# WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash	Document #	Agency 19-082	Crash Nu <b>90</b>	mber	Investigating <b>DEPUTY I.</b>		ty
Crash Date	Crash Time		Date Ar			Time Arrived		
07/07/2019 Date Notified	01:03 PM Time Notified		<b>07/07/2</b> Total Ur			01:15 PM Total Injured	Total K	illad
07/07/2019	01:06 PM		<b>03</b>	IIIS		<b>03</b>	00	illea
On Emergency Hi	t and Run	Lane Closu			rk Zone		or Towed	Reporting Threshold
Government Property	Crash Type	chool Zone	NO	Bus Relate	ea	Tags		
<b>▼</b> Reportable	DT4000 (STA	ANDARD CRASH	l)			Amend	ed	Secondary Crash
<b>Description</b>								
Diagram							Reconstruct	ion By
		US 12						
<b>*</b>		NOT SCALI	E				Dhotoo Du	
(N)							Photos By	
🏲		Ī						
			ſ	)			Additional	oformation
			(0)				Additional In <b>NONE</b>	normation
			0					
		I	<u> </u>	)				
			084					
			[0[					
			[	.]				
			8	() }				
			- [i]i					
			المتعدد ا	بر }				
			(					
			3					
			(2	ij				
✓ I, a sworn law enforceme	ent officer, agr	ee that I have no	ot added	any CJI	S data in this	report.		
UNIT 1 WAS SOUTH ON US 12. I REAR ENDED UNIT 2. UNIT 1 CL	DUE TO HIGH V	OLUME OF TRAFF	IC, TRAF	FIC WAS	STOP AND GO.	UNIT 1 STATE		
UNIT 3. ALL THREE UNITS WERI						NUOLD UNIT 2	. 10 FUSH F	OUMBILD AND STRIKE
Location							_	
ON USH12 EB 652 FT N					Latitude 43.294845581			itude 758987427
OF CTHPF SB	NI 646				X Coordinate	•		ordinate
IN THE TOWN OF PRAIRIE D IN SAUK COUNTY	OU SAC				276192.4687	5		7254.5
					Structure Type			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

First Harmful Event Location

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

Crash Date 07/07/2019

Crash Time 01:03 PM

### Crash Scene First Harmful Event

		MOTOR VEH IN TRANSPORT  Manner of Collision					DWAY			
						Light Cond				
		FRONT TO REAR				DAYLIGI				
	Road	d Surface Condition(s)				Roadway	Factor(s)			
	DRY	•								
	Envi	ronment Factor(s)								
	МОИ	NE .				NONE				
	Wea	ther Condition(s)								
	CLE	AR								
	Anim	al Type				Relation T		-		
		h Classification - Locatio	n					Jurisdiction		
		BLIC PROPERTY						RISDICTION		To
	I IIDa	ll Land			Access Control Special Study NO CONTROL					Special Study
	With	n Interchange Area	Junction Location		Intersection Type				ı	
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
	Uni	Summary =								
	Unit	Status		Vehicle Ope	erating As C	assification		Unit Type		
		RANSIT		D CLASS				AUTOMO		
01		cle Type						Operating As Endorser		ments
•		SENGER CAR	Train/Bus # Recorded	Total # Citat	Total # Citations Issued		Total Trai	lore	Total Haz	:Mat Types
	Total Occs Train/Bus # Recorded  2			1		<b>0</b>	1613	0	iviat Types	
		ance?	Direction Of Travel		CrashTire		Speed Lir	mit	Total Lan	es
⊨	YES SOUTHBOUND			Mark		55		2		
UNIT		Harmful Event: Collision	Special Fun NO SPEC		TION		Emergency			
		TOR VEH IN TRANSI	PORT		CTION		NOT APPLICABLE  Traffic Control Inoperative/Missing			
		ic Way <b>D-WAY, NOT DIVIDE</b> I	ח		Traffic Control NO CONTROL			NO	roi inopera	tive/Missing
		ace Type	_		Road Curvature			Road Grade		
	BLA	CKTOP (BITUMINO	US)		STRAIGHT			LEVEL		
		k Bus or HazMat	·	<b>I</b>				ı		
	NO									
	,	Vehicle								
		License Plate Number		Plate Type			St	Country of Is		
		AEE6834			ITOMOBIL	.E	WI	UNITED ST	TATES	
5	2	Vehicle Identification No. 1J4GW48S34C3169		Make <b>JEEP</b>			Year 2004	Model GRAND CH	HFR	
		Color	···	Body Style		ļ		Bus Use		
		TAN - TAN			RT UTILIT	Y VEHICI	_E	NOT A BU	S	
_	쁘	Initial Contact Point		Vehicle Da	mage					
LNO	≌	12FRONT Extent Of Damage		12FROM	uт					
_	12FRONT Extent Of Damage DISABLING DAMAGE				••					
	Towed Due To Damage				moved By					
	TOWED DUE TO DISABLING DAMAGE				TS TOWIN	G				
		What Driver Was Doing		Vehicle Fac	ctors					
	SLOW/STOPPING				NOT ARRUGARUE					
	Driver Prior Action Other			NOT APP	NOT APPLICABLE					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/07/2019

