WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash D	ocument #	19-065			Investigating Officer/Deputy DEPUTY I. HANSON				
Crash Date 06/04/2019	Crash Time 04:15 PM Time Notified 04:17 PM t and Run Lane Closu		Date Ar 06/04/		Time Arrived 04:27 PM Total Injured 00 Total Killed					
Date Notified 06/04/2019			Total U 01	nits			ed			
Date Notified 06/04/2019 On Emergency Government Property			ure Work Zone		Trailer or Towed		Reporting Threshold			
Government Property	Active Scl	hool Zone	School NO	Bus Related	Tags					
Reportable	Crash Type DT4000 (STAI	NDARD CRASH	1)		Amende	d	Secondary Crash			
Description Diagram					1					
					- 1	Photos By				
	NON RE	EPORTABLE 01				Additional Info	ATTICALUTI			
I, a sworn law enforcement						TDIED TO S	UIL OVER TO THE			
UNIT 1 WAS TRAVELING WEST SHOULDER AT WHICH POINT T DITCHLINE IN THE SOUTH DITC	HE PASSENGER	GRABBED THE S	TEERING	WHEEL. UNIT 1 LOST	CONTROL OF TH	E VAN CAUS	SING IT TO ENTER THE			

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/04/2019

Crash Time 04:15 PM

	Location —										
-	ON CTHH WB			L	atitude			Longitude			
	0.33 MI W			4	43.618511742			-89.855809544			
	OF LYNDON RD		X	X Coordinate Y C			Y Coordinate				
	IN THE TOWN OF DELI	_ONA			269571.34375 4833466.5						
	IN SAUK COUNTY			S	Structure T	vne		<u> </u>			
					ou dotaro 1	ypo					
(Crash Scene										
1	First Harmful Event					ul Event Lo					
	DITCH		S	SHOULD	ER LEFT						
	Manner of Collision		ight Condi	ition							
	NO COLLISION W/VEH	ICLE IN TRANSPORT	D	DAYLIGH	ΙΤ						
	Road Surface Condition(s)		R	Roadway F	actor(s)						
	DRY										
	Environment Factor(s)										
	NONE			N	NONE						
	Weather Condition(s)										
	CLEAR										
	Animal Type					Trafficwa					
				T	TRAFFIC	WAY - N	OT ON ROAI)			
	Crash Classification - Locati	on					Jurisdiction				
	PUBLIC PROPERTY			N	NO SPECIAL JURISDICTION						
	Tribal Land	Tribal Land					Access Control Special Study NO CONTROL				
	AACIL's Lateral Communication										
	Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection 7 NOT AN IN	INTERSECTION						
	Init Cumpon on .			ı							
	Unit Summary Unit Status		Vehicle One	erating As Clas	sification		Unit Type				
							AUTOMOBILE				
	III IRANSII	TRANSIT D CLASS									
			D CLASS								
	Vehicle Type		D CLASS					BILE s Endorsements			
	Vehicle Type PASSENGER VAN	LTrain/Bus # Recorded		tions lesued		Total Trail	Operating As	s Endorsements			
	Vehicle Type PASSENGER VAN Total Occs	Train/Bus # Recorded	Total # Citat	tions Issued		Total Trail	Operating As				
	Vehicle Type PASSENGER VAN Total Occs 3		Total # Citat			0	Operating As	s Endorsements			
	Vehicle Type PASSENGER VAN Total Occs	Train/Bus # Recorded Direction Of Travel WESTBOUND	Total # Citat	tions Issued CrashTire Mark			Operating As	Endorsements Total HazMat Types			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance?	Direction Of Travel WESTBOUND	Total # Citat 0 Pre	CrashTire Mark ction		0 Speed Lin	Operating As	Total HazMat Types Total Lanes 2 Motor Vehicle Use			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH	Direction Of Travel WESTBOUND	Total # Citat 0 Pre	CrashTire Mark		0 Speed Lin	Operating As	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way	Direction Of Travel WESTBOUND n With	Total # Cital 0 Pre Special Fun NO SPEC Traffic Contr	CrashTire Mark ction HAL FUNCTI		0 Speed Lin	Operating As ers iit Emergency I NOT APPL Traffic Control	Total HazMat Types Total Lanes 2 Motor Vehicle Use			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE	Direction Of Travel WESTBOUND n With	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr	CrashTire Mark ction IAL FUNCTI		0 Speed Lin	Operating As ers Emergency I NOT APPL Traffic Contri NO	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type	Direction Of Travel WESTBOUND n With	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr NO CONT Road Curva	CrashTire Mark ction IAL FUNCTI rol ROL ture		0 Speed Lin	Operating As ers Emergency I NOT APPL Traffic Contr. NO Road Grade	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMING	Direction Of Travel WESTBOUND n With	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr	CrashTire Mark ction IAL FUNCTI rol ROL ture		0 Speed Lin	Operating As ers Emergency I NOT APPL Traffic Contri NO	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMING) Truck Bus or HazMat	Direction Of Travel WESTBOUND n With	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr NO CONT Road Curva	CrashTire Mark ction IAL FUNCTI rol ROL ture		0 Speed Lin	Operating As ers Emergency I NOT APPL Traffic Contr. NO Road Grade	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing			
