WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash	Primary Crash Document #		ů ,		Investigating Officer/Deputy DEPUTY L. GJORGJIEV			
Crash Date 07/10/2019	Crash Time 09:09 PM		Date Arr 07/10/2		Time Arrived 09:20 PM				
Date Notified 07/10/2019	Time Notified 09:09 PM			iits	Total Injured 01	d Total Killed			
On Emergency	Hit and Run	Lane Clos	02 sure	Work Zone		or Towed	Reporting Threshold		
Government Property	Active Sc	chool Zone	School I	Bus Related	Tags				
✓ Reportable	Crash Type DT4000 (STA	NDARD CRAS	iH)		Amend	ed	Secondary Crash		
Description Diagram						Reconstruction			
I, a sworn law enforce unit 1 was driving wes culvers. The driver of she struck unit 2 as so driver of unit 2 claims company. The driver of the company. The driver of the struck unit 2 has so driver of unit 2 claims company. The driver of unit 2 claims company.	cement officer, agrangement of the company of the c	UNIT 2 WAS DRI E DID NOT SEE U D TO GO INTO TH PAIN BUT REFUS	not added VING EASINIT 2 THAINE PARKIN ED AMBUL	FON HWY 14. UNIT 1 V FWAS DRIVING IN THI GLOT. THE DRIVER O ANCE. BOTH VEHICLE	WAS TURNING L E OPPOSITE LAN F UNIT 1 STATE	IE. THE DRIVE D SHE WAS NO	PARKING LOT OF R OF UNIT 1 STATED DT INJURED. THE		
Location									
ON USH14 WB 183 FT E				Latitude 43.1896834	443	Longitu-	de 3170934		
OF PRAIRIE VIEW RD/S IN THE TOWN OF SPRII IN SAUK COUNTY				X Coordinate 250275.07 8)	Y Coord 47864	dinate		
III OAOR OOORI I				Structure Typ					

