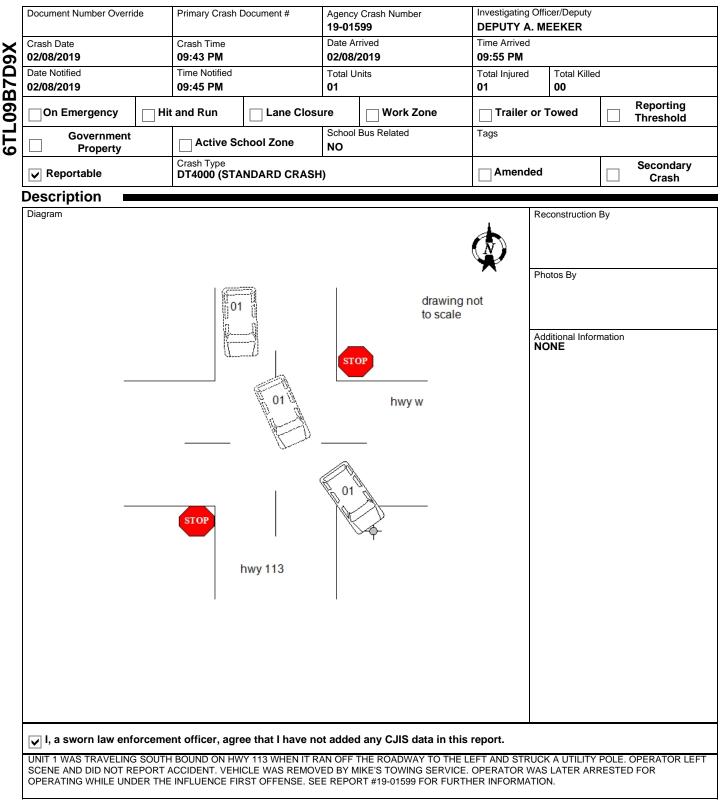
## 6TL09B7D9X

19-01599

WISCONSIN MOTOR VEHICLE CRASH REPORT



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## WISCONSIN MOTOR VEHICLE CRASH REPORT

