19-03935

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash I	Primary Crash Document # Crash Time 11:25 AM		rigerra, eveneur territori			ng Officer/Deputy B. SCHLOUGH		
70	Crash Date 04/07/2019				rived 2019	Time Arrived	Time Arrived 12:05 PM			
OILUSJUNA	Date Notified 04/07/2019	Time Notified 11:30 AM		Total Ui	nits	Total Injured 01	Total Kille	ed		
- ეგ	On Emergency	Hit and Run	Lane Clos	ure	☐ Work Zone	Trailer	or Towed	Reporting Threshold		
0 1 1	Government Property		hool Zone	School NO	Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amend	led	Secondary Crash		
	Description Diagram						Reconstruction			
	DRAWING N	US	H 14				Photos By DEPUTY SO			
	I, a sworn law enforce UNIT 2 WAS TRAVELING E/B TRAVELING E/B ON USH 14. DOWN HOWEVER HYDROPL SIGN POST AFTER IMPACT	ON USH 14 STOPP AND REAR ENDED U	ED IN THE LANE (JNIT 2. OPERATO	OF TRAFI	FIC WAITING TO TURI	N INTO THE RIVE	Γ2 STOPPED H	HE TRIED TO SLOW		

19-03935

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/07/2019

Crash Time 11:25 AM

L	_oc	ation									
·	ON	USH14 EB				Latitude			Longitud	de	
	516	FT W				43.188490321			-90.068264028		
		STH23 WB				X Coordina	ate		Y Coord	inate	
		HE TOWN OF SPRIN	G GREEN			250668.96875 4786318					
	IN S	AUK COUNTY				Structure 7					
						Structure	Туре				
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event Lo	ocation	-		
	MO	TOR VEH IN TRANSP	PORT			ON ROA	DWAY				
f	Manı	ner of Collision				Light Cond	dition				
	02	FRONT TO REAR				DAYLIGI	HT				
ŀ	Road	d Surface Condition(s)				Roadway I		_			
	WE						, ,				
ŀ	Envir	ronment Factor(s)				1					
	ИОИ	NE				NONE					
ŀ	Wea	ther Condition(s)									
	RAII	N									
f	Anim	nal Type					o Trafficway				
							CWAY - OI				
		h Classification - Location	ı				ssification -				
		BLIC PROPERTY				NO SPE	CIAL JUR				
	Triba	al Land				Access Control Special Study NO CONTROL					
ŀ	Withi	in Interchange Area	Junction Location		Intersection	n Type					
	NO	-	DRIVEWAY ACCESS-RE	LATED	NOT AN	INTERSE	CTION				
į	Jnit	t Summary =									
T		Status		Vehicle Ope	erating As C	Classification Unit Type					
	IN T	RANSIT		D CLASS		AUTOMOBILE					
.	Vehic	cle Type		I				Operating As Endorsements			
;	PAS	SENGER CAR									
-	Total	Occs	Train/Bus # Recorded	Total # Cita	tions Issued	d Total Trail		ers	Total Haz	:Mat Types	
	1			1 Pre CrashT		0			0	, , , , , , , , , , , , , , , , , , ,	
-		rance?	Direction Of Travel						Total Lane	es	
	YES		EASTBOUND		Mark	11116			2		
ŀ		Harmful Event: Collision		Special Fur		1.0		Emergency I		icle Use	
_		TOR VEH IN TRANSP			NO SPECIAL FUNCTION			9 ,			
f	Traff	ic Way		Traffic Cont	trol		Traffic		Traffic Control Inoperative/Missing		
	TWC	D-WAY, NOT DIVIDED		NO CONT	ROL	NO		NO			
ŀ		ace Type		Road Curva	ature			Road Grade			
	BLA	CKTOP (BITUMINOL	JS)	CURVE R	IGHT			LEVEL			
ľ	Trucl	k Bus or HazMat		ı				1			
4	NO,	Vahiala									
		Vehicle License Plate Number		Plate Type)		St	Country of Issuance			
ı		ADZ2457		,,	JTOMOBIL	E	WI	=	NITED STATES		
ı		Vehicle Identification Nu	ımher	Make			Year	Model			
ı	01	4T1BG22K6XU5467		TOYOTA		1999		CAMRY CE	:/L		
		Color		Body Style			000				
		BLK - BLACK		4D - 4DR				Bus Use NOT A BUS			
	ш	Initial Contact Point		Vehicle Da							
		11LEFT FRONT CO	ORNER		·						
				4 PIGUT EPONT COPNED 44 1 FFT TOO!							
	〒	Extent Of Damage		1RIGHT FRONT CORNER, 11LEFT FRONT CORNER				FRONT COP			
	VEHICL	Extent Of Damage FUNCTIONAL DAMA	AGE	1RIGH	FRONT (CORNER,	11LEFT	FRONT CO	RNER		

