6TL0BFKDB1

19-04094

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Agency Crash Number 19-04094		Investigating Officer/Deputy DEPUTY H. LARKIN			
B'I	Crash Date 04/10/2019	Crash Time 03:20 PM		Date Arrived 04/10/2019		Time Arrived 03:34 PM		
6 I LUBFKUB	Date Notified 04/10/2019	Time Notified 03:25 PM	Total Ur 01	Total Units 01		Total Kille 00	otal Killed I 0	
0Bł	On Emergency	and Run		Work Zone	Trailer	or Towed	Reporting Threshold	
6 I L	Government Property	Active School Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STANDARD CRAS	H)		Amend	ed	Secondary Crash	
	Description					Reconstruction	- Dv	
						Photos By	пр	
	Not To Scale				_			
		3		Beth Road		Additional Info	rmation	
			,					
		STH 136						
		nt officer, agree that I have n						
	UNIT 1 WAS TRAVELING SB ON CENTER LINE AND ENTERED TH						ED ACROSS THE	

19-04094

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	Loc	ation										
ĺ		STH136 EB				Latitude			Longitud	de		
	797	FT S	43.515642745		-89.949467686							
		BETH RD		X Coordinate		Y Coordinate						
		HE TOWN OF EXCEL	SIOR	261608.234375			4822305.5					
	in c		Structure Type									
(Cra	sh Scene										
	First	Harmful Event				First Harm	nful Event Lo	ocation				
		BANKMENT				ON ROADWAY						
		ner of Collision				Light Condition						
		COLLISION W/VEHIC	LE IN TRANSPORT			DAYLIGHT						
		d Surface Condition(s)				Roadway Factor(s)						
		T, SNOW, SLUSH				4						
		ronment Factor(s)										
	NOI	NE				NONE						
	Wea	ther Condition(s)										
	SNO	W										
	Anin	nal Type				Relation To Trafficway						
	0.000						TRAFFICWAY - ON ROAD					
		Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	Triba	al Land				Access Control Special Study						
						NO CONTROL						
		in Interchange Area	Junction Location		Intersection	ion Type N INTERSECTION						
	NO		NON-JUNCTION		NOTAN	INTERSE	CHON					
		t Summary		Vahiala On	arating As C	lessification		111 × T				
		Unit Status Vehicle Operating As C					Classification Unit Type AUTOMOBILE					
	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements						
9		SENGER CAR										
	Tota	I Occs	Total # Cita	tions Issued	Total Traile		ers	Total Haz	Mat Types			
	1		0		0		0					
	Insurance? Direction Of 1		Direction Of Travel	Pre CrashTi						es		
=	YES SOUTHBOUND				Mark	55		2				
		t Harmful Event: Collision	Special Fur	ICTION	TION		Emergency Motor Vehicle Use NOT APPLICABLE					
									Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED	1		Traffic Control NO CONTROL			NO Road Grade		uvo/missing		
		ace Type	Road Curva									
					STRAIGHT			LEVEL				
	Truck Bus or HazMat											
	NO											
	Vehicle											
	License Plate Number ACE5984 Vehicle Identification Number				Plate Type AUT - AUTOMOBILE Make				Country of Issuance UNITED STATES			
							Year	Model				
5	2	1FAFP34P41W16630		FORD		2001		FOCUS SE/S				
-	Color RED - RED				Body Style		2001		Bus Use			
				4D - 4DR				NOT A BUS				
	щ	Initial Contact Point			Vehicle Damage							
ţ	I2FRONT Extent Of Damage DISABLING DAMAGE			1PICHT	1RIGHT FRONT CORNER, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER,							
					12FRONT, TOP				UNIT OUTNER,			

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		Towed Due To Damage		Vel	nicle Removed By					
		TOWED DUE TO DIS	SABLING DAMAGE	ov						
		What Driver Was Doing		Vel	nicle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Filor Action Other								
		Driver Actions								
			ACTION							
L_	Щ		Action							
UNIT	<u>ں</u>									
5	VEHICL									
	3									
		Owner Name			Owner Address					
_	_	CORISA K SCHNEIDER			S4485 EXCELSIOR DR					
5	6	(608) 459-0091			ROCK SPRINGS, WI 53961, US					
			n to							
	•	Sequence Of Eve	1115							
	0	EMBANKMENT								
	~	Event								
	02									
	03	Event								
	0	_								
	04	Event								
	-									
F	l	Policy Holder								
UNIT		Insurance Company			Individual					
ر		JOHNSEN INSURANCE		•	CORISA SCHNEIDER					
	1	Individual								
		Driver			Citations Issued	Sex				
		ROY ARNOLD SCHN	NEIDER		0	MALE				
	AL	(608) 393-7062			Date of Birth	Race				
	INDIVIDUA					WHITE				
UNIT	⋝	Address		Driver License Number						
⊃	Δ	S4485 EXCELSIOR DR								
	Z	ROCK SPRINGS, WI	53961 , US	:	STATE: WISCONSIN COUNTRY: UN	IITED STATES				
			n Duty Crash		Safety Equipment					
	Sat	fety Equipment		Ì						
		Seat Position			SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			SHOULDER & LAP BELT					
		Helmet Use		Lalmat Compliance						
		Heimet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
	-		ury Severity		Airbag					
9	00	1	O APPARENT INJURY							
	-	Ejected	Ejection Path			Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT APP		PLIC	CABLE	NOT TRAPPED				
		Medical Transport			EMS Agency Identifier	EMS Run #				
	NOT TRANSPORTED									
		Hospital	-	-	Date of Death	Time of Death				
			stracted By Source							
		Distracted By N	OT APPLICABLE (NOT DISTR		ſED)					
		Distracted By Action	•							
		NOT DISTRACTED								
		L								

6TL0BFKDB1

19-04094

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		Non Motorist	riking Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcohol No	spected Alcohol Us D	se	Suspected Drug Use			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type				
		Drug Test Given TEST NOT GIVEN		Diug rest type		Drug Test Results		
6	001	Drug Type						
		Individual Condition						
		APPEARED NORMA	L					