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	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle	Direction Of Travel WESTBOUND n With	Total # Cital 0 Pre Special Fun NO SPEC Traffic Conti NO CONT Road Curva STRAIGH	CrashTire Mark ction IAL FUNCTI rol ROL ture	ION	Speed Lin 55	Operating As ers Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Number ADT5182	Direction Of Travel WESTBOUND n With ED DUS)	Total # Cital 0 Pre Special Fun NO SPEC Traffic Conti NO CONT Road Curva STRAIGH	CrashTire Mark ction IIAL FUNCTI rol ROL ture	ION	Speed Lin 55	Operating As ers Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat NO Vehicle License Plate Number	Direction Of Travel WESTBOUND n With ED DUS)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr NO CONT Road Curva STRAIGH	CrashTire Mark ction IIAL FUNCTI rol ROL ture T	ION	Speed Lin 55 St WI	Operating As ers Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Number ADT5182 Vehicle Identification N	Direction Of Travel WESTBOUND n With ED DUS)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Conte NO CONT Road Curva STRAIGH Plate Type AUT - AU Make	CrashTire Mark ction IIAL FUNCTI rol ROL ture T	ION	St WI	Operating As ers Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST Model VILLAGER Bus Use	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing uance ATES			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat NO Vehicle License Plate Number ADT5182 Vehicle Identification N 4M2ZV11T02DJ10	Direction Of Travel WESTBOUND n With ED DUS)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr NO CONT Road Curva STRAIGH Plate Type AUT - AU Make MERCUR	CrashTire Mark ction IIAL FUNCTI rol ROL ture T	ION	St WI	Operating As ers Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST Model VILLAGER	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing uance ATES			
	Vehicle Type PASSENGER VAN Total Occs 3 Insurance? YES Most Harmful Event: Collision DITCH Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat NO Vehicle License Plate Number ADT5182 Vehicle Identification N 4M2ZV11T02DJ10 Color BLU - BLUE Initial Contact Point	Direction Of Travel WESTBOUND n With ED DUS)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr NO CONT Road Curva STRAIGH Plate Type AUT - AU Make MERCUR Body Style	CrashTire Mark ction IIAL FUNCTI rol ROL ture T	ION	St WI	Operating As ers Emergency I NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST Model VILLAGER Bus Use	Total HazMat Types Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing uance ATES			
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER							
		What Driver Was Doing	Vehicle Factors							
		GOING STRAIGHT								
		Driver Prior Action Other	NOT APPLICABLE							
LINI	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
	VE									
01	01	Owner Name ROSHONDRA DAVIS (312) 376-6499	Owner Address 5510 64TH AVE # 103 KENOSHA, WI 53144 , US							
		Sequence Of Events								
	01	Event DITCH								
	02	Event								
	03	Event								
	04	Event								
		Policy Holder								
LIND		Insurance Company METROPOLITAN-CASUALTY-INS-CO	Individual ROSHONDRA DAVIS							
		Individual								
		Driver	Citations Issued	Sex						
	 	ROSHONDRA DAVIS (312) 376-6499	0	FEMALE						
╘	ום ע	(0.12) 0.10 0.100	Date of Birth	Race BLACK						
LIND	INDIVIDUAL	Address 5510 64TH AVE # 103 KENOSHA, WI 53144 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty Crash fety Equipment	Safety Equipment							
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
2	001	Injury Severity Injury NO APPARENT INJURY	Airbag							
	0	INJURY NO APPARENT INJURY Ejected Ejection Path	NON DEPLOYED	Trapped/Extricated						
		NOT EJECTED NOT EJECTED/NOT APP	PLICABLE	NOT TRAPPED						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #						
		Hospital	Date of Death	Time of Death						
		Distracted By Source		<u> </u>						
		Distracted By PASSENGER/OTHER NON-MOT	ORIST							
		OTHER ACTION (LOOKING AWAY FROM TASK ET	rc)							

