WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Document #	Agency 19-021	Crash Number 55		Investigating Officer/Deputy DEPUTY T. SUTHERLAND			
2	Crash Date 02/21/2019	Crash Time 12:01 PM Time Notified 12:08 PM		Date Arrived 02/21/2019 Total Units 02		Time Arrived 12:28 PM Total Injured 00 Total Killed 00				
61LUSFZKWU	Date Notified 02/21/2019							ed		
200	On Emergency Hit	and Run	Lane Clos	sure Work Zone		Trailer or Towed		Reporting Threshold		
	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags				
	Reportable	Crash Type PRIVATE PRO	OPERTY/PARK	(ING LO	Г	Amend	ed	Secondary Crash		
	Description Diagram	•								
	Ho-Chunk Casino		ķ	9			Reconstruction Photos By			
	S3214 CTH BD Baraboo Parking Parking Not To Scale	lot Lot	1 (277)				Additional Info NONE	rmation		
	✓ I, a sworn law enforceme	nt officer, agre	ee that I have n	ot added	I any CJIS data in th	nis report.				
	ON 02-21-19 UNIT 1 WAS BEING LOT AT THE CASINO AND BACK							STALL IN THE PARKING		

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

Crash Date 02/21/2019

Crash Time 12:01 PM

Lo	cation ====								
P/	ARKING LOT			L	Latitude			Longitude -89.775551895	
N	REEDSBURG RD LOT	S3214	4	43.531871845					
(F	TIRE S3214)					X Coordinate Y Coordinate			
						275725.8125 4823624			
	THE TOWN OF DELTC	ON .			Structure Type			1.02002	
IIN	SAUK COUNTY				FIRE	ype			
<u> </u>									
Cr	ash Scene 💳								
Fir	st Harmful Event			F	First Harmfu	ul Event L	ocation		
M	OTOR VEH IN TRANSP	ORT	li II	N PARKI	NG LAN	E OR ZONE			
Ма	nner of Collision		L	_ight Condi	tion				
07	REAR TO SIDE		DÄYLIGH						
	ad Surface Condition(s)	R	Roadway F	actor(s)					
					,	(-)			
2L	IOW								
En	vironment Factor(s)								
NC	ONE			N	NONE				
	_								
We	eather Condition(s)								
CL	EAR								
Δn	imal Type			-	Polation T-	Trofficur	· · ·		
AII	imai Type				Relation To		y A Y - PARKIN	GLOT	
C	ach Classification							G LUI	
	ash Classification - Location				Crash Classification - Jurisdiction				
	RIVATE PROPERTY				PRIVATE PROPERTY				
l I ri	bal Land				Access Control Special Study				
		_			NO CONTROL				
	thin Interchange Area	Junction Location NON-JUNCTION		Intersection 7	••				
NC)	I NOT AN IN	NINTERSECTION						
				NOT AIT III	VIEKSEC	TION			
Un	it Summary =			NOT AN III	NIEKSEC	TION			
	it Summary it Status		Vehicle Ope	erating As Clas		TION	Unit Type		
Un	it Status		Vehicle Ope			TION		BILE	
Un IN						TION	AUTOMO		
Un IN Ve	it Status TRANSIT hicle Type	LE				TION	AUTOMO	BILE s Endorsements	
Un IN Ve (S	it Status TRANSIT hicle Type PORT) UTILITY VEHICI	LE I Train/Bus # Recorded	D CLASS	erating As Clas	ssification		AUTOMO Operating A	s Endorsements	
Un Ve (S	it Status TRANSIT hicle Type		D CLASS		ssification	Total Trai	AUTOMO Operating A	s Endorsements Total HazMat Types	
Un Ve (S To 1	it Status TRANSIT hicle Type PORT) UTILITY VEHICI tal Occs	Train/Bus # Recorded	D CLASS Total # Cita 0	erating As Clas	ssification	Total Trai	AUTOMO Operating A	s Endorsements Total HazMat Types 0	
Un IN Ve (S To 1 Ins	it Status TRANSIT hicle Type PORT) UTILITY VEHICI tal Occs	Train/Bus # Recorded Direction Of Travel	D CLASS Total # Cita 0	erating As Class tions Issued CrashTire	ssification	Total Trai 0 Speed Lir	AUTOMO Operating A	s Endorsements Total HazMat Types	
