WISCONSIN MOTOR VEHICLE CRASH REPORT

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

							(608) 356-4895	
Document Number Over	rride Primary Crash		Agency Crash Nu 19-08180	ımber	Investigating Offi DEPUTY C. G	g Officer/Deputy C. GALLAGHER		
Crash Date	Crash Time		Date Arrived		Time Arrived			
07/05/2019 Date Notified	01:01 PM Time Notified		07/05/2019		01:09 PM	T		
07/05/2019	01:06 PM		Total Units 02		Total Injured 01	Total Kille	ed	
On Emergency	Hit and Run	Lane Closur	School Bus Related NO		Trailer or Tow		Reporting Threshold	
Governmen Property	t Active S	Ashaal Zana			Tags			
✓ Reportable	Crash Type DT4000 (ST	Crash Type DT4000 (STANDARD CRASH)				Amended Sec		
Description •								
ces ces l, a sworn law er	TO SCALE 2 2 Inforcement officer, ago MPLETE STOP AT A REI				Ph Ad NO	otos By		
Location I				I				
ON USH12 NB 1050 FT N				Latitude 43.56417033	8	Longitu -89.77	ide 8260615	
OF MOON RD				X Coordinate	-	Y Coor		
IN THE TOWN OF DIN SAUK COUNTY	ELTON			275626.875		48272		

Structure Type
NO STRUCTURE

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Crash Scene

1	First Harmful Event						First Harmful Event Location			
	MO	TOR VEH IN TRANSPO	RT			ON ROADWAY				
	Manr	ner of Collision				Light Cond	dition			
	02	FRONT TO REAR				DAYLIGI	НT			
	Road	Road Surface Condition(s)					Roadway Factor(s)			
	DRY	'								
	Envir	ronment Factor(s)								
	NON	NE				NONE				
	Weat	ther Condition(s)								
	CLC	DUDY								
	Anim	nal Type				Relation T	o Trafficwa	ıy		
						TRAFFIC	WAY - O	N ROAD		
		h Classification - Location						Jurisdiction		
		BLIC PROPERTY al Land						RISDICTION		Consist Childy
	HIDa	ii Lanu				Access Co				Special Study
	Withi	in Interchange Area	Junction Location		Intersection					
	YES		INTERSECTION			SECTION				
į	Unit	Summary								
		Status		Vehicle Ope	erating As C	lassification		Unit Type		
		RANSIT		D CLASS				AUTOMOBILE		
01		hicle Type				Operating As Endorsements				ments
١		SSENGER CAR	I =			Total Trai	lers Total HazMat Types			
	Total Occs Train/Bus # Recorded 4			Total # Citat	ions issued		0	0		wat Types
f	Insurance? Direction Of Travel				CrashTire		Speed Lir	nit	Total Land	es
	YES NORTHBOUND			Mark		45		4		
UNIT	Most	Harmful Event: Collision W	Special Fun				Emergency			
_		KKNIFE		NO SPECIAL FUNCTION				NOT APPLICABLE Traffic Control Inoperative/Missing		
		ic Way DED HWY W/O TRAFF I	IC DADDIED	Traffic Control TRAFFIC SIGNAL			NO		rol Inoperat	tive/Missing
		ace Type	IC BARRIER	Road Curvature		Road Grade				
		NCRETE		STRAIGHT			LEVEL			
	Trucl	k Bus or HazMat			1000			II.		
	NO									
	1	Vehicle								
		License Plate Number		Plate Type		_	St	Country of Is		
		R354722	h	Make	TOMOBIL	.E	IL Year	UNITED ST	ATES	
2	01	Vehicle Identification Numl 4T1BF1FK1CU196187		TOYOTA			2012	Model CAMRY		
		Color		Body Style				Bus Use		
		BLK - BLACK		4D - 4DR				NOT A BUS		
	Ш	Initial Contact Point		Vehicle Da	mage					
LNO	<u>⊆</u>	6REAR Extent Of Damage		C DEAD						
5	VEHICL	FUNCTIONAL DAMAG	¥F	6REAR						
	>	Towed Due To Damage	<u>, </u>	Vehicle Re	moved By					
		NOT TOWED		OPERAT	•					
		What Driver Was Doing		Vehicle Fac	ctors					
		SLOW/STOPPING		NOT ASS						
		Driver Prior Action Other		NOT APP	PLICABLE					

