WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override			Agency Crash Number 18-07510		Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER Time Arrived				
9	Crash Date 07/12/2018		Crash Time 09:10 PM Time Notified 09:12 PM		Date Arrived 07/12/2018 Total Units 02		Time Arrived 09:24 PM			
OIFOROTIO	Date Notified 07/12/2018	Time Notified					Total Kill	led		
	On Emergency	Hit and Run	t and Run Lane Closu		sure Work Zone		or Towed	Reporting Threshold		
5	Government Property		chool Zone	School Bus Related NO		Tags				
	▼ Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH)				Amended			
	Description Diagram						Reconstruction	on By		
								···- /		
							Photos By			
							PHOLOS By			
							Additional Info	ormation		
			unit 1	not to s	cale					
			uill'		4 300					
			of unit 2							
			unit 2							
		4 10		unit 1						
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		and the second			A TOP OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN					
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	BICYCLE.									

WISCONSIN MOTOR VEHICLE CRASH REPORT

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	IN T	THE TOWN OF DELTO	N			274373.03125		Y Cool 48355		
	IN S	SAUK COUNTY			L				+0000	72. 3
					Structure Type NO STRUCTURE					
(Cra	sh Scene								
1	First	Harmful Event				First Harm	ful Event Lo	ocation		
	МО	TOR VEH IN TRANSP	ORT			ON ROA				
	Mani	ner of Collision				Light Cond	dition			
	02	FRONT TO REAR				DARK/U				
	Road	d Surface Condition(s)				Roadway	Factor(s)			
	DRY	* * *								
	Envi	ronment Factor(s)								
	МОИ	NE				NONE				
	Wea	ther Condition(s)								
	CLE	EAR								
	Anim	nal Type		-		Relation T	o Trafficwa	/		
						TRAFFIC	WAY - O	N ROAD		
	Cras	h Classification - Location				Crash Classification - Jurisdiction				
		BLIC PROPERTY				NO SPECIAL JURISDICTION				
	Triba	al Land				NO CONTROL		Special Stu		Special Study
	\\/:4b	in Interchange Area	Junction Location							
	NO	in interchange Area	NON-JUNCTION		Intersection Type NOT AN INTERSECTION					
	Unit	t Summary =			l					
		Status		Vehicle Ope	erating As Cla	assification		Unit Type		
	IN T	RANSIT		D CLASS	· ·	AUTOMOBILE				
		cle Type				Operating As Endorsements				
5	PAS	SSENGER CAR								
	Tota	I Occs	Train/Bus # Injured	Total # Citations Issued		d Total Trail		ers	Total Haz	Mat Types
	1			0		0			0	
	Insur			0			0		U	
		rance?	Direction Of Travel	-	CrashTire		0 Speed Lin	nit	Total Lan	es
	YES		Direction Of Travel EASTBOUND	Pre	Mark		_	nit	-	es
	Most	S t Harmful Event: Collision	EASTBOUND With	Pre (Mark ction	FION	Speed Lin	Emergency	Total Lan 2 Motor Veh	icle Use
	Most	S t Harmful Event: Collision TOR VEH IN TRANSP	EASTBOUND With	Pre of Special Fun NO SPEC	Mark ction IAL FUNC	ΓΙΟΝ	Speed Lin	Emergency NOT APP	Total Lan 2 Motor Veh LICABLE	icle Use
	Most MO	S t Harmful Event: Collision T TOR VEH IN TRANSP ic Way	EASTBOUND With ORT	Pre Control Special Fun NO SPEC	Mark ction IAL FUNCT	ΓΙΟΝ	Speed Lin	Emergency NOT APP	Total Lan 2 Motor Veh LICABLE	icle Use
	Most MO	S t Harmful Event: Collision TOR VEH IN TRANSP ic Way D-WAY, NOT DIVIDED	EASTBOUND With ORT	Pre of Special Fun NO SPEC Traffic Contr	Mark ction IAL FUNCT rol ROL	ΓΙΟΝ	Speed Lin	Emergency NOT APP Traffic Cont	Total Lan 2 Motor Veh LICABLE rol Inopera	icle Use
	Most MO Traff TWO	t Harmful Event: Collision TOR VEH IN TRANSPic Way D-WAY, NOT DIVIDED ace Type	With ORT	Pre d Special Fun NO SPEC Traffic Contr NO CONT Road Curva	Mark ction IAL FUNCT rol ROL	ΓΙΟΝ	Speed Lin	Emergency NOT APP Traffic Cont NO Road Grade	Total Lan 2 Motor Veh LICABLE rol Inopera	icle Use
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	Most MOTTraff TWC Surfa BLA Truc	t Harmful Event: Collision TOR VEH IN TRANSP TICK Way D-WAY, NOT DIVIDED TABLE Type ACKTOP (BITUMINOU IK Bus or HazMat Vehicle License Plate Number DHELM1 Vehicle Identification Nur 2G1WS55136939915 Color WHI - WHITE	EASTBOUND With ORT S)	Pre d Special Fun NO SPEC Traffic Conti NO CONT Road Curva STRAIGH* Plate Type AUT - AU Make CHEVRO Body Style SD - SED	Mark ction IAL FUNCT rol ROL tture T		Speed Lin 55 St WI Year	Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model IMPALA	Total Lan 2 Motor Veh LICABLE rol Inopera suance FATES	icle Use
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WISCONSIN MOTOR VEHICLE CRASH REPORT

