# WISCONSIN MOTOR VEHICLE CRASH REPORT

_									(000) 330-4093		
	Document Number Overrio	le	Primary Crash D	Document #	Agency 19-09	Crash Nur 546	nber	Investigating <b>DEPUTY I.</b>			
>	Crash Date		Crash Time		Date A			Time Arrived			
2	<b>08/02/2019</b> Date Notified		11:07 AM Time Notified		<b>08/02/</b> Total U			11:18 AM Total Injured	Īτ	otal Kille	d
	08/02/2019		11:10 AM		<b>02</b>	T		02 00			
	On Emergency	Hit	and Run	Lane Closu			k Zone	Trailer	or Tov	ved	Reporting Threshold
1 5	Government Property		Active Sc	hool Zone	NO School	Bus Relate	d	Tags			
	<b>✓</b> Reportable		Crash Type DT4000 (STA	NDARD CRASH	l)			Amende	ed		Secondary Crash
_	Description =										
	Diagram		STH 33						Photos	struction	n By
							RIVATE RIVEWAY		Additio NONE	onal Infor	rmation
E	, a sworn law enfo	orceme	nt officer. agre	ee that I have no	ot added	d anv CJI	S data in this	report.			
	UNIT 2 WAS STOPPED D WAS FOLLOWING UNIT : LOST AND QUICKLY PUL INFORMATION ON THE \	OUE TO A 2 AND W LLED IN	A NON CONTACT AS UNABLE TO TO A DRIVEWAY	T VEHICLE STOPE STOP IN TIME ST TURNED AROUN	PING ANI RIKING D AND R	D TURNING UNIT 2 IN 1 REVERSED	GINTO A DRIVE THE REAR POR DIRECTION OF	EWAY ABRUPT TION. THE NO	N CON	ITACT C	CAR MAY HAVE BEEN
_	_ocation =					-					
	ON STH23 EB 0.52 MI E OF ABLEMAN RD						Latitude 43.53329075	6		Longitue -89.906	de <b>6604466</b>
	I THE TOWN OF EXCELSIOR I SAUK COUNTY						X Coordinate 265141.3437	5		Y Coord 482414	