LIND	VEHICLE	Driver Actions FOLLOWING TOO	CLOSE					
01	01	Owner Name CHRISTON J COO (608) 574-9826	DLEY		Owner Address 812 S BLUE MOUNDS ST MOUNT HOREB, WI 5357			
		Sequence Of Ev	vents		•			
	01	Event MOTOR VEH IN TR	RANSPORT					
	02	Event						
	03	Event						
	04	Event						
_	Ī	Policy Holder						
EN C		Insurance Company PROGRESSIVE-AI	DVANCED-INSUF	RANCE-CO	Individual CHRISTON COOLEY			
	i	Individual						
		Driver			Citations Issued	Sex		
	Ļ	AUSTIN ELY COO (608) 574-9826	LEY		1	MALE		
╘	INDIVIDUAL	(000) 014 0020			Date of Birth	Race WHITE		
	$\leq$	Address	UDC CT # F		Driver License Number	•		
	Ĭ	812 S BLUE MOUN MOUNT HOREB, V			STATE: WISCONSIN COUNTRY: UNITED STATES			
	Saf	fety Equipment	On Duty Crash		Safety Equipment			
		Seat Position			SHOULDER & LAP BELT			
		1FRONT SEAT-L	EFT SIDE (DRIVE	R/MOTORCY				
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
_	Ξ,		Injury Severity		Airbag			
6	90		NO APPARENT	NJURY	NON DEPLOYED			
		Ejected	Ejection Pa		IOADI E	Trapped/Extricated		
		NOT EJECTED  Medical Transport	NOT EJE	CTED/NOT APPL	EMS Agency Identifier	NOT TRAPPED  EMS Run #		
		NOT TRANSPORT	ED		LIVIS Agency Identifier	LIVIO IXUII #		
		Hospital			Date of Death	Time of Death		
		Distracted By	Distracted By Source NOT APPLICABI	e LE (NOT DISTRA	CTED)	l		
		Distracted By Action NOT DISTRACTED	)					
		Non Motorist	Striking Unit #	Location				
		Prior Action						

## WISCONSIN MOTOR VEHICLE CRASH REPORT

								(000) 000 4000	
		Action							
	INDIVIDUAL								
<b>—</b>	J								
LINO	₽								
5	≥								
_									
	Z								
								1	
		Action Other						To/From School	
		Sı	uspected Alcohol L	lse	Suspected Drug Use				
	L	Drug & Alcohol N	0		NO				
	_				_				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		<b>TEST NOT GIVEN</b>							
				Drug Took Turns		ID T (D )			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN							
	_	Drug Type		1		1			
7	001	9 - 7							
	J								
		Individual Condition							
		APPEARED NORMA	\L						
		n dividual							
		ndividual							
		Passenger			Citations Issued		Sex		
		STEFFON ROBERT	NOWICKI		0		MALE		
	4						Race		
	ì				Date of Birth		WHITE		
╘	₽						WHILE		
UNIT	INDIVIDUAL	Address			Driver License Number		•		
$\supset$		217 DURTSCHI DR #	# B						
	Z	MOUNT HOREB, WI			STATE: WISCONSIN	N COUNTRY: UN	ITED STATES		
		,	,						
		O	n Duty Crash		Safety Equipment				
	Saf	ety Equipment	•						
		Seat Position			SHOULDER & LAP	BELT			
		3FRONT SEAT-RIG	HT SIDE (TRAI	N ENGINEER					
		Helmet Use	•		Halmat Compliance				
		Tielifiet O3e			Helmet Compliance				
		Eye Protection			Tint Compliance				
	~	In	jury Severity		Airbag				
0	005	Injury	july ocverty		_				
	0	nijai y N	O APPARENT I	NJURY	NON DEPLOYED				
		Ejected	Ejection Pa	th			Trapped/Extricated		
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport	1						
		-	_		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTE	ט		Ī				
		Hospital			Date of Death		Time of Death		
					1				
		15.	intropted Dv C		1				
		Distracted By	istracted By Source	;					
		Distracted by							
		Distracted By Action							
		,							
			. 9. 5 11. 55. 6	Li e					
		Non Motorist	triking Unit #	Location					
		NOT WICKOTTS							
		Prior Action							

# WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action										
		Action Other										To/From School
	1	Drug & Alcohol	NO	pected Alcohol U	Jse Alcohol Test Ty	pe	Suspected Drug Use NO			Alcohol Tes	t Results	
		TEST NOT GIVEN			,							
	<b>A</b> 1	Drug Test Given TEST NOT GIVEN			Drug Test Type	!		Drug <sup>-</sup>	Test Results			
6	005	Drug Type										
		Individual Condition										
		APPEARED NORM	AL									
	,	Violations										
		UTC Number		- 44	tute Number		Description	014/11		00517		
	2		001	346	6.14(1m)		AUTÓMOBILE FOLL	.OWIN	ig 100 Ci	LOSELY		
		t Summary  Status				1/0	high Operating As Classic	fication		Lua Torra		
		RANSIT					hicle Operating As Classi CLASS	lication	l	Unit Type AUTOMO	BILE	
~		cle Type				_				Operating A		nents
05		ASSENGER CAR  tal Occs  Train/Bus # Recorded										
	4	otal Occs Train/Bus # Recorded				To:	tal # Citations Issued		Total Trail  O  Speed Lim		Total Hazi	
<b> </b> _	YES			SOUTHBOU			Pre CrashTire Mark		55	iit	2	:5
LIND	MO.	t Harmful Event: Collision TOR VEH IN TRANS				Special Function NO SPECIAL FUNCTION			•	NOT APP	LICABLE	
		ic Way	_				affic Control			Traffic Control Inoperative/Missing		ve/Missing
	~ .	D-WAY, NOT DIVIDE ace Type	ע			NO CONTROL  Road Curvature				NO Road Grade		
		ACKTOP (BITUMINO	US)	)		STRAIGHT LEVEL						
	Truc <b>NO</b>	k Bus or HazMat										
		Vehicle										
		License Plate Number					ate Type		St	Country of Is		
		Q108964  Vehicle Identification N	umh	er			UT - AUTOMOBILE ake		IL Year	Model	IAIES	
05	02	SHSRD78432U0104					ONDA		2002	SUV		
		Color GRN - GREEN					ody Style D - 4DR			Bus Use NOT A BU	s	
	ш	Initial Contact Point					ehicle Damage					
FIND	딩	6REAR					· ·					
5	Initial Contact Point 6REAR Extent Of Damage MINOR DAMAGE					6-	REAR					
	Towed Due To Damage					V	ehicle Removed By					
	NOT TOWED					0	WNER					
	What Driver Was Doing					Vehicle Factors						
		GOING STRAIGHT  Driver Prior Action Other	er			NOT APPLICABLE						
	Driver Prior Action Other					1.0.7.4.7.2.07.2.2.2						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

-							
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	TION				
05	02	Owner Name MAGGIE ZUBEK (708) 307-1968		Owner Address 611 GREENFIELD TURN YORKVILLE, IL 60560 , US			
		Sequence Of Events					
	01	Event MOTOR VEH IN TRANSP					
	02	Event					
	03	Event					
	04	Event					
_	i	Policy Holder					
		Insurance Company		Individual			
⊃		ALLSTATE-INDEMNITY-	co	MAGGIE ZUBEK			
		ndividual					
		Driver		Citations Issued	Sex		
	Ļ	MAGGIE ZUBEK (708) 307-1968		0	FEMALE		
╘	INDIVIDUAL	(700) 307-1900		Date of Birth	Race WHITE		
	<u> </u>	Address		Driver License Number			
	N	611 GREENFIELD TURN YORKVILLE, IL 60560 , I		STATE: ILLINOIS COUNTRY: UNIT	ED STATES		
	0-4	On Dut	y Crash	Safety Equipment			
	Sai	ety Equipment					
		Seat Position		SHOULDER & LAP BELT			
		1FRONT SEAT-LEFT SI Helmet Use	IDE (DRIVER/MOTORCY	Helmet Compliance			
		neimer ose		Heimer Compilance			
		Eye Protection		Tint Compliance			
05	003	Injury S	Severity	Airbag			
0	ŏ		PPARENT INJURY	NON DEPLOYED	·		
		Ejected	Ejection Path		Trapped/Extricated		
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT APP	EMS Agency Identifier	NOT TRAPPED  EMS Run #		
		NOT TRANSPORTED		EWS Agency Identifier			
		Hospital		Date of Death	Time of Death		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)						
		NOT DISTRACTED					
		Non Motorist	g Unit # Location				
		Prior Action					

