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18-14302

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	0,			Investigating Officer/Deputy DEPUTY I. HANSON			
	Crash Date 12/26/2018	Crash Time 05:00 AM		Date Arrived 12/26/2018		Time Arrived 08:50 AM			
	Date Notified 12/26/2018	Time Notified 08:18 AM	Total Ur 01	Total Units		Total Kil 00	led		
		and Run	l		00 00		Reporting		
	Government	Active School Zone	School I	Bus Related	Tags		Threshold		
٥	Property	Crash Type	NO				Secondary		
	Reportable	DT4000 (STANDARD CRASH	1)		Amend	led	Crash		
	Description Diagram					Reconstruction	on By		
						Photos By			
						Photos By			
						Additional Information NONE			
		South Shore R	oad						
		Not Scale							
			Rocks (
	✔ I, a sworn law enforceme	nt officer, agree that I have no	ot added	any CJIS data in this	report.				
	VEHICLE DUE TO SNOW AND IC	SHORE ROAD. THE ROAD SURFA E. UNIT ONE BEGAN TO FISH TAI	IL AND SL						
	LARGE ROCKS BEFORE COMIN	G TO REST FACING NORTHEAST.	. 9109						

18-14302

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	Loc	ation									
		S SHORE RD				Latitude			Longitud	le	
	121	7 FT N			43.423046865		46865		-89.746574372		
	-	SKIHI RD				X Coordin	ate		Y Coord	inate	
		THE TOWN OF BARAI	300			277668.4		4811459.5			
	IN S	SAUK COUNTY				Structure					
							.)				
	Cra	sh Scene									
	First	Harmful Event				First Harn	nful Event Lo	ocation			
	ОТН	HER OBJECT - NOT F	IXED			SHOULD	DER RIGH	т			
	Man	ner of Collision				Light Condition					
	NO	COLLISION W/VEHIC	LE IN TRANSPORT			DARK/U	NLIT				
	Roa	d Surface Condition(s)	Roadway	Factor(s)							
	ICE										
	Envi	ronment Factor(s)									
	NO	NE				NONE					
	Wea	ther Condition(s)									
	CLE	EAR									
	Anim	nal Type				Relation T	o Trafficway	/			
							-	OT ON ROA	D		
		sh Classification - Location	1				ssification -				
		BLIC PROPERTY			NO SPECIAL JURISDICTION Access Control Special Study				Special Study		
	THUC				NO CONTROL			Special Study			
	-					tion Type N INTERSECTION					
		t Summary	Non vono non								
		Status		lassification		Unit Type					
		Unit Status Vehicle Operating As C IN TRANSIT D CLASS					AUTOMOBILE				
		cle Type	Operating As Endorsements								
2	PAS	SSENGER CAR									
	Total Occs Train/Bus # Recorded			Total # Cita	Total # Citations Issued		d Total Traile		,,		
	2			0	0		0		0		
			Direction Of Travel	Pre CrashTi		ire Speed Lim 45				es	
UNIT		YES SOUTHBOUND			Mark			2 Emergency Motor Vehicle Use			
5	Most Harmful Event: Collision With Special Fund OTHER OBJECT - NOT FIXED NO SPECI					TION					
	Traffic Way Traffic Control					Traffic Control Inoperative/Missing				tive/Missing	
	тw	TWO-WAY, NOT DIVIDED NO CONTROL					NO				
	Surfa	ace Type		Road Curva	ature			Road Grade			
	BLA	ACKTOP (BITUMINOU	IS)	STRAIGH	IT						
		k Bus or HazMat									
	NO										
		Vehicle License Plate Number		Plate Type	Plate Type		St		Country of Issuance		
	273VBF				AUT - AUTOMOBILE				UNITED STATES		
_		Vehicle Identification Nu	Make			Year	Model				
5	6	5 JA3AU86WX9U000837 Color			MITSUBISHI Body Style		2009		LANCER GTS Bus Use		
		BLK - BLACK		4D - 4DR			NOT A BUS				
F	Щ				Vehicle Damage						
UNIT	VEHICL	UNDERCARRIAGE Extent Of Damage		5RIGHT		ORNER, 6REAR, 12FR		2FRONT			
	亩	DISABLING DAMAG									
_	5										