| L | _oc   | ation 🛛 🗖                                       |                      |  |   |   |                             |                    |                                     |               |  |  |
|---|---|---|----------------------|--|---|---|-----------------------------|--------------------|-------------------------------------|---------------|--|--|
| ſ | ON  | STH113 SB                                       |                      | Latitude   |   |   | Longitude                   |                    |                                     |               |  |  |
|   | 61 FT S   |   |                      |  |   |   | 43.452527055                |                    |                                     | -89.714999254 |  |  |
|   | OF KESSLER RD<br>IN THE TOWN OF GREENFIELD              |   |                      |  |   |   | X Coordinate                |                    |                                     | linate        |  |  |
|   |   |   |                      | 280331.25  |   |   | 4814650                     |                    |                                     |               |  |  |
|   | in o  |   |                      | Structure Type   |   |   |                             |                    |                                     |               |  |  |
|   |   |   |                      |  |   |   |                             |                    |                                     |               |  |  |
| ( | Cra   | sh Scene 🛛                                      |                      |  |   |   |                             |                    |                                     |               |  |  |
| Γ | First   | Harmful Event                                   |                      |  |   | First Harm  | nful Event Lo               | ocation            |                                     |               |  |  |
|   | υτιι  | ITY POLE  |                      |  |   | ROADSI  | DE                          |                    |                                     |               |  |  |
| F | Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT |   |                      |  |   | Light Condition DARK/UNLIT                                  |                             |                    |                                     |               |  |  |
|   |   |   |                      |  |   |   |                             |                    |                                     |               |  |  |
| Ē | Road  | Surface Condition(s)                            |                      |  |   | Roadway   | Factor(s)                   |                    |                                     |               |  |  |
|   | DRY   | <b>,</b>  |                      |  |   |   |                             |                    |                                     |               |  |  |
| - | Envir   | ronment Factor(s)                               |                      |  |   | -   |                             |                    |                                     |               |  |  |
|   | NOM   | IE  |                      |  |   | NONE  |                             |                    |                                     |               |  |  |
| ŀ | Wea   | ther Condition(s)                               |                      |  |   |   |                             |                    |                                     |               |  |  |
|   | CLE   | AR  |                      |  |   |   |                             |                    |                                     |               |  |  |
| - | Anim  | al Type   |                      |  | Relation T                                    | o Trafficway  | /                           |                    |                                     |               |  |  |
|   |   |   |                      |  | TRAFFICWAY - ON ROAD                          |   |                             |                    |                                     |               |  |  |
|   |   | Crash Classification - Location PUBLIC PROPERTY |                      |  |   | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                             |                    |                                     |               |  |  |
| L |   | Tribal Land                                     |                      |  |   | Access Control Special Study                                |                             |                    |                                     |               |  |  |
|   |   |   |                      |  |   | NO CONTROL  |                             |                    |                                     |               |  |  |
|   | Withi   | n Interchange Area                              | Junction Location    |  |   | on Type VAY INTERSECTION                                    |                             |                    |                                     |               |  |  |
|   | -   |   | INTERSECTION         |  | FOOK-W  |   | SECTION                     |                    |                                     |               |  |  |
|   |   | t Summary                                       |                      | Vahiala Op   | Vehicle Operating As Classification Unit Type |   |                             |                    |                                     |               |  |  |
|   |   | RANSIT  |                      | D CLASS  |   | Classification Unit Type AUTOMOBILE                         |                             |                    |                                     |               |  |  |
|   |   | cle Type  |                      | DCLASS   |   | Operating As Endorsements                                   |                             |                    |                                     |               |  |  |
|   |   | ORT) UTILITY VEHICI                             | LE                   |  |   |   |                             |                    |                                     |               |  |  |
|   | •   | Occs  | Train/Bus # Recorded | Total # Cita   | tions Issued                                  | d Total Traile  |                             | ilers Total HazMat |                                     | Mat Types     |  |  |
|   | 01  |   |                      | 02   |   | 0   |                             | 0                  |                                     |               |  |  |
| ŀ | Insur   | ance?   | Direction Of Travel  | Pre  | CrashTire                                     |   | Speed Lin                   | Speed Limit        |                                     | Total Lanes   |  |  |
|   | YES   | ;   | SOUTHBOUND           |  | Mark  | 45  |                             | 2                  |                                     |               |  |  |
|   |   | Harmful Event: Collision                        | Special Fur          |  |   |   | Emergency Motor Vehicle Use |                    |                                     |               |  |  |
|   | UTILITY POLE NO SPECIAL FUR                             |   |                      |  |   |   |                             |                    |                                     |               |  |  |
|   | Traffic Way Traffic Contr                               |   |                      |  |   |   |                             |                    | Traffic Control Inoperative/Missing |               |  |  |
|   |   | D-WAY, NOT DIVIDED<br>ace Type                  | NO CONT              |  |   |   | NO<br>Road Grade            |                    |                                     |               |  |  |
|   |   |   | 16)                  | Road Curvature<br>CURVE LEFT   |   |   |                             |                    |                                     |               |  |  |
|   |   | k Bus or HazMat                                 |                      | CORVELEPT  |   |   |                             |                    |                                     |               |  |  |
|   | NO  |   |                      |  |   |   |                             |                    |                                     |               |  |  |
|   | 1   | Vehicle   |                      |  |   |   |                             |                    |                                     |               |  |  |
|   |   | License Plate Number                            |                      |  | Plate Type                                    |   | St                          |                    | Country of Issuance                 |               |  |  |
|   |   | 805SVG  |                      | AUT - AUTOMOBILE   |   | WI  | UNITED STATES               |                    |                                     |               |  |  |
| 1 | -   | Vehicle Identification Nu                       | Make                 |  |   | Year  |                             |                    |                                     |               |  |  |
|   | 5 1C4BJWDG2FL553787                                     |   |                      |  | JEEP  |   | 2015                        |                    | WRANGLER U                          |               |  |  |
|   |   | Color   | Body Style           |  |   |   | Bus Use<br>NOT A BUS        |                    |                                     |               |  |  |
|   | ш   | GRY - GRAY<br>Initial Contact Point             |                      | UT - SPORT UTILITY VEHICLE         NOT A BUS           Vehicle Damage         Vehicle Damage |   |   |                             |                    |                                     |               |  |  |
|   |   |   |                      |  | anago   |   |                             |                    |                                     |               |  |  |
|   | 0   | Extent Of Damage                                |                      |  | ΝТ  |   |                             |                    |                                     |               |  |  |
|   | Ξ.  | LAIGHI OI Damaue                                | DISABLING DAMAGE     |  |   |   |                             |                    |                                     |               |  |  |
| 5 | VEHICL  | ° °   | iΕ                   | 12FROI   |   |   |                             |                    |                                     |               |  |  |