## WISCONSIN MOTOR VEHICLE CRASH REPORT

							• •
		Action					
	_						
	INDIVIDUAL						
⊢	$\supset$						
UNIT							
5	2						
	₽∣						
	Z						
		Action Other					To/From School
		Action Strict					10/1101110011001
	,	Suspe	ected Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol No		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
			74001101 1001 1901			7 HOOFIGE FOOT PRODUITO	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEŠT NOT GIVEN					
	6	Drug Type	<b>_</b>				
02	003	9 . ) [ ]					
_	J						
		Individual Condition					
		APPEARED NORMAL					
	ı	ndividual					
	-			Citations Issued		Sex	
		Passenger					
	_	MICHELLE B ZUBEK		0		FEMALE	
	⋖	(708) 307-1968		Date of Birth		Race	
_	۲ ۱					WHITE	
UNIT	INDIVIDUAL	Address		Driver License Number			
5	$\leq$	611 GREENFIELD TURI	M	Driver License Number			
	۲	YORKVILLE, IL 60560		STATE: ILLINOIS		ED STATES	
	=	TORKVILLE, IL 00300 ,	, 03	OTATE: IEEINOIO	OOM IN I. OMIII	DOIAILO	
	ļ	On Du	uty Crash	Safety Equipment			
	Saf	ety Equipment	aty Cracii	Odicty Equipment			
	-						
		Seat Position		SHOULDER & LAP BELT			
		3FRONT SEAT-RIGHT	SIDE (TRAIN ENGINEER				
		Helmet Use	·	Helmet Compliance			
				Trominet Compilation			
		- D:					
		Eye Protection		Tint Compliance			
~	4	Injury	Severity	Airbag			
02	004	Injury <sub>POS</sub>	SIBLE INJURY	NON DEPLOYED			
		Ejected	Ejection Path			Trapped/Extricated	
		=					
		NOT EJECTED	NOT EJECTED/NOT APP			NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED					
		Hospital		Date of Death		Time of Death	
						5. 2 5441	
		Distracted By Distra	cted By Source				
		Distracted by					
		Distracted By Action					
		,					
		Contract	an Hois #				
		Non Motorist	ng Unit # Location				
		NON WICKOITS					
		Prior Action					

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/07/2019

		Action					
_	UAL						
LNO	INDIVIDUAL						
	IND						
		Action Other					To/From School
	L	Orug & Alcohol NO	ed Alcohol Use	Suspected Drug Use NO			•
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	L		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	004	Drug Type					
	0	1 1 1 1 2 15					
		Individual Condition  APPEARED NORMAL					
		_					
		ndividual		Citations Issued		I o	
	,L	Passenger JOHN J ZUBEK (708) 307-1968		Citations Issued  0		Sex MALE	
╘	INDIVIDUAL	(100) 301-1300		Date of Birth		Race WHITE	
LINO	DIVI	Address 611 GREENFIELD TURN		Driver License Number		•	
	Z	YORKVILLE, IL 60560 , U	S	STATE: ILLINOIS COUNTRY: UNITED STATES			
	Sat	On Duty	Crash	Safety Equipment			
		Seat Position		SHOULDER & LAP	BELT		
		4SECOND SEAT-LEFT S Helmet Use	SIDE(MOTORCYCLE/BI	Helmet Compliance			
		Eye Protection		Tint Compliance			
01	2	Injury Se	everity	Airbag			
05	002	Injury SUSPE	CTED MINOR INJURY	NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL			Trapped/Extricated NOT TRAPPED	
		Medical Transport  EMS GROUND		EMS Agency Identifier 6000555		EMS Run #	
		Hospital SAUK PRAIRIE HOSP		Date of Death		Time of Death	
			ed By Source	<u> </u>			
		Distracted By Action					
		Non Motorist Striking	Unit # Location				
		Prior Action					

