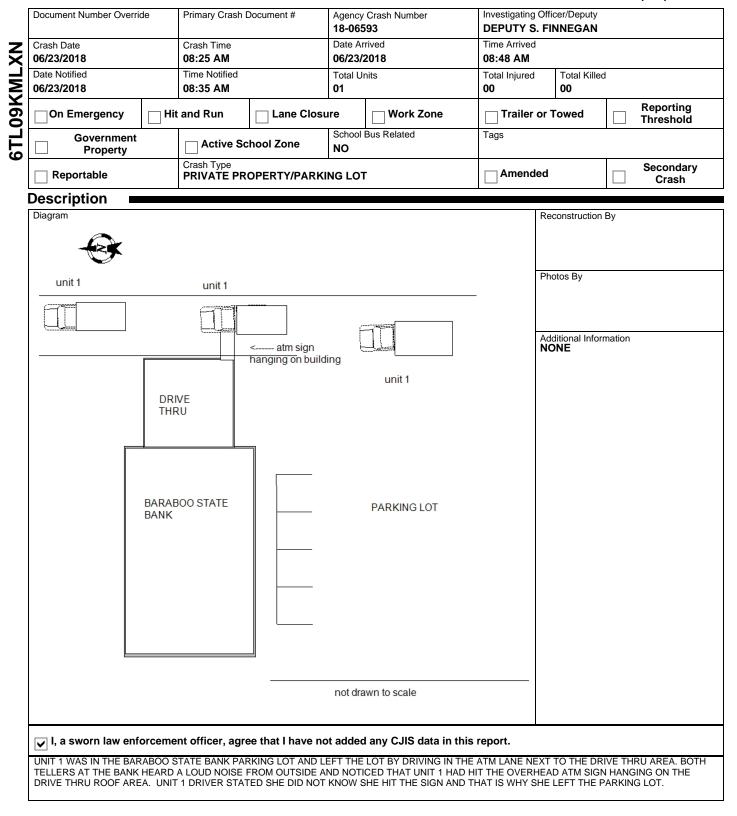
18-06593

WISCONSIN MOTOR VEHICLE CRASH REPORT

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



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WISCONSIN MOTOR VEHICLE CRASH REPORT

Special Study

| PARKING LOT USH12 WB LOT 400 | Latitude 43.473215227 | Longitude | |
|-------------------------------------|---|-----------|--|
| (HOUSE/BUILDING 400) | 43.473215227 -89.768171611 X Coordinate Y Coordinate 276105.34375 4817089.5 | | |
| IN SAUK COUNTY | Structure Type HOUSE/BUILDING | | |
| Crash Scene | | | |
| First Harmful Event | First Harmful Event Locatio | | |
| OTHER FIXED OBJECT | IN PARKING LANE OR | ZONE | |
| Manner of Collision | Light Condition | | |
| NO COLLISION W/VEHICLE IN TRANSPORT | DAYLIGHT | | |
| Road Surface Condition(s) | Roadway Factor(s) | | |
| DRY | | | |
| | | | |
| Environment Factor(s) | | | |

Relation To Trafficway

PRIVATE PROPERTY Access Control

NO CONTROL

NON TRAFFICWAY - PARKING LOT

Crash Classification - Jurisdiction

| Weather | Condition(s) |
|---------|--------------|

CLEAR

Animal Type

| 0 | 01 | |
|---|----|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Crash Classification - Location |
|---------------------------------|

PRIVATE PROPERTY

| Tribal Land | |
|-------------|--|

Unit Summary

| Thoat Land | |
|-------------------------|--|
| Within Interchange Area | |

| Within Interchange Area | Junct |
|-------------------------|-------|
| NO | NON |