				Vehicle Removed By OPERATOR					
		NOT TOWED		OPER	RATOR				
		What Driver Was Doi	_	Vehicle Factors					
		GOING STRAIGHT		NOT ARRIVE ARIE					
		Driver Prior Action Other			NOT APPLICABLE				
		Driver Actions							
	Е	NO CONTRIBUTION	NG ACTION						
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	VEHICL								
-	亩								
	>								
		Driver Distractions							
		NOT DISTRACTE	D						
2	01								
		Owner Name		10	LUDOR Address				
		DANIEL E HELM			wner Address /8349 COUNTY ROAD I				
		(608) 548-1866			ONEWOC, WI 53968 , US				
		,							
		0							
	•	Sequence Of E	vents						
	01	Event MOTOR VEH IN T	RANSPORT						
	02	Event							
	03	Event							
		T							
	04	Event							
		D - 1' 11 - 1 - 1							
╘		Policy Holder							
		Insurance Company			vidual				
_		LIBERTY-MUTUA	L-INS-CO	DAI	NIEL HELM				
	I	Individual							
		Driver		Cita	tions Issued	Sex			
		DANIEL E HELM		0		MALE			
	JA	(608) 548-1866		Date	e of Birth	Race			
╘	⊒					WHITE			
	INDIVIDUA	Address		Driver License Number					
_		W8349 COUNTY F		STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	WONEWOC, WI 5	3966 , US	317	ATE. WISCONSIN COUNTRY: ON	IIIED STATES			
		Equipment	On Duty Crash	Safe	ety Equipment				
		Seat Position		NO.	T APPLICABLE				
		1FRONT SEAT-I	LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use		Heln	net Compliance				
		Eye Protection		Tint	Compliance				
5	00	Injury	Injury Severity	Airb					
	0		NO APPARENT INJURY		N DEPLOYED	I Tarana a d/Cutaira da d			
		Ejected			tion Path	Trapped/Extricated			
		NOT EJECTED		NO	T EJECTED/NOT APPLICABL	NOT TRAPPED			

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Ident	ifier		EMS Run #			
		NOT TRANSPORTE	D								
		Hospital	Date of Death			Time of Death					
		Non Motoriot	Striking Unit #	Prior Action		Location				To/From School	
		Non Motorist									
		Action									
	A										
—	INDIVIDUAL										
LIND	=										
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	Z										
		Action Other									
	Г	Orug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Us	se					
	_										
		Alcohol Test Given			Alcohol Test Type			Alcohol Tes	t Results		
		TEST NOT GIVEN			D T 1 T						
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test R	esults		
6	9	Drug Type									
	0										
		Individual Condition									
		l									
		APPEARED NORM	AL								
			AL								
		L t Summary ■	AL			21 (6 (6					
	Unit	t Summary Status	AL		/ehicle Operating As (Classification		Unit Type			
	Unit	t Summary Status RANSIT	AL		/ehicle Operating As 0	Classification		BICYCLE			
	Unit IN T Vehi	t Summary Status RANSIT	AL			Classification			s Endorsem	ents	
02	Unit IN T Vehi BIC	t Summary Status FRANSIT Icle Type YCLE		C	O CLASS		Tatal Troile	Operating A			
	Unit IN T Vehi BIC Tota	t Summary Status RANSIT	Train/Bus # Inj	ured	O CLASS Otal # Citations Issue	d	Total Traile	Operating A	Total HazN		
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama NOT TOWED	ge	Vehicle Removed By ARNESON SERVICE							
		What Driver Was Doi	ng	Vehicle Factors							
		Driver Prior Action Ot	hor	NOT APPLICABLE							
		Driver Phot Action Of	nei								
		Driver Actions									
╘	VEHICLE										
L N N	EH										
	>										
		Driver Distractions									
05	02										
	0										
		Owner Name		Owner Address							
		ANAN XUE		530 HWY 12 WISCONSIN DELLS, WI 53965, U	IS						
				Widoowow Beero, Widooo ,							
		Sequence Of E	vents								
	01	Event PEDALCYCLE									
	02	Event									
	03	Event									
		Event									
	04	Lvein									
	į	ndividual									
		Bicyclist ANAN XUE		Citations Issued 0	Sex FEMALE						
	UAL			Date of Birth	Race						
틸	INDINIDUAL	Address		Driver License Number	ASIAN						
5	NDI	530 HWY 12		Driver License Number							
	=	WISCONSIN DELI	LS, WI 53965 , US								
		Farris and	On Duty Crash	Safety Equipment							
	ı	Equipment Seat Position		NONE							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		NONE							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
05	005	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NOT APPLICABLE							
	J	Ejected	SOSPECTED WINOR INJURY	Ejection Path	Trapped/Extricated						
		NOT APPLICABLE	E	NOT EJECTED/NOT APPLICABL	NOT TRAPPED						
		Medical Transport EMS GROUND		EMS Agency Identifier 6000123	EMS Run #						

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/12/2018

Crash Time 09:10 PM

		Hospital ST CLARE'S HOSPITAL			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action WALKING/CYC	LING ALONG	Location SHOULDER / ROA	DSIDE	To/From School NO
		Action	1					
UNIT	INDIVIDUAL		ARK CLOTHING, N	O LIGHTING, ET	C.)			
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug U	se		
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN					Drug Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
05	005	Drug Type			1			
		Individual Condition						
		APPEARED NOR	MAL					