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Crash Date 07/05/2019

Crash Time 01:01 PM

LINO	VEHICLE	Driver Actions NO CONTRIBUTIN	NO CONTRIBUTING ACTION									
01	01	Owner Name MICHAEL T HOSM (708) 323-0640	ER		Owner Address 872 WHITE OAK LN UNIVERSITY PARK, IL 60484 , US							
		Sequence Of Ev	vents									
	01	Event MOTOR VEH IN TR	RANSPORT									
	02	Event										
	03	Event										
	04	Event										
_		Policy Holder										
L		Insurance Company STATE-FARM-GEN	NERAL-INS-CO		Individual MICHAEL HOSMER							
		ndividual										
		Driver			Citations Issued	Sex						
	٦٢	LINDA K BATTLE (708) 362-8934			0	FEMALE						
╘	NDIVIDUAL				Date of Birth	Race BLACK						
	Address 6017 W FORD CT				Driver License Number							
	Ξ	MONEE, IL 60449	, US		STATE: ILLINOIS COUNTRY: UNITED STATES							
	Saf	ioty Equipment	On Duty Crash		Safety Equipment							
	Sai	Seat Position			CHOIL DED & LAD DELT							
		1FRONT SEAT-LI	EFT SIDE (DRIVE	R/MOTORCY	SHOULDER & LAP BELT							
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
	_		Injury Severity		Airbag							
6	00	Injury	NO APPARENT I	NJURY	NON DEPLOYED							
		Ejected	Ejection Pa	th		Trapped/Extricated						
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	LICABLE EMS Agency Identifier	NOT TRAPPED EMS Run #						
		NOT TRANSPORT	ED		EWS Agency Identifier	EWS Rull#						
		Hospital			Date of Death	Time of Death						
		Distracted By	Distracted By Source	E (NOT DISTRA	CTED)							
		Distracted By Action NOT DISTRACTED		,	·							
		Non Motorist	Striking Unit #	Location								
		Prior Action		<u> </u>								

WISCONSIN MOTOR VEHICLE CRASH REPORT

							` '	
		Action						
	_							
	INDIVIDUAL							
⊢	\supset							
UNIT								
5	2							
	₽∣							
	\leq							
		Action Other					To/From School	
				10				
		Drug & Alcohol NO	ted Alcohol Use	Suspected Drug Use				
	L	orug & Alconor No		NO				
		Alcohol Test Given	Alcohol Test Type)		Alcohol Test Results		
		TEST NOT GIVEN						
			Davis Tool Time		15 7 15 11			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
		IEST NOT GIVEN						
_	_	Drug Type	•					
0	001							
		Individual Condition						
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						
	ı	ndividual						
		Passenger		Citations Issued		Sex		
		MICHAEL T HOSMER		0		MALE		
	7	(708) 323-0640						
)	(111)		Date of Birth		Race		
⊢	ם					WHITE		
	INDIVIDUAL	Address		Driver License Number				
\supset		872 WHITE OAK LN						
	Z	UNIVERSITY PARK, IL 60)484 , US	STATE: ILLINOIS COUNTRY: UNITED STATES				
	0-4	On Duty	/ Crash	Safety Equipment				
	Sat	ety Equipment						
		Seat Position		SHOULDER & LAP	BELT			
		3FRONT SEAT-RIGHT S	SIDE (TRAIN ENGINEER	0.100=2=1.01=1.11=1.11=1.11=1.11=1.11=1.				
			SIDE (TRAIN ENGINEER					
		Helmet Use		Helmet Compliance	е			
		Eye Protection		Tint Compliance				
				'				
	ا _ا	Injury S	everity	Airbag				
9	005	Injury Boos	DI E IN HIDY					
_	0	Injury POSSI	BLE INJURY	NON DEPLOYED				
		Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPL	LICABLE		NOT TRAPPED		
		Medical Transport	l	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED		Livio rigorioy idonumor		LIVIO TRAIT II		
				ļ				
		Hospital		Date of Death		Time of Death		
		Distract	ed By Source	•				
		Distracted By						
		Distracted By Action						
		Striking	Unit # Location					
		Non Motorist						
		Prior Action	1					