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

#### **Crash Scene**

1	First	First Harmful Event					ful Event I	Location		
	MOT	TOR VEH IN TRANSPO	ORT			ON ROA				
-	Manr	ner of Collision				Light Cond	lition			
	02	FRONT TO REAR				DAYLIGH	łT			
ŀ	Road	d Surface Condition(s)				Roadway F	actor(s)			
	DRY	1								
	Envir	ronment Factor(s)								
	NON	. ,				NONE				
ŀ						110112				
	Weat	ther Condition(s)								
	CLE	AR								
ŀ	Anim	nal Type				Relation To Trafficway				
						TRAFFICWAY - ON ROAD				
		h Classification - Location						- Jurisdiction		
ŀ		BLIC PROPERTY  al Land				Access Co		RISDICTION		Special Study
	TIIDG	a Land				NO CON				Special Study
ŀ	Withi	in Interchange Area	Junction Location		Intersection					
	NO	3.	NON-JUNCTION			AN INTERSECTION				
i	Init	t Summary								
Ì		Status		Vehicle Ope	erating As C	lassification		Unit Type		
	IN T	RANSIT		D CLASS		AUTOMOBILE				
_ [	Vehic	cle Type						Operating A	s Endorser	nents
0	(SP	ORT) UTILITY VEHICL	.E							
		Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Tra	ilers		Mat Types
ŀ	4		B: C O(T	0			0		0	
	Insur	ance?	Direction Of Travel  EASTBOUND	Pre	CrashTire		Speed Li 55	mit	Total Land	es
		Most Harmful Event: Collision With			Mark		33	Emergency		cle Use
5		ost Harmful Event: Collision With Special Fun NO SPEC				TION		NOT APP		0.0 000
-	Traffi	ic Way		Traffic Control NO CONTROL				Traffic Control Inoperative/Missing		ive/Missing
	TWC	D-WAY, NOT DIVIDED				NO				
		асе Туре			Road Curvature STRAIGHT		Road Grade			
ļ.		CKTOP (BITUMINOU	S)	STRAIGH			LEVEL	LEVEL		
		k Bus or HazMat								
_	NO									
	1	Vehicle								
		License Plate Number		Plate Type  DIS - DIS			St	Country of Is		
		63825D  Vehicle Identification Nur	mhor	Make	ABLED		WI Year	Model	IAIES	
5	01	5XYKWDA27CG2121			ORS COR	PORA	2012	SORENTO		
		Color		Body Style				Bus Use		
		GRY - GRAY				TY VEHICL	.E	NOT A BU	S	
	щ	Initial Contact Point		Vehicle Da	mage					
	<u></u>	12FRONT								
5	VEHICL	Extent Of Damage		1RIGHT	FRONT	CORNER, 1	11LEF	FRONT CO	RNER, 12	FRONT
	>	Towed Due To Damage	.GE	Vahiala Da	moved Dv					
		Towed Due To Damage  TOWED DUE TO DISABLING DAMAGE  Vehicle Removed By REEDSBURG SA				VAGE				
		What Driver Was Doing	ALLING PAINAGE	Vehicle Fa						
	SLOW/STOPPING									
	Driver Prior Action Other NOT APP			T APPLICABLE						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE	Driver Actions NO CONTRIBUTION	IG ACTION								
01	5	Owner Name KEVIN J MUNSON (608) 797-3983	l		Owner Address S3676 BEAVER CRE HILLSBORO, WI 5463						
	;	Sequence Of Ev	vents								
	5	Event MOTOR VEH IN TR									
	05	Event									
	03	Event									
	9	Event									
_	1	Policy Holder									
LINO		Insurance Company			Individual						
ر		MT-MORRIS-MUT	JAL-INS-CO	)	KEVIN MUNSON	KEVIN MUNSON					
	ı	Individual									
		Driver  HANNAH NOELLE	MUNSON		Citations Issued	Sex					
	A F	(608) 797-3983	NONSON		Date of Birth	FEI Rad	MALE				
_	DO.				Date of Billin		HITE				
	₹	Address			Driver License Number						
ر	INDIVIDUAL	S3676 BEAVER CREEK DR HILLSBORO, WI 54634 , US		STATE: WISCONSIN C	OUNTRY: UNITED	STATES					
	Sat	fety Equipment	On Duty Cras	sh	Safety Equipment						
		Seat Position			SHOULDER & LAP BE	LT					
		1FRONT SEAT-L	EFT SIDE (	DRIVER/MOTORCY							
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
01	001	Injury	Injury Severit	у	Airbag						
0	ŏ		SUSPECTE	ED MINOR INJURY	DEPLOYED-FRONT	1=					
		Ejected  NOT EJECTED	1 '	ction Path  T EJECTED/NOT API	DI ICADI E		pped/Extricated TTRAPPED				
		Medical Transport	INO	I EJECTED/NOT AFI	EMS Agency Identifier		S Run #				
		NOT TRANSPORT	ED				O 11411 11				
		Hospital			Date of Death	Tim	e of Death				
		Distracted By	Distracted By NOT APPL	Source ICABLE (NOT DISTR	ACTED)	I					
		Distracted By Action NOT DISTRACTED	)								
	Non Motorist Striking Unit # Location										
		Prior Action									

