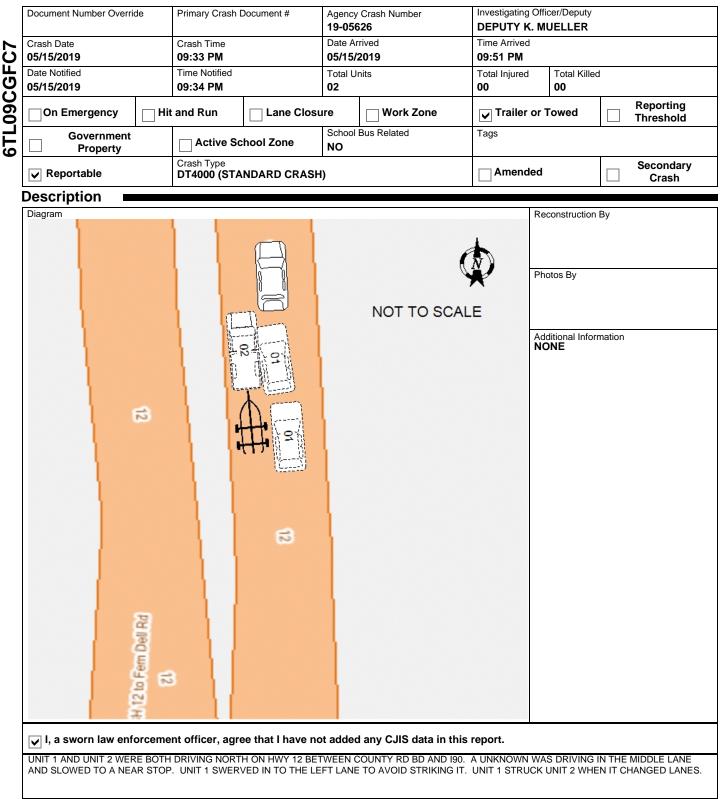
19-05626

WISCONSIN MOTOR VEHICLE CRASH REPORT



### WISCONSIN MOTOR VEHICLE

# SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT**

19-0	5626	RASH RE	ASH REPORT					BARABOO, WI 53913 (608) 356-4895		
L	ocation									
ſ	ON USH12 WB				Latitude			Longitue	de	
	737 FT N			43.563312144				-89.778	8223417	
	OF MOON RD IN THE TOWN OF DELT				X Coordin	ate		Y Coord	dinate	
	IN SAUK COUNTY	ION			275626.6	6875		482712	23	
					Structure	Гуре		•		
(	Crash Scene									
Ī	First Harmful Event				First Harm	ful Event Lo	cation			
	MOTOR VEH IN TRANS	SPORT			ON ROA	DWAY				
Ē	Manner of Collision				Light Cond	dition				
	05SIDESWIPE/SAME	DIRECTION			DARK/U	NLIT				
F	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
F	Environment Factor(s)									
	NONE				NONE					
Ē	Weather Condition(s)									
	CLOUDY									
-	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD				
-	Orech Oleceffertier, Levelier					-	-			
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
-	Tribal Land			Access Control Special Study			Special Study			
				NO CON				opeoial olday		
	Within Interchange Area	Junction Location		Intersection Type						
	NO	NON-JUNCTION		NOT AN	INTERSE	SECTION				
ī	Jnit Summary									
- [	Unit Status		Vehicle Op	erating As Cl	lassification		Unit Type	Unit Type		
	IN TRANSIT		D CLASS	D CLASS			AUTOMOBILE			
_ 1	Vehicle Type						Operating As Endorsements			
5	PASSENGER CAR									
Ī	Total Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Traile	ers	Total Haz	zMat Types	
	2		0			0		0		
Ē	Insurance?	Direction Of Travel	Pre	CrashTire		Speed Lim	nit	Total Lan	nes	
F	YES	NORTHBOUND		Mark		65		5		
IN N	Most Harmful Event: Collision	ost Harmful Event: Collision With Special Function					Emergency			
	MOTOR VEH IN TRANS	SPORT	NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE			
-	Traffic Way		Traffic Cont	Traffic Control			Traffic Control Inoperative/Missing			
	DIVIDED HWY W/TRAF	NO CONT	NO CONTROL				NO			
Ī	Surface Type		Road Curva	Road Curvature				Road Grade		
	BLACKTOP (BITUMINO	DUS)	STRAIGH	STRAIGHT				DOWNHILL		
Ī	Truck Bus or HazMat		·							
	NO									

