WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash Document #	Agency 19-021	Crash Number 96	Investigating DEPUTY E	Officer/Deputy	
Crash Date 02/22/2019	Crash Time 03:12 PM	Date Ar 02/22/2		Time Arrived 03:25 PM	l	
Crash Date 02/22/2019 Date Notified 02/22/2019 On Emergency Hit Government Property	Time Notified 03:12 PM	Total Ur	nits	Total Injured	Total Kille	ed
On Emergency Hit	and Run		Work Zone	Trailer	or Towed	Reporting Threshold
Government Property	Active School Zone	School NO	Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STANDARD CRASH	1)		Amend	led	Secondary Crash
Description						
Diagram	lavalle st				Reconstruction Photos By	,
02	02 02		not to scale	02	Additional Info	ormation
UNIT 1 STOPPED AT INTERSECT OBSTRUCTED HER VIEW. SHE F	sth 33/e main st nt officer, agree that I have no TION OF LAVALLE ST AND E MAIN PULLED OUT AND STRUCK WB UI BY EACH RESPECTIVE OPERATO	ot added	NG SOUTHBOUND. A CH THE PASSENGER SIDE RI	IURCH SIGN EAR. BOTH \	EHICLES SUS	TAINED FUNCTIONAL

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/22/2019

Crash Time 03:12 PM

Lo	cation ====								
IN	TERSECTION				Latitude			Longitud	е
	I E MAIN ST/ STH33 W	В			43.581851627 -90.12730013			30013	
1	`LA VALLE ST THE VILLAGE OF LA \	/ALLE			X Coordina	ate		Y Coordi	nate
	SAUK COUNTY	ALLL			247510.9	375		483018	4.5
					Structure 7				
					NO STRI	JCTURE			
Cra	ash Scene								
Fire	st Harmful Event				First Harm	ful Event I	ocation		
MC	OTOR VEH IN TRANSP	ORT			ON ROA	DWAY			
Ma	nner of Collision			Light Cond	dition				
08-	FRONT TO SIDE			DAYLIGI	HT				
Roa	ad Surface Condition(s)				Roadway I	Factor(s)			
DR	RY								
Env	vironment Factor(s)								
VIS	SUAL OBSTRUCTION ((S)			NONE				
We	eather Condition(s)								
CL	.EAR								
Ani	imal Type				Relation T	o Trafficwa	ay		
L							N ROAD		
	ash Classification - Location	1					- Jurisdiction		
	IBLIC PROPERTY						RISDICTION		
Trib	oal Land				Access Control Special Study				
		T			NO CONTROL				
NC NC	thin Interchange Area	Junction Location INTERSECTION		Intersection	••				
I N(
	·	INTERSECTION		T-INTERS	SECTION				
Un	it Summary =	INTEROCOTION							
Un	it Summary it Status	INTERGEGION		erating As Cl			Unit Type		
Uni Uni	it Summary It Status TRANSIT	INTERGEGION	Vehicle Ope				AUTOMO		
Uni Uni IN	it Summary it Status TRANSIT hicle Type								nents
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage	Vehicle Removed By				
		NOT TOWED	OPERATOR				
		What Driver Was Doing	Vehicle Factors				
		ENTERING TRAFFIC LANE					
		Driver Prior Action Other	NOT APPLICABLE				
		D: Ar					
	ш	Driver Actions FAILED TO YIELD RIGHT-OF-WAY					
_		TALLE TO TILLE KIGHT OF WAT					
LINO	=						
_	VEHICL						
		Owner Name	Owner Address				
5	01	CHRISTOPHER FULL (608) 393-5656	E2583 CLUB HOUSE DR LA VALLE, WI 53941, US				
0	0	(665) 655 6656	EA VALLE, WOOST , OO				
		Samuel Of France					
		Sequence Of Events Event					
	01	MOTOR VEH IN TRANSPORT					
	02	Event					
	3	Event					
	03	-					
	04	Event					
⊢	i	Policy Holder					
LIND		Insurance Company	Individual				
		1ST-AUTO-&-CASUALTY-INS-CO	CHRISTOPHER FULL				
		ndividual					
		Driver BRIANNA FULL	Citations Issued	Sex			
	AL	(608) 393-5656	Date of Birth	FEMALE Race			
⊨	INDIVIDUAL		Date of Birtin	WHITE			
		Address E2583 CLUB HOUSE DR	Driver License Number				
	爿		STATE: WISCONSIN COUNTRY: UNITED STATES				
	_		STATE: WISCONSIN COUNTRY: U	NITED STATES			
	=	LA VALLE, WI 53941 , US	STATE: WISCONSIN COUNTRY: U	NITED STATES			
		LA VALLE, WI 53941 , US On Duty Crash		NITED STATES			
			STATE: WISCONSIN COUNTRY: U	NITED STATES			
		LA VALLE, WI 53941 , US On Duty Crash		NITED STATES			
		Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Safety Equipment SHOULDER & LAP BELT	NITED STATES			
		LA VALLE, WI 53941 , US On Duty Crash Seat Position	Safety Equipment	NITED STATES			
		Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Safety Equipment SHOULDER & LAP BELT	NITED STATES			
	Sat	Con Duty Crash Seat Position 1-FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	NITED STATES			
01		Con Duty Crash Seat Position 1-FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Severity	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag	NITED STATES			
01	Sat	Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Trapped/Extricated			
01	Sat	Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury NO APPARENT INJURY Ejected NOT EJECTED On Duty Crash Injury Crash Injury Severity NO APPARENT INJURY	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED				
01	Sat	Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated			
01	Sat	Con Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Trapped/Extricated NOT TRAPPED EMS Run #			
01	Sat	Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE	Trapped/Extricated NOT TRAPPED			
01	Sat	Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital On Duty Crash Injury Severity NO APPARENT INJURY Ejection Path NOT EJECTED/NOT API	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Trapped/Extricated NOT TRAPPED EMS Run #			
01	Sat	Cety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Trapped/Extricated NOT TRAPPED EMS Run #			

