19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Document Number Override | Primary Crash I | Document # | Agency 19-023 | Crash Number 8 79 | Investigating DEPUTY I. | | | | |
|---------|---|---------------------------|-------------------------------------|----------------------|-----------------------------|-----------------------------------|--|---|--|--|
| 69 | Crash Date 02/26/2019 | Crash Time 03:54 PM | | | | Time Arrived 09:28 AM | | | | |
| | Date Notified 02/26/2019 | Time Notified 03:59 PM | | Total U 04 | | | Total Injured Total Killed 01 00 | | | |
| 6TL0B17 | On Emergency | t and Run | | ure | Work Zone | Trailer | or Towed | d Reporting Threshold | | |
| 6TI | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | | | |
| | Reportable | Crash Type DT4000 (STA | NDARD CRASH | ł) | | Amend | ed | Secondary Crash | | |
| l | Description | | | | | | | | | |
| | Diagram | | STH | 133 | | | Photos By I HANSC | v | | |
| | NOT SCALE | | | | | | NONE, F | PHOTOS | | |
| | ✔ I, a sworn law enforceme UNIT 1 WAS WEST ON STH 33 G | OING UPHILL. U | INIT 1 LOST CONT | FROL OF | HER VEHICLE DUE TO | O SNOW AND ICE | | | | |
| | LANE STRIKING THE PASSENGI LANE. UNIT 3 WAS WESTBOUNI OF UNIT 1. UNIT 4 WAS WESTBO END FASHION. 9109 | ER SIDE OF UNIT | 2 WITH THE REA 2. UNIT 2 CAME TO | AR DRIVE O REST I | RS SIDE OF HER SUV | . UNIT 1 CONTIN ANE FACING SOU | ued to r Jth. Unit | OTATE IN THE WESTBOUND 3 STRUCK PASSENGER SIDE | | |

19-02379

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| Location | | | | | | | 1 |
|---|---|--|-------------------|--|--|---|---|
| ON STH33 EB | | | Latitude | | | Longitude | |
| 493 FT E | | | 43.56607 | 437 | | -90.093374567 | |
| OF SCHUETTE RD IN THE TOWN OF LA VALLE | | | X Coordin | ate | | Y Coordinate | |
| IN SAUK COUNTY | | | 250184.84375 | | | 4828329.5 | |
| | | | Structure | Гуре | | | |
| Crash Scene | | | | | | | |
| First Harmful Event | | | First Harm | ful Event L | ocation | | |
| MOTOR VEH IN TRANSPORT | | | ON ROA | | | | |
| Manner of Collision | | | Light Cond | dition | | | |
| 06SIDESWIPE/OPPOSITE DIRECTION | | | DAYLIG | нт | | | |
| Road Surface Condition(s) | | | Roadway | Factor(s) | | | |
| SNOW, SLUSH, ICE | | | | | | | |
| Environment Factor(s) | | | | | | | |
| WEATHER CONDITIONS | | | NONE | | | | |
| Weather Condition(s) | | | | | | | |
| SNOW | | | | | | | |
| Animal Type | | | | o Trafficwa | | | |
| Crash Classification - Location | | | | WAY - O | Jurisdiction | | |
| PUBLIC PROPERTY | | | | | | | |
| Tribal Land | | Access Contro | | ontrol | | Special Study | |
| | | Intersection Type | | | | | |
| Within Interchange Area Junction Location NO NON-JUNCTION | | | n Type INTERSE | CTION | | | |
| | | | | | | | |
| Unit Summary | | | - | | | |] |
| Unit Status | Vehicle Ope | erating As Cl | assification | | Unit Type | | |
| Unit Status IN TRANSIT | Vehicle Ope | erating As Cl | assification | | AUTOMO | | |
| Unit Status IN TRANSIT Vehicle Type | | erating As Cl | assification | | AUTOMO | BILE s Endorsements | |
| Unit Status IN TRANSIT Vehicle Type | | | | Total Trai | AUTOMO Operating A | | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE | D CLASS | | | | AUTOMO Operating A | s Endorsements | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded I Insurance? Direction Of Travel | D CLASS Total # Citat 1 | | | Total Trai 0 Speed Lii | AUTOMO Operating A | s Endorsements Total HazMat Types 0 Total Lanes | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded I Insurance? YES EASTBOUND | D CLASS | ions Issued CrashTire Mark | | Total Trai | AUTOMO Operating A lers | s Endorsements Total HazMat Types 0 Total Lanes 2 | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded I Insurance? YES EASTBOUND Most Harmful Event: Collision With | D CLASS | ions Issued CrashTire Mark ction | | Total Trai 0 Speed Lii | AUTOMO Operating A lers | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded I Insurance? YES EASTBOUND | D CLASS | ions Issued CrashTire Mark ction IAL FUNC | | Total Trai 0 Speed Lii | AUTOMO Operating A lers mit Emergency NOT APP | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded I Insurance? PES Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL | | Total Trai 0 Speed Lii | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture | | Total Trai 0 Speed Lii | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Direction Of Travel EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture | | Total Trai 0 Speed Lii | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture | | Total Trai 0 Speed Lii | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 Insurance? YES Direction Of Travel EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture | | Total Trai 0 Speed Lii | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded I Insurance? PES EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture T | TION | Total Trai 0 Speed Lii 55 | AUTOMO Operating A lers nit Emergency NOT APP Traffic Cont NO Road Grade UPHILL | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded I Insurance? Direction Of Travel EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 884VXM | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture T | TION | Total Trai 0 Speed Lin 55 St WI | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade UPHILL | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 Insurance? PES EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture T | TION | Total Trai 0 Speed Lin 55 55 | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade UPHILL | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance TATES | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 Insurance? PES EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 884VXM Vehicle Identification Number | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture T | TION | Total Trai 0 Speed Lin 55 St WI | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade UPHILL Country of Is UNITED ST Model 4RUNNER Bus Use | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance TATES SR | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 Insurance? YES EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 884VXM Vehicle Identification Number JT3HN86R7Y0262736 | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture T | TION | Total Trai 0 Speed Lin 55 St WI Year 2000 | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade UPHILL Country of Is UNITED ST Model 4RUNNER | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance TATES SR | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 Insurance? Direction Of Travel EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 884VXM Vehicle Identification Number JT3HN86R7Y0262736 Color GRN - GREEN | D CLASS | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture T T TOMOBIL | TION | Total Trai 0 Speed Lin 55 St WI Year 2000 | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade UPHILL Country of Is UNITED ST Model 4RUNNER Bus Use | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance TATES SR | |
| Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 Insurance? PES EASTBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number 884VXM Vehicle Identification Number JT3HN86R7Y0262736 Color GRN - GREEN | D CLASS Total # Citat 1 Pre 0 Special Fund NO SPECI Traffic Contr NO CONTI Road Curvai STRAIGHT Plate Type AUT - AU Make TOYOTA Body Style UT - SPO Vehicle Dar | ions Issued CrashTire Mark ction IAL FUNC rol ROL ture T T TOMOBIL RT UTILIT mage | | Total Trai 0 Speed Lin 55 St WI Year 2000 LE | AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade UPHILL Country of Is UNITED ST Model 4RUNNER Bus Use NOT A BUS | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance TATES SR | |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damage | | | icle Removed By | |
|------|------------|--------------------------------|-------------------------|-----|--------------------------------|--------------------|
| | | TOWED DUE TO DI | | | EDSBURG SALVAGE | |
| | | What Driver Was Doing | | Veł | iicle Factors | |
| | | GOING STRAIGHT | - | NO | TAPPLICABLE | |
| | | Driver Prior Action Othe | 21 | | | |
| | | Driver Actions | | | | |
| | щ | SPEED TOO FAST/ | COND | | | |
| E | СГ | | | | | |
| UNIT | VEHICLE | | | | | |
| | ×Ε | | | | | |
| | | | | | | |
| | | Owner Name ELISHA MARIE BET | тте | | Owner Address 515 BOWMAN RD | |
| 2 | 01 | (608) 408-8521 | 113 | | WISCONSIN DELLS, WI 53965 , US | S |
| | • | | | | | |
| | | Sequence Of Eve | onte | | | |
| | | Event | 5111.5 | | | |
| | 01 | MOTOR VEH IN TRA | ANSPORT | | | |
| | 02 | Event | | | | |
| | 0 | MOTOR VEH IN TRA | ANSPORT | | | |
| | 03 | Event | | | | |
| | | Event | | | | |
| | 04 | Event | | | | |
| | | Policy Holder | | | | |
| UNIT | | Insurance Company | | | ndividual | |
| 5 | | GEICO-ADVANTAG | E-INSURANCE-CO | | | |
| | | ndividual | | | | |
| | | Driver | | | Citations Issued | Sex |
| | | ELISHA MARIE BET | гтs | 1 | | FEMALE |
| | NΑ | | | 0 | Date of Birth | Race |
| Ę | INDIVIDUAL | | | | | WHITE |
| UNIT | | Address 515 BOWMAN RD | | | Driver License Number | |
| | Z | WISCONSIN DELLS | S, WI 53965 ,US | 5 | STATE: WISCONSIN COUNTRY: UN | ITED STATES |
| | | | | | | |
| | 0-1 | | Dn Duty Crash | 5 | Safety Equipment | |
| | Sai | fety Equipment | | | | |
| | | Seat Position | | 5 | HOULDER & LAP BELT | |
