WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash I	Document #	Agency 19-016	Crash Number		g Officer/Deputy M. STODDAF	
	Crash Date 02/11/2019	Crash Time 07:05 AM Time Notified 07:05 AM		Date Arrived Time Arrived 02/11/2019 07:05 AM				
- 1	Date Notified 02/11/2019					Total Injured Total K		(illed
5	On Emergency Hit	and Run	✓ Lane Clos	ure	☐ Work Zone	Trailer	or Towed	Reporting Threshold
	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASI	1)		Amend	ded	Secondary Crash
	escription							
[Diagram						Reconstructio	n By
							Photos By	ADD
	*						MJ STÓDD	ARD
	T						Additional Info	ormation
				(2	49/			
					Y			
		يختم مريم	62		02	01		
	02	<u> </u>		-				
		03						
			03	+				
_								
	I, a sworn law enforceme							
	UNIT 1 AND UNIT 2 WERE EB ON INTO THE PATH OF UNIT 3 WHIC		LOWING FOR A P	REVIOUS	S ACCIDENT. UNIT 1 S	TRUCK UNIT 2 I	IN THE REAR.	UNIT 2 WAS PUSHED

WISCONSIN MOTOR VEHICLE CRASH REPORT

L	ocati	on 📉									
С	N US	H14 EB					Latitude			Longitud	de
_	.37 MI						43.19094	l 91		-90.165	5562641
		RTER RD					X Coordina	ate		Y Coord	linate
	IN THE TOWN OF SPRING GREEN IN SAUK COUNTY					242772.1875 4786886			36		
"	N SAU	K COUNT I					Structure ⁻	Туре		1	
							NO STR				
C	rash	Scene									
F	irst Harı	mful Event					First Harm	ıful Event Lo	cation		
N	OTOR	VEH IN TRANSPO	ORT				ON ROA	DWAY			
M	lanner o	of Collision					Light Cond	dition			
0	2FR	ONT TO REAR					DAYLIGI	HT			
R	oad Su	rface Condition(s)					Roadway	Factor(s)			
W	VET, S	NOW, SLUSH, ICE	<u>:</u>								
Е	nvironm	nent Factor(s)					-				
٧	VEATH	IER CONDITIONS,	VISUAL OBSTRUCTION ((S)			BACKUF	DUE TO	PRIOR CRA	SH	
W	/eather	Condition(s)					1				
С	LOUD	Υ									
А	nimal T	уре						o Trafficway			
	rach CI	assification - Location						CWAY - OI			
		PROPERTY						Crash Classification - Jurisdiction			
	ribal La						NO SPECIAL JURISDICTION Access Control Special Study			Special Study	
	Within Interchange Area Junction Location						NO CONTROL			Special Study	
					Intersection						
	10		NON-JUNCTION		NOT AN		NINTERSECTION				
С	losure	Гуре			Reasons for Closure						
L	ANE C	CLOSURE									
D	ate Initi	al Lane/Rd Closed	Time Initial Lane/Rd Close	ed	LAW	ENFORC	EMENT				
	2/11/2		07:05 AM								
		_anes Open	Time All Lanes Open			Scene Clear	ed		e Scene Clea	red	
0	2/11/2	019	08:30 AM		02/11	/2019		08:	30 AM		
U	nit S	ummary 💳									
U	nit Stat	us		Vehi	cle Ope	erating As C	lassification		Unit Type		
II.	N TRA	NSIT		DC	LASS				AUTOMOE	BILE	
'	ehicle T								Operating As	s Endorse	ments
		NGER CAR									
1	otal Oc	cs	Train/Bus # Recorded	Tota 0	I # Cita	tions Issued		Total Traile	ers	Total Haz	:Mat Types
	nsurance	e?	Direction Of Travel		Dro	CrashTire		Speed Lim	nit	Total Lan	es
	'ES		EASTBOUND		rre	Mark	ŧ	55		2	
M		mful Event: Collision \			cial Fun	ction	TION	ı	Emergency NOT APPL		
	raffic W			Traff	fic Cont	rol			Traffic Contr		
		AY, NOT DIVIDED		NO	CONT	ROL			NO		·
	urface -				d Curva				Road Grade		
		TOP (BITUMINOU s or HazMat	S)	STR	STRAIGHT			LEVEL			
	IO	3 or Hazivial									
	Vel	nicle									
		ense Plate Number			te Type			St	Country of Iss		
		P5949				ТОМОВІІ	E.	WI	UNITED ST	ATES	
,	_	nicle Identification Nur		Mal				Year	Model		
Toler Identification Number SATURN				SA	TURN			2004	L300		

