# Wisconsin Motor Vehicle Crash Report

	Document Number Override	Primary Crash	Document #		Agency C 19-0282		Number		Investigating Officer/Deputy DEPUTY E. KNULL					
a	Crash Date		Date Arri				Time Arrived	• • •			*****			
ヹ	03/10/2019	12:54 PM			03/10/20				01:13 PM	Y				
<u>×</u>	Date Notified 03/10/2019	Time Notified 12:54 PM			Total Uni 01	its			Total Injured  00	Total I	Killed	ĺ.		
0B4X4K	On Emergency Hi	t and Run	Lane	Closu	ıre	<u>'</u>	Work Zon	10	Trailer or 1	Fowed			Reporting Threshold	
6TL	Government Property	Active S	chool Zone		School Bus Related NO				Tags				÷	
	Reportable	Crash Type DT4000 (ST	ANDARD CR	(ASH	)				Amended	NO LINE	[:[	Ĵ	Secondary Crash	
ì	_ocation	an and graph of the site.	opogovani diselbe, di teopi kayasa		r samulat tilgat sam	er er	24,5,49,53,45,45	sagaraa i	S. Service of Control of Control Service of Control of Service of Control of	11.7			en sul Professor	
	ON CTHH SB			Latitu	ude 0663854		Longilude -89.89905		it/LongSource L <b>T/ILT</b>		Access	Control		
	0.86 MI W OF OAK HILL RD				ordinate		Y Coordinat		n Roadway Link ID#	<i>t.</i> (	On Roa	dway Lir	nk Offset	
	IN THE TOWN OF DELLONA IN SAUK COUNTY				036.0937		4832268.5	777	557695		366			
	IN SAUK COUNTY			Ove	erride [		Tribal Land				Structur NO ST	e Type RUCTI	JRE	
í	Crash Scene	a Registration Was stated as	eng Madayisa dagangalek	essa rector	district design	era Sala		et est Verborer		digali biy				
[	First Harmful Event			1	Harmful E ADSIDE	vent	Location	#		,				
	DITCH Manner of Collision				Condition	1			<u></u>			•••		
	NO COLLISION W/VEHICLE	IN TRANSPO	RT	-	DAYLIGHT									
	Road Surface Condition(s)			Envi	ronment F	actor	(s)							
	WET, SLUSH			WE	ATHER C	CON	DITIONS			٠				
	Roadway Factor(s)			Wea	ther Condi	ition(	s)							
	ROAD SURFACE CONDITION SLUSH, ETC)	N (WET, ICY,	snow,	CLC	YOUC	47								
	Animal Type				tion To Tra		ay NOT ON F	ROAD					1.00	
	Crash Classification - Location PUBLIC PROPERTY						- Jurisdiction							
	Tribal Land	197 13		<u> </u>	ss Control		11001011		ial Study					
	·			NO	CONTRO									
	•	nction Location ON-JUNCTION					ection Type AN INTER		ON .					
	Unit Summary		<u>.</u>							-				
	Unit Status IN TRANSIT		ehicle Operation	g As C	Classification	on	I .	Unit Type AUTOM						
5	Vehicle Type (SPORT) UTILITY VEHICLE							Operating	As Endorsements					
	Total Occs Train/Bus # R. 5	ecorded To	otal # Citations	Issue	d	T 0	otal Trailers	\$	Total HazMat Ty 0	rpes		•		
UNIT	Insurance? Direction Of T YES SOUTHBOL		Pre Cras		е		peed Limit 5		Total Lanes 2					
בֿ	Most Harmful Event: Collision With DITCH	n S	pecial Function O SPECIAL	FUN	CTION			Emergen NOT AP	cy Motor Vehicle Us PLICABLE	3 <b>e</b>				
	Traffic Way TWO-WAY, NOT DIVIDED	1	raffic Control O CONTRO		• •			Traffic Co	ontrol (noperative/Mi	issing				
	Surface Type BLACKTOP (BITUMINOUS)	1	oad Curvature URVE LEFT					Road Gra	ade					
6	Truck Bus or HazMat NO			ato y late										