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action					
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	INDIVIDUAL						
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LINO							
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	9						
	=						
		Action Other					To/From School
		Comment		I Common et a di Direcci i I a a			
	,	Drug & Alcohol NO	ed Alcohol Use	Suspected Drug Use			
	L	orug & Alcohol No		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	1 , , ,				
			D T 1T				
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
		IESI NOI GIVEN					
_	_	Drug Type	•				
7	001	5 71					
		Individual Condition					
		individual Condition					
		APPEARED NORMAL					
		APPEARED NORMAL					
	- 1	ndividual					
	1	Passenger		Citations Issued		Sex	
		CAMRYN L HANSON				FEMALE	
	7	(608) 548-2371		0			
	7	(000) 040 207 1		Date of Birth		Race	
<b>—</b>	Ճ					WHITE	
UNIT	INDIVIDUAL	Address		Driver License Number		l	
$\supset$		S1552 CTH WW					
	Z	HILLSBORO, WI 54634, U	US				
		, ,					
		On Duty	Crash	Safety Equipment			
	Saf	ety Equipment					
	1	Seat Position		SHOULDER & LAP	DELT		
				SHOULDER & LAP	DELI		
		4SECOND SEAT-LEFT S	SIDE(MOTORCYCLE/BI				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Lyo i rotoction		Till Compilation			
5	005	Injury Se	everity	Airbag			
0	6	Injury NO API	PARENT INJURY	NON DEPLOYED			
		Ejected	Ejection Path	1		Trapped/Extricated	
			NOT EJECTED/NOT APPL	ICARI E		NOT TRAPPED	
		Medical Transport	NOT EULOTED/NOT ATTE				
		·		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED					
		Hospital		Date of Death		Time of Death	
		Distracto	ed By Source	1		I .	
		Distracted By	Ja Dy Goulog				
		Distracted By Action					
		Striking U	Unit # Location				
		Non Motorist	Location				
		Prior Action					
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## WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action								
	INDIVIDUAL									
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		Action Other							To/From School	
		Action Other							10/1101113011001	
			Suspect	ed Alcohol Use		Suspected Drug Use				
		Orug & Alcohol	NO			NO				
		Alashal Task Oicea		I Aleele	- I T 4 T			Alaskal Task Dassiles		
		Alcohol Test Given		Alcon	nol Test Type			Alcohol Test Results		
		<b>TEST NOT GIVEN</b>								
		Drug Test Given		Drug	Test Type		Drug Test Results			
		<b>TEŠT NOT GIVEN</b>								
0	002	Drug Type								
0	ō									
		Individual Condition								
		APPEARED NORM	IAL							
		ndividual								
		Passenger				Citations Issued		Sex		
		MALIA A LISKA				0		FEMALE		
	INDIVIDUAL	(608) 604-3825								
	ń	(****) *** ***				Date of Birth		Race		
<b>—</b>								WHITE		
	<b>&gt;</b>	Address				Driver License Number				
$\supset$		E17715 SEBRANEI	K DR							
	Z	HILLSBORO, WI 54634, US								
			,							
			On Duty	Crash		Safety Equipment				
	Saf	ety Equipment								
		Seat Position				CHOIL DED 6 1 AD	DELT			
						SHOULDER & LAP BELT				
		5SECOND SEAT-	MIDDL	.E						
		Helmet Use				Helmet Compliance				
		Tue Dretection				T: . O				
		Eye Protection				Tint Compliance				
_	က		Injury Se	everity		Airbag				
6	003	Injury	POSSI	BLE INJURY		NON DEPLOYED				
		Ejected		Ejection Path				Trapped/Extricated		
		=								
		NOT EJECTED		NOT EJECTED	NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport				EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTI	ED							
		Hospital				Date of Death		Time of Death		
		поѕрна				Date of Death		Time of Death		
		Di-1-	Distracte	ed By Source		<u> </u>				
		Distracted By								
		Distracted By Action								
		Distracted by Action								
			Striking	Unit # Locat	tion					
		Non Motorist	_							
		Prior Action		<u> </u>						
		THOI MOUDIT								

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action					
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	INDIVIDUAL						
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	Z						
		Action Other					To/From School
		Action Other					10/1101113011001
		Suspect	ed Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol No		NO			
		Alaskal Task Oissa	Alaskal Task Time			Alaskal Task Daniska	
		Alcohol Test Given	Alcohol Test Type	1		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results	•	
		TEŠT NOT GIVEN			Ŭ		
7	003	Drug Type					
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		Individual Condition					
		a.v.aaa. cenanen					
		APPEARED NORMAL					
		ALL EARLE NORMAL					
		ndividual					
		Passenger		Citations Issued		Sex	
		KYRA J BISAREK				FEMALE	
	7	(608) 462-3328		0			
	JA	(000) 402-3320		Date of Birth		Race	
_	ם					WHITE	
	INDIVIDUAL	Address		Driver License Number			
5	<u></u>	1098 N STAR CIRCLE		Diver License Namber			
	Z	HILLSBORO, WI 54634 ,	iie				
	=	HILLSBOKO, WI 34034 ,	03				
		On Duty	Crash	Safety Equipment			
	Saf	ety Equipment	0.46.1	Carcty Equipment			
	-						
		Seat Position		SHOULDER & LAP	BELT		
		3FRONT SEAT-RIGHT S	IDE (TRAIN ENGINEER				
		Helmet Use		Helmet Compliance			
		Heimet Ose		Tielinet Compliance			
		Eye Protection		Tint Compliance			
	₩	Injury Se	everity	Airbag			
9	004	Injury	DARENT IN HIRY		,		
_	0	NO AP	PARENT INJURY	DEPLOYED-FRONT			
		Ejected	Ejection Path			Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		•		LIVIO Agency Identifier		LIVIS Ruit #	
		NOT TRANSPORTED					
		Hospital		Date of Death		Time of Death	
		Dietroste	ed By Source	ı		I	
		Distracted By	Ju Dy Gourde				
		Distracted By Action			· <del></del>		
		Striking	Unit # Location				
		Non Motorist	Omit # Location				
		Prior Action			· <del></del>		