Crash Scene

WISCONSIN MOTOR VEHICLE CRASH REPORT

]	First	Harmful Event		First Harmful Event Location							
	MO	TOR VEH IN TRANSP	ORT		ON ROADWAY						
	Manı	ner of Collision			Light Condition						
	03	FRONT TO FRONT			DUSK						
	Road	d Surface Condition(s)		Roadway	Factor(s)						
	DRY	•									
	Envi	ronment Factor(s)		1							
	NON	NE		NONE							
	Wea	ther Condition(s)									
	CLE										
	Anim	nal Type					Γο Trafficwa CWAY - Ο	-			
	Cras	h Classification - Location	١			Crash Cla	ssification -	Jurisdiction			
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION			
	Triba	l Land				Access C	ontrol			Special Study	
						NO CON	ITROL				
		in Interchange Area	Junction Location		Intersection		OTION				
	NO		NON-JUNCTION		NOT AN	INTERSE	CHON				
		t Summary -									
		Status			erating As C	lassificatior	1	Unit Type	D E		
		RANSIT		D CLASS				AUTOMOBILE Operating As Endorsements		manta	
01	Vehicle Type PASSENGER CAR							Operating A	is Endorser	ments	
			Total # Cita	tions Issued	Total Traile		lers	Total Haz	:Mat Types		
	Total Occs Train/Bus # Recorded 1			1			0		0		
	Insurance? Direction Of Travel			Pre	Pre CrashTire		Speed Lim		Total Lan	es	
_	YES	}	WESTBOUND		Mark		45	2			
UNIT		Harmful Event: Collision		Special Fur		TION		Emergency NOT APP			
_		TOR VEH IN TRANSP	PORT		NO SPECIAL FUNCTION Traffic Control			_	_		
		ic Way D-WAY, NOT DIVIDE [)	NO CONT				NO	ioi inopera	tive/Missing	
		ace Type	•	Road Curva				Road Grade			
		CKTOP (BITUMINOL	JS)		STRAIGHT			LEVEL			
		k Bus or HazMat	•								
	NO										
	,	Vehicle									
		License Plate Number		Plate Type)	St		Country of Issuance			
		ADZ2498		AUT - AU	JTOMOBIL	LE WI		UNITED STATES			
5	_	Vehicle Identification Nu		Make			Year	Model			
0	2	1G1ND52F74M6318	76	CHEVRO		2004		CLASSIC			
		Color RED - RED		Body Style SD - SED				Bus Use NOT A BUS			
	ш	Initial Contact Point		Vehicle Da							
⊢		11LEFT FRONT CO	ORNER	100.0 20	ago						
HIND	VEHICL	Extent Of Damage		11LEFT	FRONT C	ORNER,	12FRON	IT			
٦	N N	DISABLING DAMAG	BE .								
		Towed Due To Damage	Vehicle Re	Vehicle Removed By							
		TOWED DUE TO DIS	SABLING DAMAGE		ES AUTO E	BODY					
		What Driver Was Doing		Vehicle Fa	ectors						
		LEFT TURN		NOT ADD	NOT APPLICABLE						
		Driver Prior Action Othe	I	INOT AFT	LIVADLE						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions	NI INIATTENITIVE CA	DEL ECC OD EDDATIC MA	NNED LOO	VED BUT DID NOT CEE						
.	Η	OPERATED MOTOR VEHICLE I	N INATTENTIVE, CA	RELESS OR ERRATIC MA	NNER, LOO	KED BOT DID NOT SEE						
L	VEHICLE											
5	표											
	V											
		Owner Name		Owner Address								
_	01	MORGAN ASHTON NABORS (608) 588-4835	3817 SCHREINER RD SPRING GREEN, WI 53	, E00 11C								
5	0	(008) 388-4833		SPRING GREEN, WI 33	300 , 03							
		Sequence Of Events										
	01	Event LEFT TURN										
	0	LEFT TORN										
	02	Event MOTOR VEH IN TRANSPORT										
	0	MOTOR VEH IN TRANSPORT										
	03	Event										
	0											
	04	Event										
	0											
-	ı	Policy Holder										
E N		Insurance Company		Individual								
_		AMERICAN-FAMILY-INS-CO		MORGAN NABORS								
		Individual										
		Driver		Citations Issued		Sex						
	- 1	MORGAN ASHTON NABORS		1		FEMALE						
	M	(608) 588-4835	Date of Birth		Race							
-	ב					WHITE						
	INDIVIDUAL	Address	Driver License Number									
_		3817 SCHREINER RD	STATE: WISCONSIN COUNTRY: UNITED STATES									
	=	SPRING GREEN, WI 53588 , US	STATE. WISCONSIN GOOMTKT. UNITED STATES									
	Saf	On Duty Crash ety Equipment		Safety Equipment								
	Ou,			- ALIAN DED A LAB DEL E								
		Seat Position		SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT SIDE (DE	RIVER/MOTORCY									
		Helmet Use		Helmet Compliance								
		Eve Protection		The Compliance								
		Eye Protection		Tint Compliance								
	_	Injury Severity		Airbag								
5	00	Injury NO APPARE	NT INJURY	DEPLOYED-FRONT								
		Ejected Ejectio		DEI 20125 1 NON1	I	Trapped/Extricated						
			EJECTED/NOT APPL	ICABLE		NOT TRAPPED						
		Medical Transport		EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED		3,								
		Hospital		Date of Death		Time of Death						
Distracted By Source												
	Distracted By UNKNOWN											
		Distracted By Action										
		UNKNOWN										
		Striking Unit #	Location									
		Non Motorist										
		Prior Action										