| | | 1FRONT SEAT-LE Helmet Use | FT SIDE (DRIVER/MOTORCY | | lelmet Compliance | |
| | | Heimet Use | | ſ | | |
| | | Eye Protection | | г | int Compliance | |
| | | | | | | |
| 0 | 001 | Inc. : | njury Severity | | sirbag | |
| | • | | IO APPARENT INJURY | r | | Trapped/Extricated |
| | | Ejected NOT EJECTED | NOT EJECTED/NOT API | | | |
| | | Medical Transport | | | MS Agency Identifier | EMS Run # |
| | | NOT TRANSPORTE | Ð | | 6 | |
| | | Hospital | | 0 | Date of Death | Time of Death |
| | | | | | | |
| | | Distracted By | Distracted By Source | | | |
| | | Distracted By Action | | | | |
| | | NOT DISTRACTED | | | | |
| | | | | | | |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Non Motorist | Striking Unit # | Location | | | | | | |
|---------|--|--|--|--|--|---|---|--|--|--------------------------|
| | | | | | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | | | | | | | | | | |
| | AL | | | | | | | | | |
| E | INDIVIDUAL | | | | | | | | | |
| UNIT | NI | | | | | | | | | |
| - | D | | | | | | | | | |
| | 4 | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School |
| | | | Suspected Alcohol | | Suspected Drug Use | | | | | |
| | L | Drug & Alcohol | NO | 036 | NO | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | e | | 1 | Alcohol Test | t Results | |
| | | TEST NOT GIVEN | | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test F | Results | | | |
| | | | | | | | | | | |
| 2 | 001 | Drug Type | | | | | | | | |
| | | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NOR | MAL | | | | | | | |
| | | | | | | | | | | |
| | | Violations | | | | | | | | |
| | 1 | | | | | | | | | |
| | | UTC Number AE753496 | | atute Number 6.57(3) | Description DRIVING TOO FAST | FOR CON | | IS | | |
| | 01 | AE753496 | | atute Number 6.57(3) | | FOR CON | NDITION | IS | | |
| | Unit | | | 6.57(3) | | | | | | |
| | ସ Unit Unit | AE753496 t Summary ■ | | 6.57(3) | DRIVING TOO FAST | | l | Jnit Type | BILE | |
| | 5 Unit Unit IN T | AE753496 t Summary Status RANSIT cle Type | | 6.57(3) | DRIVING TOO FAST | | l | Jnit Type AUTOMOB | BILE s Endorsem | ents |
| 02 | 5 Unit Unit IN T Vehiu PAS | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR | 001 34 | 6.57(3) | DRIVING TOO FAST | ification | | Jnit Type AUTOMOB Operating A | s Endorsem | |
| | 5 Unit Unit IN T Vehin PAS | AE753496 t Summary Status RANSIT cle Type | | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Fotal # Citations Issued | ification | l | Jnit Type AUTOMOB Operating A | s Endorsem Total HazN | |
| | 5 Unit Unit IN T Vehin PAS Total 1 | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR | 001 34 | 6.57(3) | DRIVING TOO FAST | ification Tota | | Jnit Type AUTOMOB Operating A | s Endorsem | 1at Types |
| 02 | 5 Unit Unit IN T Vehin PAS Total 1 | AE753496 t Summary Status RANSIT cle Type SSENGER CAR I Occs rance? | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Fotal # Citations Issued | ification Tota | al Trailers | Jnit Type AUTOMOB Operating A | s Endorsem Total HazM 0 | 1at Types |
| NIT 02 | 5 Unit Unit IN T Vehin PAS Tota 1 Insur YES Most | AE753496 t Summary Status RANSIT cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisie | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Fotal # Citations Issued D Pre CrashTire Mark Special Function | ification Tota 0 Spe 55 | al Trailers | Unit Type AUTOMOE Operating A | s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic | fat Types s |
| 02 | 5 Unit Unit IN T Vehi PAS Total 1 Insur YES Most | AE753496 t Summary Status RANSIT cle Type SSENGER CAR I Occs rance? t Harmful Event: Collisie TOR VEH IN TRANS | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTION | ification Tota 0 Spe 55 | al Trailers | Unit Type AUTOMOE Operating A S Emergency NOT APPI | s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic LICABLE | fat Types s le Use |
| NIT 02 | 5 Unit Unit IN T Vehia Tota 1 Insur YES Most MO ⁻ Traff | AE753496 t Summary Status RANSIT cle Type SSENGER CAR I Occs rance? t Harmful Event: Collisie TOR VEH IN TRANS fic Way | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTIO Traffic Control | ification Tota 0 Spe 55 | al Trailers | Jnit Type AUTOMOE Operating A S Emergency NOT APPI Traffic Contr | s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic | fat Types s le Use |
| NIT 02 | 5 Unit Unit IN T Vehi PAS Tota 1 Insur YES Most MO ^T Traff | AE753496 t Summary Status RANSIT cle Type SSENGER CAR I Occs rance? t Harmful Event: Collisie TOR VEH IN TRANS | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTION | ification Tota 0 Spe 55 | al Trailers | Unit Type AUTOMOE Operating A S Emergency NOT APPI | s Endorsem Total Hazlv 0 Total Lanes 2 Motor Vehic LICABLE rol Inoperativ | fat Types s le Use |
