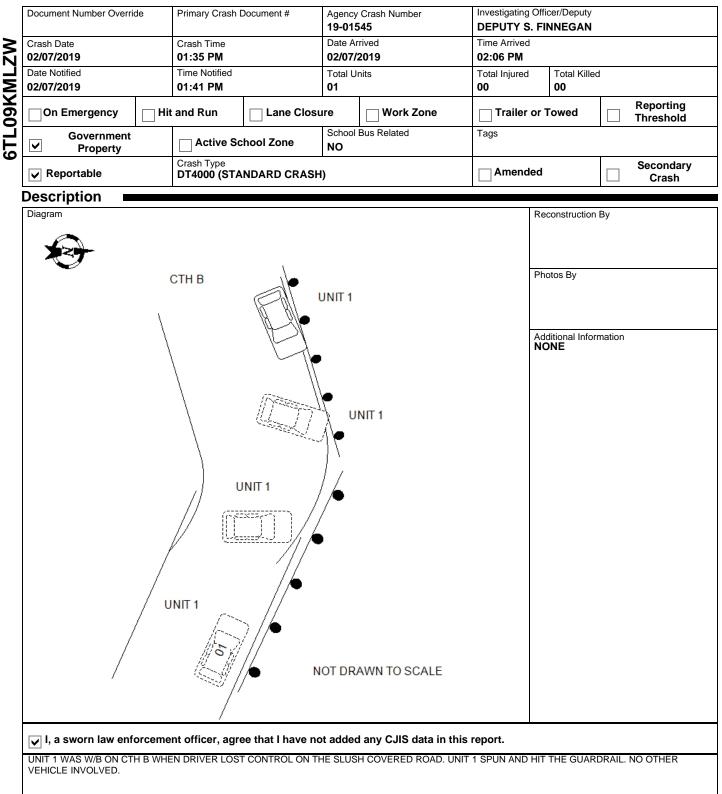
# 6TL09KMLZW

19-01545

### WISCONSIN MOTOR VEHICLE CRASH REPORT



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2

UNIT

5

UNIT

# WISCONSIN MOTOR VEHICLE CRASH REPORT

|   | ation                           |                     |                               |  |  |                 |                             | (000) 000 1000             |  |
|---|---------------------------------|---------------------|-------------------------------|--|--|-----------------|-----------------------------|----------------------------|--|
|   |                                 |                     |                               |  | Lotitudo   |                 |                             | Langeitunda                |  |
| ON CTH C/ CTHB WB<br>808 FT E   |                                 |                     |                               |  | Latitude<br>43.256073675                                 |                 |                             | Longitude<br>-89.940652562 |  |
| OF CTHC SB  |                                 |                     |                               |  |  |                 |                             |                            |  |
| IN THE TOWN OF TROY   |                                 |                     |                               |  | X Coordinate Y Coordinate<br>261303.484375 4793451.5     |                 |                             | 4793451.5                  |  |
| IN S  | SAUK COUNTY                     |                     |                               |  |  |                 |                             | 4733431.3                  |  |
|   |                                 |                     |                               |  | Structure Type NO STRUCTURE                              |                 |                             |                            |  |
| Cra   | sh Scene 📃                      |                     |                               |  |  |                 |                             |                            |  |
| First   | Harmful Event                   |                     |                               |  | First Harm   | ful Event I     | ocation                     |                            |  |
| GU  | ARDRAIL FACE                    |                     |                               |  | ON ROADWAY   |                 |                             |                            |  |
| Man   | Manner of Collision             |                     |                               |  | Light Condition  |                 |                             |                            |  |
| NO  | COLLISION W/VEHIC               | LE IN TRANSPORT     |                               |  | DAYLIGHT   |                 |                             |                            |  |
| Roa   | d Surface Condition(s)          |                     |                               |  | Roadway I  | actor(s)        |                             |                            |  |
| WE  | T, SNOW, SLUSH                  |                     |                               |  |  |                 |                             |                            |  |
| Envi  | ronment Factor(s)               |                     |                               |  |  |                 |                             |                            |  |
| NO  | NE                              |                     |                               |  | NONE   |                 |                             |                            |  |
| Wea   | ther Condition(s)               |                     |                               |  |  |                 |                             |                            |  |
| CLO   | DUDY, SNOW, SLEET               | /HAIL               |                               |  |  |                 |                             |                            |  |
| Anin  | nal Type                        |                     |                               |  | Relation To Trafficway                                   |                 |                             |                            |  |
| Croc  | sh Classification - Location    |                     |                               |  | TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction |                 |                             |                            |  |
|   | BLIC PROPERTY                   |                     |                               |  |  |                 |                             |                            |  |
| -   |                                 |                     |                               | NO SPECIAL JU<br>Access Control                |  |                 |                             | Special Study              |  |
| 11100   |                                 |                     |                               | NO CONTROL                                     |  |                 |                             |                            |  |
| Within Interchange Area     Junction Location       NO     NON-JUNCTION |                                 |                     |                               | Intersection Type NOT AN INTERSECTION          |  |                 |                             |                            |  |