WISCONSIN MOTOR VEHICLE CRASH REPORT

								(000) 000 4000
		Action						
	INDIVIDUAL							
—	J							
LINO	₽							
5	≥							
_								
	Z							
								1
		Action Other						To/From School
		Susp	ected Alcohol Use	9	Suspected Drug Use			.1
		Drug & Alcohol No			NO			
		_						
		Alcohol Test Given	, i	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
			-	Drug Test Type		Drug Test Results		
		Drug Test Given TEST NOT GIVEN	Ι,	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN						
_	2	Drug Type	•			•		
0	002							
		Individual Condition						
		Individual Condition						
		APPEARED NORMAL						
	i	Individual						
					LOitatiana lassad		T a	
		Passenger			Citations Issued		Sex	
		JORDYN M HOSMER			0		FEMALE	
	INDIVIDUAL	(708) 362-8934			Date of Birth		Race	
_	\supset				Bato of Bitti		BLACK	
UNIT								
Z	2	Address			Driver License Number			
	<u> </u>	6017 W FORD CT						
	=	MONEE, IL 60449 , US	;					
		On D	Outy Crash		Safety Equipment			
	Sat	ety Equipment						
		Seat Position			SHOULDER & LAP	DELT		
					SHOULDER & LAF	DELI		
		6SECOND SEAT-RIG	HT SIDE					
		Helmet Use			Helmet Compliance			
		Tue Drotection			T' + O "			
		Eye Protection			Tint Compliance			
_	ტ '	Injur	y Severity		Airbag			
0	003	Injury NO	APPARENT IN	IURY	NON DEPLOYED			
		Finated	Titi D-th	, o. ()	NON DEI EGTED		I Tanana ad/Entrianta ad	
		Ejected	Ejection Path				Trapped/Extricated	
		NOT EJECTED	NOT EJECT	ΓED/NOT APPL	ICABLE		NOT TRAPPED	
		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED			3,			
					D (() ()		T (5 d	
		Hospital			Date of Death		Time of Death	
		Distr	acted By Source		•		•	
		Distracted By	, , , , , , , , , , , , , , , , , , , ,					
		Distracted By Action						
		Strik	ing Unit #	_ocation				
		Non Motorist						
		Prior Action						
		.						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action						
	JAL							
UNIT	INDIVIDUAL							
<u>۔</u>	NDI							
	_							
		Action Other					To/From School	
		Suspecto	ed Alcohol Use	Suspected Drug Use				
	L	Orug & Alcohol NO	In	NO		I		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	1		
01	003	Drug Type						
	0							
		Individual Condition						
		APPEARED NORMAL						
	ļ	ndividual		Citations Issued		Low		
	_	Passenger MICHAEL J HOSMER		0		Sex MALE		
╘	INDIVIDUAL	(708) 362-8934		Date of Birth		Race BLACK		
	DIVI	Address 6017 W FORD CT		Driver License Number				
	Z	MONEE, IL 60449 , US						
		On Duty	Crash	Safety Equipment				
	Saf	ety Equipment						
		Seat Position 4SECOND SEAT-LEFT S	SIDE(MOTORCYCLE/BI	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
01	004	Injury Se	everity	Airbag				
	0	Ejected NO AP	PARENT INJURY Ejection Path	NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL			NOT TRAPPED		
		NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		
		Distracted By Distracted	ed By Source	<u> </u>		<u> </u>		
		Distracted By Action						
		Non Motorist Striking	Unit # Location					
		Prior Action						