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

							` ,	
		Action						
	INDIVIDUAL							
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LINO	Ω							
<b>\( \)</b>	7							
_								
	Z							
	=							
		Action Other					To/From School	
				10				
	,	Suspec	cted Alcohol Use	Suspected Drug Use				
	L	Drug & Alcohol NO		NO				
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
			Alcohol Test Type	*		Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given	Drug Test Type		Drug Test Results			
		TEST NOT GIVEN						
8	005	Drug Type						
02	9							
		La dividual Canadaia						
		Individual Condition						
		APPEARED NORMAL						
		malistate al						
		Individual						
		Passenger		Citations Issued		Sex		
		<b>BRONISLAWA KOMPER</b>	DA	0		FEMALE		
	7	(708) 458-5630						
	<b>7</b>	<b>,</b> , , , , , , , , , , , , , , , , , ,		Date of Birth		Race		
$\vdash$	INDIVIDUAL					WHITE		
	<b>&gt;</b>	Address		Driver License Number				
5	)	5019 S LOCKWOOD ST		Briver Electise Number				
	Z	CHICAGO, IL 60638, US						
	=	CHICAGO, IL 60636 , US	•					
		I On Dut	n. Crook	10.1.5				
	Saf	ety Equipment	y Crash	Safety Equipment				
	Sai	ety Equipment						
		Seat Position		SHOULDER & LAP	BELT			
		6SECOND SEAT-RIGH	T CIDE	SHOULDER & LAF BELT				
			I SIDE					
		Helmet Use		Helmet Compliance				
		Fire Destantion		T				
		Eye Protection		Tint Compliance				
۸.	9	Iniury S	Severity	Airbag				
02	900	Injury euen	ECTED MINOR INJURY					
_	<u> </u>	303P	ECTED MINOR INJURT	NON DEPLOYED				
		Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPI	LICABLE		NOT TRAPPED		
		Medical Transport	1.10.1.20.20.1.20.1.1.1.1.1					
				EMS Agency Identifier		EMS Run #		
		EMS GROUND		6000555				
		Hospital		Date of Death		Time of Death		
		·						
		SAUK PRAIRIE HOSP						
		Distrac	ted By Source					
		Distracted By						
		Distracted By Action						
		Striking	Unit # Location					
		Non Motorist	,					
		Prior Action				<u>-</u>		

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/07/2019

		Action								
	4									
_	INDIVIDUAL									
UNIT	₽									
5	≥									
	무									
	=									
		Action Other								To/From School
		Action Other								10/1 Total Goriooi
		Sue	pected Alcohol L	lsa	Suspected Drug Use					
	L	Drug & Alcohol NO	pecied / licorior e	.30	NO					
		Alcohol Test Given		I Alaskal Task To				T A11	D!t-	
				Alcohol Test Ty	pe			Alcohol Test	Results	
		TEST NOT GIVEN		D T .T						
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results					
02	900	Drug Type								
٦	0									
		To all datural Co. 199								
		Individual Condition								
		APPEARED NORMAL								
	llni	Summary								
		Status ——			Vehicle Operating As Class	ification		Unit Type		
				D CLASS	ilication		AUTOMO			
		RANSIT			D CLASS					onto
03		cle Type						Operating A	s Endorserr	ients
1 AGENGER GAR										
		Occs	Train/Bus # Re	corded	Total # Citations Issued		Total Trail	ers	Total Hazl	Mat Types
	2	D			0		0		0	
		ance?	Direction Of Tra		Pre CrashTire Speed Limi			nit	Total Lane	S
⊨	YES		SOUTHBOU	ND	☐ Mark 55			2		
UNIT	Most	: Harmful Event: Collision W	ith		Special Function			Emergency	Motor Vehic	tle Use
_	MO	TOR VEH IN TRANSPO	RT		NO SPECIAL FUNCTION	N		NOT APPL	_	
	Traff	ic Way			Traffic Control			Traffic Contr	ol Inoperati	ve/Missing
	TWO	D-WAY, NOT DIVIDED			NO CONTROL			NO		
	Surfa	асе Туре			Road Curvature			Road Grade		
	BLA	CKTOP (BITUMINOUS)	)		STRAIGHT			LEVEL		
	Truc	k Bus or HazMat						1		
	NO									
		Vehicle								
		License Plate Number			Plate Type		St	Country of Iss	cuanco	
		X921149			AUT - AUTOMOBILE		IL	UNITED ST		
									AIES	
03	03	Vehicle Identification Numb			Make		Year	Model		
0	0	JTDKN3DU2E1786944			TOYOTA		2014	PRIUS		
		Color			Body Style			Bus Use NOT A BUS		
		GRN - GREEN			HB - HATCHBACK			NOT A BUS	•	
_	Щ	Initial Contact Point			Vehicle Damage					
╘	$\overline{\mathbf{c}}$	6REAR								
UNIT	VEHICL	Extent Of Damage			6REAR					
_	7	MINOR DAMAGE								
		Towed Due To Damage			Vehicle Removed By					
		NOT TOWED		OWNER						
		What Driver Was Doing			Vehicle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other			NOT APPLICABLE					
					1					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/07/2019