Wisconsin Motor Vehicle Crash Report

	1000 VI	Role DRIVER			Citations Issued  0			e Driver ddress	Individual			
2	5	Last Name JANUSIAK		• • • • • • • • • • • • • • • • • • • •	First Name JESSICA				Middle Init	ia1	Suffix	1
		Street Address 822 E MAIN ST			Street Address 2	2			PO Box		Å	
	A	City REEDSBURG		- MANAGER CO.	State Wi		Zip Code 53959		Country of UNITED			
LIND	NDIVIDUAL	DOB	Sex F	Race W	Hair BROWN	Eyes BRO	WN	Height 501	Weight 150		Number 477-7485 EXT.	
		Driver's License Numb	ber		State WI		License Jur STATE	sidiction	Country of UNITED	STATE	is j	
		License Type NON-CDL DRIVER	R'S LICENSE		License Status VALID LICEN	SE			DL Expire 2023	Year		
		Equipment	On Duty Accid	lent	Safety Equipmen					<del></del>		
		Seat Position 1FRONT SEAT-L	EFT SIDE (	RIVER/MOTORC	SHOULDER 8	& LAP	BELT	<u> </u>				
	8	Helmet Use			Helmet Complia		<u> </u>		Ž -		•	
		Eye Protection			Tint Compliance	.4	Y de					
		Injury	Injury Severity NO APPAR	ENT INJURY	Airbag NON DEPLO	/ED					***	
UNIT	<b>5</b>	Ejected NOT EJECTED			Ejection Path NOT EJECTE		r applica		PPED			-
5	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ED		EMS Agency Ide	entifier		EMS Run #				
		Hospital			Date of Death	ð		Time of De				
		Non Motorist	Striking Unit #	<u> </u>	Location (many)			To/FromSo	shool			
	2	Prior Action	<u></u> .		Action							
		Distracted By Action NOT DISTRACTED	)									
		Distracted By Source NOT APPLICABLE			Action Other					<del>.</del> .	· +- #	
		Drug & Alcoh Suspected Alcohol Us	APPEARED		Suspected Drug	11eo						
_	UAL	NO Alcohol Test Given		Alcohol Test Type	NO				Alcohol To	est Resi	ılts	
LIND	NDIVIDUAL	TEST NOT GIVEN  Drug Test Given		Drug Test Type					Drug Test	t Results	·····	
	Z	TEST NOT GIVEN	<u> </u>	Stag Tool Type								·····
		The second of										
	1 4 A HATE CO.	Role			Citations Issued		Us	e Driver	Individual			
2	٨.	PASSENGER Last Name			0 First Name			ddress	INDIVID Middle Ini		Suffix	
	02	PURIFOY			DREW				С			
		Street Address 822 E MAIN ST			Street Address	2	-		PO Box			
		City			State WI		Zip Code 53959		Country o			

# Wisconsin Motor Vehicle Crash Report

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LIND		DOB	Sex M	Race B	Hair BROWN	Eyes	Н	eight	Weight	Phone (608)	Number 477-7485 EXT.
_	INDIVIDUAL	Driver's License Numi		<u></u>	State	<u> </u>	License Jurs		Country of	1.	
	<b>4</b>				License Status		NOT LICE	NSED	DL Expire	Year	<u> </u>
		License Type			NOT LICENS	ED				VIII VIII VIII	
		Equipment	On Duty Acci	dent	Safety Equipmen	nt					•
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		Eye Protection			Tint Compliance		j a			-	
			Injury Sevent		Airbag				,		
		Injury	NO APPAR	ENT INJURY	NON DEPLO	/ED,		Trapped/E	dricated		
ㅂ	Ž	Ejected NOT EJECTED			NOT EJECTE	D/NO	T APPLICA	NOT TRA			
UNI	INDIVIDUAL	MedicalTransport NOT TRANSPORT	TED		EMS Agency lds	entifier		EMS Run	ŧ		
	Z	Hospital	IED		Date of Death	Ä.		Time of De	ath		***************************************
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		Non Motorist	Striking Unit	# 	Location			TO/FIGHISC	ALOOI		
		Prior Action			Action	-		• ""			
	. 02	Distracted By Action			J.						
		Distracted By Source			Action Other						
		Drug & Alcoh	Individual Co	ndition	<u></u>					-	
		Suspected Alcohol Us	2007	O NORMAL.	Suspected Drug	Use	. <u> </u>				
	₹	NO			NO				<del></del> =		
LIND	ğ	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T		
ر	INDIVIDUAL	Drug Test Given	Ų.	Drug Test Type					Drug Tes	t Results	3
		Drug Type					art •				
	,	Role PASSENGER			Citations Issued		Use V Ac	e Driver ddress	Individual		
2	63	Last Name		<u> </u>	First Name		AL		Middle Ini		Suffix
	0	PURIFOY			HAYLEY Street Address	2		******	K PO Box		
		Street Address 822 E MAIN ST	,		Olicot Addiess						
		City REEDSBURG	· · ·		State WI		Zip Code 53959		Country of UNITED		