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Un IN Ve (S To 1 Ins Mc	it Status TRANSIT hicle Type PORT) UTILITY VEHICI tal Occs Furance? ES sist Harmful Event: Collision DTOR VEH IN TRANSP affic Way ARKING LOT OR PRIVA rface Type LACKTOP (BITUMINOU ack Bus or HazMat D Vehicle License Plate Number GXB887 Vehicle Identification Nu 1GKS2HKJ9GR2984 Color BLK - BLACK Initial Contact Point	Train/Bus # Recorded Direction Of Travel EASTBOUND With ORT ATE PROPERTY IS)	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make GM Body Style 4D - 4DR	tions Issued CrashTire Mark action EIAL FUNCTI FROL ature T	ION :	Total Trai 0 Speed Lir. N/A St	AUTOMO Operating A lers Init Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model YUKON Bus Use	Total HazMat Types O Total Lanes Motor Vehicle Use LICABLE rol Inoperative/Missing	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED								
		What Driver Was Doing	Vehicle Factors							
		BACKING								
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions								
	щ	UNSAFE BACKING								
╘	ರ									
UNIT	VEHICL									
	7									
		Owner Name	Owner Address							
_	_	JONATHON SWAIN	36266 296TH AVE							
6	6	(702) 339-9428	BELLEVUE, IA 52031 8927, US							
	,	Sequence Of Events								
		Event								
	2	MOTOR VEH IN TRANSPORT								
	02	Event								
	0									
	03	Event								
	0									
	9	Event								
	0									
—		Policy Holder								
UNIT		Insurance Company	Individual							
\supset		AIG-PROPERTY-CASUALTY-CO	JONATHON SWAIN							
		Individual								
		Driver	Citations Issued Sex							
		DONN FERCH	0	MALE						
	¥	(414) 232-9628	Date of Birth	Race						
_	2			WHITE						
	INDIVIDUAL	Address	Driver License Number							
\supset	ቯ	945 KRYSTLE CT	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	REEDSBURG, WI 53959 , US								
		On Duty Crash	Safety Equipment							
	Sat	fety Equipment								
		3 4-1								
		Seat Position	SHOULDER & LAP BELT							
			SHOULDER & LAP BELT							
		Seat Position	SHOULDER & LAP BELT Helmet Compliance							
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	Helmet Compliance							
7	01	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity	Helmet Compliance Tint Compliance Airbag							
01	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY	Helmet Compliance Tint Compliance							
01	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path	Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated						
10	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED/NOT API	Helmet Compliance Tint Compliance Airbag NON DEPLOYED	NOT TRAPPED						
01	100	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT EJECTED/NOT API	Helmet Compliance Tint Compliance Airbag NON DEPLOYED							
01	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #						
01	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT EJECTED/NOT API	Helmet Compliance Tint Compliance Airbag NON DEPLOYED	NOT TRAPPED						
01	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #						
01	001	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 Distracted By Source	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #						
01	001	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 Distracted By Distracted By Distracted By NOT APPLICABLE (NOT DISTR.	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #						
01	001	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 Distracted By Source	Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #						