19-03935

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage	Vehicle Removed By								
		NOT TOWED	-								
			OPERATOR Valida Fastara								
		What Driver Was Doing	Vehicle Factors								
		NEGOTIATING CURVE	NOT APPLICABLE								
		Driver Prior Action Other	NOT AFFEICABLE								
		Driver Actions									
	ш	FAILURE TO CONTROL									
\vdash											
LINO	VEHICL										
-	Ē										
	>										
		Owner Name	Owner Address								
		RICHARD GILBERT	6865 JOLES RD								
2	01	(608) 574-1921	ARENA, WI 53503 , US								
		Sequence Of Events									
		Event									
	01	MOTOR VEH IN TRANSPORT									
	02	Event OTHER POST, POLE OR SUPPORT									
		Event									
	03										
	04	Event									
		Policy Holder									
LIND											
5		RURAL-COMMUNITY-INSURANCE-COMPANY	Individual RICHARD GILBERT								
		Individual									
		Driver	Citations Issued	Sex							
	Ļ	JACKSON GILBERT (608) 459-5466	1	MALE							
	INDIVIDUAL	(000) 400 0400	Date of Birth	Race WHITE							
╘	<u>ا</u>			White							
	>	Address 6865 JOLES RD	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES								
_	Z	ARENA, WI 53503, US									
		7.11.2.11.1, 111.00000 , 00									
	Sat	On Duty Crash	Safety Equipment								
		etv Equipment	Salety Equipment								
		Sept Penition									
		Seat Position	SHOULDER & LAP BELT								
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT								
		Seat Position									
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	SHOULDER & LAP BELT Helmet Compliance								
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT								
-	71	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity	SHOULDER & LAP BELT Helmet Compliance								
01	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection	SHOULDER & LAP BELT 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	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated							
01	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 AP	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	NOT TRAPPED							
10	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport	SHOULDER & LAP BELT 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	SHOULDER & LAP BELT 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 NO APPARENT INJURY Ejected NOT EJECTED Medical Transport	SHOULDER & LAP BELT 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	SHOULDER & LAP BELT 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 I	SHOULDER & LAP BELT 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 Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #							

19-03935

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Unit #	L	ocation							
		Prior Action		I								
		Action										
	Ļ											
╘	INDIVIDUAL											
UNIT	M											
	Z											
												·
		Action Other										To/From School
		Drug & Alcohol	Suspected Alco	ohol Use			Suspected Drug Use NO					
	_	Alcohol Test Given			Icohol Test Typ	е				Alcohol Test	Results	
		TEST NOT GIVEN			rug Test Type			D	Tot Double			
		Drug Test Given TEST NOT GIVEN			rug rest rype			Dru	g Test Results			
15	001	Drug Type		10								
		Individual Condition										
		APPEARED NORM	MAL									
	,	Violations										
	2	UTC Number AD977895	Issue To? 001	Statute 346.5	e Number 7(2)		Description FAILURE TO KEEP	/EH	ICLE UNDE	R CONTRO	L	
'	Uni	t Summary •										
		Status			\	Ve	hicle Operating As Classi	fication	on	Unit Type		
		RANSIT				D CLASS				AUTOMOE		
02		cle Type SSENGER CAR								Operating A	s Endorsem	nents
		l Occs	Train/Bus	# Recor					Total Traile	ers	Total HazN	Mat Types
	2 Insu	rance?	Direction	Of Trave					O Speed Lim	it	O Total Lane	S
=	YES		EASTBO			Mark		45	2			
5		t Harmful Event: Collision TOR VEH IN TRANS				Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way	JI OK1		-	Traffic Control				Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVID	ED			NO CONTROL				NO		
		асе Туре					ad Curvature			Road Grade		
		ACKTOP (BITUMING	OUS)			CI	JRVE RIGHT			LEVEL		
	NO	k Dus of Flaziviat										
	,	Vehicle										
		License Plate Number 810XZM	r			Plate Type		St		Country of Iss UNITED ST		
۵.		Vehicle Identification	Number			AUT - AUTOMOBILE WI Make Year				Model	AILS	
05	05	1G1PA5SH8E7472				С	HEVROLET		l I	NO DATA I	- 0	
		Color SIL - SILVER (ALU	JMINUM)				ody Style D - SEDAN			Bus Use NOT A BUS	6	
I		Initial Contact Point	-						<u> </u>			
		5RIGHT REAR C	OKNEK									

