## 6TL08S5WV1

19-02232

WISCONSIN MOTOR VEHICLE CRASH REPORT

Create Date       Create Time       Date Arrived       Time Arrived         Dotate Number       Time Number       Oct-32 AM       Oct-32 AM         Dotate Number       Time Number       Total Units       Total Houred       Total Killed         Optimized       Time Number       Oct-32 AM       Oct-32 AM       Oct-32 AM       Oct-32 AM         One Emergency       Hit and Run       Lane Closure       Work Zone       Trailer or Towed       Reporting Threeshold         Oct-32 Construction       School Bus Related       Tags       Tags       School Bus Related       Tags         Image: Reportable       Crash Type       Crash Type       Additional Information By       Protoce By         Degram       Image: Crash Type       Image: Crash Type       Reconstruction By       Protoce By         Degram       Image: Crash Type       Image: Crash Type       Image: Crash Type       Protoce By         Degram       Image: Crash Type       Image: Crash Type       Image: Crash Type       Protoce By         Image: Crash Type       Image: Crash Type       Image: Crash Type       Image: Crash Type       Protoce By         Image: Crash Type         Degram       Im	Document Number Override		Primary Crash Document #		0,			nvestigating Officer/Deputy SERGEANT S. SCHRAM			
Cresh Type       DT4000 (STANDARD CRASH)       Amended       Secondary Cresh         Description	-		04:52 AM Time Notified 04:52 AM		02/23/2019 Total Units 01						
Cresh Type       DT4000 (STANDARD CRASH)       Amended       Secondary Cresh         Description	MCC						Total Injured Total Ki			lled	
Cresh Type       DT4000 (STANDARD CRASH)       Amended       Secondary Cresh         Description	Ő Ő	On Emergency							Towed		
Image: Magnetic Processing Crash       Amended       Crash         Description	0			hool Zone		Bus Related	Tags				
Diagram       Reconstruction By         Photos By         Additional Information         NONE         Highway 23		Reportable	Crash Type DT4000 (STA	NDARD CRASI	H)		Ar	mended			
Unit 1 Unit 1 Highway 23		-									
		↓ a sworn law enforceme		his report.	Ad	ditional Info	rmation				

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	Loc	ation									
-		STH23 WB			Latitude			Longitud	de		
		FT N		<b>43.222804001</b> X Coordinate			-90.073	3145218			
		HORSESHOE RD				Y Coordinate		linate			
	IN THE TOWN OF SPRING GREEN					250412.375			4790143.5		
				Structure Type							
(	Cra	sh Scene									
]	First	Harmful Event				First Harm	iful Event L	ocation			
	-	RTURN/ROLLOVER				DE					
		ner of Collision					dition				
	-	COLLISION W/VEHIC									
		d Surface Condition(s)				Roadway	Factor(s)				
	ICE										
	Envi	ronment Factor(s)									
	WE	ATHER CONDITIONS				ROAD S	URFACE	CONDITION	I (WET, IC	CY, SNOW, SLUSH,	
	Wea	ther Condition(s)				,					
			RAIN OR FREEZING DRIZ	ZZLE							
	Anim	nal Type				Relation T	o Trafficwa	v			
		21						OT ON ROA	D		
		h Classification - Location	1					Jurisdiction			
	-					NO SPECIAL JURISDICTION		ISDICTION			
	Tribal Land						Access Control NO CONTROL			Special Study	
	With	in Interchange Area	Junction Location			ction Type					
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
I	Uni	t Summary 🛛 💻									
		Status		-	-	Classification Unit Type					
				D CLASS	D CLASS			AUTOMOBILE			
01							Operating As Endorsements				
-	(SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded			Total # Cita	Total # Citations Issued Tota			Trailers Total Hazl		Mat Types	
	01			00		0		0		indi i jpoo	
	-	rance?	Direction Of Travel	Pre Crash				imit Total Lan		es	
_	UNF	UNKNOWN SOUTHBOUND			Mark			55		02	
	Most Harmful Event: Collision With				Special Function NO SPECIAL FUNCTION			Emergency Motor			
						TION					
					Traffic Control			Traffic Control Inoperative/Missing		tive/Missing	
	TWO-WAY, NOT DIVIDED Surface Type			Road Curvature				NO Road Grade			
			S)		CURVE LEFT				DOWNHILL		
		k Bus or HazMat	<u>.</u>	0011122				Dominie			
	NO										
	١	Vehicle									
		License Plate Number					St	Country of Is			
		ETC141			AUT - AUTOMOBILE Make JEEP Body Style		IA	UNITED ST	TATES		
5	01	Vehicle Identification Nur 1C4PJMAB5HW5518					Year 2017	Model CHEROKE	E		
	0	Color	592				2017		Bus Use		
		BLK - BLACK			UT - SPORT UTILITY VEHICLE			NOT A BUS			
	щ	Initial Contact Point			Vehicle Damage						
Εl	5	NON-COLLISION									
= 1	$\mathbf{i}$										l l
UNIT	/EHICL	Extent Of Damage DISABLING DAMAG		ALL ARE	EAS						

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		Towed Due To Damage TOWED DUE TO DISABLING DAMAG		hicle Removed By EORGES AUTO BODY				
		What Driver Was Doing		Vehicle Factors				
		NEGOTIATING CURVE						
		Driver Prior Action Other	NC	DT APPLICABLE				
		Driver Actions						
.	Щ	SPEED TOO FAST/COND						
UNIT	IIC							
	VEHICL							
	-							
		Owner Name GINA BUBON		Owner Address 2420 267TH AVE				
0	01	(563) 508-9033		DEWITT, IA 52742 , US				
	-							
		Sequence Of Events						
	01	Event OVERTURN/ROLLOVER						
		Event						
	02	LYOIN						
	03	Event						
	04	Event						
	ļ	Individual						
		Driver ANDREA GUY		Citations Issued 00	Sex FEMALE			
	JAL	(563) 676-8634		Date of Birth	Race			
E	INDIVIDUAL				WHITE			
UNIT		Address 7171 WEST 60TH STREET #26	1	Driver License Number STATE: IOWA COUNTRY: UNITED STATES				
	IN	DAVENPORT, IA 52804 , US	:					
	Sat	On Duty Crash	:	Safety Equipment				
	ĺ	Seat Position		SHOULDER & LAP BELT				
	1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use	I	Helmet Compliance				
		Eye Protection		Tint Compliance				
_	Σ	Injury Severity		Airbag				
0	001	Injury NO APPARENT IN		DEPLOYED-COMBINATION				
		Ejected Ejection Path			Trapped/Extricated			
		NOT EJECTED NOT EJEC Medical Transport	TED/NOT APPLIC	EMS Agency Identifier	NOT TRAPPED EMS Run #			
		NOT TRANSPORTED						
		Hospital		Date of Death	Time of Death			
		Distracted By Source						
		Distracted By Action						
		UNKNOWN						
		Non Motorist	Location					

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		Prior Action					
UNIT	INDIVIDUAL	Action					
		Action Other					To/From School
	L	Drug & Alcohol NO	pected Alcohol Use	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
2	001	Drug Type			<u>.</u>		
		Individual Condition					
		APPEARED NORMAL					