# Wisconsin Motor Vehicle Crash Report

PARA PARA PARA PARA PARA PARA PARA PARA	AL										
LIND		DOB	Sex F	Race B	Hair BROWN	Eyes	Н	eight	Weight	Phone Number (608) 477-7485 EXT.	
	INDIVIDUAL	Driver's License Num	1 1		State		License Jursi NOT LICEN		Country of	L.,,	
200		License Type			License Status NOT LICENSI	ED			DL Expire	Year	
		Equipment	On Duty Accid	ent	Safety Equipmer	nt					
		Seat Position 4SECOND SEA	T-LEFT SIDE(	MOTORCYCLE/B	SHOULDER 8	& LAP	BELT				
	03	Helmet Use			Helmet Complia	nce		1 h. h	ely Z		
		Eye Protection			Tint Compliance	, cij					
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UNIT	INDIVIDUAL	MedicalTransport NOT TRANSPOR	TED	•	EMS Agency Ide	entifier		EMS Run #	ţ		
	4	Hospital	·		Date of Death			Time of De	ath		
		Non Motorist	Striking Unit#	i i i i i i i i i i i i i i i i i i i	Location	,		To/FromSc	hool		
	03	Prior Action			Action						
	0	Distracted By Action									
		Distracted By Source			Action Other						
		Drug & Alcoh	Individual Con APPEARED	NORMAL							
	AL.	Suspected Alcohol U NO	lse j		Suspected Drug NO	Use					•
TINŲ	INDIVIDUAL	Alcohol Test Given		Alcohol Test Type					Alcohol Te	est Results	
_	<u>S</u>	Drug Test Given TEST NOT GIVEN	v.	Drug Test Type					Drug Test	Results	
		Drug Type									
		Role PASSENGER			Citations Issued 0			Driver dress	Individual		
2	8	Last Name		-	First Name HAYDEN	-	•	-	Middle Init G	ial Suffix	
		Street Address 822 E MAIN ST			Street Address 2	2			PO Box	•	_
		City REEDSBURG			State WI		Zip Code 53959			Residence STATES	

# Wisconsin Motor Vehicle Crash Report

	AL									. ATTA	A Think and the state of the st	
UNIT		DOB		Race	Hair BROWN	Eyes		Height	Weight	Phone 1 (608) 4	lumber	
	INDIVIDUAL	Driver's License Num	1		State		License Ju NOT LIC		Country of			
		License Type			License Status	1	NOT EIG		DL Expire	Year .	<u> </u>	
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		Equipment					DEL T	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	à i			
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	8	Helmet Use			Helmet Complia	nce	ė.	1915. 2015. 1015. 1015. 1015. 1015.				
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UNI	INDIVIDUAL	MedicalTransport			EMS Agency Ide			EMS Run				
	<u>N</u>	NOT TRANSPORT	TED		Date of Death			Time of De	ath			
-			Striking Unit#		Location			To/FromSo	hool			
		Non Motorist	Striking Onit #	, <u>34</u> ,27 ,27				TOTTOMO				
		Prior Action	-		Action							
	9	Distracted By Action										
		Distracted By Source	3		Action Other					.,		
		Drug & Alcoh	Individual Conc	illon NORMAL	<u> </u>		*				-4V**	
	7	Suspected Alcohol U NO	\$ 5.00	770.	Suspected Drug	Use				1.00		
LIND	ADU,	Alcohol Test Given	y wy	Alcohol Test Type	<u> </u>				Alcohol T	est Resul	ts	
Ð	INDIVIDUA	Drug Test Given		Drug Test Type					Drug Tes	t Results		
		Drug Type						- 100 p.	1			
		Role PASSENGER			Citations Issued			lse Driver Address	Individual			
01	05	Last Name			First Name		1	11441033	Middle Ini		Suffix	
	J	PURIFOY Street Address			LANDIN Street Address	2			R PO Box			
		822 E MAIN ST			Ctal		Zip Code		Country o	of Docides	00	
	:	City REEDSBURG			State WI		53959		UNITED			

