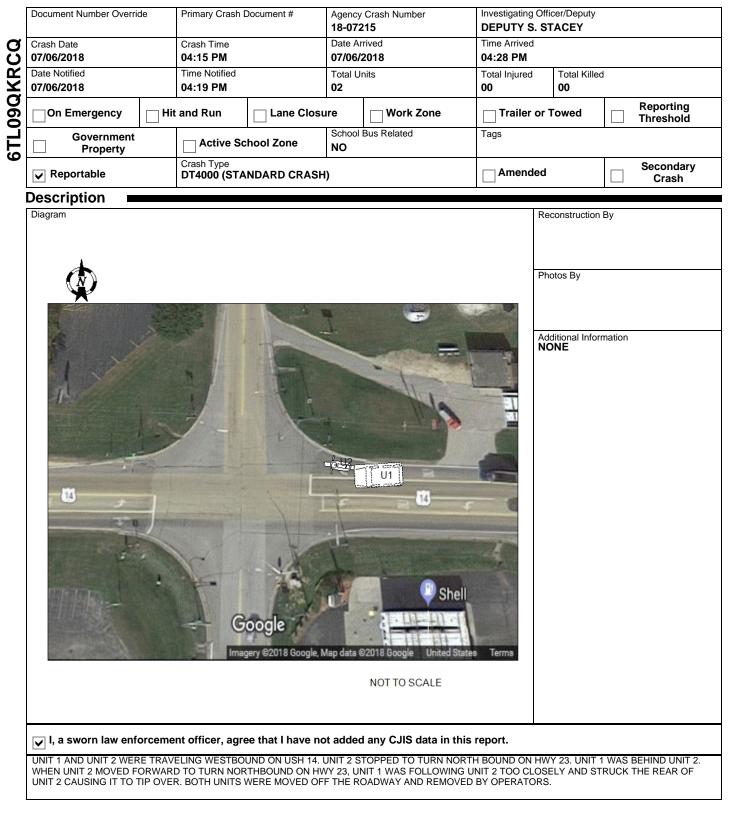
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WISCONSIN MOTOR VEHICLE CRASH REPORT



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2

UNIT

5

UNIT

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	- (]								(608) 356-4895	
	ation									
-	USH14 WB			Latitude			Longitude -90.073677818			
	PRAIRIE VIEW RD/ S			43.189695487						
IN T	HE TOWN OF SPRIN			X Coordinate 250233.921875			Y Coordinate 4786468			
				Structure Type						
				NO STRUCTURE						
Cra	sh Scene 📃									
First	Harmful Event				First Harm	ful Event Lo	ocation			
_	TOR VEH IN TRANSP	ORT			ON ROA	DWAY				
	ner of Collision				Light Condition					
	FRONT TO REAR				DAYLIGHT					
Road	d Surface Condition(s)				Roadway Factor(s)					
DR	(
Envi	ronment Factor(s)									
NO	NE				NONE					
Wea	ther Condition(s)									
CLC	DUDY									
Anim	nal Type				Relation To Trafficway					
					TRAFFICWAY - ON ROAD					
	h Classification - Locatior	1			Crash Classification - Jurisdiction					
	BLIC PROPERTY			NO SPECIAL JUR						
Triba	al Land			Access Control NO CONTROL					Special Study	
With	in Interchange Area	Junction Location		Intersection Type						
NO		INTERSECTION-RELATE	D	FOUR-W	AY INTER	SECTION	1			
Uni	t Summary 🛛 💻									
Unit	Status		Vehicle Ope	erating As C	lassification		Unit Type			
	RANSIT		D CLASS				AUTOMO			
	cle Type ORT) UTILITY VEHIC	F			Operating As Endorsements			ments		
-		Train/Bus # Injured	Total # Citat	Total # Citations Issued Total T		Total Trail	ers	Total Haz	Mat Types	
1			1			0		0		
Insu	rance?	Direction Of Travel	Pre	Pre CrashTire		Speed Limit		Total Lan	es	
YES	6	WESTBOUND		Mark 55			55 2			
	t Harmful Event: Collision TOR VEH IN TRANSP		Special Fun NO SPEC		Emergency Motor Vehicle Use NOT APPLICABLE			icle Use		
_	ic Way		Traffic Contr							
	D-WAY, NOT DIVIDED)		TRAFFIC SIGNAL			NO			
	ace Type ACKTOP (BITUMINOU	16)		Road Curvature STRAIGHT			Road Grade			
	k Bus or HazMat	13)	STRAIGH	1			LEVEL			
NO	K Dus of Flaziviat									
	Vehicle									
	License Plate Number		Plate Type			-		of Issuance		
	120PAB			AUT - AUTOMOBILE		WI	UNITED STATES			
-	Vehicle Identification Number			Make		Year				
5	1FMCU49309KA48861			FORD				SCAPE HEV		
	Color BLK - BLACK		Body Style Bus Use UT - SPORT UTILITY VEHICLE NOT A BUS							
Initial Contact Point IRIGHT FRONT CORNER Extent Of Damage			1RIGHT	1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT						
Extent Of Damage 1RIGH MINOR DAMAGE					KONT CONNER, 2-RIGHT ODE FROM					

