status AND RUN cle Type SSENGER CAR I Occs rance?	Direction Of Tra	ured	Total # Citations Issue O Pre CrashTin	d Total Tra 0 Speed L	Operating A	Total HazMat Types O Total Lanes	
02	Unit HIT Vehic PAS Total 1 Insur UNIP	Status AND RUN cle Type SSENGER CAR I Occs rance? KNOWN	Direction Of Tra	ured	Total # Citations Issue O Pre CrashTir Mark	d Total Tra	AUTOMO Operating A ailers	Total HazMat Types Total Lanes 2	
	Unit HIT Vehic PAS Total 1 Insur UNIP Most	Status AND RUN cle Type SSENGER CAR I Occs rance? KNOWN I Harmful Event: Collision	Direction Of Tra UNKNOWN	ured	Total # Citations Issue O Pre CrashTir Mark Special Function UNKNOWN	d Total Tra 0 Speed L	AUTOMO Operating A ailers imit Emergency UNKNOW	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use	
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02	Unit HIT Vehin PAS Total 1 Insur UNIP Most MO Traff UNIK Surfa UNIP Truck NO	Status AND RUN cle Type SSENGER CAR I Occs rance? KNOWN Harmful Event: Collision TOR VEH IN TRANSI ic Way KNOWN ace Type KNOWN k Bus or HazMat	Direction Of Tra UNKNOWN	ured	Total # Citations Issue O Pre CrashTire Mark Special Function UNKNOWN Traffic Control UNKNOWN Road Curvature	d Total Tra 0 Speed L	AUTOMO Operating A ailers imit Emergency UNKNOW Traffic Cont UNKNOW Road Grade	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use In Inoperative/Missing In Inoperati	
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UNIT 02	Unit HIT Vehin PAS Total 1 Insum Wost MOO Trafff UNIK UNIK Truck NO	Status AND RUN cle Type SSENGER CAR I Occs rance? KNOWN Harmful Event: Collision TOR VEH IN TRANSI ic Way KNOWN ace Type KNOWN k Bus or HazMat Vehicle License Plate Number Vehicle Identification N Color	Direction Of Tra UNKNOWN n With PORT	ured	Total # Citations Issue O Pre CrashTin Mark Special Function UNKNOWN Traffic Control UNKNOWN Road Curvature UNKNOWN Plate Type Make Body Style	d Total Tra 0 Speed L 55	AUTOMO Operating A ailers imit Emergency UNKNOW Traffic Cont UNKNOW Road Grade UNKNOW Country of Is Model Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use //N rol Inoperative/Missing //N e //N ssuance	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama	age	Vehicle Removed By OPERATOR						
		What Driver Was Doi	ing	Vehicle Factors						
		UNKNOWN	ing .	Vehicle Factors						
		Driver Prior Action Of	ther	UNKNOWN						
		Driver Actions								
	Щ	UNKNOWN								
LNO	VEHICLE	<u> </u>								
5	ĒΗ									
	>									
		Driver Distractions UNKNOWN IF DIS	STRACTED							
~	2									
05	02									
		Owner Name		Owner Address						
				, ,						
		Sequence Of E	vents							
	01	Event MOTOR VEH IN T	RANSPORT							
	7	Event								
	02	_								
	03	Event								
	04	Event								
		l Individual								
		Driver		Citations Issued	Sex					
	_			0						
	DIVIDUAL			Date of Birth	Race					
	MD	Address		Driver License Number						
-	Ē									
	Z	, ,								
			On Duty Crash	Safety Equipment						
		Equipment	On Buty Ordan	Salety Equipment						
		Seat Position		RESTRAINT USE UNKNOWN						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
	2		Injury Severity	Airbag						
05	005	Injury	NO APPARENT INJURY	NOT APPLICABLE						
		Ejected	_	Ejection Path	Trapped/Extricated					
		NOT APPLICABL Medical Transport	E	NOT EJECTED/NOT APPLICABL	NOT APPLICABLE					
		NOT TRANSPOR	TED	EMS Agency Identifier	EMS Run #					

18-05251

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/22/2018

Crash Time 04:45 PM

		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location	I	To/From School
		Action		1				<u> </u>
	INDIVIDUAL							
UNIT	⊒							
5	\geq							
		A .: OII						
		Action Other						
			Suspected Alcohol L	Jse	Suspected Drug U	se		
		Orug & Alcohol						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN			D T .T			
		Drug Test Given TEST NOT GIVEN	1		Drug Test Type		Drug Test Results	
7	2	Drug Type			-			
05	005							
		Individual Condition						
		NOT OBSERVED						