LINI	VEHICLE	Driver Actions NO CONTRIBUTING ACTION						
	<b>X</b>							
		Owner Name	Owner Address					
03	03	TAYNA M ANTONOU (815) 347-7794	2962 STRAUSS CT WOODSTOCK, IL 60098, US					
	;	Sequence Of Events						
	5	Event MOTOR VEH IN TRANSPORT						
	02	Event						
	03	Event						
		Event						
	04							
<b>-</b>	ı	Policy Holder						
UNIT		Insurance Company	Individual					
		AMERICAN-FAMILY-INS-CO	TAYNA ANTONOU					
	ı	<u>Individual</u>						
		Driver TAYNA M ANTONOU	Citations Issued  0	Sex FEMALE				
	AL.	(815) 347-7794	Date of Birth	Race				
⊢	2			WHITE				
	INDIVIDUAL	Address 2962 STRAUSS CT	Driver License Number	•				
	Ĭ	WOODSTOCK, IL 60098, US	STATE: ILLINOIS COUNTRY:	UNITED STATES				
	Sat	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment				
		Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORC						
		Helmet Use	Helmet Compliance					
		Eye Protection	Tint Compliance					
	_	Injury Severity	Airbag					
03	007	Injury NO APPARENT INJURY	NON DEPLOYED					
		Ejected Ejection Path		Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT		NOT TRAPPED				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #				
		Hospital	Date of Death	Time of Death				
		Distracted By Source						
		Distracted By NOT APPLICABLE (NOT DIS	STRACTED)					
		Distracted By Action NOT DISTRACTED						
		Non Motorist Striking Unit # Location						
		Prior Action						
		<u></u>						

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	AL						
LINO	INDIVIDUAL						
5	IDIV						
	Z						
		Action Other					To/From School
		Action Other					TO/FIGHT SCHOOL
	L	Orug & Alcohol NO	d Alcohol Use	Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type	<u> </u>		Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
03	007	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
	i	ndividual					
		Passenger JASON W NEUMANN		Citations Issued  0		Sex MALE	
	JAL	(815) 347-7794		Date of Birth		Race	
LNO	VIDI	Address		Driver License Number		WHITE	
5	INDIVIDUAL	2962 STRAUSS CT WOODSTOCK, IL 60098,	118	STATE: ILLINOIS C	COUNTRY- UNITE	ED STATES	
		WOODOTOON, IL 00030 ,	00				
	Sat	ety Equipment	Crash	Safety Equipment			
		Seat Position		SHOULDER & LAP	BELT		
		3FRONT SEAT-RIGHT SI Helmet Use	DE (TRAIN ENGINEER	Helmet Compliance			
		Eye Protection		T: . 0			
		•		Tint Compliance			
03	800	Injury Se Injury NO APF	verity PARENT INJURY	Airbag NON DEPLOYED			
		Ejected	Ejection Path	ICARI E		Trapped/Extricated	
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #	
		NOT TRANSPORTED		Date of Death		Time of Death	
		Hospital		Date of Death		Time of Death	
		Distracted By	d By Source				
		Distracted By Action					
		Non Motorist Striking L	Init # Location				
		Prior Action					

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/07/2019

TINO	INDIVIDUAL	Action					
		Action Other  Suspected Alcohol Use  Suspected Drug Use  NO  NO					To/From School
			_				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
03	008	Drug Type					
		Individual Condition					
		APPEARED NORMAL					