| NIT 02 | 5 Unit Unit IN T Vehi PAS Total Insur YES MOST Traff TWO Surfa | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisi TOR VEH IN TRANS TOR VEH IN TRANS Tic Way D-WAY, NOT DIVID | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTIO Traffic Control NO CONTROL | ification Tota 0 Spe 55 | al Trailers | Jnit Type AUTOMOE Operating A S Emergency NOT APPI Traffic Contr NO | s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic LICABLE rol Inoperativ | fat Types s le Use |
| NIT 02 | 5 Unit Unit IN T Vehi PAS Total 1 Insu YES MO Traff TWO Surfa | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs I Occs t Harmful Event: Collisi TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTIO Traffic Control NO CONTROL Road Curvature | ification Tota 0 Spe 55 | al Trailers | Jnit Type AUTOMOE Operating A Deperating A Emergency NOT APPI Traffic Contr NO Road Grade | s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic LICABLE rol Inoperativ | fat Types s le Use |
| NIT 02 | 5 Unit Unit Unit Vehi PAS Total Insur YES Most MO ^C Traff TWC Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs TOCCS TOR VEH IN TRANS TOR VEH IN TRANS COMPY, NOT DIVID ACKTOP (BITUMING k Bus or HazMat | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTIO Traffic Control NO CONTROL Road Curvature | ification Tota 0 Spe 55 | al Trailers | Jnit Type AUTOMOE Operating A Deperating A Emergency NOT APPI Traffic Contr NO Road Grade | s Endorsem Total HazM 0 Total Lanes 2 Motor Vehic LICABLE rol Inoperativ | fat Types s le Use |
| NIT 02 | 5 Unit Unit Unit Vehi PAS Total Insur YES Most MO ^C Traff TWC Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisi TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle | 001 34 | 6.57(3) ecorded T ravel ND F F F F F F F F F F F F F F F F F F | DRIVING TOO FAST | ification 0 Spe 55 | al Trailers | Jnit Type AUTOMOE Operating A Deperating A Emergency NOT APPI Fraffic Contr NO Road Grade HILLCRES | s Endorsem Total Hazlv 0 Total Lane: 2 Motor Vehic LICABLE rol Inoperativ | fat Types s le Use |
| NIT 02 | 5 Unit Unit Unit Vehi PAS Total Insur YES Most MO ^C Traff TWC Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisi TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS CONTRACTOR CONTRACTOR ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type | ification Tota 0 Spe 55 DN | al Trailers eed Limit | Jnit Type AUTOMOE Operating A Departing A Emergency NOT APPI Traffic Contr NO Road Grade HILLCRES | s Endorsem Total Hazlv 0 Total Lane: 2 Motor Vehic LICABLE rol Inoperativ ST | fat Types s le Use |
| UNIT 02 | 5 Unit Unit Unit Vehi PAS Total Insur YES Most MO ^C Traff TWC Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs I Occs t Harmful Event: Collisi TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe 856YXW | 001 34 | 6.57(3) | DRIVING TOO FAST | ification Tota Spe 55 DN | al Trailers | Jnit Type AUTOMOE Operating A Deperating A Deperating A Emergency NOT APPL Traffic Contr NO Road Grade HILLCRES | s Endorsem Total Hazlv 0 Total Lane: 2 Motor Vehic LICABLE rol Inoperativ ST | fat Types s le Use |
| NIT 02 | 5 Unit Unit Unit Vehi PAS Total Insur YES Most MO ^C Traff TWC Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisi TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS CONTRACTOR CONTRACTOR ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBILE | ification Tota 0 Spe 55 DN | al Trailers eed Limit F F I F I U U ur M | Jnit Type AUTOMOE Operating A Departing A Emergency NOT APPI Traffic Contr NO Road Grade HILLCRES | s Endorsem Total Hazlv 0 Total Lane: 2 Motor Vehic LICABLE rol Inoperativ ST | fat Types s le Use |
| UNIT 02 | 5 Unit Unit N Total PAS Total Insur YES Most MOS Traff TWO Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisit TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe 856YXW Vehicle Identification 4S3GKAK66J3608 Color | 001 34 | 6.57(3) | DRIVING TOO FAST /ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBILE Make | ification Tota Spe 55 DN St WI Yea | al Trailers eed Limit F F F F V V V V V V V B B | Jnit Type AUTOMOE Dperating A Deperating A D | s Endorsem Total Hazlv 0 Total Lane: 2 Motor Vehic LICABLE rol Inoperativ ST | fat Types s le Use |
| UNIT 02 | 5 Unit Unit N Total PAS Total Insur YES Most MOS Traff TWO Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisit TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS TOR VEH IN TRANS COWAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe 856YXW Vehicle Identification 4S3GKAK66J3608 Color BLU - BLUE | 001 34 | 6.57(3) | DRIVING TOO FAST //ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBILE Make SUBARU | ification Tota Spe 55 DN St WI Yea | al Trailers eed Limit F F F F V V V V V V V B B | Jnit Type AUTOMOE Operating A Departing A Departing A Department S Emergency NOT APPI Traffic Contr NO Road Grade HILLCRES INITED ST Iodel MPREZA | s Endorsem Total Hazlv 0 Total Lane: 2 Motor Vehic LICABLE rol Inoperativ ST | fat Types s le Use |