19-01599

# WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |   | Towed Due To Damage                            |                     |  | Vehicle Removed By                      |                                |  |  |  |  |
|------|---|--|---------------------|--|---|--------------------------------|--|--|--|--|
|      |   | TOWED DUE TO DISAE                             | LING DAMAGE         | MI                                     | MIKES TOWING                            |                                |  |  |  |  |
|      | What Driver Was Doing   |  |                     | Veł                                    | nicle Factors                           |                                |  |  |  |  |
|      |   | GOING STRAIGHT Driver Prior Action Other       |                     |  |   |                                |  |  |  |  |
|      |   |  |                     | NC                                     |   |                                |  |  |  |  |
|      |   | Driver Actions                                 |                     |  |   |                                |  |  |  |  |
|      | ш   | RAN OFF ROADWAY                                |                     |  |   |                                |  |  |  |  |
| E    | CLI   |  |                     |  |   |                                |  |  |  |  |
| UNIT | ΗI  |  |                     |  |   |                                |  |  |  |  |
|      | VEHICLE   |  |                     |  |   |                                |  |  |  |  |
|      |   |  |                     |  |   |                                |  |  |  |  |
|      |   | Owner Name                                     |                     |  | Owner Address                           |                                |  |  |  |  |
| 2    | 01  | GREGORY M FLANAGAN<br>(608) 438-2857           |                     | E13288 HWY 78<br>MERRIMAC, WI 53561,US |   |                                |  |  |  |  |
| 0    | 0   | (000) 100 2001                                 |                     |  |   |                                |  |  |  |  |
|      |   |  | -                   |  |   |                                |  |  |  |  |
|      |   | Sequence Of Events Event                       |                     |  |   |                                |  |  |  |  |
|      | 01  | RUN OFF ROADWAY L                              | EFT                 |  |   |                                |  |  |  |  |
|      | 02  | Event<br>UTILITY POLE                          |                     |  |   |                                |  |  |  |  |
|      | 03  | Event  |                     |  |   |                                |  |  |  |  |
|      |   | Event  |                     |  |   |                                |  |  |  |  |
|      | 04  | Even   |                     |  |   |                                |  |  |  |  |
| F    | I   | Policy Holder                                  |                     |  |   |                                |  |  |  |  |
| UNIT |   | Insurance Company                              |                     |  | Individual                              |                                |  |  |  |  |
|      |   | FARMERS-UNION-MUT                              | UAL-INSURANCE-CO    |  | GREGORY FLANAGAN                        |                                |  |  |  |  |
|      |   | Individual                                     |                     |  |   |                                |  |  |  |  |
|      |   | Driver<br>GREGORY M FLANAGAN<br>(608) 438-2857 |                     |  | Citations Issued                        | Sex                            |  |  |  |  |
|      | ۹L  |  |                     |  | Date of Birth                           | MALE<br>Race                   |  |  |  |  |
| н    | INDIVIDUA   |  |                     |  |   | WHITE                          |  |  |  |  |
|      | Σ   | Address  |                     | [                                      | Driver License Number                   |                                |  |  |  |  |
|      | ND  | E13288 HWY 78<br>MERRIMAC, WI 53561 , US       |                     |  | STATE: WISCONSIN COUNTRY: UNITED STATES |                                |  |  |  |  |
|      | -   |  |                     |  |   |                                |  |  |  |  |
|      |   | On Duty Crash                                  |                     |  | Safety Equipment                        |                                |  |  |  |  |
|      | Saf   | fety Equipment                                 |                     |  | Salety Equipment                        |                                |  |  |  |  |
|      | 1   | Seat Position                                  |                     | SHOULDER & LAP BELT                    |   |                                |  |  |  |  |
|      |   | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY          |                     |  |   |                                |  |  |  |  |
|      |   | Helmet Use                                     |                     | Helmet Compliance                      |   |                                |  |  |  |  |
|      |   | Eye Protection                                 |                     | Tint Compliance                        |   |                                |  |  |  |  |
|      |   |  |                     |  |   |                                |  |  |  |  |
| 6    | 001   | Injury Severity                                |                     | Airbag                                 |   |                                |  |  |  |  |
| •    | õ   |  | PECTED MINOR INJURY | [                                      | DEPLOYED-FRONT                          |                                |  |  |  |  |
|      |   | Ejected<br>NOT EJECTED                         |                     |  |   | Trapped/Extricated NOT TRAPPED |  |  |  |  |
|      |   | Molical Transport                              |                     |  | EMS Agency Identifier                   | EMS Run #                      |  |  |  |  |
|      |   | NOT TRANSPORTED                                |                     |  |   |                                |  |  |  |  |
|      |   | Hospital                                       |                     |  | Date of Death Time of Death             |                                |  |  |  |  |
|      |   |  |                     |  |   |                                |  |  |  |  |
|      | Distracted By Source<br>Distracted By NOT APPLICABLE (NOT DISTRACTED) |  |                     |  |   |                                |  |  |  |  |
|      | Distracted By Action  |  |                     |  |   |                                |  |  |  |  |
|      |   | NOT DISTRACTED                                 |                     |  |   |                                |  |  |  |  |