|   |                                 | Non concinent       |                               | NOT AN   |  |                 |                             |                            |  |
|   | t Summary                       |                     | Vehicle Ope                   | arating As C                                   | assification   |                 | Unit Type                   |                            |  |
|   |                                 |                     | D CLASS                       |  |  |                 |                             |                            |  |
| IN TRANSIT D CL<br>Vehicle Type   |                                 |                     |                               |  |  |                 |                             | Operating As Endorsements  |  |
| PAS   | SSENGER CAR                     |                     |                               |  |  |                 |                             |                            |  |
| Tota<br>1   | otal Occs Train/Bus # Recorded  |                     | Total # Citations Issued<br>0 |  |  |                 |                             | Total HazMat Types<br>0    |  |
| Insu  | rance?                          | Direction Of Travel | Pre CrashTire                 |  | Speed Lim  |                 | mit                         | Total Lanes                |  |
| YES   | YES WESTBOUND                   |                     | Mark                          |  | 55   |                 |                             | 2                          |  |
| Mos   | t Harmful Event: Collision      | With                |                               | Special Function                               |  |                 | Emergency Motor Vehicle Use |                            |  |
|   | ARDRAIL FACE                    |                     | NO SPEC                       |  |  |                 |                             | NOT APPLICABLE             |  |
|   | fic Way                         |                     | Traffic Cont                  |  |  |                 |                             | rol Inoperative/Missing    |  |
| TWO-WAY, NOT DIVIDED NO CONT  |                                 |                     |                               |  |  |                 | NO                          |                            |  |
|   | ace Type                        | 0)                  | Road Curva                    |  |  |                 |                             |                            |  |
|   | ACKTOP (BITUMINOU               | 5)                  | CURVE L                       | EFI  |  |                 | LEVEL                       |                            |  |
| NO  |                                 |                     |                               |  |  |                 |                             |                            |  |
| _   | Vehicle                         |                     |                               |  |  |                 |                             |                            |  |
|   | License Plate Number Plate Type |                     |                               |  | St Country of Issuance                                   |                 | suance                      |                            |  |
|   | 487VWU                          |                     | AUT - AU                      | AUT - AUTOMOBILE                               |  | wi              | UNITED STATES               |                            |  |
|   | Vehicle Identification Number   |                     | Make                          |  |  | Year            | Model                       |                            |  |
| 0   | 3N1CN7AP8CL928068               |                     | NISSAN                        |  |  | 2012 VERSA S/SV |                             |                            |  |
|   | Color                           |                     | Body Style                    | Body Style                                     |  |                 | Bus Use                     |                            |  |
|   | RED - RED 4D - 4DR              |                     |                               |  | NOT A BUS  |                 |                             |                            |  |
| Щ   |                                 |                     |                               | mage   |  |                 |                             |                            |  |
| 11LEFT FRONT CORNER   |                                 |                     | FRONT                         | CORNER, 7LEFT REAR CORNER, 8LEFT SIDE REAR, 10 |  |                 |                             |                            |  |
| /EH   |                                 |                     |                               |  | T, 11LEFT FRONT CORNER, 12FRONT, UNDERCARRIAGE           |                 |                             |                            |  |
|   |                                 |                     |                               |  |  |                 |                             |                            |  |