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		Non Motorist	Striking Unit #	Location							
		Prior Action									
TIND	INDIVIDUAL	Action									
		Action Other To/From School									
	ı	Drug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN					Alcohol Test Resu	ults			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	5				
0	00	Drug Type									
		Individual Condition									
		APPEARED NORM	MAL								
		t Summary Status		LV	ahiala On sastina As Olasa	16:	In se				
		Status RANSIT			Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE						
02		cle Type		<u> </u>			Operating As Endorsements				
	PASSENGER VAN Total Occs Train/Bus # Recorded			corded To	Total # Citations Issued Total Tra						
	1 Insu	rance?	Direction Of Tra	o avel	Pre CrashTire	0 Speed Lir	nit Total	l Lanes			
╘	YES	3	SOUTHBOU	_	Mark	N/A	I Farancia Mata Valida Ha				
UNIT		t Harmful Event: Collision TOR VEH IN TRANS			NO SPECIAL FUNCTION		Reference Motor Vehicle Use NOT APPLICABLE				
	Traffic Way PARKING LOT OR PRIVATE PROPERTY				raffic Control O CONTROL		Traffic Control Inoperative/Missing NO				
	Surface Type				oad Curvature		Road Grade				
		KCKTOP (BITUMING	DUS)	s	TRAIGHT		LEVEL				
	NO										
	,	Vehicle		T e	V - T	1.04	Country of Ioniana				
		License Plate Number 84965			Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES				
05	02	Vehicle Identification Number			Make Year		Model				
	0	2C4RDGBG2CR40 Color	J9223		Body Style	2012	GRAND CARA Bus Use				
		RED - RED			/N - VAN		NOT A BUS				
⊨	CLE	Initial Contact Point 5RIGHT REAR C	ORNER	\	/ehicle Damage						
UNIT	VEHICLE	Extent Of Damage MINOR DAMAGE		5	5RIGHT REAR CORN	NER					
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR						

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		What Driver Was Doing			Vehicle Factors					
		Driver Prior Action Oth				NC	T APPLICABLE			
							. 71. 1 2.07.322			
		Driver Actions								
_	LE	NO CONTRIBUTING ACTION								
LINO	VEHICL									
_	VEI									
		Owner Name HO-CHUNK NATION			Owner Address S3214 CTH BD					
02	02	(608) 356-6210					BARABOO, WI 53913 , US			
		Sequence Of Ev	ents							
	01	Event MOTOR VEH IN TR	RANSP	ORT						
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
UNIT		Policy Holder Insurance Company				1	Organization/Company			
–		HUDSON-INS-CO				IO-CHUNK NATION				
	ļ	Individual Section 1997								
	٦	Individual ELLIOTT FUNMAKER SR (608) 356-6210 EXT. 7920				Citations Issued Sex 0 MALE				
						Pate of Birth	Race			
⊨	INDIVIDUAL							INDIAN		
)IV	Address 1202 N FOREST LI				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z	PRAIRIE DU SAC, WI 53578 , US								
	Sat	On Duty Crash ety Equipment				Safety Equipment				
		Seat Position				SHOULDER & LAP BELT				
		Helmet Use				Helmet Compliance				
		Eye Protection			Tint Compliance					
02	005	Injury	Injury S	everity			virbag			
	0	Ejected	NO AF	PARENT I	NJURY oth		JNKNOWN	Trapped/Extricated		
		NOT EJECTED			CTED/NOT AP	PLIC	ABLE	UNKNOWN		
		Medical Transport	-		E	MS Agency Identifier	EMS Run #			
		NOT TRANSPORTED Hospital					Date of Death	Time of Death		
		Distracted By	Distract	ed By Sourc	e		·			
		Distracted By Action								
		Non Mataria	Striking	Unit #	Location					
		Non Motorist								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/21/2019

Crash Time 12:01 PM

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		Prior Action					
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		Action					
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LIND	₽						
□	INDIVIDUAL						
		Action Other					To/From School
		7.68.61. 5.11.61					
		Suspected Alcohol L	Ise	Suspected Drug Use			
	L	Drug & Alcohol	,,,,	NO			
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEŠT NOT GIVEN					
7	2	Drug Type	ļ				
05	002						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NURWAL					
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