WISCONSIN MOTOR VEHICLE CRASH REPORT

			Body Style 4D - 4DR	Bus Use NOT A BUS		
	ш	` ,	Vehicle Damage			
╘	C	12FRONT				
UNIT	VEHICLE		1RIGHT FRONT CORNER, 11LEFT	FRONT CORNER, 12FRONT		
	>	DISABLING DAMAGE	Vahiala Damayad Dy			
			Vehicle Removed By GEORGES AUTO BODY			
			Vehicle Factors			
		SLOW/STOPPING				
		Driver Prior Action Other	NOT APPLICABLE			
		Driver Actions				
	쁘	FAILURE TO CONTROL				
UNIT	VEHICL					
n	垣					
		Owner Name	Owner Address			
10	2	JOHN A BROWN	311 N OAK ST. LONE ROCK, WI 53556, US			
			, ,			
	,	Sequence Of Events				
	2	Event MOTOR VEH IN TRANSPORT				
		Event				
	05					
	03	Event				
	04	Event				
_		Policy Holder				
UNIT		Insurance Company	Individual			
ا ر		GEICO-GENERAL-INS-CO	JOHN BROWN			
	I	Individual	L Citations Issued			
		Driver JAYDE A BROWN	Citations Issued 0	Sex FEMALE		
	DUAL	(608) 553-0722	Date of Birth	Race		
╘	⊒			WHITE		
N O	INDIN	Address 311 N OAK ST.	Driver License Number			
	Ĭ	LONE ROCK, WI 53556 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
	Sat	On Duty Crash fety Equipment	Safety Equipment			
		Seat Position	SHOULDER & LAP BELT			
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY				
		Helmet Use	Helmet Compliance Tint Compliance			
		Eye Protection				
		Injury Severity	Airbag			
01	00	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT			
		Ejected Ejection Path		Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT APP	LICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #		
		NOT TRANSPORTED	LING Agency Identifier	LIVIO IXUII #		

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/11/2019

Crash Time 07:05 AM

		Hospital			Date of Death			Time of Dear	:h	
	ļ	Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
	INDIVIDUAL									
_	IND									
		Action Other								To/From School
	L	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	е			Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Tes	st Results	I		
2	001	Drug Type								
		Individual Condition								
		APPEARED NORM	AL							
	Uni	t Summary =								
	Unit	Status RANSIT			ehicle Operating As Class CLASS	ification		Unit Type AUTOMOE) E	
~ !		cle Type		L	CLASS			Operating As		ents
05		SENGER CAR								
	1	Occs	Train/Bus # Re	0	otal # Citations Issued	0			Total HazM 0	lat Types
_	Insur	urance? Direction Of Tra S EASTBOUND			Pre CrashTire Mark		Speed Lim 55	it	Total Lanes 2	5
LNO	Most	st Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		le Use
	MOTOR VEH IN TRANSPORT Traffic Way				raffic Control			Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDE	D		IO CONTROL			NO		
		ace Type ACKTOP (BITUMINO)	16/		Road Curvature			Road Grade LEVEL		
		k Bus or HazMat	33)		TICAIGITI					
	NO									
	1	Vehicle								
		License Plate Number 139ZBE			Plate Type AUT - AUTOMOBILE	s v		Country of Iss UNITED ST		
05	02	Vehicle Identification Nu 1G11C5SA3DF1829			Make CHEVROLET	Y	'ear	Model MALIBU		
		Color BLK - BLACK			Body Style 4D - 4DR			Bus Use NOT A BUS	<u> </u>	
		DEK - DEACK		'	マレ * サレハ			NOT A BUS		

