WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override TL0BW4SFC	Primary Crash D	Agency Crash Number Investigating Officer/Deputy 19-01017 DEPUTY W. NEUBAUE				ŧ .		
Crash Date 01/25/2019	06:00 PM 0 Time Notified T		Date Ar 01/25/2		Time Arrived 06:24 PM			
Date Notified 01/25/2019			Total Ur			Total Injured Total Killed		
On Emergency Hit	and Run	✓ Lane Closu	ıre	☐ Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		✓ Amend	led	Secondary Crash	
escription Diagram						Reconstructio		
			1	NOT TO SCALE		Photos By SGT. S. SCI		
I, a sworn law enforcement of the showmon the snowmobile trail and and entered the roadway. REGISTRATION 8392BB DECAL (CONTRIBUTION 1. 12000 S. 10000 DECAL (CONTRIBUTION 1. 12000 DECAL (CONTRIBUTION 1. 12	STH 60 NEAR T ID STOP ON THE UNIT 1 STATED	HE INTERSECTION SHE DIDN'T HAV	ON WITH	BAUM ROAD. UNIT 1 S	STATED SHE WIT	INTERSECTIO	N, UNIT 2 ACCELERATE	

WISCONSIN MOTOR VEHICLE CRASH REPORT

					Latitude			Longitud	le
IN THE TOWN OF PRAIRI					43.25869	5038		-89.807	313519
IN SAUK COUNTY	IE DU SAC	IN THE TOWN OF PRAIRIE DU SAC						Y Coord 479337	
	IN SAUK COUNTY					272137.125 4793370 Structure Type			
Crash Scene									
First Harmful Event					First Harm		ocation		
MOTOR VEH IN TRANSPO	ORT				ON ROA				
Manner of Collision					Light Cond				
08FRONT TO SIDE					DARK/U				
Road Surface Condition(s)					Roadway	Factor(s)			
DRY									
Environment Factor(s)									
NONE					NONE				
Weather Condition(s)									
CLEAR									
Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD				
Crash Classification - Location						Crash Classification - Jurisdiction			
PUBLIC PROPERTY					NO SPECIAL JURISDICTION Access Control Special Study				
Tribal Land					Access Control Special Study NO CONTROL				
Within Interchange Area	Junction Location			Intersection	n Type				•
YES	INTERSECTION			T-INTER	SECTION				
Closure Type		Reaso	ons for Clos	ure					
FULL CLOSURE Date Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	d	L AW ENEODS			יים דיים	CK EIDE <i>i</i> e	Me	
01/25/2019	06:24 PM	Date Scene Cle		ENFORC	CEMENT, TOW TRUCK, FIRE/EMS				
Date All Lanes Open	Time All Lanes Open			Scana Class	ared Tim		me Scene Cleared		
01/25/2019	07:30 PM		01/25/2019					:30 PM	
Jnit Summary			0.,_0						
Unit Status		Veh	icle Ope	erating As C	lassification		Unit Type		
IN TRANSIT			LASS				AUTOMOBILE		
Vehicle Type							As Endorser	ments	
(SPORT) UTILITY VEHICL									
Total Occs	Train/Bus # Recorded			tions Issued		Total Tra	ilers		Mat Types
1		0				0		0	
Insurance? YES	Direction Of Travel WESTBOUND		Pre	CrashTire Mark	•	Speed Li 55	mıt	Total Land	es
Most Harmful Event: Collision				ction	55		Emergency Motor Vehicle Use		
MOTOR VEH IN TRANSP		NO	SPEC	IAL FUNC	TION		NOT APP	NOT APPLICABLE	
Traffic Way			fic Cont		_			ntrol Inoperat	tive/Missing
TWO-WAY, NOT DIVIDED	l 		NO CONTROL					NO Dead Conde	
Surface Type BLACKTOP (BITUMINOU	S)		d Curva R AIGH				Road Grade LEVEL		
Truck Bus or HazMat				-					
NO									
Vehicle		1 =:				04	10		
License Plate Number 738JAY			te Type	томовіі	St LE WI		Country of Issuance UNITED STATES		