| UNIT 02 | 5 Unit Unit N Total PAS Total Insur YES Most MOS Traff TWO Surfa BLA Truc NO | AE753496 t Summary Status RANSIT Cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisit TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe 856YXW Vehicle Identification 4S3GKAK66J3608 Color | 001 34 Train/Bus # Re Direction Of Ti WESTBOUN on With SPORT ED DUS) r Number 3587 | 6.57(3) | DRIVING TOO FAST //ehicle Operating As Class D CLASS Total # Citations Issued D Pre CrashTire Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBILE Make SUBARU Body Style | ification Tota Spe 55 DN St WI Yea | al Trailers eed Limit F F F F V V V V V V V B B | Jnit Type AUTOMOE Dperating A Deperating A D | s Endorsem Total Hazlv 0 Total Lane: 2 Motor Vehic LICABLE rol Inoperativ ST | fat Types s le Use |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | щ | | Vehicle Damage | | |
|-----------|-------------------|--|---|---|--|
| ⊨ | <u>C</u> | | 1PIGHT EPONT CORNER 2PIGHT | | |
| UNIT | VEHICLE | Extent Of Damage | 1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4 RIGHT SIDE REAR, 5RIGHT REAR CORNER | | |
| | N | DISABLING DAMAGE | | | |
| | | | Vehicle Removed By SHIELDS TOWING | | |
| | | | Vehicle Factors | | |
| | | GOING STRAIGHT | | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | |
| | | | | | |
| | | Driver Actions NO CONTRIBUTING ACTION | | | |
| ⊢ | VEHICLE | NO CONTRIBUTING ACTION | | | |
| UNIT | ₽ | | | | |
| | Ē | | | | |
| | - | | | | |
| | | | Owner Address | | |
| 02 | 02 | MEGAN LYNN FORTUNE (815) 871-5004 | 632 HILLSBOROUGH AVE HILLSBORO, WI 54634, US | | |
| | 0 | | | | |
| | | Sequence Of Events | | | |
| | | Event | | | |
| | 6 | MOTOR VEH IN TRANSPORT | | | |
| | 02 | Event | | | |
| | 0 | | | | |
| | 03 | Event | | | |
| | - | Front | | | |
| | 8 | Event | | | |
| 1 | | Dollov Holder | | | |
| ۱. | 1 | POUCY HOIDER | | | |
| Ę | l | Policy Holder Insurance Company | Individual | | |
| UNIT | | - | Individual MEGAN FORTUNE | | |
| UNIT | | Insurance Company | | | |
| UNIT | | Insurance Company ERIE-INS-CO Individual Driver | | Sex | |
| UNIT | 1 | Insurance Company ERIE-INS-CO Individual | MEGAN FORTUNE Citations Issued 0 | FEMALE | |
| | 1 | Insurance Company ERIE-INS-CO Individual Driver | MEGAN FORTUNE Citations Issued | FEMALE Race | |
| | 1 | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE | MEGAN FORTUNE Citations Issued 0 Date of Birth | FEMALE | |
| UNIT UNIT | IDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number | FEMALE Race WHITE | |
| | IDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address | MEGAN FORTUNE Citations Issued 0 Date of Birth | FEMALE Race WHITE | |
| | IDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI | FEMALE Race WHITE | |
| | INDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number | FEMALE Race WHITE | |
| | INDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment | FEMALE Race WHITE | |
| | INDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US Fety Equipment Seat Position | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI | FEMALE Race WHITE | |
| | INDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment | FEMALE Race WHITE | |
| | INDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance | FEMALE Race WHITE | |
| | INDIVIDUAL | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT | FEMALE Race WHITE | |
| UNIT | INDIVIDUAL Sat | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US On Duty Crash Con Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | FEMALE Race WHITE | |
| | INDIVIDUAL | Insurance Company ERIE-INS-CO ndividual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance | FEMALE Race WHITE | |
| UNIT | INDIVIDUAL Sat | Insurance Company ERIE-INS-CO ndividual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag | FEMALE Race WHITE | |
| UNIT | INDIVIDUAL Sat | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US Fety Equipment On Duty Crash Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity SUSPECTED MINOR INJURY Ejected NOT EJECTED NOT EJECTED Injury Severity SUSPECTED MINOR INJURY Ejection Path NOT EJECTED | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment Shoulder & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE | FEMALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED | |
| UNIT | INDIVIDUAL Sat | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity SUSPECTED MINOR INJURY Ejected NOT EJECTED Medical Transport | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment Shouldber & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE EMS Agency Identifier | FEMALE Race WHITE NITED STATES | |
| UNIT | INDIVIDUAL Sat | Insurance Company ERIE-INS-CO ndividual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US fety Equipment On Duty Crash fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury SUSPECTED MINOR INJURY Ejected NOT EJECTED Medical Transport EMS GROUND | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE EMS Agency Identifier 6001024 | FEMALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run # | |
| UNIT | INDIVIDUAL Sat | Insurance Company ERIE-INS-CO Individual Driver MEGAN LYNN FORTUNE Address 632 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity SUSPECTED MINOR INJURY Ejected NOT EJECTED Medical Transport | MEGAN FORTUNE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment Shouldber & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE EMS Agency Identifier | FEMALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED | |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Distracted D | Distracted By Sourc | e | | | | | | |
|------------|------------|--|---------------------|-------------------|---------------------------|--------------|--------------------------------|---------------------------|--|--|
| | | Distracted By | NOT APPLICABI | E (NOT DISTRA | CTED) | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |
| | l | Non Motorist | Striking Unit # | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | AL | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | , | Drug & Alcohol | Suspected Alcohol L | Jse | Suspected Drug Use | | | | | |
| | - | | NO | | _ | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | 3 | | Alcohol Tes | t Results | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Re | sults | | | |
| 02 | 002 | Drug Type | | | | 1 | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORM | IAL | | | | | | | |
| I | llnif | t Summary | | | | | | | | |
| | | Status | | V | ehicle Operating As Class | sification | Unit Type | | | |
| | | RANSIT | | | CLASS | | | AUTOMOBILE | | |
| | | cle Type | | | 02,000 | | | Operating As Endorsements | | |
| 03 | | SENGER CAR | | | | | | | | |
| | | Occs | Train/Bus # Re | ecorded T | otal # Citations Issued | Total | Trailers | Total HazMat Types | | |
| | 1 | | | 0 | | 0 | | 0 | | |
| | Insur | ance? | Direction Of Tr | avel | Pre CrashTire | Speed | l Limit | Total Lanes | | |
| E | YES | ; | WESTBOUN | ID [| Mark | 55 | | 2 | | |
| ĨZ D | | Harmful Event: Collisio | | | pecial Function | ON | Emergency NOT APP | Motor Vehicle Use | | |
| | | ic Way | - | т | raffic Control | | Traffic Cont | rol Inoperative/Missing | | |
| | тwo | D-WAY, NOT DIVIDE | D | N | IO CONTROL | | NO | | | |
| | | асе Туре | | R | oad Curvature | | Road Grade | | | |
| | | CKTOP (BITUMINO | US) | S | TRAIGHT | | HILLCRE | ST | | |
| | Trucl | k Bus or HazMat | | | | | | | | |
| | ļ | Vehicle | | | | | | | | |
| | | License Plate Number | | | Plate Type | St | Country of Is | suance | | |
| | | 679YHG | | | | | | TATES | | |
| | | Vehicle Identification Number | | | Make Year Model | | | | | |
| (က | ~ | Vehicle Identification N | lumber | [1 | viake | | | | | |
| 03 | 03 | 2CNBJ6344169153 | | | CHEVROLET | 2001 | TRACKER | LT | | |
| 03 | 03 | | | | | 2001 | TRACKER Bus Use NOT A BU | | | |
| 03 | 03 | 2CNBJ6344169153 Color | | | CHEVROLET Body Style | 2001 | Bus Use | | | |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | щ | | Vehicle Damage | | | | |
|-----------|-------------------|---|--|---|--|--|--|
| UNIT | VEHICLE | | | | | | |
| Z | Ŧ | Extent Of Damage | 6REAR, 11LEFT FRONT CORNER | | | | |
| | Ē | FUNCTIONAL DAMAGE | - , | | | | |
| | > | Towed Due To Damage | Vehicle Removed By | | | | |
| | | NOT TOWED | OWNER | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | |
| | | GOING STRAIGHT | Venicle Factors | | | | |
| | | | NOT APPLICABLE | | | | |
| | | Driver Prior Action Other | | | | | |
| | | | | | | | |
| | | Driver Actions | | | | | |
| | VEHICLE | NO CONTRIBUTING ACTION | | | | | |
| UNIT | Ū | | | | | | |
| 15 | Ξ | | | | | | |
| - | ۳ ۲ | | | | | | |
| | - | | | | | | |
| | | Owner Name | Owner Address | | | | |
| | - | ALAN CHRISTOPHER PARCE | 105 HOCHMUTH ST | | | | |
| 03 | 03 | (608) 393-2699 | LA VALLE, WI 53941 , US | | | | |
| | | | | | | | |
| | | Converse Of Evente | | | | | |
| | • | Sequence Of Events | | | | | |
| | 5 | | | | | | |
| | - | | | | | | |
| | 02 | Event | | | | | |
| | - | | | | | | |
| | 03 | Event | | | | | |
| | 0 | | | | | | |
| | 8 | Event | | | | | |
| | 0 | | | | | | |