6TL08WW13M

19-01697

WISCONSIN MOTOR VEHICLE CRASH REPORT

	111	Initial Contact Point	\/0	hicle Damage			
_	Ë		"	Thore Damage			
F	<u>C</u>	6REAR	5	-RIGHT REAR CORNER, 6REAR, 7-	LEFT REAR CORNER, 11LEFT FRONT		
LNO	Ξ	Extent Of Damage		CORNER, 12FRONT			
	VEHICLE	DISABLING DAMAGE		,			
		Towed Due To Damage	Ve	hicle Removed By			
		TOWED DUE TO DISABLING DAMAGE		EORGES AUTO BODY			
		What Driver Was Doing		hicle Factors			
		SLOW/STOPPING	1.0	nicio i dotoro			
			NC	OT APPLICABLE			
		Driver Prior Action Other	, ac	JI AFFLICABLE			
		Driver Actions					
	ш	NO CONTRIBUTING ACTION					
⊢	7						
E N	¥						
⊃	VEHICL						
	>						
				_			
		Owner Name		Owner Address			
N	2	DUSTIN JOHN JONES		425 PEARL ST			
05	02	(608) 588-5066		LONE ROCK, WI 53556, US			
		Sequence Of Events					
		Event					
	01	MOTOR VEH IN TRANSPORT					
	02	Event					
	0						
	8	Event					
	03						
		Event					
	04	2.0					
⊨		Policy Holder					
<u>L</u>		Policy Holder Insurance Company		Individual			
LINO				Individual DUSTIN JONES			
LINO	l	Insurance Company PROGRESSIVE-CASUALTY-INS-CO					
LINO	l	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual		DUSTIN JONES	I Cau		
LIND	l	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver		DUSTIN JONES Citations Issued	Sex		
LINO		Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES		DUSTIN JONES Citations Issued 0	MALE		
LINO		Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver		DUSTIN JONES Citations Issued	MALE Race		
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES		DUSTIN JONES Citations Issued 0	MALE		
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES	-	DUSTIN JONES Citations Issued 0	MALE Race		
LIND		Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066	1	DUSTIN JONES Citations Issued Duste of Birth Driver License Number	MALE Race WHITE		
	ADIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address	1	Citations Issued O Date of Birth	MALE Race WHITE		
	ADIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST	1	DUSTIN JONES Citations Issued Duste of Birth Driver License Number	MALE Race WHITE		
	ADIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US		DUSTIN JONES Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US		DUSTIN JONES Citations Issued Duste of Birth Driver License Number	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash		DUSTIN JONES Citations Issued Duste of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US		DUSTIN JONES Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash		DUSTIN JONES Citations Issued Duste of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US Tety Equipment Seat Position	ORCY	DUSTIN JONES Citations Issued Duste of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT	ORCY	DUSTIN JONES Citations Issued Duste of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT) Helmet Use	ORCY	DUSTIN JONES Citations Issued Duste of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE		
TIND	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT) Helmet Use	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO ndividual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT Helmet Use) Eye Protection	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	MALE Race WHITE		
TIND	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT Helmet Use Eye Protection Injury Injury NO APPARENT INJURY	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE ITED STATES		
TIND	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT Helmet Use Eye Protection Injury Injury Fjected Injury Ejected Injury Figet Equipment Injury Injury Figet Equipment Injury Injury Figet Ejection Path	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE ITED STATES Trapped/Extricated		
TIND	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT Helmet Use Eye Protection Injury Injury Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED/IN	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE	MALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED		
TIND	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT) Helmet Use Eye Protection Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE ITED STATES Trapped/Extricated		
TIND	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT Helmet Use Eye Protection Injury Injury Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED/IN	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE	MALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED		
TIND	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUALTY-INS-CO Individual Driver DUSTIN JOHN JONES (608) 588-5066 Address 425 PEARL ST LONE ROCK, WI 53556 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOT) Helmet Use Eye Protection Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport	ORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE	MALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED		

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/11/2019

Crash Time 07:05 AM

		Distracted By N	Istracted By Sour	ce I F (NOT DIST I	RACTED)					
			OT ALL LICAD	LE (NOT DISTI	(ACTED)					
		Distracted By Action NOT DISTRACTED								
			triking Unit #	Location						
		Non Motorist	unking Offic#	Location						
		Prior Action								
		Action								
	INDIVIDUAL									
╘	ם									
UNIT	≥									
	Z									
		A -ti Oth							T-/5 O-b	
		Action Other							To/From School	
		S	uspected Alcohol	Use	Suspected Dr	ug Use				
	L	Drug & Alcohol N	0		NO					
		Alcohol Test Given		Alcohol Test T	уре			Alcohol Tes	st Results	
		TEST NOT GIVEN		Drug Test Type		16	T (D)			
		Drug Test Given TEST NOT GIVEN		Drug Test Typ	/pe		Drug Test Results			
05	005	Drug Type		"						
	0									
		Individual Condition								
		APPEARED NORMA	۸L							
	Llmi	t Cummony								
_		t Summary Status			Vehicle Operating	As Classification	on	Unit Type		
		RANSIT			D CLASS	, , , , , , , , , , , , , , , , , , , ,		AUTOMO	BILE	
3		cle Type							As Endorsements	
03	PAS	SSENGER CAR								
		Total Occs Train/Bus # Recorded			Total # Citations I			ilers	Total HazMat Types	
	1		D: // O/T		Fie Clasiffie		-	-,-	0	
	YES	rance?	Direction Of T				Speed Li	mit	Total Lanes	
UNIT		t Harmful Event: Collision		ND	Special Function		33	Emergency	Motor Vehicle Use	
רן		OTOR VEH IN TRANSPORT			NO SPECIAL FUNCTION			NOT APPLICABLE		
		ic Way			Traffic Control			Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDED)		NO CONTROL			NO		
		ace Type	10)		Road Curvature			Road Grad	e	
		ACKTOP (BITUMINOU k Bus or HazMat	15)		STRAIGHT			LEVEL		
	NO	K Dus of Flaziviat								
	•	Vehicle								
		License Plate Number			Plate Type		St	Country of Is		
		718XNT		AUT - AUTOMOBILE		WI	Model Model	IAIES		
			na la a v							
03	33	Vehicle Identification Nu					Year 2005		I F	
03	03	Vehicle Identification Nu 1FMDK05185GA428			FORD		2005	FREESTY Bus Use	LE	
03	03	Vehicle Identification Nu				ITILITY VEHIO	2005	FREESTY		
03	03	Vehicle Identification Nu 1FMDK05185GA428 Color			FORD Body Style	ITILITY VEHIO	2005	FREESTY Bus Use		

