WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash Document # Crash Time 12:55 PM Time Notified 01:03 PM		19-05170 DEPUTY Date Arrived Time Arrived 05/05/2019 01:17 PM			g Officer/Deputy B. SCHLOUGH		
Crash Date 05/05/2019					Time Arrived 01:17 PM			
05/05/2019 Date Notified 05/05/2019 On Emergency Hit					Total Injured Total Kille		ed	
On Emergency Hit	and Run	✓ Lane Closu		Work Zone		or Towed	Reporting Threshold	
Government Property	Active Scl	nool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STAI	NDARD CRASH	l)		Amend	ed	Secondary Crash	
Description Diagram						Reconstruction	n Rv	
	OT TO SCALE	Ø				Photos By DEPUTY VE Additional Info NONE, PHO	RTEIN	
	OPERATOR OPERATOR							
I, a sworn law enforcement UNIT 1 WAS TRAVELING N/B ON SHOULDER. UNIT 1 THEN LOST DISTANCE AND IMPACTED A TR	CTH C. UNIT 1 I	FAILED TO NEGO	TIATE A	RIGHT CURVE. UNIT	1 LEFT ITS DESIG			

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L	OC:	ation ——										
-	NC	CTHC NB					Latitude			Longitud	de	
(0.68 MI S						43.229076104			-89.967	7130428	
	OF STRAIT RD						X Coordinate		Y Coord	linate		
	IN THE TOWN OF TROY					259047.65625 4790529						
ļ	IN SAUK COUNTY						Structure Type					
								туре				
С	ras	sh Scene										
F	irst	Harmful Event					First Harm	ful Event Lo	ocation			
(OVE	RTURN/ROLLOVER					SHOULE	ER LEFT				
N	<i>l</i> lanr	ner of Collision					Light Condition DAYLIGHT Roadway Factor(s)					
١,	NO (COLLISION W/VEHICL	E IN TRANSPORT									
F	Roan	Surface Condition(s)										
	DRY						rtoddirdy	1 40101(0)				
E	nvir	onment Factor(s)										
1	NON	IE					NONE					
١	Veat	ther Condition(s)										
0	CLE	AR										
1	nim	al Type						o Trafficwa				
								CWAY - O				
		h Classification - Location					Crash Classification - Jurisdiction					
		LIC PROPERTY							ISDICTION		To	
'	Tribal Land					Access Control Special Study NO CONTROL						
٧	Vithi	n Interchange Area	Junction Location			Intersection	on Type					
	NO NON-JUNCTION NOT A				NOT AN	NINTERSECTION						
		ıre Type			Reaso	ns for Clos						
	-	L CLOSURE										
	Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed U1:17 PM LAW ENFOR					ENFORC	CEMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT					
	Date All Lanes Open Time All Lanes Open Date Scene (Scene Clear	ared Time Scene Cleared						
C)5/0	5/2019	02:17 PM		05/05/2019			02	02:17 PM			
U	nit	Summary ===										
ι	Jnit S	Status		Vehi	cle Ope	rating As C	lassification		Unit Type			
ı	N T	RANSIT		мс	LASS				MOTORCYCLE			
	Vehicle Type						Operating As Er			s Endorse	Endorsements	
	TON	OTORCYCLE										
٦	Total Occs Train/Bus # Recorded Tot				otal # Citations Issued			Total Trail	ers	Total Haz	:Mat Types	
1	1			0	0		0		0			
	Insurance? Direction Of Travel Pr			Pre CrashTire Speed L		Speed Lin	mit Total Lanes		es			
١	YES NORTHBOUND			Mark		55		2				
	Most Harmful Event: Collision With OVERTURN/ROLLOVER				Special Function NO SPECIAL FUNC		CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
		c Way		Traff	Traffic Control				Traffic Control Inoperative/Missing		tive/Missing	
1						NO CONTROL		NO				
5	Surface Type BLACKTOP (BITUMINOUS)			Road	Road Curvature				Road Grade			
				CUF	CURVE RIGHT				DOWNHILL			
Truck Bus or HazMat NO												
Vehicle												
				Pla	Plate Type			St	Country of Issuance			
7539F				CYC - CYCLE				WI	UNITED STATES			
		Vehicle Identification Number			Make			Year	Model			
	S WB10496A24ZJ31423 BMW						2004	R1200CL				

