6TL0B1715N

18-14520

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Documen				g Officer/Deputy . HANSON		
NIC	Crash Date 12/31/2018	Crash Time 04:55 PM	Date A 12/31/		Time Arrived 05:00 PM			
	Date Notified 12/31/2018	Time Notified 04:59 PM	Total U 01	Inits	Total Injured 00	Total Killed		
	On Emergency	and Run	ne Closure	Work Zone	Trailer o	r Towed	Reporting Threshold	
0 1 1	Government Property	Active School Zo	School	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STANDARD	CRASH)		Amende	d	Secondary Crash	
I	Description							
	Diagram					Reconstructio	n By	
	NON F	REPORTABLE						
						vdditional Info	ormation	
	✔ I, a sworn law enforceme UNIT 1 WAS TRAVELING NORTH							
	THE EAST DITCHLINE AND CAM					LOFINEVE	ENICLE AND ENTERED	

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L	_oc	ation									
Í		USH12 WB				Latitude			Longitud	le	
) FT S				43.506175064			-	713379	
		STH33 WB				X Coordinate 275132.4375			Y Coordinate		
		HE TOWN OF BARAB	800						482078		
	IN 5	AUK COUNTY				Structure	Туре				
							<u>, , , , , , , , , , , , , , , , , , , </u>				
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event L	ocation			
	DIT	СН					DER RIGH	IT			
Ī	Manı	ner of Collision					dition				
		COLLISION W/VEHICI	LE IN TRANSPORT				DARK/UNLIT				
	Road	I Surface Condition(s)					Factor(s)				
	WE	r, SNOW, SLUSH, ICE									
Ī	Envi	onment Factor(s)									
	WE	ATHER CONDITIONS				NONE					
ŀ	Wea	ther Condition(s)									
	SNC	w									
-	Anim	al Type				Relation T	o Trafficwa	V			
						TRAFFICWAY - ON ROAD					
Ī	Cras	h Classification - Location				Crash Cla	ssification -	Jurisdiction			
	-	LIC PROPERTY					NO SPECIAL JURISDICTION				
	Triba	l Land					Access Control			Special Study	
-	\A/:46						NO CONTROL				
	NO	n Interchange Area	Junction Location NON-JUNCTION		Intersection						
	-	Summary									
		Status		Vehicle Op	erating As C	lassification	1	Unit Type			
	IN T	IN TRANSIT D CLASS					AUTOMOBILE				
_	Vehi	Vehicle Type				Operating As Endorsements					
5	PASSENGER CAR										
Ī	Total	Occs	Total # Citations Issued		ed Total Trai		ailers Total HazMat Types		Mat Types		
	1					0					
		ance?	Direction Of Travel	Pre	CrashTire		Speed Lir	nit	Total Lan	€S	
	YES NORTHBOUND				Mark		65		2		
5		lost Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
-	bireit				Traffic Control			Traffic Control Inoperative/Missing			
		DED HWY W/O TRAFI		NO CONTROL			NO				
-		ace Type		Road Curva			Road Grade				
	BLACKTOP (BITUMINOUS)				STRAIGHT			LEVEL			
Ī	Truc	K Bus or HazMat	-	I							
	NO										
Vehicle							Country of	auoras			
		License Plate Number 401HVK			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES			
		Vehicle Identification Number			Make		Year	Model			
5	01				KIA MOTORS CORPORA		2012	OPTIMA			
		Color			Body Style Bus Use						
. 1					SD - SEDAN NOT A BUS						
	Е	Initial Contact Point		Vehicle Da	amage						
Į	IICLE	12FRONT			-			•			
	VEHICLE			Vehicle Da	-			•			

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		Towed Due To Damage		icle Removed By						
		TOWED BUT NOT DUE TO DISABLING DAMAG		AIGS TOWING						
		What Driver Was Doing GOING STRAIGHT	veh	icle Factors						
		Driver Prior Action Other	NO	T APPLICABLE						
		Driver Actions								
	щ	FAILURE TO CONTROL								
Ę	VEHICL									
UNIT	ΞH									
	N									
		Owner Name		Owner Address						
		DANIEL DOBRINOV TCHERNEV		2404 GENEVIEVE WAY						
2	01			WAUNAKEE, WI 53597 , US						
	ļ	Sequence Of Events								
		Event								
	01	DITCH								
	02	Event								
	0	Fund								
	03	Event								
		Event								
	04									
		Policy Holder								
UNIT		Insurance Company		ndividual						
>		STATE-FARM-GENERAL-INS-CO		DANIEL TCHERNEV						
	I									
		Driver DANIEL DOBRINOV TCHERNEV		Citations Issued	Sex					
	١L				MALE					
	INDIVIDUAL		C	Date of Birth	Race WHITE					
UNIT		Address		Priver License Number						
5	D	2404 GENEVIEVE WAY WAUNAKEE, WI 53597, US								
	Z	ITED STATES								
	Sat	On Duty Crash	S	afety Equipment						
	Jai		_							
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use		SHOULDER & LAP BELT Helmet Compliance						
		Eye Protection		Tint Compliance						
2	001	Injury Severity NO APPARENT INJURY								
-	0	Ejected Ejection Path		ION DEPLOYED	Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT APP		ABLE	NOT TRAPPED					
		Medical Transport		MS Agency Identifier	EMS Run #					
	NOT TRANSPORTED									
		Hospital	D	Pate of Death	Time of Death					
		Distracted By Source								
		Distracted By Action								
		NOT DISTRACTED								

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol L NO	Jse	Suspected Drug Use			1
		Alcohol Test Given		Alcohol Test Type	1		Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3	
6	001	Drug Type						
		Individual Condition						
			IAL					