# Wisconsin Motor Vehicle Crash Report

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	7			•							
╘		DOB	Sex	Race	Hair	Eyes		Height	Weig	· (	
UNIT		DOB	M	В	BROWN			,		(608) 477-7485 EXT.	
	INDIVIDUAL	Driver's License Num	ber	<u> </u>	State			ursidiction	Соці	ntry of Issuance	
	i in i				License Status		NOTER	CENSED	DLE	Expire Year	
		License Type			NOT LICENS	ED			1		
	digwell digwell digwell		On Duty Acci	dent	Safety Equipme	ent		ماند. ماند بار	. %		
		Equipment			- CHOULDED		DELT			<b>*</b>	1
		Seat Position	FFT SIDE (S	IDECAR: MOTOR	SHOULDER	& LAI	DELI		- A		
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	Etylen Lighter						- 15	Things	2000		
-		Eye Protection			Tint Compliance	е		ÿ.			
		lua: «Escés personales de	Injury Seveni	ty .	Airbag		ran Saar Paulisan	j.s.F			
		Injury		RENT INJURY	NON DEPLO	YED	198 <sub>6</sub> .				
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UNIT	INDIVIDUAL	NOT EJECTED  MedicalTransport			EMS Agency Id			EMS F			
_	á	NOT TRANSPORT	TED			177.5					
	=	Hospital		Date of Death			Time o	f Death			
			Striking Unit	Location	- 4f -2		To/Fro	mSchool	<u></u>		
		Non Motorist	Ouraing Onic	<b>"</b>						•	
		Prior Action			Action						
	92	Distracted By Action									
		Distracted by Action									
		Distracted By Source			Action Other						
			Individual Co	ndition				4.007			
		Drug & Alcoh	APPEARE	D NORMAL							
	AL	Suspected Alcohol Us NO	se	÷	Suspected Drug	g Use					
<u></u>		Alcohol Test Given		Alcohol Test Type					Alco	phol Test Results	
	Ξ	TEST NOT GIVEN		\. <u>.</u>					- Pari	- Tool Decults	
	INDIVIDU	Drug Test Given TEST NOT GIVEN	Ų	Drug Test Type					Diag	g Test Results	
		Drug Type		_ <u>l .</u>							
										,	
		License Plate Numbe	er -		Plate Type			St		of Issuance	
		ADH3423		1.10 m·s	AUT - AUTO	MOBI	LE	WI		D STATES	
		Vehicle Identification 2A4GM68456R90						Year 2006	Make CHRYS	SLER .	
		Model			Body Style			1	Color		
		PACIFICA			UT - SPORT	UTILI	TY VEHIC	CLE	WHI - V	VHITE	
		Initial Contact Point									

## Wisconsin Motor Vehicle Crash Report

				Ve	ehicle Dam	age						
}	e e e e e e e e e e e e e e e e e e e	Extent Of Damage	-	<sub>N</sub>	O DAMA	GE						
5	5	NO DAMAGE										
		Towed Due To Damage		V	ehicle Fact	ors			14. 1.1.3			
		NOT TOWED							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Vehicle Removed By OPERATOR		N N	OT APPL	ICABLE .						
		What Driver Was Doing		D	river Prior A	Action Other		Bus Us NOT A				
		NEGOTIATING CURVE						NOTA	N BUS			
TINO	VEHICLE	Driver Actions SPEED TOO FAST/COND					,	STEP in a series				
V		✓ Vehicle Owner Same As O				☑ Use Ope	rator Add	ress				
		Organization Type INDIVIDUAL	Compa	any Name					`#'			
	1011	Last Name	First N				Middle 🥞	Suffix	Date of Birth			
		JANUSIAK	JESS	Address2		× 5	JEAN PO Box	1 1000	1			
		Street Address 822 E MAIN ST	Sueet.	Addlessz			P.					
		City	St	Zip Code			Country of F UNITED S					
		REEDSBURG Telephone Number	WI	53959			UNITED 9	SIAIES				
		(608) 477-7485 EXT.										
	8	Event DITCH				à éireir	,					
	02	Event		A. Care	5. 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5							
	8	Event		Â	* 10 mm and 10 m							
	04	Event	4	, A	ži j							
E	Σ	Insurance Company PROGRESSIVE-CLASSIC-INS-	co		Pol Sai	licy Holder me As Owner		olicy Holder	Same As Driver			
TIND	DER.		t Name NUSIAK		First Na	me	Policy	Holder Compa	any			
]	Des	cription	10 Marie 7		······································							
	Diag	ram 🧳 ,	The state of the s						Reconstruction By			
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									Additional Information			
									A CONTROL INCIDENCE			
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# Wisconsin Motor Vehicle Crash Report

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	DKIVEN AVVA	Y BT OFL	KATORON	MER. NO DA	WAGE.	OBSERVED	11111	S DEFUIT.		
Signature				***		"."				
, a sworn law	enforcemen	ıt officer	, agree th	at I have no	t adde	d any CJIS o	lata i	n this report.		
Law Enforceme			77							
Agency Space		<b>7</b> graf 198 <u>1</u>								
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Officer Rank DEP	Officer Last N KNULL	4ame	<u> </u>	Officer First I	Name		D	er Middle Name	,	Suffix
DOT Officer ID 9141			DNR Office	er ID			Office 9141	er Badge Number I		
Officer EMail				-						<u>-</u>
Local Agency Number	ſ	Law Enfo	orcement Ag	gency Jurisdict	ion	A		Law Enforcement A		type
Law Enforcement Age		1				gency Name		I.e		
SAUK COUNTY SI			ΞN		ı	COUNTY S				
Law Enforcement Age 1300 LANGE COU		iress			Law E			Street Address2		
Law Enforcement Age BARABOO	ency City		LEA State			Law Enforces 53913	ment A	gency Zip Code		

# Wisconsin Motor Vehicle Crash Report

Law Enforcement Agency Phone Number	ORI Number	BFUNC Agency	TraCS Agency Number
(608) 356-4895 EXT.	WI0570000	5600	205