Extent Of Damage

Vehicle

455WCJ

**BLU - BLUE** Initial Contact Point

Color

License Plate Number

Vehicle Identification Number

1C4PJMCX9JD601221

**10--LEFT SIDE FRONT** 

FUNCTIONAL DAMAGE

2 2

ш

VEHICL UNIT

Vehicle Damage

Plate Type

Make

JEEP Body Style

**AUT - AUTOMOBILE** 

**UT - SPORT UTILITY VEHICLE** 

SIDE FRONT, 11--LEFT FRONT CORNER

Country of Issuance

UNITED STATES

CHEROKEE

NOT A BUS

Model

Bus Use

7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT

St

WI

Year

2018



19-05626

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Veł	nicle Removed By					
		NOT TOWED		٥V	/NER					
		What Driver Was Doing		Veł	nicle Factors					
		CHANGING LANES								
		Driver Prior Action Other		NO	T APPLICABLE					
		Driver Actions								
	щ		DUE TO WIND, SLIPPER	Y SI	JRFACE, MOTOR VEHICLE, OBJEC	CT, NON-MOTORIST IN ROADWAY, ETC.				
E	5		,							
UNIT	Ĭ									
	VEHICL									
	-									
		Owner Name			Owner Address					
2	2	BRADLEY T WOHLRAB (608) 477-2154			187 CLIFFSIDE DR PO BOX 700					
0	U	(,			WISCONSIN DELLS, WI 53965, U	S				
	-	Sequence Of Events Event								
	0	MOTOR VEH IN TRANSPORT								
	02	Event								
	U	Fuert								
	03	Event								
	04	Event								
	-	Daliay Haldar								
UNIT	l	Policy Holder								
5		PROGRESSIVE-CASUALTY-INS-CO			ndividual BRADLEY WOHLRAB					
		Individual								
		Driver			Citations Issued	Sex				
	_	BRADLEY T WOHLRAB			)	MALE				
	IAL	(608) 477-2154			Date of Birth	Race				
	NDIVIDUAL					WHITE				
5	5	Address 187 CLIFFSIDE DR			Driver License Number					
	Z	PO BOX 700		5	STATE: WISCONSIN COUNTRY: UN	ITED STATES				
		WISCONSIN DELLS, WI	53965 , US							
	_	On Dut	y Crash	5	Safety Equipment					
	Sat	fety Equipment								
		Seat Position		\$	SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	001	Injury S Injury NO AF			Airbag NON DEPLOYED					
		Ejected	Ejection Path			Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT API			NOT TRAPPED				
		Medical Transport		E	EMS Agency Identifier	EMS Run #				
		NOT TRANSPORTED				Time of Dooth				
		Hospital			Date of Death	Time of Death				
		Distracted By NOT A	ted By Source	ACT	ED)	1				
		Distracted By Action	,		-					
		NOT DISTRACTED								

