18-07618

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Officer/Deputy . VERTEIN		
X	Crash Date 07/15/2018	Crash Time 12:32 PM	Date Arrived 07/15/2018	Time Arrived 01:02 PM	
	Date Notified 07/15/2018	Time Notified 12:42 PM	Total Units 02	Total Injured	Total Killed 00
6 I LUBC3B1X		and Run		Trailer o	Device of the se
6 I L	Government Property	Active School Zone	School Bus Related	Tags	ŀ
	✓ Reportable	Crash Type DT4000 (STANDARD CRASH	1)		ed Secondary Crash
	Description				
	Diagram				Reconstruction By Photos By
		Rainbow Rd	-	3	
	_				Additional Information NONE
	USH 1		_		
		nt officer, agree that I have no			UNIT 2 STATED HE STARTED TO GO
	INTO MOTION TO CROSS USH 1		IOTORCYCLE TRAVELING ON US	SH 14 SO HE STO	OPPED ONCE AGAIN. AT THAT TIME,

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WISCONSIN MOTOR VEHICLE CRASH REPORT

Location				
ON RAINBOW RD 64 FT W	Latitude 43.179507248	Longitude -90.056038362		
OF USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	X Coordinate 251626.046875	Y Coordinate 4785284		
	Structure Type NO STRUCTURE			

Crash Scene

Within Interchange Area NO	Junction Location	Intersection Type FOUR-WAY INTERSECTION	N			
Tribal Land		Access Control NO CONTROL	Special Study			
Crash Classification - Locat PUBLIC PROPERTY	ion	Crash Classification - NO SPECIAL JUR				
Animal Type		TRAFFICWAY - O	Relation To Trafficway TRAFFICWAY - ON ROAD			
CLEAR						
Weather Condition(s)						
NONE		NONE				
Environment Factor(s)						
DRY						
Road Surface Condition(s)		Roadway Factor(s)				
02FRONT TO REAR		DAYLIGHT				
Manner of Collision		Light Condition	Light Condition			
MOTOR VEH IN TRANS	SPORT	ON ROADWAY	ON ROADWAY			
First Harmful Event		First Harmful Event Lo	First Harmful Event Location			

	Unit Status			Vehicle Operating As Classification	Unit Type				
	IN T	RANSIT		D CLASS		AUTOMOBILE			
1	Vehicle Type					Operating /	As Endorsements		
01	(SPORT) UTILITY VEHICLE								
	Total Occs Train/Bus # Injured		Train/Bus # Injured	Total # Citations Issued Total Traile		ilers	Total HazMat Types		
	2			0	1		0		
	Insur	ance?	Direction Of Travel	Pre CrashTire	Speed Li	mit	Total Lanes		
E	YES	i	EASTBOUND	Mark	35		2		
UNIT	Most Harmful Event: Collision With			Special Function			Emergency Motor Vehicle Use		
	MOTOR VEH IN TRANSPORT			NO SPECIAL FUNCTION		NOT APP	PLICABLE		
	Traffic Way			Traffic Control		Traffic Control Inoperative/Missing			
	TWO-WAY, NOT DIVIDED			STOP SIGN		NO			
	Surface Type			Road Curvature		Road Grad	e		
	BLACKTOP (BITUMINOUS)			STRAIGHT		LEVEL			
		k Bus or HazMat							
	NO								
	١	/ehicle							
		License Plate Number		Plate Type	St	Country of Issuance			
		709MJV		AUT - AUTOMOBILE	wi	UNITED S	TATES		
-	_	Vehicle Identification Numb	per	Make	Year	Model			
6	01	1GNFK16R7XJ470666		CHEVROLET	1999	K1500 SU	BU		
		Color		Body Style		Bus Use	10		
		GRY - GRAY		UT - SPORT UTILITY VEH	ICLE	NOT A BU	15		
	щ	Initial Contact Point		Vehicle Damage					
UNIT	CI	12FRONT							
5	VEHICL	Extent Of Damage		1RIGHT FRONT CORNE	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT				