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		Color	Body Style	Bus Use						
F		BLK - BLACK	MC - MOTORCYCLE	NOT A BUS						
	ш	Initial Contact Point	Vehicle Damage							
		1RIGHT FRONT CORNER	Tomos Damago							
UNIT	¥	Extent Of Damage	ALL AREAS							
⊃	VEHICL	DISABLING DAMAGE	7.22 7.11.27.10							
	>	Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE	EVERETTS TOWING							
		What Driver Was Doing	Vehicle Factors							
		NEGOTIATING CURVE	venicle i actors							
		Driver Prior Action Other	NOT APPLICABLE							
		Divort hor Adden Guidi	NOT ALL EIGHDEE							
		Driver Actions								
	ш	EARLING TO CONTROL FAILED TO MEED IN DECIONATED LANG								
\vdash										
UNIT	VEHICL									
) 	迴									
	>									
		Owner Name	Owner Address							
		DALAMIE JAMNEJAD-DALAMIE	980 W EUCLID AVE # 1							
01	2	(414) 803-9222	MILWAUKEE, WI 53215 , US							
	,	Soguence Of Events								
	`	Sequence Of Events Event								
	2	OVERTURN/ROLLOVER								
		Event								
	02	TREE								
		Event								
	03									
		Event								
	04									
.		Policy Holder								
UNIT		Insurance Company	Individual							
5		PROGRESSIVE-ADVANCED-INSURANCE-CO	DALAMIE JAMNEJAD-DALAMIE							
		Individual								
		Driver	Citations Issued	Sex						
		DALAMIE JAMNEJAD-DALAMIE	0	MALE						
	¥	(414) 803-9222	Date of Birth	Race						
.	DUAL		Date of Birtin	WHITE						
Ę	≓	Address	Driver License Number							
N	INDIN	980 W EUCLID AVE # 1	Diver License Number							
	Z	MILWAUKEE, WI 53215 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Crash	Protective Gear							
	Sat	fety Equipment	GLOVES, BOOTS, JACKET, LONG PANTS							
		Seat Position								
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
		I IFRONT SEAT-LEFT SIDE (DRIVER/IVIOTORG)	Helmet Compliance							
		Helmet Use	Helmet Compliance							
		Helmet Use FULL-FACE	Helmet Compliance APPROVED							
		Helmet Use FULL-FACE Eye Protection	Helmet Compliance APPROVED Tint Compliance							
	Σ	Helmet Use FULL-FACE Eye Protection YES: WINDSHIELD Injury Severity	Helmet Compliance APPROVED Tint Compliance YES Airbag							
01	001	Helmet Use FULL-FACE Eye Protection YES: WINDSHIELD Injury Severity	Helmet Compliance APPROVED Tint Compliance YES Airbag							
01	001	Helmet Use FULL-FACE Eye Protection YES: WINDSHIELD	Helmet Compliance APPROVED Tint Compliance YES Airbag	Trapped/Extricated						
01	100	Helmet Use FULL-FACE Eye Protection YES: WINDSHIELD Injury Severity SUSPECTED SERIOUS INJUR	Helmet Compliance APPROVED Tint Compliance YES Airbag NOT APPLICABLE	Trapped/Extricated NOT TRAPPED						
01	001	Helmet Use FULL-FACE Eye Protection YES: WINDSHIELD Injury SUSPECTED SERIOUS INJUR Ejected Ejection Path	Helmet Compliance APPROVED Tint Compliance YES Airbag NOT APPLICABLE							

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		Hospital UW HEALTH-AME	RICAN CENTER		Date of Death		Time of Death	
		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED)					
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
LNO	INDIVIDUAL							
	Ĭ							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		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	001	Drug Type		,		,		
		Individual Condition						
		APPEARED NORM	//AL					