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking U	nit #	Location					
		Prior Action								
		Action								
	닊									
╘	INDIVIDUAL									
UNIT	₹									
	2									
		Action Other							To/From School	
	1	Drug & Alcohol	Suspected NO	d Alcohol U	lse	Suspected Drug Use NO				
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
_	Ξ	Drug Type								
01	00									
		Individual Condition								
		APPEARED NORM	MAL							
	ı	Individual				Citations Issued		Sex		
	_	EVE LONETREE						FEMALE		
	INDIVIDUAL	(608) 415-8163	:163			Date of Birth		Race		
L N N N	\exists	Address				Driver License Number				
)	Ā	1135 MAPLE ST REEDSBURG, WI	E20E0 I	ıe		STATE: WISCONSIN COUNTRY: UNITED STATES				
	=	KEEDSBURG, WI	JJ9J9 , (Jo		STATE. WISCONSIN COUNTRY. UNITED STATES				
			On Duty C	Crash		Safety Equipment				
	Sai	fety Equipment								
		Seat Position 3FRONT SEAT-R	RIGHT SIE	DE (TRAII	N ENGINEER	SHOULDER & LAP I	BELI			
		Helmet Use		•		Helmet Compliance				
		Eye Protection				Tint Compliance				
		Lyc i lotection				Till Compliance				
10	005		Injury Sev	-	N III DV	Airbag				
	J	Ejected		jection Pa		NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED	ı	NOT EJE	CTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ΓFD			EMS Agency Identifier		EMS Run #		
		Hospital				Date of Death		Time of Death		
			Diotro etc -	Dy Carre		ļ				
		Distracted By	Distracted	By Source	;					
		Distracted By Action								
			Striking U	nit #	Location					
		Non Motorist								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/22/2019