6TL09B7D9X

19-01599

## WISCONSIN MOTOR VEHICLE CRASH REPORT

|   | Non Motorist                           |                                | Striking Unit #   | Location                    |  |  |                      |                   |  |  |  |
|---|--|--------------------------------|---|-----------------------------|--|--|----------------------|-------------------|--|--|--|
|   |  | Prior Action                   | ·   |                             |  |  |                      |                   |  |  |  |
|   |  | Action                         |   |                             |  |  |                      |                   |  |  |  |
|   |  |                                |   |                             |  |  |                      |                   |  |  |  |
|   | INDIVIDUAL                             |                                |   |                             |  |  |                      |                   |  |  |  |
| UNIT  | ם                                      |                                |   |                             |  |  |                      |                   |  |  |  |
| 5   | N                                      |                                |   |                             |  |  |                      |                   |  |  |  |
|   | Z                                      |                                |   |                             |  |  |                      |                   |  |  |  |
|   | _                                      |                                |   |                             |  |  |                      |                   |  |  |  |
|   |  | Action Other                   |   |                             |  |  |                      | To/From Sobool    |  |  |  |
|   |  | Action Other                   |   |                             |  |  |                      | To/From School    |  |  |  |
|   |  | <u> </u>                       | Suspected Alcoh   | nol Use                     | Suspected Drug Use                                 |  |                      |                   |  |  |  |
|   |  |                                |   |                             | NO   |  |                      |                   |  |  |  |
|   |  | Alcohol Test Given             |   | Alcohol Test Type           | l  |  | Alcohol Test Results |                   |  |  |  |
|   |  | TEST GIVEN                     |   |                             |  |  | PENDING              |                   |  |  |  |
|   |  | Drug Test Given TEST NOT GIVEN |   | Drug Test Type              | Drug Test Type                                     |  | Drug Test Results    |                   |  |  |  |
| 6   | 001                                    | Drug Type                      |   |                             |  |  |                      |                   |  |  |  |
|   |  |                                |   |                             |  |  |                      |                   |  |  |  |
| Individual Condition  |  |                                |   |                             |  |  |                      |                   |  |  |  |
| UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL, NOT OBSERVED |  |                                |   |                             |  |  |                      |                   |  |  |  |
|   | ,                                      | iolations                      |   |                             |  |  |                      |                   |  |  |  |
| 5 UTC Number<br>AE142005  |  |                                | Issue To?<br>001  | Statute Number 346.63(1)(a) | Description<br>OPERATING WHILE UNDER THE INFLUENCE |  |                      |                   |  |  |  |
|   | UTC Number Issue To? Statute Number    |                                | Description<br>FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT |                             |  |  |                      |                   |  |  |  |
|   | AE142006         001         346.70(1) |                                |   |                             |  |  |                      |                   |  |  |  |
| Property Owner  |  |                                |   |                             |  |  |                      |                   |  |  |  |
| 01  | Orga                                   | anization/Company              |   |                             | Address<br>4902 N BILTMORE                         |  |                      |                   |  |  |  |
|   |  |                                |   |                             | MADISON, WI 53707 1077, US                         |  |                      |                   |  |  |  |
| PROP<br>OWNER   |  |                                |   |                             |  |  |                      |                   |  |  |  |
|   | Fixe                                   | ed Objects Stru                | uck   |                             |  |  |                      |                   |  |  |  |
|   |  |                                | truck Object  |                             |  |  | Structure Number     | Damage Tag Number |  |  |  |
|   | 5 01 UTILITY POLE                      |                                |   |                             |  |  |                      | 337757            |  |  |  |