18-14302

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		Towed Due To Damage			nicle Removed By				
		TOWED DUE TO DISABL	ING DAMAGE						
		What Driver Was Doing GOING STRAIGHT		ver	nicle Factors				
		Driver Prior Action Other		NC	T APPLICABLE				
		Driver Actions							
	Щ	FAILURE TO CONTROL							
UNIT	ICI								
5	VEHICL								
	>								
		Owner Name			Owner Address				
-	1	MARISA LYNN COOK		419 1ST ST					
2	01	(608) 370-3516			BARABOO, WI 53913 , US				
		Sequence Of Events							
	01	Event OTHER OBJECT - NOT F	IXED						
	~	Event							
	02								
	03	Event							
		Event							
	04								
⊢	I	Policy Holder							
UNIT		Insurance Company			ndividual				
		PROGRESSIVE-ADVANCED-INSURANCE-CO			MARISA COOK				
	l	Individual							
		Driver MARISA LYNN COOK (608) 370-3516			Citations Issued	Sex FEMALE			
	AL				Date of Birth	Race			
⊢	INDIVIDUA					WHITE			
UNIT	N	Address		Driver License Number					
	ND	419 1ST ST BARABOO, WI 53913 ,U	S	ę	STATE: WISCONSIN COUNTRY: UNITED STATES				
	_								
		On Duty Crash		5	Safety Equipment				
	Saf	fety Equipment							
	1	Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance					
		Eye Protection			Tint Compliance				
2	001	Injury S Injury NO AF	everity PPARENT INJURY		Airbag DEPLOYED-FRONT				
	0	Ejected	Ejection Path		DEFLOTED-FRONT	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APF		ABLE	NOT TRAPPED			
		Medical Transport		E	EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED							
		Hospital			Date of Death	Time of Death			
		Distract	ed By Source						
		Distracted By							
		Distracted By Action NOT DISTRACTED							
		NOT DISTRACTED							

6TL0B1715K

18-14302

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		Non Motorist	g Unit #	Location							
		Prior Action									
		Action									
	Ļ										
⊢	INDIVIDUAL										
UNIT	Ĭ										
	N										
		Action Other						To/From School			
		Suspected Alcohol Use			Suspected Drug Use						
	1	Drug & Alcohol No			NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
-	Ξ	Drug Type									
6	001										
		Individual Condition									
		NOT OBSERVED									
		Individual									
		Passenger			Citations Issued		Sex				
	Ļ	JORDAN D PARCHEM			0		MALE				
⊢	INDIVIDUAL				Date of Birth		Race WHITE				
UNIT	DIVI	Address 705 GROVE ST BARABOO, WI 53913 , US On Duty Crash			Driver License Number						
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES						
					Safety Equipment						
	Sat	fety Equipment			Salety Equipment						
		Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER			SHOULDER & LAP	BELT					
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
2	002	Injury Severity Injury NO APPARENT INJURY		NJURY							
		Ejected	Ejection Pa	th			Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED NOT EJECTED/NOT APPL				NOT TRAPPED EMS Run #				
		NOT TRANSPORTED			EMS Agency Identifier EMS Run #						
		Hospital			Date of Death Time of Death						
		Distracted By	cted By Source	9							
		Distracted By Action									
I		Strikin	g Unit #	Location							
		Non Motorist		This report		C data	Crach Data	12/26/2019			

6TL0B1715K

18-14302

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		Prior Action					
		Action					
	Ļ						
F	INDIVIDUAL						
UNIT	Σ						
	Q						
	_						
		Action Other					To/From School
	L	Drug & Alcohol NO	Jse	Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
01	002	Drug Type					
U	0						
		Individual Condition					
		APPEARED NORMAL					