Iunction Location Intersection Type NON-JUNCTION NOT AN INTERSECTION

| | - | | | | | | | | |
|--------------|---------------------------------|-------------------------------|---------------------|-----------------------------------|------------|-------------------------------------|---------------------|--|--|
| | Unit | Status | | Vehicle Operating As Classificati | on | Unit Type | | | |
| | IN T | RANSIT | | C CLASS | C CLASS | | TRUCK | | |
| 1 | Vehi | cle Type | | | | Operating | As Endorsements | | |
| 01 | CARGO VAN (10,000 LBS OR LESS) | | | | | | | | |
| | Tota | l Occs | Train/Bus # Injured | Total # Citations Issued | Total Trai | lers | Total HazMat Types | | |
| | 1 | | | 0 | 0 | | 0 | | |
| | Insu | rance? | Direction Of Travel | Pre CrashTire | Speed Lir | imit Total Lanes | | | |
| F | YES | 5 | NORTHBOUND | Mark | N/A | | 1 | | |
| <u>.</u> IND | Most | t Harmful Event: Collision Wi | ith | Special Function | | | y Motor Vehicle Use | | |
| | - | IER FIXED OBJECT | | NO SPECIAL FUNCTION | | NOT APP | PLICABLE | | |
| | Traff | ic Way | | Traffic Control | | Traffic Control Inoperative/Missing | | | |
| | PARKING LOT OR PRIVATE PROPERTY | | | NO CONTROL | NO CONTROL | | NO | | |
| | Surface Type | | | Road Curvature | | Road Grade | | | |
| | BLA | CKTOP (BITUMINOUS) |) | STRAIGHT | STRAIGHT | | LEVEL | | |
| | | Truck Bus or HazMat | | | | | | | |
| | NO | | | | | | | | |
| | ٦ | Vehicle | | | | | | | |
| | | License Plate Number | | Plate Type | St | Country of I | ssuance | | |
| | | XD83199 | | LTK - LIGHT TRUCK | WI | UNITED S | STATES | | |
| ~ | _ | Vehicle Identification Numb | per | Make | Year | Model | | | |
| 2 | 9 | 5 1GB3G4CG4D1183075 | | CHEVROLET | 2013 | EXPRESS G3 | | | |
| | | Color | | Body Style | Body Style | | Bus Use | | |
| | | WHI - WHITE | | VN - VAN | | NOT A BUS | | | |
| | щ | Initial Contact Point | | Vehicle Damage | | | | | |
| UNIT | <u></u> | NON-COLLISION | | | | | | | |
| 5 | VEHI | Extent Of Damage | | NO DAMAGE | | | | | |
| | ž | NO DAMAGE | | | | | | | |

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| | | Towed Due To Dama | ige | Vehicle Removed By | | | |
|-------|-----------|------------------------------------|---------------------------|-------------------------------------|-----------------------|--|--|
| | | NOT TOWED | | OPERATOR | | | |
| | | What Driver Was Doi | ng | Vehicle Factors | | | |
| | | GOING STRAIGH | т | | | | |
| | | Driver Prior Action Ot | her | NOT APPLICABLE | | | |
| | | | | | | | |
| | | Driver Actions | | | | | |
| | щ | | NG ACTION | | | | |
| UNIT | VEHICLE | | | | | | |
| 5 | Ξ | | | | | | |
| | N | | | | | | |
| | | | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | |
| | | | | | | | |
| | | | | | | | |
| 0 | 01 | | | | | | |
| - | - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Owner Name | | Owner Address | | | |
| | | X & X DISTRIBUT | ION | S4573 VALLEY CIRCLE | | | |
| | | (608) 434-0253 | | NORTH FREEDOM, WI 53951, US | 6 | | |
| | | | | | | | |
| | | Sequence Of E | vents | | | | |
| | 1 | Event | | | | | |
| | 01 | OTHER FIXED OB | 3JECT | | | | |
| | 02 | Event | | | | | |
| | 0 | - | | | | | |
| | 03 | Event | | | | | |
| | | Event | | | | | |
| | 04 | Event | | | | | |
| _ | l | Policy Holder | | | | | |
| UNIT | | Insurance Company | | Organization/Company | | | |
| Б | | ALLSTATE-INS-C | 0 | X & X DISTRIBUTION | | | |
| | | Individual | | | | | |
| | | Driver | | Citations Issued | Sex | | |
| | | DEBRA ANN BEB | BER | 0 | FEMALE | | |
| | AL | (608) 963-0147 | | Date of Birth | Race | | |
| н | INDIVIDUA | | | | WHITE | | |
| UNIT | Σ | Address | | Driver License Number | | | |
| 2 | P | 1100 DRAPER ST | | | | | |
| | 2 | BARABOO, WI 53 | 913,US | STATE: WISCONSIN COUNTRY: UN | NIEDSTATES | | |
| | | | | | | | |
| | | Equipment | On Duty Crash | Safety Equipment | | | |
| | | | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | |
| | | | LEFT SIDE (DRIVER/MOTORCY | | | | |
| | | Helmet Use | | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | |
| | | | | | | | |
| - | Ξ | 1 1 | Injury Severity | Airbag | | | |
| 0 | 001 | Injury | NO APPARENT INJURY | NON DEPLOYED | | | |
| | | Ejected | | Ejection Path | Trapped/Extricated | | |
| | | NOT EJECTED | | NOT EJECTED/NOT APPLICABL | NOT TRAPPED | | |
| Misco | nsin N | Notor Vehicle Crash | This repo | ort does not include any CJIS data. | Crash Date 06/23/2018 | | |

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| | | Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier | | EMS Run # | |
|------|--------------------------------------|--------------------------------------|-------------------|--------------|-----------------------|----------|----------------------|----------------|
| | Hospital | | | | Date of Death | | Time of Death | |
| | | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School |
| | | Action | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| | | Action Other | | | | | | |
| | Ľ | Drug & Alcohol | Suspected Alcohol | Use | Suspected Drug Us | Se | | |
| | | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Type | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | I | | Drug Test Type | | Drug Test Results | |
| 6 | 001 | Drug Type | | | | | | |
| | Individual Condition APPEARED NORMAL | | | | | | | |