18-09596

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

	Crash Date 08/30/2018 Date Notified 08/30/2018	Primary Crash Document #  Crash Time 04:50 AM  Time Notified 04:53 AM		Agency Crash Number 18-09596  Date Arrived 08/30/2018  Total Units 02		DEPUTY J. Time Arrived 05:05 AM Total Injured 00	Officer/Deputy BODDEN  Total Kill 00	
3	On Emergency Hit	t and Run Lane Close				Trailer	or Towed	Reporting Threshold
	Government Property	Active Sc	hool Zone	School Bus Related		Tags		,
	<b>▽</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amend	ed	Secondary Crash
		ree					Photos By  Additional Info	ormation
	unit 1 ur NOT TO SCALE	uni		unit 2	Cth H _			

# **6TL09T1TMC** 18-09596

Location

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	119 OF ( IN T	CTHH WB 1 FT W OLD 12 HE TOWN OF DELTON SAUK COUNTY	N		Latitude 43.6256859 X Coordinate 273182.312			-89.8113 Y Coordin 4834141	<b>893156</b> nate
					Structure Type	е			
(		sh Scene							
		Harmful Event			First Harmful		ocation		
	TRE				ON ROADW				
		ner of Collision			Light Conditio				
		COLLISION W/VEHICL	E IN TRANSPORT		DARK/UNL				
	Road	d Surface Condition(s)			Roadway Fac	ctor(s)			
	DR۱	1							
	Envi	ronment Factor(s)							
	пои	NE			NONE				
	14/	Al O   14   / - \							
		ther Condition(s)							
	CLE	AR							
	Anim	nal Type			Relation To T		•		
	Cras	h Classification - Location			Crash Classifi	ication -	Jurisdiction		
	PUE	BLIC PROPERTY			NO SPECIA	AL JUR	RISDICTION		
	Triba	al Land			Access Contro				Special Study
	With	in Interchange Area	Junction Location	Intersec	tion Type				
	NO		NON-JUNCTION	NOT A	N INTERSECT	ION			
i	Uni	t Summary							
,									
		Status		Vehicle Operating As	Classification		Unit Type		
	Unit	Status RANSIT		Vehicle Operating As <b>D CLASS</b>	Classification		Unit Type AUTOMO	BILE	
	Unit IN T Vehi	<b>TRANSIT</b> cle Type			Classification		AUTOMO	BILE As Endorsem	ents
	Unit IN T Vehi PAS	RANSIT cle Type SSENGER CAR		D CLASS			AUTOMO Operating A	As Endorsem	
- 0	Unit IN T Vehi PAS Tota	<b>TRANSIT</b> cle Type	Train/Bus # Injured	D CLASS  Total # Citations Issu	ed To	otal Trai	AUTOMO Operating A	As Endorsem Total HazM	
	Unit IN T Vehi PAS Tota 1	RANSIT cle Type SSENGER CAR	ŕ	D CLASS  Total # Citations Issu 0	ed To		AUTOMO Operating A	As Endorsem  Total HazM  0	Mat Types
	Unit IN T Vehi PAS Tota 1	RANSIT cle Type SSENGER CAR I Occs	Direction Of Travel	Total # Citations Issu  O  Pre CrashTi	ed To 0	peed Lir	AUTOMO Operating A	Total HazM  Total Lanes	Mat Types
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18-09596

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

		Towed Due To Dama			icle Removed By		
			DISABLING DAMAGE	PL	ATTS WRECKER		
		What Driver Was Doi	9	Veh	icle Factors		
		NEGOTIATING CURVE		NOT APPLICABLE			
		Driver Prior Action Other			T APPLICABLE		
		Driver Actions					
	Ш	Driver Actions NO CONTRIBUTING ACTION					
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	VEHICL						
<b>–</b>	山						
	<b>&gt;</b>						
		D : D: : :					
		Driver Distractions NOT DISTRACTE	D				
2	01						
		Owner Name			Owner Address		
		GERALD M LUND	)		3198 7TH CT		
		(608) 403-1403			GRAND MARSH, WI 53936, US		
		Sequence Of E	vento				
		Event	vents				
	01	TREE					
		Event					
	02						
	03	Event					
	0						
	04	Event					
╘		Policy Holder					
		Insurance Company	ASUALTY-INS-CO		ndividual GERALD LUND		
			ASUALTT-INS-CO		SERALD LOND		
		Individual			N. C. 1	T-	
		Driver KRISTI L LUND			Citations Issued	Sex FEMALE	
	٩L	(608) 403-1403				Race	
	Ď.	` ,		L	Date of Birth	WHITE	
	INDIVIDUA	Address			Niver License Niverher	1	
5		3198 7TH CT		L	Oriver License Number		
	Z	GRAND MARSH,	WI 53936 , US	5	STATE: WISCONSIN COUNTRY: UN	IITED STATES	
	ļ		On Duty Crash	ç	Safety Equipment		
		Equipment			anoty Equipment		
		Seat Position		_ 5	SHOULDER & LAP BELT		
		1FRONT SEAT-L	LEFT SIDE (DRIVER/MOTORCY				
		Helmet Use	•	H	Helmet Compliance		
		Eye Protection		T	int Compliance		
				[			
5	001	Initime	Injury Severity		sirbag		
0	ŏ	Injury	NO APPARENT INJURY		NON DEPLOYED		
		Ejected			jection Path	Trapped/Extricated	
		NOT EJECTED		1	NOT EJECTED/NOT APPLICABL	NOT TRAPPED	