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Towed Due To Dama	age	Vehicle Removed By						
		NOT TOWED		OWNER						
		What Driver Was Doi	ing	Vehicle Factors						
		RIGHT TURN		NOT APPLICABLE						
		Driver Prior Action Ot	ther							
		Driver Actions								
	щ	FOLLOWING TOO CLOSE								
UNIT	VEHICLE									
5	H									
	K									
		Driver Distractions NOT DISTRACTED								
0	01									
0	0									
		Owner Name		Owner Address						
		MARY BERNACCHI (262) 391-0575		103 SHARON ST APT 3						
				ARENA, WI 53503 , US						
		Sequence Of Events								
	1	Event								
	01	MOTOR VEH IN TRANSPORT								
	02	Event	ant							
	03	Event								
	0	-								
	04	Event								
⊢	ļ	Policy Holder								
UNIT	1	Insurance Company Individual								
2		STATE-FARM-GE	NERAL-INS-CO	THOMAS BERNACCHI						
		ndividual								
	1	Driver		Citations Issued	Sex					
		DANIELLE BERNACCHI (262) 391-0575		1	FEMALE					
	JA			Date of Birth	Race					
E	D				WHITE					
UNIT	INDIVIDUA	Address		Driver License Number	· · ·					
	N	103 SHARON ST APT 3 ARENA, WI 53503 ,US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	-									
		Equipment	On Duty Crash	Safety Equipment						
		Seat Position								
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use		Helmot Compliance						
				Helmet Compliance						
		Eye Protection		Tint Compliance						
	_		Injury Severity	Airbag						
0	001	Injury	NO APPARENT INJURY							
		Ejected		Ejection Path Trapped/Extricated						
		NOT EJECTED		NOT EJECTED/NOT APPLICABL NOT TRAPPED						
I	noin N	Motor Vehicle Crash	This rep	ort does not include any CJIS data.	Crash Date 07/06/2018					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

									• •		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #			
		Hospital			Date of Death	Date of Death			Time of Death		
		Non Motorist	Striking Unit #	Prior Action	Location				To/From School		
		Action	•		1						
UNIT	INDIVIDUAL										
		Action Other									
	Ľ	Drug & 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			
6	001	Drug Type									
		Individual Condition									
		APPEARED NOR									
	٦	Violations									
	UTC Number Issue To? Statute Number AE754437 001 346.14(1m)			Seq Num Description AUTOMOBILE FOLLOWING TOO CLOSELY							
ļ	Uni	t Summary									
	Unit	Status			Vehicle Operating As	Classification		Unit Type			
		-			M CLASS			MOTORCYCLE Operating As Endorsements			
02	Vehicle Type MOTORCYCLE										
	Total Occs Train/Bus # Injured 1			0 0			0				
F	Insurance? Direction Of Travel YES WESTBOUND		Pre CrashTire Speed Lin Mark 55		nit	Total Lane 2	S				
UNIT		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
				Traffic Control TRAFFIC SIGNAL			Traffic Control Inoperative/Missing NO				
				Road Curvature STRAIGHT			Road Grade				
	Truck Bus or HazMat NO										
	1	Vehicle									
		License Plate Number 277LN			Plate Type St CYC - CYCLE WI			Country of Issuance UNITED STATES			
02	02	Vehicle Identification Number 1HD1KEM19DB695652			Make Year HARLEY DAVIDSON 2013		Model FLTHTK				
		Color RED - RED		Body Style MC - MOTORCYCLE			Bus Use NOT A BUS				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Щ	Initial Contact Point	Vehicle Damage					
UNIT	CL	6REAR						
	H	Extent Of Damage	5RIGHT REAR CORNER, 6REAR, 7LEFT REAR CORNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLE					
	VEHICLE	FUNCTIONAL DAMAGE						
	-	Towed Due To Damage	/ehicle Removed By					
		NOT TOWED 0	OWNER					
		What Driver Was Doing	/ehicle Factors					
		RIGHT TURN						
		Driver Prior Action Other	NOT APPLICABLE					
		Driver Actions						
	ш	NO CONTRIBUTING ACTION						
F	VEHICLE							
UNIT	Η							
	/EI							
	-							
		Driver Distractions						
		Driver Distractions NOT DISTRACTED						
02	02							
		Owner Name	Owner Address					
		STEVEN DISCHLER	E8616 COUNTY ROAD O					
		(608) 208-8324	SAUK CITY, WI 53583 , US					
		Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPORT						
	0							
	02	Event						
	0							
	03	Event						
	0							
	04	Event						
	0							
F	I	Policy Holder						
UNIT		Insurance Company	Individual					
		STATE-FARM-GENERAL-INS-CO	STEVEN DISCHLER					
		Individual						
		Driver	Citations Issued	Sex				
		STEVEN DISCHLER	0	MALE				
	AL	(608) 208-8324	Date of Birth	Race				
L	INDIVIDUAL			WHITE				
UNIT	VIE	Address	Driver License Number					
Б	D	E8616 COUNTY ROAD O						
	N	SAUK CITY, WI 53583 , US	STATE: WISCONSIN COUNTRY: UN	ITED STATES				
		On Duty Crash	Protective Gear					
		Equipment	Protective Gear					
		Seat Position						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	UNKNOWN					
		Helmet Use	Helmet Compliance					
		HALF	APPROVED					
		Eye Protection	Tint Compliance					
		UNKNOWN	UNKNOWN					
				0 1 5 4 07/00/0040				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

02	002		Injury Severity		Airbag				
0	8	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D			
		Ejected			Ejection Path		Trapped/Extricated		
		NOT APPLICABL	E		NOT EJECTED/NOT APPLICABL		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPOR	TED						
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
		Action							
	Ļ								
	ň								
UNIT	ē								
\supset	N								
	INDIVIDUAL								
	-								
		Action Other							
			Suspected Alcohol L	Jse	Suspected Drug Us	se			
	L	Drug & Alcohol	NO		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		
		TEST NOT GIVEN							
02	002	Drug Type					•		
0	õ								
		Individual Condition							
		APPEARED NOR	MAL						