| | | | | | | | |
| | 1 | Policy Holder | | | | | |
| Ę | I | Policy Holder | Individual | | | | |
| UNIT | I | Insurance Company | Individual ALAN PARCE | | | | |
| UNIT | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO | Individual ALAN PARCE | | | | |
| UNIT | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual | ALAN PARCE | | | | |
| UNIT | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO ndividual Driver | Citations Issued | Sex | | | |
| UNIT | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO ndividual Driver ALAN CHRISTOPHER PARCE | ALAN PARCE Citations Issued 0 | MALE | | | |
| UNIT | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO ndividual Driver | Citations Issued | MALE Race | | | |
| | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO ndividual Driver ALAN CHRISTOPHER PARCE | ALAN PARCE Citations Issued 0 | MALE | | | |
| | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address | ALAN PARCE Citations Issued 0 | MALE Race | | | |
| UNIT UNIT | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number | MALE Race WHITE | | | |
| | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address | ALAN PARCE Citations Issued 0 Date of Birth | MALE Race WHITE | | | |
| | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US On Duty Crash Seat Position | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US On Duty Crash | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | ALAN PARCE Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT | MALE Race WHITE | | | |
| UNIT | INDIVIDUAL Sat | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection | ALAN PARCE Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity | ALAN PARCE Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag | MALE Race WHITE | | | |
| UNIT | INDIVIDUAL Sat | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity NO APPARENT INJURY | ALAN PARCE Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | MALE Race WHITE NITED STATES | | | |
| UNIT | INDIVIDUAL Sat | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path | ALAN PARCE Citations Issued 0 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 NITED STATES Trapped/Extricated | | | |
| UNIT | INDIVIDUAL Sat | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE | MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED | | | |
| UNIT | INDIVIDUAL Sat | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury NO APPARENT INJURY Ejected NOT EJECTED MOT EJECTED MOT EJECTED | ALAN PARCE Citations Issued 0 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 NITED STATES Trapped/Extricated | | | |
| UNIT | INDIVIDUAL Sat | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED NOT TRANSPORTED | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier | MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run # | | | |
| UNIT | INDIVIDUAL Sat | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO Individual Driver ALAN CHRISTOPHER PARCE (608) 393-2699 Address 105 HOCHMUTH ST LA VALLE, WI 53941 , US Fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury NO APPARENT INJURY Ejected NOT EJECTED MOT EJECTED MOT EJECTED | ALAN PARCE Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE | MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED | | | |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| Distracted By Source | | | | | | | | | |
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| | | Distracted By | NOT APPLICABL | E (NOT DISTRA | CTED) | | | | |
| | | Distracted By Action | | - | | | | | |
| | | NOT DISTRACTED | | | | | | | |
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| | | Non Motorist | Striking Unit # | Location | | | | | |
| | | Prior Action | | | | | | | |
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| | | Action | | | | | | | |
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| | | Action Other | | | | | | To/From School | |
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| | | | Suspected Alcohol L | Jse | Suspected Drug Use | | | | |
| | L | Drug & Alcohol | 10 | | NO | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Tes | t Results | |
| | | TEST NOT GIVEN | | , according to be type | | | / 1001101 100 | | |
| | | Drug Test Given | | Drug Test Type | | | | | |
| | | TEST NOT GIVEN | | Didg rest type | | Drug Test Results | j | | |
| | 8 | Drug Type | | | | | | | |
| 03 | 003 | Diug Type | | | | | | | |
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| | | Individual Condition | | | | | | | |
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| | | Status | | | ehicle Operating As Classi | Ication | Unit Type | | |
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| 04 | | cle Type | | | | | Operating As Endorsements | | |