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		Towed Due To Damage				ehicle Remo				
		NOT TOWED			C	OPERATO	R			
		What Driver Was Doing			V	ehicle Facto	ors			
		SLOW/STOPPING								
		Driver Prior Action Other			N	NOT APPL	ICABLE			
		Driver Actions								
L	VEHICLE									
UNIT										
Б	EH									
	>									
		Driver Distractions								
		NOT DISTRACTED								
0	01									
		Owner Name				Owner A	ddress			
		WARREN REGNIER					255TH CT			
		(847) 308-1672				IREVO	R, WI 53179	, 05		
		Sequence Of Ever	nts							
	0									
	0	MOTOR VEH IN TRAI	NSPORT							
	02	Event								
	0	_								
	03	Event								
		Event								
	04	LVent								
		Policy Holder								
UNIT		Insurance Company				Individual				
Б		ALLSTATE-INS-CO				WARREN REGNIER				
	-	Trailer/Towed								
_	1		Plate Type		Make		State	Count	ry of Issuance	
0		RV10356	RVT - RE		JAYCO		WI		ED STATES	
	2	Unit Type			vidual		1	Addre		
UNIT	TRAILER/ TOWED	RECREATIONAL				R		1262	0 255TH CT	
N		Vehicle Identification Num	ber	(847	7) 308-1672			TREV	/OR, WI 53179 ,US	
_	Ĕ۲	1UJBJ02R341EL0691								
ĺ		Individual								
	1	Driver		-		Citations Is	ssued		Sex	
	_	WARREN REGNIER				0			MALE	
	٩ſ	(847) 308-1672				Date of Bir	th		Race	
E	INDIVIDUAL								WHITE	
UNIT	N	Address				Driver Lice	ense Number			
_	ND	12620 255TH CT TREVOR, WI 53179,	116			STATE	MISCONSIN	COUNTRY: UN	ITED STATES	
	-	inevon, wi 33173 ,	00			0.7.12.1				
			<u> </u>							
		Equipment	Duty Crash	ו		Safety Equ	upment			
		Seat Position				SHOULD	ER & LAP E			
		1FRONT SEAT-LEF		RIV)1		
		I-FROM SEAT-LEF	י אוטב (ח	1110						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Helmet Use			Helmet Complianc	e			
		Eye Protection			Tint Compliance				
0	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYED				
		Ejected			Ejection Path		Trapped/Extricated		
		NOT EJECTED			NOT EJECTED	NOT APPLICABL	NOT TRAPPED		
		Medical Transport			EMS Agency Ident	ifier	EMS Run #		
		NOT TRANSPOR	TED						
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
		Action							
	JAL								
UNIT	INDIVIDUAL								
	Į								
	=								
		Action Other							
	Ľ	Drug & Alcohol	Suspected Alcohol	Use	Suspected Drug U NO	se			
		Alcohol Test Given TEST NOT GIVEN	l		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 NOR	MAL						
	I	Individual							
		Passenger			Citations Issued		Sex		
	Ļ	KARRALINN REC (847) 308-1672	GNIER		0		FEMALE		
⊢	INDIVIDUA	(047) 300-1072			Date of Birth		Race WHITE		
UNIT	Σ	Address			Driver License Nur	nber	-		
_		12620 255TH CT TREVOR, WI 5317	70 115						
	-		9,00						
		Fauinmont	On Duty Crash		Safety Equipment				
		Equipment							
		Seat Position 3FRONT SEAT-F			SHOULDER & I	AP BELT			
		Helmet Use	NOTI SIDE (TRA		Helmet Complianc	e			
		Eye Protection			Tint Compliance				
0	002	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYE	D			