19-03935

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Щ		V	ehicle Damage					
╘	겅								
UNIT	VEHICLE	Extent Of Damage	5	5RIGHT REAR CORNER					
	VE	FUNCTIONAL DAMAGE							
		Towed Due To Damage		ehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing STOP IN TRAFFIC	V	ehicle Factors					
		Driver Prior Action Other	N	IOT APPLICABLE					
		Briver i noi Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACT	ION						
╘	CL								
UNIT	VEHICL								
	VE								
				T					
		Owner Name BETHANY KING		Owner Address 905 VANDENBURG ST					
02	02	(707) 273-6672		SUN PRAIRIE, WI 53590 , US					
				, , , , , , , , , , , , , , , , , , , ,					
		Sequence Of Events							
		Event							
	01	MOTOR VEH IN TRANSP	ORT						
	02	Event							
	3	Event							
	03	Event							
	04	Lvent							
╘	l	Policy Holder							
UNIT		Insurance Company	INC CO	Individual					
		STATE-FARM-GENERAL	-IN3-CO	BETHANY KING					
	ı	Individual		Citations leaved					
		Driver BETHANY KING		Citations Issued 0	Sex FEMALE				
	AL	(707) 273-6672		Date of Birth	Race				
_	DIVIDUAL			Bate of Birth	WHITE				
	Ξ	Address		Driver License Number	<u> </u>				
_	_	905 VANDENBURG ST		CTATE, MICCONCIN COUNTRY, UNITED CTATES					
	=	SUN PRAIRIE, WI 53590	, US	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty	/ Crash	Safety Equipment					
	Sat	fety Equipment	Clash	Salety Equipment					
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
	2	Injury S	everity	Airbag					
05	005	Injury POSSI	BLE INJURY	NON DEPLOYED					
		Ejected	Ejection Path	!	Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APPL		NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
		•		EMS Agency Identifier Date of Death	EMS Run # Time of Death				

19-03935

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	Distracted By Sourc NOT APPLICABL	e LE (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED									
	L	Non Motorist	Striking Unit #	Location							
		Prior Action									
		Action									
	اب										
⊨	INDIVIDUAL										
LINO	\geq										
	볼										
		Action Other						To/From School			
		Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use NO						
	_	Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN		Drug Test Type		Drug Test Results					
		Drug Test Given TEST NOT GIVEN		Drug Test Type							
05	002	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		ndividual									
		Passenger SARAH WINCH (608) 449-5006			Citations Issued 0	Sex FEMALE					
	NAL				Date of Birth Race						
LINO	N N	Address			Driver License Number		WHITE				
5	INDIVIDUAL	S13009 SHIFFLET RD # 60 SPRING GREEN, WI 53588 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	o. King Green, W. 33330 , 03									
	Saf	ety Equipment	On Duty Crash		Safety Equipment						
		Seat Position			SHOULDER & LAP BELT						
		3FRONT SEAT-R Helmet Use	IGHT SIDE (TRAI	N ENGINEER	Helmet Compliance						
					Tremet Compilation						
		Eye Protection			Tint Compliance						
05	003		Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa	ath CTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport	NOT ESE	CIED/NOT AFF	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT Hospital	ED		Date of Death		Time of Death				
					_ 200 0. 20001		5. 25441				
		Distracted By	Distracted By Source	е							

6TL09JDKX8 19-03935

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action								
		Non Motor	Striking Unit #	Location						
		Prior Action								
		Action								
	AL									
LIND	INDIVIDUAL									
	=									
		Action Other						To/From School		
		Action Other						16/110m Concor		
	1	Drug & Alcoh	Suspected Alcohol I	Jse	Suspected Drug Use NO					
	Alcohol Test Given TEST NOT GIVEN Alcohol Test Typ				e		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Type		Drug Test Results	5			
05	003	Drug Type								
		Individual Condition	on .							
		APPEARED NO								
		AFFEARED NO	KWAL							
		perty Owne								
5	Gove SAL	ernment JK COUNTY HW	Y DEPT		Address 620 STH 136					
PROP OWNER	(608	3) 356-3855			PO BOX 26 BARABOO, WI 53913 , US					
		ed Objects St	ruck							
	10		Struck Object OTHER POST, POL	E OR SUPPORT			Structure Number	Damage Tag Number 322858		