19-02804

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash Document #	Agency Crash Number 19-02804	Investigating Officer DEPUTY A. SUK				
Crash Date	Crash Time	Date Arrived	Time Arrived	Time Arrived 07:30 PM			
03/09/2019	07:03 PM	03/09/2019					
Date Notified 03/09/2019	Time Notified 07:04 PM	Total Units 01	-	otal Killed I 0			
03/09/2019 Date Notified 03/09/2019 On Emergency Government Property	lit and Run	Closure Work Zone	Trailer or To	wed Reporting Threshold			
Government Property	Active School Zone	School Bus Related NO	Tags				
Reportable	Crash Type DT4000 (STANDARD CR	ASH)		Secondary Crash			
Description							
Diagram			Recor	nstruction By			
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BEGAN TO SLIDE AND LOSE C		USING THE VEHICLE TO ENTER					

19-02804

WISCONSIN MOTOR VEHICLE CRASH REPORT

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PK - PICKUP NOT A BUS Initial Contact Point Vehicle Damage	NPe	cle Identification Nu		GENERA	I MOTORS COR	1444				
	5 5 2G	cle Identification Nu EK19T5X153882				1999		KA		
2 12FRONT	5 5 ^{Vehi} 2G1	cle Identification Nu EK19T5X153882		Body Style		1999	Bus Use			
	5 5 Veh 2G1 Colo	cle Identification Nu EK19T5X153882 r Il Contact Point		Body Style PK - PIC	KUP	1999	Bus Use			
F Extent Of Damage 7LEFT REAR CORNER, 8LEFT SIDE REAR MINOR DAMAGE 7LEFT REAR CORNER, 8LEFT SIDE REAR	5 5 5 Veh 2G1 Colo H J 12	cle Identification Nu EK19T5X153882 r Il Contact Point FRONT		Body Style PK - PIC Vehicle Da	KUP mage		Bus Use NOT A BUS			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Veh	icle Removed By			
				ERATOR				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT		ver				
				NO	NOT APPLICABLE			
		Driver Prior Action Other						
		Driver Actions						
		SPEED TOO FAST/CONE	h					
L_	Щ	SFEED TOO FAST/CONL	,					
UNIT								
5	VEHICLE							
	N							
		Owner Name			Owner Address			
2	01	TRAVIS SHOWERS			290 MAIN STREET #1 LAVALLE, WI 53941 , US			
0	0				LAVALLE, WI 33341 , 03			
		Sequence Of Events						
	7	Event						
	01	DITCH						
	2	Event						
	02	UTILITY POLE						
	~	Event						
	03							
	-	Event						
	04							
		Policy Holdor						
UNIT		Policy Holder		<u> </u>				
5		Insurance Company						
_		PROGRESSIVE-UNIVERS	SAL-INSURANCE-COMP		TRAVIS SHOWERS			
	I	Individual						
		Driver		C	Citations Issued	Sex		
	Ļ	ASHLEE ZABEL		0		FEMALE		
	٩ſ	(608) 477-5574		C	Date of Birth	Race		
E	INDIVIDUAL					WHITE		
UNIT	N	Address			Driver License Number			
		231 1/2 4TH ST BARABOO, WI 53913 ,US			STATE: WISCONSIN COUNTRY: UNITED STATES			
	=							
	Sal	On Duty	y Crash	S	Safety Equipment			
	Sai	fety Equipment Seat Position						
				S	HOULDER & LAP BELT			
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY					
		Helmet Use		ŀ	Helmet Compliance			
		Eye Protection		Т	int Compliance			
6	001	Injury S	Severity	ity Airbag				
0	õ	Injury _{NO AF}	PARENT INJURY	N	NON DEPLOYED			
		Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT AP			NOT TRAPPED		
		Medical Transport			MS Agency Identifier	EMS Run #		
		NOT TRANSPORTED						
		Hospital			Date of Death	Time of Death		
		Distracted D	ted By Source					
			PPLICABLE (NOT DISTR	RACT	ED)			
		Distracted By Action						
		NOT DISTRACTED						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	Ļ								
Ŀ	INDIVIDUAL								
UNIT	DIVI								
	Z								
		Action Other						To/From School	
	l	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type)		Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results			
	_	TEST NOT GIVEN Drug Type							
5	001	Didg Type							
		Individual Condition							
		APPEARED NORM	IAL						
		Individual							
		Passenger TRAVIS SHOWERS			Citations Issued Sex				
	Ļ			0		MALE			
F	INDIVIDUAL				Date of Birth		Race WHITE		
UNIT	DIVI	Address 290 MAIN ST # 1 LA VALLE, WI 53941 , US On Duty Crash			Driver License Number				
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment				
	Sat	fety Equipment Seat Position			SHOULDER & LAP E				
		3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER			SHOULDER & LAF I				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
0	002	Injury Severity			Airbag				
	õ		NO APPARENT II	NJURY	NON DEPLOYED		Trapped/Extricated		
		Ejected NOT EJECTED			LICABLE		NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death		Time of Death		
			Distracted By Source)					
		Distracted By Distracted By Action							
		Non Motorist	Striking Unit #	Location					
						<u> </u>	Crash Data	02/00/2010	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
		Action						
UNIT	INDIVIDUAL							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol Us	se	Suspected Drug Use NO			1
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	5	
01	002	Drug Type						
		Individual Condition						
		APPEARED NORM	//AL					