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|      |   | Towed Due To Damage                     | Vehicle Removed By  |                    |  |  |  |  |
|------|---|---|---|--------------------|--|--|--|--|
|      |   | TOWED DUE TO DISABLING DAMAGE           | GEORGES AUTO BODY   |                    |  |  |  |  |
|      |   | What Driver Was Doing                   | Vehicle Factors   |                    |  |  |  |  |
|      |   | NEGOTIATING CURVE                       |   |                    |  |  |  |  |
|      |   | Driver Prior Action Other               | NOT APPLICABLE  |                    |  |  |  |  |
|      |   | Driver Actions                          |   |                    |  |  |  |  |
|      |   | SPEED TOO FAST/COND, FAILURE TO CONTROL |   |                    |  |  |  |  |
| H    | Ľ   |   |   |                    |  |  |  |  |
| UNIT | ЧC  |   |   |                    |  |  |  |  |
|      | VEHICLE   |   |   |                    |  |  |  |  |
|      | -   |   |   |                    |  |  |  |  |
|      |   | Owner Name                              | Owner Address   |                    |  |  |  |  |
| _    | 1   | BENJAMIN RJK VANWOERT                   | S10898 WEIDNER RD   |                    |  |  |  |  |
| 01   | 01  | (608) 546-3326                          | SPRING GREEN, WI 53588 , US                                   |                    |  |  |  |  |
|      |   |   |   |                    |  |  |  |  |
|      |   | Sequence Of Events                      |   |                    |  |  |  |  |
|      | 01  | Event<br>GUARDRAIL FACE                 |   |                    |  |  |  |  |
|      | -   | Event                                   |   |                    |  |  |  |  |
|      | 02  | LVent                                   |   |                    |  |  |  |  |
|      | ~   | Event                                   |   |                    |  |  |  |  |
|      | 03  |   |   |                    |  |  |  |  |
|      | 04  | Event                                   |   |                    |  |  |  |  |
|      |   |   |   |                    |  |  |  |  |
| E    |   | Policy Holder                           |   |                    |  |  |  |  |
| UNIT |   | Insurance Company                       | Individual  |                    |  |  |  |  |
| -    |   | USAA-CASUALTY-INS-CO                    | BENJAMIN VANWOERT   |                    |  |  |  |  |
|      |   | Individual                              |   |                    |  |  |  |  |
|      |   | Driver<br>BENJAMIN RJK VANWOERT         | Citations Issued  | Sex                |  |  |  |  |
|      | AL  | (608) 546-3326                          | 0<br>Date of Birth  | MALE<br>Race       |  |  |  |  |
| ⊢    | INDIVIDUAL  |   | Date of Birth   | WHITE              |  |  |  |  |
| UNIT | N   | Address                                 | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES |                    |  |  |  |  |
|      | P   | S10898 WEIDNER RD                       |   |                    |  |  |  |  |
|      | =   | SPRING GREEN, WI 53588 , US             |   |                    |  |  |  |  |
|      |   |   |   |                    |  |  |  |  |
|      | Saf   | On Duty Crash<br>fety Equipment         | Safety Equipment  |                    |  |  |  |  |
|      |   | Seat Position                           | SHOULDER & LAP BELT   |                    |  |  |  |  |
|      |   | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY   | Shoulder & LAF BELT   |                    |  |  |  |  |
|      |   | Helmet Use                              | Helmet Compliance   |                    |  |  |  |  |
|      |   |   |   |                    |  |  |  |  |
|      |   | Eye Protection                          | Tint Compliance   |                    |  |  |  |  |
|      | _   | Injury Severity                         | Airbag  |                    |  |  |  |  |
| 6    | 001   | Injury NO APPARENT INJURY               |   |                    |  |  |  |  |
|      |   | Ejected Ejection Path                   |   | Trapped/Extricated |  |  |  |  |
|      |   | NOT EJECTED NOT EJECTED/NOT APP         | PLICABLE  | NOT TRAPPED        |  |  |  |  |
|      |   | Medical Transport                       | EMS Agency Identifier   | EMS Run #          |  |  |  |  |
|      |   | NOT TRANSPORTED                         |   |                    |  |  |  |  |
|      |   | Hospital                                | Date of Death   | Time of Death      |  |  |  |  |
|      |   | Distracted Div Courses                  |   |                    |  |  |  |  |
|      | Distracted By Source<br>NOT APPLICABLE (NOT DISTRACTED) |   |   |                    |  |  |  |  |
|      |   | Distracted By Action                    |   |                    |  |  |  |  |
|      |   | NOT DISTRACTED                          |   |                    |  |  |  |  |
|      |   |   |   |                    |  |  |  |  |