## WISCONSIN MOTOR VEHICLE CRASH REPORT

TINO	INDIVIDUAL	Action							
		Action Other							To/From School
	L	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	)		Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ts		
01	004	Drug Type							
		Individual Condition  APPEARED NORMAL							
Unit Summary									
	Unit Status IN TRANSIT				ehicle Operating As Classi CLASS	Unit Type AUTOMOBILE			
02		cle Type ORT) UTILITY VEHICLE	:	•			Operating A	s Endorsem	ents
	Total Occs Train/Bus # Recorded 4		corded To	otal # Citations Issued	Total Tra	ilers	Total HazN	lat Types	
_	Insurance? Direction Of Travel YES EASTBOUND		avel	Pre CrashTire Mark	Speed Li	mit	Total Lane	S	
LIND	Most	st Harmful Event: Collision With DTOR VEH IN TRANSPORT		S	Special Function NO SPECIAL FUNCTION		NOT APP	Motor Vehic	ile Use
		ic Way D-WAY, NOT DIVIDED			raffic Control	Traffic Control Inoperative/Missing NO			
		ace Type ACKTOP (BITUMINOUS)			oad Curvature		Road Grade	)	
		k Bus or HazMat	<u> </u>		TICALOTTI		LLVLL		
		Vehicle							
		License Plate Number 893NHS			Plate Type	St WI	Country of Is		
7	7	Vehicle Identification Numb	per		AUT - AUTOMOBILE  Make	Year	Model	IAIES	
05	02	1GNALBEK4EZ135073	3		CHEVROLET  Body Style	2014	EQUINOX Bus Use		
		GRY - GRAY		ļ	UT - SPORT UTILITY V	'EHICLE	NOT A BU	S	
⊨	CLE	Initial Contact Point 6REAR		\	Vehicle Damage				
UNIT	VEHICL	Extent Of Damage FUNCTIONAL DAMAG	Ε	6	6REAR				
	Towed Due To Damage NOT TOWED				Vehicle Removed By OWNER				
	What Driver Was Doing SLOW/STOPPING Driver Prior Action Other				Vehicle Factors  NOT APPLICABLE				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