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	triking Unit #	Location							
		Prior Action									
		Action									
	۹L										
UNIT	INDIVIDUAL										
5	DIVI										
	Z										
		Action Other						To/From School			
	l	Suspected Alcohol Use Drug & Alcohol NO			Suspected Drug Use						
		Alcohol Test Given		Alcohol Test Type	Туре		Alcohol Test Results				
		TEST NOT GIVEN Drug Test Given	-			Drug Test Results					
		TEŠT NOT GIVEN									
6	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		ndividual									
		Passenger			Citations Issued Sex						
	Ļ	JENNIFER MARIE SULLIVAN (608) 434-3335			0		FEMALE				
┝	INDIVIDUAL				Date of Birth		Race WHITE				
UNIT	DIVI	Address S1085 CLARA AVE # 14			Driver License Number						
	Z	WISCONSIN DELLS, WI 53965 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
			n Duty Crash		Safety Equipment						
	Sat	fety Equipment			Salety Equipment						
		Seat Position 3FRONT SEAT-RIG	GHT SIDE (TRAII	N ENGINEER	SHOULDER & LAP BELT						
		Helmet Use	, ,		Helmet Compliance						
		Eye Protection			Tint Compliance						
	2		ijury Severity		Airbag						
2	002		IO APPARENT IN	IJURY	NON DEPLOYED						
ĺ		Ejected NOT EJECTED	Ejection Pat	<sup>h</sup> CTED/NOT APPI			Trapped/Extricated				
		Medical Transport	NOTESE		EMS Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORTE	D		Date of Death		Time of Death				
		Hospital	Time of Death								
		Distracted By	istracted By Source								
		Distracted By Action									
I		Non Motorist	triking Unit #	Location							
				This as a set	t doog not include any CIII	0 data	Creek Dete	05/15/2010			

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action									
UNIT	INDIVIDUAL	Action Action Other To/From School								To/From School	
		Susp	pected Alcohol L	Jse	Suspected Drug Use						
	4	Drug & Alcohol No			NO						
		Alcohol Test Given Alcohol T TEST NOT GIVEN		Alcohol Test Ty	ре			Alcohol Tes	st Results		
		Drug Test Given TEST NOT GIVEN				Drug	Test Results	5			
01	002	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
•	Uni	t Summary									
	Unit Status				Vehicle Operating As Class	sification	l	Unit Type			
		RANSIT			D CLASS			TRUCK			
03	Vehicle Type UTILITY TRUCK/PICKUP TRUCK						Operating As Endorsements				
	Tota	I Occs	Train/Bus # Re	corded	Total # Citations Issued Total Trai			ers	Total HazN	Mat Types	
	2				0	1		0			
		rance?	Direction Of Tra		Pre CrashTire		Speed Lin	nit	Total Lanes 5		
UNIT	YES	Harmful Event: Collision Wi	NORTHBOU		Special Function		65	Emergency Motor Vehicle Use			
5	MO	TOR VEH IN TRANSPO			NO SPECIAL FUNCTION			NOT APP	LICABLE		
		ic Way DED HWY W/TRAFFIC	BARRIER		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		асе Туре			Road Curvature			Road Grade			
		CKTOP (BITUMINOUS)			STRAIGHT DOWNHILL						
	Truck Bus or HazMat NO										
	•	Vehicle									
		License Plate Number			Plate Type		St	Country of Is	suance		
		XD76929			HTK - HEAVY TRUCK	(	WI	UNITED S	TATES		
02	02	Vehicle Identification Numb 3C63RRGLXDG544019			Make Year RAM 2013		Year 2013	Model NO DATA	FO		
		Color			Body Style			Bus Use	•		
		SIL - SILVER (ALUMIN	IUM)		PK - PICKUP			NOT A BU	5		
⊢	Ë L	Initial Contact Point 1RIGHT FRONT COR	NED		Vehicle Damage						
UNIT	HIC	Extent Of Damage			1RIGHT FRONT CO				NT, 3RIGI	HT SIDE MIDDLE, 4	
5	VEHICLE	MINOR DAMAGE			RIGHT SIDE REAR, 5	RIGH	T REAR C	ORNER			
		Towed Due To Damage			Vehicle Removed By						
		NOT TOWED			OPERATOR						