WISCONSIN MOTOR VEHICLE CRASH REPORT

_	_	Vehicle Identification Number		Make	9	Year	Model			
0	2	1FMHK7D89BGA59883		FOF	RD	2011	EXPLORER X			
		Color			Style		Bus Use			
		WHI - WHITE			UT - SPORT UTILITY VEHICLE NOT A BUS					
	ш	Initial Contact Point			Vehicle Damage					
_		12FRONT			olo Damago					
UNIT	VEHICL				IGHT FRONT CORNER	, 2RIGHT	SIDE FRONT, 10LEFT SIDE FRONT, 11			
5	프	Extent Of Damage			T FRONT CORNER, 12-		- , ,			
	7	DISABLING DAMAGE								
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABI	LING DAMAGE	EVERETTS TOWING						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT			ore r detere					
				NOT APPLICABLE						
		Driver Prior Action Other		110	AI I LIOADLL					
		Driver Actions								
	Щ	NO CONTRIBUTING ACT	TION							
╘	VEHICL									
L	王									
_	Ę									
		Owner Name			Owner Address					
		JOHN F NEUMANN			S11718 FOX ROAD					
6	5	(608) 963-8939			SAUK CITY, WI 53583, US					
0		(***, ***								
	;	Sequence Of Events								
		Event								
	5	MOTOR VEH IN TRANSF	PORT							
	Event									
	20 Event									
		Event								
	03	LVGIR								
		_								
	9	Event								
—	1	Policy Holder								
		Insurance Company		In	dividual					
\supset		SECURA-INS-A-MUTUAI	L-CO		OHN NEUMANN					
		Individual		10.			1-			
		Driver		0	tations Issued		Sex			
	ب	BECKY R NEUMANN					FEMALE			
	4	(608) 963-8939		Da	ate of Birth		Race			
—	<u> </u>						WHITE			
	INDIVIDUAL	Address			iver License Number					
\supset	⊒	S11718 FOX ROAD		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	SAUK CITY, WI 53583 ,	US							
		L On Dut	ty Crash	Safety Equipment						
	Sat	fety Equipment	ty Clasii							
	Ou.									
		Seat Position		SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT S	IDE (DRIVER/MOTORCY							
		Helmet Use		He	elmet Compliance					
		Eye Protection		Ti	nt Compliance					
					•					
_	_	Injury S	Severity	Ai	rbag					
6	90	Injury NO AL	PPARENT INJURY	DEPLOYED-COMBINATION						
		Ejected	Ejection Path	Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT API	או וכי	ARI F		NOT TRAPPED			
		I HOL FREGIED		LICABLE NOT TRAPPED						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Identifier	EMS Run #	EMS Run #				
		NOT TRANSPORTED			10.11		T. (D	Time of Dooth			
		Hospital			Date of Death		Time of Dea	ath			
		Distracted By NO	racted By Source T APPLICABL	E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist	ing Unit #	Location							
		Prior Action									
LINO	INDIVIDUAL	Action									
		Action Other							To/From School		
		Susi	pected Alcohol U	Se	Suspected Drug Use						
	L	Drug & Alcohol No	, , , , , , , , , , , , , , , , , , , ,		NO NO						
		Alcohol Test Given TEST NOT GIVEN			9			t Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ts				
2	Drug Type										
		Individual Condition APPEARED NORMAL									
	Unit	t Summary									
		Status		V	ehicle Operating As Classi	fication	Unit Type				
		RANSIT		C	CLASS		EQUIPMENT				
05		cle Type					Operating A	s Endorsem	nents		
		OWMOBILE al Occs			otal # Citations Issued	ilers	Total Haz	Mat Types			
	1			0		0		0	71		
_		rance?	Direction Of Tra	_	Pre CrashTire Mark			nit Total Lanes			
LNO		Harmful Event: Collision W		S	Special Function		Emergency Motor Vehicle Use				
\supset		TOR VEH IN TRANSPO	RT	Ŋ	NO SPECIAL FUNCTIO	NOT APPLICABLE					
		ic Way			raffic Control	Traffic Control Inoperative/Missing					
		D-WAY, NOT DIVIDED ace Type			NO CONTROL Road Curvature		NO Road Grade				
		CKTOP (BITUMINOUS))		STRAIGHT	LEVEL					
		k Bus or HazMat		l .			1				
		Vehicle									
		License Plate Number			Plate Type	St	Country of Is	suance			
05	02	Vehicle Identification Number 2BPSUFGB2GV00287			Make SKIO	Year 2016	Model RENEGADE				

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color	Body Style	Bus Use						
		BLK - BLACK	SN - SNOWMOBILE	NOT A BUS						
	Щ	Initial Contact Point	Vehicle Damage							
Εl	C	12FRONT								
	Ĭ	Extent Of Damage	ALL AREAS							
7	VEHICL	DISABLING DAMAGE								
		Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE	EVERETTS TOWING							
		What Driver Was Doing	Vehicle Factors							
		GOING STRAIGHT	NOT APPLICABLE							
		Driver Prior Action Other								
		Driver Actions								
.	Щ	FAILED TO YIELD RIGHT-OF-WAY								
E	VEHICL									
5	표									
	>									
		Owner Name MATHEW E ELSING	Owner Address E11989 LORENA LANE							
07	02	MATTIEW E ELONG	PRAIRIE DU SAC, WI 53578 , US							
_	•		, , ,							
		Sequence Of Events Event								
	01	MOTOR VEH IN TRANSPORT								
		Event								
	02									
	8	Event								
	03									
	04	Event								
		Individual								
		Driver	Citations Issued	Sex						
		COLBY M ELSING	0	MALE						
	M	(608) 575-9152	Date of Birth	Race						
\vdash	ם			WHITE						
FIN	INDIVIDUAL	Address	Driver License Number							
7	2	E11989 LORENA LANE	STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	PRAIRIE DU SAC, WI 53578 , US								
	Sat	On Duty Crash fety Equipment	Safety Equipment							
	- Cu.	Seat Position	NOT APPLICABLE							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	NOT APPLICABLE							
		Helmet Use								
		Heiliet Ose	Helmet Compliance							
		Eye Protection	Tint Compliance							
		,	Tim Compiditio							
05	005	Injury Severity	Airbag							
0	ŏ	Injury SUSPECTED SERIOUS INJUR	NOT APPLICABLE							
		Ejected Ejection Path		Trapped/Extricated						
		NOT APPLICABLE NOT EJECTED/NOT APP		NOT TRAPPED						
		Medical Transport	EMS Agency Identifier EMS Run #							
		EMS GROUND	6000555	Time of Dooth						
		Hospital SAUK PRAIRIE HOSP	Date of Death	Time of Death						
		JAUN FRAIRIE HUOF								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/25/2019

Crash Time 06:00 PM

		Distracted By	Distracted By Source UNKNOWN	,				
		Distracted By Action UNKNOWN						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	JAL							
UNIT	INDIVIDUAL							
	N							
								I = 0
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	005	Drug Type						
		Individual Condition						
		NOT OBSERVED						