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

|               | Striking Unit # Location                             |                                     | Location      |                                    |                          |                   |                      |                   |  |
|---------------|--|-------------------------------------|---------------|------------------------------------|--------------------------|-------------------|----------------------|-------------------|--|
|               |  | Prior Action                        |               |                                    |                          |                   |                      |                   |  |
|               |  | Action                              |               |                                    |                          |                   |                      |                   |  |
|               |  |                                     |               |                                    |                          |                   |                      |                   |  |
|               | UAL  |                                     |               |                                    |                          |                   |                      |                   |  |
| UNIT          | VID  |                                     |               |                                    |                          |                   |                      |                   |  |
|               | INDIVIDUAL   |                                     |               |                                    |                          |                   |                      |                   |  |
|               | =  |                                     |               |                                    |                          |                   |                      |                   |  |
|               |  | Action Other                        |               |                                    |                          |                   |                      | To/From School    |  |
|               |  |                                     |               |                                    |                          |                   |                      |                   |  |
|               | L  | Drug & Alcohol NO                   |               |                                    | Suspected Drug Use<br>NO |                   |                      |                   |  |
|               |  | Alcohol Test Given<br>TEST NOT GIVE |               | Alcohol Test Type                  | )                        |                   | Alcohol Test Results |                   |  |
|               |  | Drug Test Given                     |               | Drug Test Type                     |                          | Drug Test Results |                      |                   |  |
|               |  | TEŠT NOT GIVE                       | N             |                                    |                          |                   |                      |                   |  |
| 2             | Drug Type  |                                     |               |                                    |                          |                   |                      |                   |  |
|               | -  | Individual Condition                |               |                                    |                          |                   |                      |                   |  |
|               |  |                                     |               |                                    |                          |                   |                      |                   |  |
|               | APPEARED NORMAL                                      |                                     |               |                                    |                          |                   |                      |                   |  |
|               | Property Owner                                       |                                     |               |                                    |                          |                   |                      |                   |  |
| 01            | Government<br>SAUK COUNTY HWY DEPT<br>(608) 356-3855 |                                     |               |                                    | Address<br>620 STH 136   |                   |                      |                   |  |
| PROP<br>OWNER |  |                                     |               | PO BOX 26<br>BARABOO, WI 53913 ,US |                          |                   |                      |                   |  |
|               |  |                                     |               |                                    |                          |                   |                      |                   |  |
|               | Fixed Objects Struck                                 |                                     |               |                                    |                          |                   |                      |                   |  |
|               | 6  | •                                   | Struck Object |                                    |                          |                   | Structure Number     | Damage Tag Number |  |