6TL09KMLXR 18-06809

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913**

Document Number Override	Primary Crash [Document #	18-06		Investigating Of DEPUTY S. F		
Crash Date 06/28/2018	Crash Time 01:52 PM		Date A 06/28		Time Arrived 02:16 PM		
Date Notified 06/28/2018	Time Notified 01:57 PM		Total U	Inits	Total Injured 00	Total Kill	ed
On Emergency	Hit and Run	Lane Clos		Work Zone	Trailer or	Towed	Reporting Threshold
Government Property		hool Zone	School NO	Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amended		Secondar Crash
escription ====							
Diagram					R	econstruction	on By
Ψ					PI	notos By	
·						,	
		(CTH G			dditional Inf	ormation
(N	ONE	
	I						
				however actually on its			
			side	_			
		7	~ ()				
		unit 1					
			иј ())				
		(4	Ø				
	ı						
			n	ot drawn to scale			
l		1					
l o owern lew enferre	mont officer com	o that I have =	ot odd-	d any CIIS data in this	roport		
, a sworn law enforce	ment omcer, agre	e mai i nave n	or adde	u any colo uata in this	report.		

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ı	OC	ation									
Ī		CTHG SB				Latitude			Longitud	de	
		O FT E				43.60438	35995		-90.257560371		
	OF STIFTER DR IN THE TOWN OF WOODLAND						X Coordinate		Y Coordinate		
		HE TOWN OF WOODL AUK COUNTY			237091.78125		4833092)2		
	•					Structure	Туре				
						NO STR	UCTURE				
(Cra	sh Scene									
Ī		Harmful Event					nful Event Lo				
		RTURN/ROLLOVER					DER RIGH	Т			
		ner of Collision	E IN TO ANODODT			Light Con					
ļ		COLLISION W/VEHICL	E IN TRANSPORT			DAYLIG					
	DRY	d Surface Condition(s)				Roadway	Factor(s)				
	Envi	ronment Factor(s)									
	NON	• •				NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	al Type				Relation To Trafficway					
	Crac	h Classification - Location				TRAFFICWAY - ON ROAD					
		BLIC PROPERTY					Classification - Jurisdiction PECIAL JURISDICTION				
	Triba	ıl Land				Access Co				Special Study	
	With	in Interchange Area	Junction Location		Intersection	n Type				L	
	NO	=	NON-JUNCTION			INTERSE	CTION				
į	Jnit	Summary									
		Status		Vehicle Ope	erating As C	lassification	1	Unit Type			
	IN T	RANSIT		D CLASS		AUTOMOBILE					
0.1		cle Type				Operating As Endorsements					
		SENGER CAR	Train/Dua # Injured	T + 1 # 0"			Total Trail		Total Har	Mat Turas	
	otal	Occs	Train/Bus # Injured	Total # Citations Issued 0		1	0		0		
_	Insur	ance?	Direction Of Travel SOUTHBOUND	Pre	CrashTire Mark)	Speed Lin	nit	Total Lan	es	
		Harmful Event: Collision W		Special Fur	nction		L	Emergency	Motor Veh		
ן		RTURN/ROLLOVER		NO SPEC	NO SPECIAL FUNCTION			NOT APP			
		ic Way		Traffic Cont				Traffic Cont	rol Inopera	tive/Missing	
		D-WAY, NOT DIVIDED		NO CONT				NO			
		ace Type ACKTOP (BITUMINOUS	: 1	Road Curva				Road Grade			
		k Bus or HazMat	יי	STRAIGH				LEVEL			
	NO	C 505 OF FIGERAL									
	7	Vehicle									
	License Plate Number			Plate Type			St	Country of Issuance			
		449SEJ		JTOMOBII	LE	WI	UNITED STATES				
5	01	Vehicle Identification Num 5FNRL5H49BB506532	Make HONDA Body Style			Year 2011	Model ODYSSEY				
		Color			2011		Bus Use				
		LBL - BLUE, LIGHT	VN - VAN				NOT A BU	S			
	щ	Initial Contact Point	Vehicle Damage								
;	VEHICLE	NON-COLLISION		1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MID				HT SIDE MIDDI F	. 12-		
	I	Extent Of Damage			-FRONT					-, - -	
ا ر	Ш	FUNCTIONAL DAMAGE									

