# **6TL0B7D6QG** 18-13410

# WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Overri	de Primary Crasl	Primary Crash Document #  Crash Time 06:55 AM  Time Notified 06:55 AM  lit and Run  Lane Clo		Crash Number 410	Investigating Officer/Deputy DEPUTY A. SUKOWATEY		
Crash Date 12/02/2018				rrived 2018	Time Arrived 07:17 AM  Total Injured 01  Total Killed 00		
2/02/2018				nits			ed
On Emergency	Hit and Run			☐ Work Zone	Trailer or	Towed	Fowed Reporting Threshold
Government Property	Active \$	School Zone	School Bus Related NO		Tags		
Reportable	Crash Type DT4000 (ST	TANDARD CRA	SH)		Amended	I	Secondary Crash
escription <b>=</b>							
iagram					R	econstructio	n By
Not to Scale					D	hotos By	
		W					
					A	dditional Info	ormation
					N	ONE	
HWY PF	:						
	Unit one						
<u></u>	<u>, an ast</u> 183	i en					
		nit one					
			æ=-	<b>₹</b> ~			
			Unit o	Culvert			
			<u> </u>	<del></del>			
		4 4. 1. 1					
🗔 l. a sworn law enf	orcement officer ac	aree that I have	not adde	d any CJIS data in th	nis report		

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	Loc	ation ====									
		CTHPF EB		Latitude			Longitue	de			
	992 FT W					43.4678628			_	0217288	
		N LIMIT RD	OM			X Coordinate			Y Coordinate		
		HE TOWN OF FREED AUK COUNTY	OW			269448.6	6875		48167	19	
		7.0.1.000.11.1				Structure Type					
		sh Scene				T =					
	DIT	Harmful Event					nful Event L	ocation OF-WAY (TI	O A EEIC VA	/AV)	
		ner of Collision						OF-WAT (II	VALLICA	(AT)	
	-	COLLISION W/VEHICI	LE IN TRANSPORT			Light Condition  DAWN					
		Surface Condition(s)			Roadway Factor(s)						
		r, SNOW, SLUSH									
	Envir	onment Factor(s)									
	WE	ATHER CONDITIONS				NONE					
	Wea	ther Condition(s)									
	SNC	W, SLEET/HAIL									
	Anim	al Type			Relation To Trafficway TRAFFICWAY - NOT O Crash Classification - Juriso NO SPECIAL JURISDIO						
	0	h Olasaifiastian I asatian									
		h Classification - Location									
	Tribal Land  Within Interchange Area Junction Location					Access Control			Special S		
					Intersection Type						
	NO	ir iriterchange Area	NON-JUNCTION		NOT AN INTERSECTION						
	Unit	Summary			II.						
	Unit	Status		Vehicle Ope	_	lassification	ļ	Unit Type			
		N TRANSIT D CLASS							AUTOMOBILE		
5		cle Type ORT) UTILITY VEHICL	E						Operating As Endorsements		
	•	Occs	Train/Bus # Injured	Total # Cita	tions Issued		Total Tra	lers	Total Haz	zMat Types	
	1			0		0		0			
	Insur	ance?	Direction Of Travel  EASTBOUND	Pre	Pre CrashTire Mark  Special Function NO SPECIAL FUNCTION  Special Function			Limit Total Lar		nes	
		Harmful Event: Collision V		Special Fun				Emergency Motor Vehicle Use NOT APPLICABLE		—	
)	DIT			NO SPEC							
	TWO-WAY, NOT DIVIDED				Traffic Control NO CONTROL			Traffic Control Inoperative/Missing  NO			
					Road Curvature			Road Grade			
	BLA	CKTOP (BITUMINOUS	S)		STRAIGHT			LEVEL			
	Trucl	R Bus or HazMat									
	NO										
	\	Vehicle License Plate Number		Diete Tr			St	Country of Is	enanco		
					Plate Type AUT - AUTOMOBILE		WI	UNITED STATES			
_		Vehicle Identification Number Make					Year	Model			
>	0						2008	ESCAPE XLT			
		Color BGE - BEIGE	' '	Body Style UT - SPORT UTILITY VEHICLE		IF	Bus Use NOT A BUS				
					Vehicle Damage						
	ш	Initial Contact Point		Venicie Da	amage						
=	CLE	Initial Contact Point  12FRONT			ū	ORNER.	2RIGHT	SIDE FROM	IT, 3RIC	GHT SIDE MIDDLE, 4-	
5	VEHICLE			1RIGHT	FRONT (					GHT SIDE MIDDLE, 4- SIDE FRONT, 11LEF	

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		Towed Due To Dama	age	Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors					
		Driver Prior Action Ot		NOT APPLICABLE					
		Driver Filor Action Of	uiei						
		Driver Actions		<u> </u>					
	Щ	SPEED TOO FAS	T/COND						
╘	VEHICL								
LIND	ᇁ								
	7								
		Driver Distractions NOT DISTRACTE	D						
6	9								
		Owner Name	–	Owner Address					
		ELAINE M KOWA	LKE	210 W DRAPER PO BOX/329 NORTH FREEDOM, WI 53951, US	s				
				NONTHINEEDOM, WOODOT, ON	•				
	•	Sequence Of E	vents						
	2	MOTOR VEH IN T	RANSPORT						
	02	Event DITCH							
		Event							
	03	Event							
	04	Event							
		L Policy Holder							
L		Insurance Company		Individual					
5		STATE-FARM-GE	NERAL-INS-CO	ELAINE KOWALKE					
		LIndividual							
		Driver		Citations Issued	Sex				
		ELAINE M KOWA	LKE	0	FEMALE				
	₹			Date of Birth	Race				
-	2				WHITE				
EN I	INDIVIDUAL	Address		Driver License Number					
7	물	210 W DRAPER P NORTH FREEDOI		STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	NOKITTIKEEDOI	WI, WI 33331 , US	OTATE: WISSONSIN SSSNTRT: SI	WIED STATES				
			On Duty Crash	Safety Equipment					
		Equipment	Sir Bully Glasiii	Calety Equipment					
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Lyo i loteotion		Till Compliance					
7	00	Injury	Injury Severity	Airbag					
٦				NON DEPLOYED					
		Ejected NOT EJECTED		Ejection Path  NOT EJECTED/NOT APPLICABL	Trapped/Extricated  NOT TRAPPED				
				LULUILDINOI AI I LIOADL	NO. INCHIED				

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		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT	TED					
		Hospital			Date of Death		Time of Death	
	Non Motorist Striking Unit # Prior Action			To: A ii		Tr. a		T
				Prior Action		Location		To/From School
		Action						
	ب							
_	INDIVIDUAL							
UNIT	$\leq$							
_								
	=							
		Action Other						
		Drug & Alcohol	Suspected Alcohol	Use	Suspected Drug Us	se		
		Alcohol Test Given	10		Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN	I		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results	
01	001	Drug Type					l .	
	0							
		Individual Condition						
		APPEARED NOR	MAL					