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action								
										T
		Action Other								To/From School
ļ		10			I Commented Describes					
		Drug & Alcohol NO	pected Alcohol U	ise	Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type				Alcohol Tes	t Doculte	
		TEST NOT GIVEN		Alcohol Test Typ	5			Alcohol Tes	i Results	
ŀ		Drug Test Given		Drug Test Type		Drug 7	Test Results			
		TEST NOT GIVEN		Brug Tool Typo		Diag	est ivesuits			
l_	4	Drug Type								
2	004	<i>C</i> ,								
		Individual Condition								
		APPEARED NORMAL								
_		t Summary -								
		Status			ehicle Operating As Class	ification		Unit Type		
		RANSIT		1	D CLASS			AUTOMOBILE Operating As Endorsements		
05		cle Type						Operating A	s Endorsem	nents
		SENGER CAR	T:-/D # D-	Table 1				T-4-111N	Ant Town	
		Occs	Train/Bus # Re		Total # Citations Issued Total Trail		ers	Total HazN	Mat Types	
	1	ance?	Direction Of Tra		1 0 Speed Lim			it	0 Total Lane	is a
_	YES		NORTHBOU		Pre CrashTire Speed Lim Mark 45				4	
L N O		: Harmful Event: Collision Wi			Special Function			Emergency		cle Use
⊃	MO	TOR VEH IN TRANSPO	RT		NO SPECIAL FUNCTION NO			NOT APP	LICABLE	
İ	Traff	ic Way		7	raffic Control			Traffic Control Inoperative/Missing		
		DED HWY W/O TRAFFI	C BARRIER	٦	RAFFIC SIGNAL			NO		
ĺ		ace Type			Road Curvature			Road Grade		
		NCRETE			STRAIGHT			LEVEL		
	NO	k Bus or HazMat								
	'	Vehicle					01	0 (
		License Plate Number 99251D			Plate Type AUT - AUTOMOBILE		St WI	Country of Is UNITED S		
ŀ		Vehicle Identification Numb	ner .		Make		Year	Model	AILS	
02	02	1G1PC5SB5F7280170			CHEVROLET		2015	CRUZE LT		
l		Color			Body Style			Bus Use		
		GRN - GREEN			4D - 4DR			NOT A BU	S	
İ	щ	Initial Contact Point			Vehicle Damage		I			
LNO	걸	12FRONT								
5	VEHICLE	Extent Of Damage	_		12FRONT					
	>	FUNCTIONAL DAMAG	iE							
		Towed Due To Damage			Vehicle Removed By					
		NOT TOWED What Driver Was Doing			OPERATOR Vehicle Factors					
		GOING STRAIGHT			venille i autuls					
		Driver Prior Action Other			NOT APPLICABLE					
I										

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

Crash Date 07/05/2019

Crash Time 01:01 PM

		Driver Actions								
	H	FOLLOWING TOO	CLOSE							
L	⊒C									
-	VEHICLE									
	_									
		Owner Name			Owner Address					
05	02	GARY DEAN GATRI (608) 758-9607	EL		109 FALLING CREEK C JANESVILLE, WI 53548					
0	٥	(000) 100 0001			,					
		Sequence Of Eve	onte							
		Event								
	01	MOTOR VEH IN TRA	ANSPORT							
	02	Event								
	03	Event								
	04	Event								
╘	I	Policy Holder								
LIND		Insurance Company AMERICAN-FAMILY	/-INS-CO		Individual GARY GATREL					
		ndividual			GART GATREL					
	ľ	Driver			Citations Issued	Sex				
	_	GARY DEAN GATRE	EL		1	MALE				
	Ν	(608) 758-9607			Date of Birth	Race				
LINO	INDIVIDUAL	Address				WHITE				
5		Address 109 FALLING CREEK CIR			Driver License Number					
	Z	JANESVILLE, WI 53			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	ety Equipment	On Duty Crash		Safety Equipment					
		Seat Position			SHOULDER & LAP BELT					
		1FRONT SEAT-LE	FT SIDE (DRIVE	R/MOTORCY						
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
		Lye i lotection			Tint Compliance					
02	900	In its and	njury Severity		Airbag					
0	ŏ		O APPARENT IN	NJURY	NON DEPLOYED	TT 1/5 / 1				
		Ejected NOT EJECTED	Ejection Pat	th CTED/NOT APP	LICABLE	Trapped/Extricated NOT TRAPPED				
		Medical Transport	NOT LOCK	STED/NOT ALL	EMS Agency Identifier	EMS Run #				
		NOT TRANSPORTE	D		J. J. J. J. J. J. J. J. J. J. J. J. J. J					
	Hospital				Date of Death	Time of Death				
		D	Distracted By Source	<u> </u>						
		Distracted By U	JNKNOWN							
		UNKNOWN	W 9 1 1 2 2	Li e						
		Non Motorist	Striking Unit #	Location						
		Prior Action								

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Crash Date 07/05/2019

Crash Time 01:01 PM

		Action						
	JAL							
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alco	hol Use	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		Diag root type		Diag rest Nesans		
05	002	Drug Type		1				
		Individual Condition						
		APPEARED NORM	MAL					
	,	Violations						
	5	UTC Number AE756543	Issue To? 005	Statute Number 346.14(1m)	Description AUTOMOBILE FOLL	OWING TOO CL	OSELY	