Crash Time 03:12 PM

		Prior Action								
		Action								
	H _A									
LIND	INDIVIDUAL									
5	<u>≥</u>									
	Z									
		Action Other						To/From School		
					Ton toni school					
		Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type)		Alcohol Test R	esults		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Resu	lts			
		TEŠT NOT GIVEN								
5	005	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		1.0								
		t Summary Status		V	ehicle Operating As Classi	fication	Unit Type			
		RANSIT			CLASS		AUTOMOBIL	AUTOMOBILE		
02		cle Type SSENGER VAN					Operating As Endorsements			
•	Tota	l Occs	Train/Bus # Re	corded T	Total # Citations Issued Total		ailers To	otal HazMat Types		
	Insu	rance?	Direction Of Tra	avel				otal Lanes		
LIND	YES	S t Harmful Event: Collision W	WESTBOUN		Mark pecial Function	30	2 Emergency Mo	otor Vehicle Use		
5	MO	TOR VEH IN TRANSPO			O SPECIAL FUNCTIO	N	NOT APPLICABLE			
		ic Way D-WAY, NOT DIVIDED			raffic Control		Traffic Control Inoperative/Missing NO			
•		ace Type			load Curvature		Road Grade			
		NCRETE		s	TRAIGHT		DOWNHILL			
	NO	k Bus or HazMat								
	,	Vehicle								
		License Plate Number			Plate Type AUT - AUTOMOBILE	St WI	Country of Issue			
١		914ZEV Vehicle Identification Number	oer		Make	Year	Model	1E3		
02	05	1D4GP45R25B220652			DODGE	2005	CARAVAN S	x		
		Color RED - RED			Body Style VN - VAN		Bus Use NOT A BUS			
	щ	Initial Contact Point			Vehicle Damage					
TIND	<u>5</u>	5RIGHT REAR CORN	NER							
5	VEHICL	Extent Of Damage FUNCTIONAL DAMAGE	βE		5RIGHT REAR CORN	IER				
	_	Towed Due To Damage	· 		Vehicle Removed By					
		NOT TOWED			OPERATOR					

WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doin				Veh	icle Factors			
		GOING STRAIGHT				NO.	T APPLICABLE			
		Driver Prior Action Oth	ner			NO	I AFFLICABLE			
		Driver Actions								
	щ	NO CONTRIBUTION	IG ACT	ION						
LINO	VEHICL									
5	EH									
	>									
		Owner Name					Owner Address			
~	2	JOANN HOCHLEU	JTNER				726 12TH ST			
05	02	(608) 355-1293					BARABOO, WI 53913 , US			
		0								
		Sequence Of Event	<u>/ents</u>							
	01	MOTOR VEH IN TE	RANSP	ORT						
	02	Event								
	03	Event								
	04	Event								
╘	I	Policy Holder								
L		Insurance Company PROGRESSIVE-DI	RECT-	INSURANC	E-CO	Individual JOANN HOCHLEUTNER				
	Ì	ndividual								
		Driver SARAH VERWEY					itations Issued	Sex		
	AL	(608) 415-3175				1	ate of Birth	Race		
_	INDIVIDUAL						ale of Billi	WHITE		
	N	Address				Driver License Number				
١	N	320 8TH AVE BARABOO, WI 539	913 . U	ıs		STATE: WISCONSIN COUNTRY: UNITED STATES				
		,	, -							
	Sat	ety Equipment	On Duty	/ Crash		S	afety Equipment			
	Ou.	Seat Position				۱,	HOULDER & LAP BELT			
		1FRONT SEAT-L	EFT SI	DE (DRIVE	R/MOTORCY	ľ	NOOLDEN & LAI BEET			
		Helmet Use				Н	elmet Compliance			
		Eye Protection				Tint Compliance				
		Lye i lotection				'	ini Compilance			
05	003	Injury	Injury S	everity PPARENT II	I III DV		irbag			
	0	Ejected	NO AF	PARENT II	NJURY th	N	ON DEPLOYED	Trapped/Extricated		
		NOT EJECTED		· '	CTED/NOT APP	LIC	ABLE	NOT TRAPPED		
		Medical Transport		•		E	MS Agency Identifier	EMS Run #		
		NOT TRANSPORT Hospital	ED			D	ate of Death	Time of Death		
		Поорна					ate of Beatiff	Time of Beauti		
		Distracted By	Distract	ed By Source	E (NOT DISTRA	ACT	ED)			
		Distracted By Action NOT DISTRACTED								
			Striking	Unit #	Location					
		Non Motorist	J							