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Ejected			Ejection Path		Trapped/Extricated		
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED		
		Medical Transport			EMS Agency Identi	ier	EMS Run #		
		NOT TRANSPOR	TED						
		Hospital			Date of Death		Time of Death		
			Striking Unit #	Prior Action		Location		To/From School	
		Non Motorist				Location			
		Action							
	AL								
E	DO								
UNIT	Σ								
	INDIVIDUAL								
	=								
		Action Other							
			Suspected Alcohol L	lee	Suspected Drug Us	<u>م</u>			
	Ľ	Drug & Alcohol	NO	/50	NO	C C			
	1	Alcohol Test Given			Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIVEN	l						
		Drug Test Given	Drug Test Given			Drug Test		t Results	
		TEŠT NOT GIVEN							
2	002	Drug Type							
	Individual Condition								
		APPEARED NOR	ΜΔΙ						
l	Unit	t Summary							
		Status			ehicle Operating As C	lassification	Unit Type		
		RANSIT		D			TRUCK		
02		cle Type			Operating As E			s Endorsements	
0		LITY TRUCK/PICK	Train/Bus # Inj	ured	otal # Citations Issued	Total Tra	ilers Total HazMat Types		
	10ia 3	l'Occs	Train/Dus # Inj	0 ured		0		0	
		rance?	Direction Of Tr		Pre CrashTire	Speed Lie	nit	Total Lanes	
F	YES		EASTBOUN	D	Mark	35		2	
UNIT	Most	Harmful Event: Collis	st Harmful Event: Collision With S				Emergency Motor Vehicle Use		
	MO				NO SPECIAL FUNCTION NOT APPLI				
			SPORT			TION			
	Traff	ic Way		т	raffic Control	TION	Traffic Cont	rol Inoperative/Missing	
	Traff TWC	ic Way D-WAY, NOT DIVID		T S	raffic Control	TION	Traffic Cont NO	rol Inoperative/Missing	
	Traff TWC Surfa	ic Way D-WAY, NOT DIVID ace Type	ED	T S R	raffic Control TOP SIGN oad Curvature		Traffic Cont NO Road Grade	rol Inoperative/Missing	
	Traff TWC Surfa BLA	ic Way D-WAY, NOT DIVID	ED	T S R	raffic Control		Traffic Cont NO	rol Inoperative/Missing	
	Traff TWC Surfa BLA	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN	ED	T S R	raffic Control TOP SIGN oad Curvature		Traffic Cont NO Road Grade	rol Inoperative/Missing	
	Traff TWC Surfa BLA Truc NO	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN	ED	T S R	raffic Control TOP SIGN oad Curvature		Traffic Cont NO Road Grade	rol Inoperative/Missing	
	Traff TWC Surfa BLA Truc NO	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN k Bus or HazMat Vehicle License Plate Numbe	OUS)	T S R S	raffic Control TOP SIGN oad Curvature	St	Traffic Cont NO Road Grade	rol Inoperative/Missing	
	Traff TWC Surfa BLA Truc NO	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN k Bus or HazMat Vehicle License Plate Numbe MB4669	PED OUS)	T S R S	raffic Control TOP SIGN oad Curvature TRAIGHT Plate Type LTK - LIGHT TRU(St K WI	Traffic Cont NO Road Grade LEVEL Country of Is UNITED S1	rol Inoperative/Missing	
12	Traff TWC Surfa BLA Truc NO	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN k Bus or HazMat Vehicle License Plate Numbe MB4669 Vehicle Identification	PED OUS) er Number	T S R S	raffic Control TOP SIGN oad Curvature TRAIGHT Plate Type LTK - LIGHT TRU(Make	K WI Year	Traffic Cont NO Road Grade LEVEL Country of Is UNITED S1 Model	rol Inoperative/Missing	
02	Traff TWC Surfa BLA Truc NO	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN k Bus or HazMat Vehicle License Plate Numbe MB4669 Vehicle Identification 3C6UR5DL1EG22	PED OUS) er Number	T S R S	raffic Control TOP SIGN oad Curvature TRAIGHT Plate Type LTK - LIGHT TRUC Make RAM	St K WI	Traffic Cont NO Road Grade LEVEL Country of Is UNITED S1 Model NO DATA	rol Inoperative/Missing	
02	Traff TWC Surfa BLA Truc NO	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN k Bus or HazMat Vehicle License Plate Numbe MB4669 Vehicle Identification 3C6UR5DL1EG22 Color	PED OUS) er Number	T S R S S	raffic Control TOP SIGN oad Curvature TRAIGHT Plate Type LTK - LIGHT TRUC Make RAM Body Style	K WI Year	Traffic Cont NO Road Grade LEVEL Country of Is UNITED S1 Model	rol Inoperative/Missing suance FATES FO	
02	Traff TWC Surfa BLA Truc NO	ic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMIN k Bus or HazMat Vehicle License Plate Numbe MB4669 Vehicle Identification 3C6UR5DL1EG22	PED OUS) er Number	T S R S S	raffic Control TOP SIGN oad Curvature TRAIGHT Plate Type LTK - LIGHT TRUC Make RAM	K WI Year	Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model NO DATA	rol Inoperative/Missing suance FATES FO	