# **6TL09T1TMC** 18-09596

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport	EMS Agency Identifier			EMS Run #					
		NOT TRANSPORT	ED								
		Hospital		Date of Death			Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location				To/From School	
		Action									
	_										
	INDIVIDUAL										
LNO	7										
5	≥										
	9										
	=										
		Action Other									
	,	Drug & Alachal	Suspected Alcohol U	lse	Suspected Drug Us	se					
	L	Orug & 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 R	esults		
6	00	Drug Type									
	J										
		Individual Condition									
			4.4.1								
		APPEARED NORM	IAL								
	Uni		1AL								
		APPEARED NORM  t Summary  Status	IAL .	IV	ehicle Operating As (	Classification		Unit Type			
	Unit	t Summary ■	<b>IAL</b>		ehicle Operating As 0	Classification		Unit Type	BILE		
	Unit	t Summary Status	//AL			Classification				ents	
02	Unit IN T Vehi	t Summary Status				Classification		AUTOMOE		ents	
	Unit IN T Vehi (SP	t Summary Status RANSIT cle Type		ured T	otal # Citations Issue	d T	Total Traile	Operating A	s Endorsem Total HazM		
	Unit IN T Vehi (SP Tota 1	t Summary Status RANSIT cle Type ORT) UTILITY VEHI	CLE Train/Bus # Inji	ured T	otal # Citations Issue	d T	0	AUTOMOE Operating A	s Endorsem  Total HazM  0	lat Types	
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18-09596

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama			nicle Removed By			
			T DUE TO DISABLING DAMAG		EVES AUTO SERVICE			
		What Driver Was Doi	9	Ver	nicle Factors			
		STOP IN TRAFFIC		NOT APPLICABLE				
		Driver Prior Action Other			MAFFLICABLE			
		Driver Actions						
	ш	NO CONTRIBUTING ACTION						
$\vdash$	긋							
	¥							
_	VEHICL							
		Driver Distractions	_					
		NOT DISTRACTE	D					
05	05							
	J							
		Owner Name			Owner Address			
		DIANE MARIE WI	LLIAMSON		S203 CTH HH			
		(608) 534-3970			LYNDON STATION, WI 53944, US	3		
	;	Sequence Of E	vents					
	2	Event						
	0	TREE						
	05	Event						
		Event						
	03	Lveiii						
	_	Event						
	04							
_	- 1	Policy Holder						
L NO		Insurance Company		I	ndividual			
ر		WEST-BEND-MUT	TUAL-INS-CO	[	DIANE WILLIAMSON			
	ı	Individual						
		Driver	LLIAMOON		Citations Issued	Sex		
	۲	DIANE MARIE WI   (608) 534-3970	LLIAMSON	(		FEMALE		
	5	(000) 334-3370		[	Date of Birth	Race WHITE		
	INDIVIDUA					Willie		
5	$\leq$	Address S203 CTH HH		L	Driver License Number			
	Ξ	LYNDON STATIO	N, WI 53944 , US	,	STATE: WISCONSIN COUNTRY: UN	IITED STATES		
			,					
			On Duty Crash		Safety Equipment			
		Equipment		`	Janoty Equipment			
		Seat Position	<u> </u>		SHOULDER & LAP BELT			
		1FRONT SEAT-L	LEFT SIDE (DRIVER/MOTORCY					
		Helmet Use		F	Helmet Compliance			
		Eye Protection		7	int Compliance			
	01		Unium Sovority		Virbag			
02	002	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED			
		Ejected			Ejection Path	Trapped/Extricated		
		NOT EJECTED			NOT EJECTED/NOT APPLICABL	NOT TRAPPED		

18-09596

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/30/2018

Crash Time 04:50 AM

		Medical Transport NOT TRANSPORTED			EMS Agency Ident	ifier	EMS Run #	
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action						
	AL.							
UNIT	INDIVIDUAL							
)	Ę							
	=							
		Action Other						
			Suspected Alcohol	Use	Suspected Drug U	se		
	L	Orug & Alcohol	NO		NO			
		Alcohol Test Given TEST NOT GIVEN	1		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	1		Drug Test Type		Drug Test Results	
02	002	Drug Type	•					
0	8							
		Individual Condition						
		APPEARED NOR	MAL					