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action								
		Action								
	Ļ									
╘	NDIVIDUAL									
L	M									
	Z									
		Action Other							To/From School	
	,	Orug & Alcohol	Suspect	ed Alcohol L	lse	Suspected Drug Use				
		Alcohol Test Given	NO		Alcohol Test Type	NO		Alcohol Test Results		
		TEST NOT GIVEN					1			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
02	003	Drug Type			-		!			
)	Individual Condition								
		Individual Condition								
		APPEARED NORM	IAL							
	ļ	ndividual				Citations Issued		Low		
	_	Passenger LIAM ROSBAUGH			0		Sex MALE			
_	INDIVIDUAL	(608) 415-3175				Date of Birth		Race WHITE		
LNO	IIVIC	Address 320 8TH AVE				Driver License Number		<u> </u>		
	Ξ	BARABOO, WI 539	913 , U	S						
			On Duty	Crash		Safety Equipment				
	Saf	ety Equipment								
		Seat Position 4SECOND SEAT-	·LEFT \$	SIDE(MOT	ORCYCLE/BI	CHILD RESTRAINT	SYSTEM - FORV	VARD FACING		
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
Ω.	4		Injury S	everity		Airbag				
05	004	Injury	NO AP	PARENT I	NJURY	NON DEPLOYED		I -		
		Ejected NOT EJECTED		Ejection Pa	^{tn} CTED/NOT APPL	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #		
		Hospital				Date of Death		Time of Death		
			Distract	ed By Source	•	<u> </u>				
		Distracted By		•						
		Distracted By Action								
		Non Motorist	Striking	Unit #	Location					
					1					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Prior Action									
		Action									
	إ										
╘	INDIVIDUAL										
LNO	Ĭ										
		Action Other						To/From School			
		Sucnoo	cted Alcohol Us		Suspected Drug Use						
	L	Drug & Alcohol NO	cted Alcohol Us	e	NO						
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results					
		TEST NOT GIVEN		3 ,,		2 ag root noound					
05	004	Drug Type	•			•					
		Individual Condition									
		APPEARED NORMAL									
	I	Individual									
		Passenger SYLUS ROSBAUGH			Citations Issued 0		Sex				
	JAL	(608) 415-3175	Date of Birth Race		MALE Race						
╘	INDINIDUAL						WHITE				
L N D		Address 320 8TH AVE			Driver License Number						
	Z	BARABOO, WI 53913 , U	JS								
		l On Dut	y Crash		Safety Equipment						
	Saf	ety Equipment	y Oldsii		Salety Equipment						
		Seat Position 6SECOND SEAT-RIGHT	T CIDE		CHILD RESTRAINT SYSTEM - FORWARD FACING						
		Helmet Use	I SIDE		Helmet Compliance						
		Eye Protection			Tint Compliance						
05	900	Injury S	Severity	Шру	Airbag						
		Ejected NO AF	Ejection Path	n IJUK I	NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED	NOT EJEC	TED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
		Hospital			Date of Death		Time of Death				
		Distract	ted By Source								
		Distracted By									
		Distracted By Action									
		Non Motorist	Unit #	Location							
		Prior Action									

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Crash Date 02/22/2019

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/22/2019

Crash Time 03:12 PM

TIND	INDIVIDUAL	Action						
	ı	Action Other Orug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use			To/From School
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
05	002	Drug Type			·			
		Individual Condition						
		APPEARED NORM	MAL					
	,	Violations						
	5	UTC Number AD979517	Issue To? 003	Statute Number 343.44(1)(a)	Description OPERATING AFTER	SUSPENSION		