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

	What Driver Was Doing GOING STRAIGHT				Vehicle Factors						
		Driver Prior Action Other			NOT APPLICABLE						
Driver Actions NO CONTRIBUTING ACTION											
.											
5	ΕH										
	>										
		Owner Name			wner A						
02	02	BRUCE E RATHE (920) 716-2575					VISION ST	116			
0	0	(920) / 10-25/5			STEVENS POINT, WI 54481 , US						
			-								
		Sequence Of Even Event	nts								
	01	MOTOR VEH IN TRA	NSPORT								
	02	Event									
	03	Event									
	4	Event									
	04										
E	l	Policy Holder									
UNIT		Insurance Company IMT-INS-CO				Individual BRUCE RATHE					
	-	Frailer/Towed									
02		Trailer Plate # Plate Type Make					State	ry of Issuance			
0		74292RV	RVT - REC	OTHR					ITED STATES		
UNIT	LER/ VED	Unit Type Individual FULL TRAILER BRUCE E RATHE				Addro 1935 STE			<sup>ress</sup> 5 DIVISION ST EVENS POINT, WI 54481 ,US		
5	Full TRAILER     BRUCE E RATHE       Vehicle Identification Number     (920) 716-2575										
İ	I	ndividual									
					Citations Issued				Sex		
	AL	ANNA GRACE RATH (920) 716-2575			0	o of Dirt	h		FEMALE Race		
	VIDUAL				Dat	Date of Birth			WHITE		
LN		Address			Driver License Number						
	IND	1935 DIVISION ST STEVENS POINT, WI	54481 11	e	STATE: WISCONSIN COUNTRY: UNITED STATES						
	-			0							
	0	Or	n Duty Crash		Safety Equipment						
	Sar	ety Equipment									
		Seat Position 1FRONT SEAT-LEF			SH	OULD	ER & LAP BELT				
		Helmet Use			Heli	met Cor	mpliance				
		Eye Protection				t Compli					
02	003	<b>1</b>	ury Severity	NT INJURY	Airb NO	-	PLOYED				
		Ejected		on Path					Trapped/Extricated		
		NOT EJECTED	NOT	EJECTED/NOT APP					NOT TRAPPED		
		Medical Transport	` <u> </u>		EM	S Agen	cy Identifier		EMS Run #		
NOT TRANSPORTED											

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

								. ,			
		Hospital			Date of Death		Time of Death				
		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRA	CTED)						
		Distracted By Action	0								
	l	Non Motorist	Striking Unit #	Location							
	]	Prior Action									
		Action									
	۹L										
UNIT	INDIVIDUAL										
Ξ	NDIV										
	-										
		Action Other						To/From School			
			Suspected Alcohol U		Suspected Drug Use						
	L	Drug & Alcohol	NO		NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results				
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type							
02	003	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	l	Individual									
		Passenger ELLEN LEA RATHE (920) 659-1967			Citations Issued		Sex				
	AL				0 Date of Birth		FEMALE       Race				
F						WHITE					
UNIT	DIV	Address 1935 DIVISION ST STEVENS POINT, WI 54481 , US On Duty Crash			Driver License Number						
	IN				STATE: WISCONSIN COUNTRY: UNITED STATES						
	6-4				Safety Equipment						
	Sai	fety Equipment Seat Position			SHOULDER & LAP BELT						
		3FRONT SEAT-R	RIGHT SIDE (TRAII	N ENGINEER							
		Helmet Use	-		Helmet Compliance						
		Eye Protection			Tint Compliance						
02	004		Injury Severity		Airbag						
0	0	Ejected	NO APPARENT II		NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED		CTED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORT	ED		EMS Agency Identifier		EMS Run #				
		Hospital			Date of Death		Time of Death				
				This a		0.1.1	Crach Data	05/45/2040			

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	Distracted By Source	9				
		Distracted By Action						
			Striking Unit #	Location				
		Non Motorist	Culturing Child in	Loodiion				
		Prior Action						
		Action						
	Ļ							
⊢	N							
UNIT	IVID							
	INDIVIDUAL							
		Action Other						To/From School
			Suspected Alcohol L	Jse	Suspected Drug Use			
	L	Drug & Alcohol	NO		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	I	
02	004	Drug Type		1		1		
		Individual Condition						
		APPEARED NOR	MAL					