Crash Date **06/28/2018**Crash Time **01:52 PM**

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		Towed Due To Dama	age	Vehicle Removed By							
		What Driver Was Doi	ng	PETERSONS, HILLSBORO WI Vehicle Factors							
		OTHER	ng	NOT APPLICABLE							
		Driver Prior Action Ot	ther								
		GOT OUT OF VEH	HICLE PARKED ON THE SIDE								
		Driver Actions	NUTING ACTION								
	쁘	OTHER CONTRIB	BUTING ACTION								
L N	2										
⊃	VEHICL										
	>										
		Driver Distractions NOT DISTRACTED									
		NOT DISTRACTE	D								
2	5										
		Owner Name		Owner Address							
		NICOLE RENEE 0 (608) 228-9963	CONLEY	S1122 STIFTER DR WONEWOC, WI 53968, US							
		(555) 225 5555		WORLWOO, WI 33300 , 03							
	,	Sequence Of Events									
		Event	vents								
	5 OVERTURN/ROLLOVER										
	02	Event									
	0	_									
	03	Event									
		Event									
	9										
\vdash	ı	Policy Holder									
FIN		Insurance Company		Individual							
7		PROGRESSIVE-C	ASUALTY-INS-CO	NICOLE CONLEY							
	ı	Individual									
		Driver NICOLE RENEE CONLEY (608) 228-9963		Citations Issued	Sex						
	4			O Date of Disth	FEMALE						
	INDIVIDUA	,		Date of Birth	Race WHITE						
L N	₹	Address		Driver License Number							
⊃	₫	S1122 STIFTER D		STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	WONEWOC, WI 5	3968 , US								
		Equipment	On Duty Crash	Safety Equipment							
		Seat Position		NOT APPLICABLE							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		11077111 210712 22							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
	_		Injury Severity	Airbag							
5	90	Injury	NO APPARENT INJURY	NON DEPLOYED							
		Ejected	1	Ejection Path	Trapped/Extricated						
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED						

6TL09KMLXR 18-06809

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		Medical Transport			EMS Agency Identifier		EMS Run #						
		NOT TRANSPORT	TED										
		Hospital			Date of Death		Time of Death						
		10.71. 11.71				Location		To/From Cohool					
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School					
		Action											
	7												
—	INDIVIDUAL												
TINO	9												
⊃	á												
	Z												
		A stice Others											
		Action Other											
			Suspected Alcohol L	lse	Suspected Drug Us	SA							
	L	Drug & Alcohol NO			NO								
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results						
		TEST NOT GIVEN			7		7 Hoomer Foot Flooding						
		Drug Test Given			Drug Test Type		Drug Test Results						
		TEST NOT GIVEN	I										
_	Ξ	Drug Type											
5	001												
		Individual Condition											
		individual Condition											
		APPEARED NORMAL											
		In dividual											
		Individual											
		Passenger TUCKER J CONL	FY		Citations Issued 0		Sex MALE						
	A F	(608) 228-9963			-		Race						
_	\mathbf{z}				Date of Biltin		WHITE						
	INDIVIDUAL	Address			Driver License Nun	nber							
\supset	ቯ	S1122 STIFTER D											
	=	WONEWOC, WI 5	3968 , US										
			On Duty Crash		Safety Equipment								
		Equipment			CHILD RESTRAINT SYSTEM - REAR FACING								
		Seat Position											
			T-LEFT SIDE(MOT	ORCYCLE/BI									
		Helmet Use			Helmet Compliance								
		Fire Destantion											
		Eye Protection			Tint Compliance								
	~	Injury Severity			Airbag								
5	002	Injury	NO APPARENT I	NJURY	NON DEPLOYED								
		Ejected			Ejection Path Trapped/Extricated								
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	TRAPPED/EXTRICA	TED					
		Medical Transport			EMS Agency Ident	ifier	EMS Run #						
		NOT TRANSPORT	TED										
		Hospital			Date of Death		Time of Death						
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School					
	14011 INIOCOLISC												

4 of 6

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Crash Date 06/28/2018

Crash Time 01:52 PM

LINI	INDIVIDUAL	Action							
		Action Other							
	E	Orug & Alcohol	Suspected Alcohol L NO	Jse	Suspected Drug Us	se			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type Drug Test Type		Alcohol Test Results		
			Drug Test Given TEST NOT GIVEN				Drug Test Results		
01	005	Drug Type							
		Individual Condition							
		APPEARED NOR	WAL						
	ı	Individual							
		Passenger MILES D CONLEY	•		Citations Issued Sex 0 MALE				
	Ι	(608) 228-9963			Date of Birth Race				
⊨	ੂ				WHITE				
LINO	INDIVIDUAL	Address S1122 STIFTER DR WONEWOC, WI 53968 , US			Driver License Number				
		Equipment	On Duty Crash		Safety Equipment				
		Seat Position			CHILD RESTRAINT SYSTEM - REAR FACING				
		7THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC Helmet Use		Helmet Compliance					
		Fire Drotostics			Tint Compliance				
		Eye Protection							
01	003	Injury	Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYED				
		Ejected			Ejection Path	NOT A DDI 10 A DI	Trapped/Extricated		
		NOT EJECTED Medical Transport			NOT EJECTED/NOT APPLICABL EMS Agency Identifier		TRAPPED/EXTRICATED EMS Run #		
	NOT TRANSPORTED Hospital				Livio Agency Ident	illoi	LINO ITUIT#		
					Date of Death Time of D		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location	ı	To/From School	

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				• •	
LIND	INDIVIDUAL	Action			
		Anti-or Other			
		Action Other			
		Cyanastad Alashal Llas	Cupposted Drug Hos		
	E	Orug & Alcohol Suspected Alcohol Use	Suspected Drug Use 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	
01	003	Drug Type			
		Individual Condition			
		APPEARED NORMAL			
		ALL LAKED HORMAE			