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	щ		/ehicle Damage	
Ħ	C			
UNIT	VEHICLE	-	5RIGHT REAR CORNER, 6REAR, 7	LEFT REAR CORNER
	V			
			/ehicle Removed By DPERATOR	
			/ehicle Factors	
		SLOW/STOPPING		
		Driver Prior Action Other	NOT APPLICABLE	
		Deliver Actions		
	ш	Driver Actions NO CONTRIBUTING ACTION		
F	VEHICLE			
UNIT	HIG			
-	<			
		Driver Distractions NOT DISTRACTED		
~	2			
02	02			
		Owner Name	Owner Address	
		CHARLES QUINN	7310 HWY 11 EAST	
			GRATIOT, WI 53541 , US	
		Sequence Of Events		
	01	MOTOR VEH IN TRANSPORT		
	02	Event		
	0			
	03	Event		
	-	Event		
	04			
F		Policy Holder		
INT		Insurance Company	Individual	
		GEICO-ADVANTAGE-INSURANCE-CO	CHARLES QUINN	
		ndividual	Citations Issued	
		Driver PRESTON QUINN	Citations Issued 0	Sex MALE
	JAL	(608) 695-1100	Date of Birth	Race
F	INDIVIDUAL			WHITE
UNIT	IVI	Address	Driver License Number	•
-	IN	155 MILKY WAY MADISON, WI 53718 ,US	STATE: WISCONSIN COUNTRY: UN	IITED STATES
		On Duty Crash	Safety Equipment	
		Equipment		
			SHOULDER & LAP BELT	
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	Helmet Compliance	
		Treinier 056		
		Eye Protection	Tint Compliance	

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02	003	In it was	Injury Severity		Airbag				
0	õ	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D			
		Ejected			Ejection Path	Trapped/Extricated			
		NOT EJECTED			NOT EJECTED/NOT APPLICABL NOT TRAPPED				
		Medical Transport			EMS Agency Ident	ifier	EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
		Action							
	P								
E	Ы								
UNIT	Σ								
	INDIVIDUAL								
	=								
		Action Other							
	,	Drug & Alcohol	Suspected Alcohol L	Jse	Suspected Drug U NO	se			
	-								
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
					Drug Test Type		Drug Tost Posults		
		Drug Test Given TEST NOT GIVEN	4		Drug rest type		Drug Test Results		
	3	Drug Type							
02	003	Drug Type							
		Individual Condition							
		APPEARED NOR	MAL						
		Individual					-		
		Passenger MCKENNA QUIN	IN		Citations Issued		Sex		
	AL	(608) 695-1100			0		FEMALE Race		
	DIVIDUAL	` ,			Date of Birth		WHITE		
UNIT	Ę	Address			Driver License Nur	nher			
Б		155 MILKY WAY			Driver License Nu	libei			
	Z	MADISON, WI 537	718,US						
		F	On Duty Crash		Safety Equipment				
		Equipment							
		Seat Position			BOOSTER SEA	т			
			T-LEFT SIDE(MOT	ORCYCLE/BI					
		Helmet Use			Helmet Complianc	9			
		Eve Drotection			T to t				
		Eye Protection			Tint Compliance				
	4		Injury Severity		Airbag				
02	004	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D			
		Ejected			Ejection Path		Trapped/Extricated		
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED		
		Medical Transport			EMS Agency Ident	ifier	EMS Run #		
		NOT TRANSPOR	TED						

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		Hospital			Date of Death		Time of Death	
			-					
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action						
	_							
	IAI							
Ę	INDIVIDUAL							
UNIT	Σ							
	Ģ							
	2							
		Action Other						
	Suspected Alcohol Use				Suspected Drug Us	e		
	Drug & Alcohol No				NO			
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN	l					
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
		TEST NOT GIVEN						
02	004	Drug Type			1			
0	8							
		Individual Condition						
		Individual Condition						
		APPEARED NOR	MAL					
		Individual						
		Passenger			Citations Issued		Sex	
	Ļ	FEAGĂN QUINN			0		FEMALE	
	INDIVIDUAL	(608) 695-1100	08) 695-1100				Race WHITE	
F	ē						WHILE	
UNIT	S	Address 155 MILKY WAY			Driver License Number			
	Z	MADISON, WI 537	718 . US					
	_	,,	,					
			On Duty Croch					
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position						
		6SECOND SEAT			BOOSTER SEAT			
		Helmet Use			Helmet Compliance	<u>.</u>		
		Tiennet Ose			Theimet Compliance			
		Eye Protection			Tint Compliance			
~	2		Injury Severity		Airbag			
02	005	Injury	NO APPARENT I	NJURY	NON DEPLOYE	כ		
		Ejected			Ejection Path		Trapped/Extricated	
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED	
		Medical Transport			EMS Agency Identi	fier	EMS Run #	
		NOT TRANSPOR	TED					
		Hospital			Date of Death		Time of Death	
		<u> </u>						
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School

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UNIT	INDIVIDUAL	Action			
	E	Action Other Suspected Alcohol Use NO	Suspected Drug Use		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
02	005	Drug Type			
		Individual Condition			
		APPEARED NORMAL			