| 0 | • | ORT) UTILITY VEHIC | | | | | | | |
| | Total | l Occs | Train/Bus # Re | corded T | otal # Citations Issued | Total Trail | ers | Total HazMat Types | |
| | 1 | | | C | | 0 | | 0 | |
| | Insur | rance? | Direction Of Tr | avel | Pre CrashTire | Speed Lin | nit | Total Lanes | |
| H | YES | 5 | WESTBOUN | ID [| Mark | 55 | | 2 | |
| IN | Most | Harmful Event: Collisior | | | Special Function | | Emergency | Motor Vehicle Use | |
| | | TOR VEH IN TRANS | | 1 | NO SPECIAL FUNCTIO | N | NOT APP | LICABLE | |
| | Troff | | | | | | Traffic Control Inoperative/Missing | | |
| | IIall | ic Way | | Т | raffic Control | | manic com | | |
| | | - | D | | | | NO | | |
| | тwo | D-WAY, NOT DIVIDE | D | ١ | IO CONTROL | | | | |
| | TWC Surfa | D-WAY, NOT DIVIDE | | 1 7 | IO CONTROL Road Curvature | | NO Road Grade | | |
| | TWC Surfa BLA | D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINO | | 1 7 | IO CONTROL | | NO | | |
| | TWC Surfa BLA Trucl | D-WAY, NOT DIVIDE | | 1 7 | IO CONTROL Road Curvature | | NO Road Grade | | |
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| 4 | TWC Surfa BLA Truck NO | C-WAY, NOT DIVIDE ace Type CKTOP (BITUMINO k Bus or HazMat Vehicle License Plate Number 210UES Vehicle Identification N | US) umber | ۸ ۶ ۶ | IO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBILE Make | WI Year | NO Road Grade HILLCRES Country of Is UNITED ST Model | ST suance FATES | |
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| 04 | TWC Surfa BLA Truck NO | Color Co | US) umber | ۸ ۶ ۶ | IO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBILE Make KIA MOTORS CORPOR Body Style | WI Year RA 2009 | NO Road Grade HILLCRES Country of Is UNITED ST Model SPORTAG Bus Use | ST suance FATES E L | |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

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| | UNIT | | Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver KENT A RAY (608) 548-4484 Address 512 MILL ST HILLSBORO, WI 54634 , US fety Equipment On Duty Crash fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED | KENT RAY Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment Shouldber & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED | | |
| Hospital Date of Death Time of Death | UNIT | | Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver KENT A RAY (608) 548-4484 Address 512 MILL ST HILLSBORO, WI 54634 , US fety Equipment On Duty Crash fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED Medical Transport NOT TRANSPORTED | KENT RAY Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment ShouLDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier | MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run # | | |
| | | INDIVIDUAL | Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver KENT A RAY (608) 548-4484 Address 512 MILL ST HILLSBORO, WI 54634 , US fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | KENT RAY Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT | MALE Race WHITE | | |
| | UNIT | | Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver KENT A RAY (608) 548-4484 Address 512 MILL ST HILLSBORO, WI 54634 , US fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport | KENT RAY Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment Shouldber & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED | | |
| | UNIT | | Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver KENT A RAY (608) 548-4484 Address 512 MILL ST HILLSBORO, WI 54634 , US fety Equipment On Duty Crash fety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED Medical Transport NOT TRANSPORTED | KENT RAY Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment ShouLDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier | MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run # | | |

19-02379

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Distracted By | Distracted By Source | | | | | |
|----|-----------------------------------|----------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | Distracted By Action | NOT APPLICABL | E (NOT DISTRAC | STED) | | | |
| | NOT DISTRACTEI | כ | | | | | |
| | Non Motorist | Striking Unit # | Location | | | | |
| | Prior Action | | | | | | |
| | Action | | | | | | |
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| | | | | | | | |
| | Action Other | | | | | | To/From School |
| | | Suspected Alcohol L | Jse | Suspected Drug Use | | | |
| | Drug & Alcohol | NO | | 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 | | |
| 64 | Drug Type | | | | | | |
| | | | | | | | |
| | Individual Condition | | | | | | |
| | | MAL | | | | | |
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