6TL09PBQ97

18-09647

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override Crash Date 08/31/2018 Date Notified 08/31/2018	Primary Crash Document # Crash Time 02:30 PM Time Notified 02:36 PM		Agency Crash Number 18-09647 Date Arrived 08/31/2018 Total Units 01				D	
	t and Run Lane Closu				Trailer or Towed		Reporting Threshold	
Government Property	Active School Zone School Bus Relate NO			Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amen	ded	Secondary Crash	
Whitemour	and Dr	Lake Rd		Not	to Scale	Photos By Additional Inf		
UNIT 1 OPERATOR WAS PARKI HOWEVER HE DID NOT. THE V INTERSECTION. UNIT 1 TRAVE	NG ON THE EAS	T SIDE OF LAKE FEDED NORTHWES	RD FACIN	IG NORTH. UNIT 1 OF ENDED. UNIT 1 ENTI	PERATOR THOUGERED THE DITCH			

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Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

•	38 F OF V IN T	LAKE RD FT S WHITEMOUND DR HE TOWN OF FRANKL FAUK COUNTY	.IN		Latitude 43.36537138 X Coordinate 249539.84375 Structure Type			Longitude -90.091107327 Y Coordinate 4806031.5		
	Cra	sh Scene			Structure	Гуре				
	_	Harmful Event			First Harm	ful Event	conting			
	DIT				ON ROA		Location			
		ner of Collision			Light Cond					
	NO	COLLISION W/VEHICL	E IN TRANSPORT		DAYLIGHT					
	Road	d Surface Condition(s)			Roadway Factor(s)					
	DRY	()								
	Envii	ronment Factor(s)								
	NON	, ,			NONE					
	Wea	ther Condition(s)								
	CLE	` ,								
	Anim	nal Type			Relation T	o Trafficw	av			
		•			TRAFFICWAY - ON Crash Classification - J			DN ROAD - Jurisdiction		
		h Classification - Location								
		al Land				NO SPECIAL JURISDICTION Access Control			Special Study	
					PARTIAL CONTRO					
		٠ ا	Junction Location							
	NO		INTERSECTION	T-INTER	RSECTION					
		t Summary -			01 161 11		1			
	Ulnit	nit Status Vehicle Operating As C			21.					
		DANCIT			Diagonication			DII E		
	IN T	RANSIT		D CLASS	Diassincation		AUTOMO		nents	
5	IN T	RANSIT cle Type SSENGER CAR			Jiassinication		AUTOMO	BILE As Endorsem	nents	
5	Vehic	cle Type	Train/Bus # Injured			Total Tra	AUTOMO Operating A			
5	Vehice PAS	cle Type SSENGER CAR I Occs	•	D CLASS		Total Tra	AUTOMO Operating A	As Endorsem Total Haz 0	Mat Types	
5	IN T Vehice PAS Total 1 Insur	cle Type SSENGER CAR I Occs rance?	Direction Of Travel	Total # Citations Issue 0 Pre CrashTir	d	Total Tra 0 Speed L	AUTOMO Operating A	Total HazM Total Lane	Mat Types	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama	age	Vehicle Removed By						
		NOT TOWED		REEDSBURG SALVAGE						
		3		Vehicle Factors						
		PARK MANEUVE		NOT ADDI IOADI E						
		Driver Prior Action Of	ther	NOT APPLICABLE						
		Driver Actions OTHER CONTRIB	HITING ACTION							
_	LE	OTHER CONTRIE	TING ACTION							
LIND	VEHICL									
5	표									
	>									
		Driver Distractions UNKNOWN IF DIS	STRACTED							
2	01									
		Owner Name		Owner Address						
		LARRY JAMES S	CHULTZ	435 MCMILLAN RD						
		(608) 852-7713		POYNETTE, WI 53955 , US						
		Sequence Of Events								
		Event								
	01	DITCH								
	02	Event								
	0									
	03	Event								
	0									
	04	Event								
╘	I	Policy Holder								
LNO	Insurance Company			Individual						
_		AMERICAN-FAMI	LY-INS-CO	LARRY SCHULTZ						
	ı	Individual								
		Driver		Citations Issued	Sex					
		(608) 852-7713		LARRY JAMES SCHULTZ		0	MALE			
	U			Date of Birth	Race					
╘	INDIVIDUAL				WHITE					
	\leq	Address 435 MCMILLAN RD POYNETTE, WI 53955 , US		Driver License Number						
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Crash		Cofet: Fruit mont						
		Equipment	On Duty Clash	Safety Equipment						
		Seat Position		NONE USED - VEHICLE OCCUPANT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection		NONE COLD - VEHICLE COCCI AIL	•					
				Helmet Compliance						
				Tint Compliance						
		-		55p						
_	7		Injury Severity	Airbag						
2	00	Injury	NO APPARENT INJURY	NON DEPLOYED						
		Ejected		Ejection Path	Trapped/Extricated					
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Medical Transport				EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action	1	Location		To/From School
		Action		1				I
_	UAL							
	INDIVIDUAL							
	N N							
		Action Other						
		Action Other						
	L	Orug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se		
		Alcohol Test Given TEST NOT GIVEN	l		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	l		Drug Test Type		Drug Test Results	
7	001	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					