WISCONSIN MOTOR VEHICLE CRASH REPORT

l	ш			Vehicle Damage			
⊢	\prec			-			
LNO	VEHICLE	Extent Of Damage		9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12			
⊃	亩	_	1	FRONT			
	>	FUNCTIONAL DAMAGE					
		Towed Due To Damage		Vehicle Removed By			
		NOT TOWED		OPERATOR			
		What Driver Was Doing	· ·	Vehicle Factors			
		GOING STRAIGHT					
		Driver Prior Action Other		NOT APPLICABLE			
İ		Driver Actions					
	ш	NO CONTRIBUTING ACT	TION				
⊢	VEHICLE						
LIND	¥						
⊃	直						
	>						
		Own as Name		0			
		Owner Name AMANDA L WATERMAN	1	Owner Address 30784 FULLERTON LN			
03	03	(608) 822-5258		CAZENOVIA, WI 53924 , US			
0	0	(000) 022 0200		CALLITOTIA, WI 00024 , 00			
	;	Sequence Of Events					
		Event					
	6	MOTOR VEH IN TRANSF	PORT				
		Event					
	02						
		Cyant					
	33	Event					
	4	Event					
	J						
l .		Policy Holder					
⊢		rolley Holdel					
불		Insurance Company		Individual			
LIND			LTY-INS-CO	Individual AMANDA WATERMAN			
LIND		Insurance Company PROGRESSIVE-CASUAI	LTY-INS-CO				
LIND		Insurance Company PROGRESSIVE-CASUAI Individual	LTY-INS-CO	AMANDA WATERMAN			
LIND		Insurance Company PROGRESSIVE-CASUAI Individual Driver		AMANDA WATERMAN Citations Issued	Sex		
UNIT	,	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN		AMANDA WATERMAN Citations Issued 0	FEMALE		
TINO	,	Insurance Company PROGRESSIVE-CASUAI Individual Driver		AMANDA WATERMAN Citations Issued	FEMALE Race		
	,	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN		AMANDA WATERMAN Citations Issued 0	FEMALE		
	,	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN (608) 822-5258		AMANDA WATERMAN Citations Issued 0	FEMALE Race		
TINU TINU	ADIVIDUAL	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN	ı	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number	Race WHITE		
	,	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN	ı	Citations Issued O Date of Birth	Race WHITE		
	ADIVIDUAL	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN	ı	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924	ı	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924	, us	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAI Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 fety Equipment	, us	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position On Dut	, US ty Crash	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position 1FRONT SEAT-LEFT S	, us	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position On Dut	, US ty Crash	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position 1FRONT SEAT-LEFT S Helmet Use	, US ty Crash	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE		
	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position 1FRONT SEAT-LEFT S	, US ty Crash	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	Race WHITE		
LIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position 1FRONT SEAT-LEFT S Helmet Use	, US ty Crash	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE		
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	INDIVIDUAL	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury S NO Al	, US ty Crash SIDE (DRIVER/MOTORCY Severity PPARENT INJURY	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE WHITE		
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LIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury Injury NO Al Ejected NOT EJECTED	, US ty Crash SIDE (DRIVER/MOTORCY Severity PPARENT INJURY	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE IITED STATES Trapped/Extricated NOT TRAPPED		
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LIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CASUAL Individual Driver AMANDA L WATERMAN (608) 822-5258 Address 30784 FULLERTON LN CAZENOVIA, WI 53924 Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury Injury NO Al Ejected NOT EJECTED Medical Transport	ty Crash Severity PPARENT INJURY Ejection Path	AMANDA WATERMAN Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE IITED STATES Trapped/Extricated NOT TRAPPED		

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/11/2019

Crash Time 07:05 AM

			NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTE						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
	<u>N</u>							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	lse	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		
03	003	Drug Type						
		Individual Condition						
		APPEARED NORI	MAL					