WISCONSIN MOTOR VEHICLE CRASH REPORT

		2								
		Non Motorist	g Unit #	Location						
		Prior Action								
		Action								
	INDIVIDUAL									
LND	בו									
5	<u> </u>									
	Ä									
		A stire Other						Ta/Faara Oakaal		
		Action Other						To/From School		
		Suspe	cted Alcohol U	se	Suspected Drug Use					
	L	Drug & Alcohol No			NO					
		Alcohol Test Given		Alcohol Test Type	!		Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
	1	Drug Type								
2	001	Diag Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual			Citations Issued		0			
		Passenger WAYNE STUART			Citations Issued Sex 0 MALE					
	AL	(262) 716-3149			Date of Birth Race					
-	INDIVIDUAL						WHITE			
E E	Σ	Address			Driver License Number					
_	N	5711 7TH AVE #301 KENOSHA, WI 53140 , I	US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		, , , , , , , , , , , , , , , , , , , ,								
		On Du	ity Crash		Safety Equipment					
	Saf	fety Equipment	•		4.7					
		Seat Position			SHOULDER & LAP E	BELT				
		2FRONT SEAT-MIDDL	E							
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
		•			, , , , , ,					
10	002		Severity		Airbag					
0	Ō		PPARENT II		NON DEPLOYED		I Tanana al/Estainata d			
		Ejected NOT EJECTED	Ejection Pa	m CTED/NOT APPL	ICARI E		Trapped/Extricated NOT TRAPPED			
		Medical Transport	NOT LOE	STEDMOT ATTE	EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED			J. 3,					
		Hospital			Date of Death		Time of Death			
		1	1.15.0							
		Distracted By Distraction	cted By Source							
		Distracted By Action								
		,								
ı		Non Motorist Strikin	g Unit #	Location						
		NON WOOTS								

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action								
		Action								
_	JAL									
UNIT	/IDI									
_	INDIVIDUAL									
	=									
		Action Other							To/From Cobool	
		Action Other							To/From School	
	,	Drug & Alcohol	Suspect	ed Alcohol L	se	Suspected Drug Use			!	
	1	Alcohol Test Given			Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
0	002	Drug Type			1					
0	0									
		Individual Condition								
		APPEARED NORM	IAL							
	i	ndividual								
		Passenger ZIPPORAH DAVIS	3			Citations Issued 0		Sex MALE		
	JAL	(312) 376-6499				Date of Birth		Race		
LIND	/IDL							WHITE		
5	INDIVIDUAL	Address 5510 64TH AVE #				Driver License Number				
	=	KENOSHA, WI 531	44 , U	S						
			On Duty	Crash		Safety Equipment				
	Sat	ety Equipment								
		Seat Position 5SECOND SEAT	-MIDDL	E		CHILD RESTRAINT	SYSTEM - FORM	ARD FACING		
		Helmet Use		· -		Helmet Compliance				
		Eye Protection				Tint Compliance				
						·				
0	003		Injury Se	everity PARENT I	NJURY	Airbag NON DEPLOYED				
		Ejected		Ejection Pa				Trapped/Extricated		
		NOT EJECTED Medical Transport		NOTEJE	CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #		
	NOT TRANSPORTED									
		Hospital				Date of Death		Time of Death		
		Distracted By	Distract	ed By Source)					
		Distracted By Action								
			Striking	Unit #	Location					
		Non Motorist	g							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/04/2019

Crash Time 04:15 PM

		Prior Action								
İ		Action								
	7									
_	UA									
LNN	VID									
_	INDIVIDUAL									
	=									
		Action Other						To/From School		
								10/110III Ochool		
	L	Orug & Alcohol NO	spected Alcohol Us)	е	Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results				
		TEST NOT GIVEN		Drug Test Type		Drug Test Nesults				
2	003	Drug Type	1							
	0									
		Individual Condition								
		APPEARED NORMAL	L							
l	Pro	perty Owner ■								
7	Indiv			l l	Address					
۳. 0				,	,					
PROP OWNER										
	Fixed Objects Struck									