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action											
		Action Other										To/From School	
	L	Drug & Alcohol No					Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	ype	D 0			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	rug Test Given		Drug Test Type	Э		Drug ⁻	Test Results				
6	001	Drug Type			- 1		•						
		Individual Condition											
		APPEARED NORMAL											
	,	Violations											
	5	UTC Number BB957236	lssu 00 1		atute Number 46.89(1)		Description INATTENTIVE DRIVI	NG					
		t Summary		-									
		Status RANSIT				Vehicle Operating As Classification D CLASS			Unit Type AUTOMO	BII F			
02	IN TRANSIT Vehicle Type				2 02.00			Operating As Endorsements					
		(SPORT) UTILITY VEHICLE				Total # Citations Issued Total Trail					I T-4-111N	Mad Town	
	1	I Occs		Train/Bus # R Direction Of 1		0	0 0				Total Hazl		
 	YES			EASTBOUN			FIE CIASITITE		45		2	,,,	
L		t Harmful Event: Collision				Special Function NO SPECIAL FUNCTION			NOT APP		cle Use		
		ic Way	POI	X I			affic Control			Traffic Cont		ive/Missing	
		D-WAY, NOT DIVIDE	ED			NO CONTROL			NO Road Grade				
		ace Type ACKTOP (BITUMINO)US)	1		Road Curvature STRAIGHT			Road Grade LEVEL				
	Truc	k Bus or HazMat	<u> ,</u>	•						<u> -</u>			
\vdash	NO,	Vehicle											
		License Plate Number					late Type		St	Country of Issuance			
		572XLJ Vehicle Identification N	dumh	ner .			UT - AUTOMOBILE ake		WI Year	UNITED STATES Model			
05	02	JA4AZ3A37HZ051		,,,			IITSUBISHI		2017	OUTLAND	ER		
		Color RED - RED				U	ody Style T - SPORT UTILITY V	EHIC	LE	Bus Use NOT A BUS			
_	1	Initial Contact Point 11LEFT FRONT (`OP	NED		Vehicle Damage							
LIND	VEHICL	Extent Of Damage DISABLING DAMA				1	1LEFT FRONT COR	NER,	12FRON	Т			
•		Towed Due To Damag	ge				ehicle Removed By						
		TOWED DUE TO D What Driver Was Doin		BLING DAM	AGE		EORGES AUTO BOD ehicle Factors	Υ					
		GOING STRAIGHT				"	eniole i aciois						
		Driver Prior Action Oth	ner			N	OT APPLICABLE						

WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE											
02	02	Owner Name MATTHEW J MEZE (608) 822-5258	ERA		Owner Address 30784 FULLERTON LN CAZENOVIA, WI 53924 , US							
		Sequence Of Ev	rents									
	01	Event MOTOR VEH IN TR										
	02	Event CURB										
	03	Event										
	04	E vent										
_	Ì	Policy Holder										
UNIT		Insurance Company PROGRESSIVE-CL	ASSIC-INS-CO		Individual AMANDA WATERMAN							
		Individual										
	Ī	Driver			Citations Issued	Is	Sex					
	Ļ	AMANDA L WATERMAN (608) 822-5258			0	F	EMALE					
_	INDIVIDUAL	(608) 822-5258			Date of Birth		Race WHITE					
	\leq	Address			Driver License Number	•						
	Ī	30784 FULLERTON LN CAZENOVIA, WI 53924 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	fety Equipment	On Duty Crash		Safety Equipment							
		Seat Position 1FRONT SEAT-LE	EFT SIDE (DRIVE	R/MOTORCY	SHOULDER & LAP BELT							
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
02	005	Indiam	Injury Severity		Airbag							
0	ŏ		SUSPECTED MIN	IOR INJURY	NON DEPLOYED							
		NOT EJECTED	Ejection Pa	th CTED/NOT APPI	ICADI E		rapped/Extricated					
		Medical Transport	INOT ESE	CTED/NOT APPI	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTE	ED		Line rigorioy identifies		ivio rair n					
		Hospital			Date of Death Time of Death							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
		Distracted By Action NOT DISTRACTED	<u> </u>									
		Non Motorist	Striking Unit #	Location								
		Prior Action										

WISCONSIN MOTOR VEHICLE CRASH REPORT

TIND	INDIVIDUAL	Action					
		Action Other Suspected Alcohol U	Jse	Suspected Drug Use			To/From School
	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		
05	005	Drug Type			•		
		Individual Condition					
		APPEARED NORMAL					