Owner Name MICHAEL R STO (608) 489-2345  Sequence Of Event MOTOR VEH IN Event  Event  Policy Holder Insurance Company WEST-BEND-MU Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer Seat Position 1-FRONT SEAT Helmet Use Eye Protection  Figer Protection  Injur  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted B Distracted B Distracted B Distracted B Action NOT DISTRACT	_						
Sequence Of I Event MOTOR VEH IN Event Event Policy Holder Insurance Company WEST-BEND-MU Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI Safety Equipmer Seat Position 1FRONT SEAT Helmet Use Eye Protection  1FRONT SEAT Helmet Use Eye Protection  Distracted By Action NOT DISTRACT  Non Motoris	LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	TION			
Figure 1  Septembrie 1  Folicy Holder  Event  Folicy Holder  Insurance Company WEST-BEND-MU  Individual  Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer  Seat Position 1FRONT SEAT Helmet Use Eye Protection  Figure 2  Eye Protection  Injur  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris	05	02	MICHAEL R STOCKWEL	L	Owner Address 671 HILLSBOROUGH AVE HILLSBORO, WI 54634 , US		
Figure 1  Septembrie 1  Folicy Holder  Event  Folicy Holder  Insurance Company WEST-BEND-MU  Individual  Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer  Seat Position 1FRONT SEAT Helmet Use Eye Protection  Figure 2  Eye Protection  Injur  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris		Ġ	Sequence Of Events				
Policy Holder Insurance Company WEST-BEND-MU Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer Seat Position 1-FRONT SEAT Helmet Use Eye Protection  Figerated NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris							
Policy Holder Insurance Company WEST-BEND-MU Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer Seat Position 1FRONT SEAT Helmet Use Eye Protection  Figeted NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris		02	Event				
Policy Holder Insurance Company WEST-BEND-MU Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORG, WI Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris		03	Event				
Insurance Company WEST-BEND-MU Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris		04	Event				
Insurance Company WEST-BEND-MU Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris	$\mathbf{L}$	İ	Policy Holder				
Individual Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORO, WI  Safety Equipmer Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT	Ž		Insurance Company		Individual		
Driver GRACE ANN ST (608) 489-2345  Address 671 HILLSBORG HILLSBORG, WI  Safety Equipmer Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris	7		WEST-BEND-MUTUAL-IN	NS-CO	MICHAEL STOCKWELL		
GRACE ANN ST (608) 489-2345  Address 671 HILLSBORG HILLSBORG, WILLSBORG, WILL		ı	ndividual				
Address 671 HILLSBORG HILLSBORG, WI  Safety Equipmer Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT  Non Motoris					Citations Issued	Sex	
Safety Equipmer  Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT		<u> </u>	GRACE ANN STOCKWE	LL	0	FEMALE	
Safety Equipmer  Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT	<b>=</b>	DO			Date of Birth	Race WHITE	
Safety Equipmer  Seat Position 1FRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted By Action NOT DISTRACT	3	$\geq$		(F	Driver License Number	•	
Seat Position 1FRONT SEAT Helmet Use Eye Protection  Fjected NOT EJECTED Medical Transport NOT TRANSPORT Hospital  Distracted By Action NOT DISTRACT			HILLSBORO, WI 54634 , US		STATE: WISCONSIN COUNTRY: UN	NITED STATES	
Seat Position 1FRONT SEAT Helmet Use Eye Protection  Fjected NOT EJECTED Medical Transport NOT TRANSPORT Hospital  Distracted By Action NOT DISTRACT		l	On Dut	y Crash	Safety Equipment		
TFRONT SEAT Helmet Use Eye Protection  Ejected NOT EJECTED Medical Transport NOT TRANSPORT Hospital  Distracted B Distracted By Action NOT DISTRACT	1	Saf	ety Equipment	•	James Talanta		
Helmet Use  Eye Protection  Injur  Ejected NOT EJECTED  Medical Transport NOT TRANSPOR Hospital  Distracted By  Distracted By Action NOT DISTRACT		ĺ	Seat Position		SHOULDER & LAP BELT		
Eye Protection    Eye Protection			1FRONT SEAT-LEFT SI	IDE (DRIVER/MOTORCY			
Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted B Distracted By Action NOT DISTRACT			Helmet Use		Helmet Compliance		
Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted B Distracted By Action NOT DISTRACT			Eye Protection		Tint Compliance		
Ejected NOT EJECTED Medical Transport NOT TRANSPOR Hospital  Distracted B Distracted By Action NOT DISTRACT	2	02	Injury S	Severity	Airbag		
NOT EJECTED  Medical Transport  NOT TRANSPORT  Hospital  Distracted B  Distracted By Action  NOT DISTRACT		Ō		PPARENT INJURY	NON DEPLOYED		
Medical Transport NOT TRANSPOR Hospital  Distracted B Distracted By Action NOT DISTRACT			•	Ejection Path NOT EJECTED/NOT APPI	LICARIE	Trapped/Extricated	
NOT TRANSPORTION TO STREET				NOT EJECTED/NOT APPI	EMS Agency Identifier	NOT TRAPPED  EMS Run #	
Distracted By Action NOT DISTRACT			NOT TRANSPORTED		LIVIS Agency Identifier		
Distracted By Action NOT DISTRACT			Hospital		Date of Death	Time of Death	
NOT DISTRACT		•	Distracted By NOT A	ted By Source APPLICABLE (NOT DISTRA	CTED)		
			NOT DISTRACTED				
Prior Action			Non Motorist Striking	g Unit # Location			
			Prior Action				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action							
	A								
<b>—</b>	INDIVIDUAL								
LNO	₽								
5	≥								
	7								
	=								
		Action Other					To/From School		
		Action Other					TO/T TOTAL SCHOOL		
		Suspect	ed Alcohol Use	Suspected Drug Use					
	L	Drug & Alcohol NO	ed Alconol Ose	NO					
						TAL 1 17 15 15			
		Alcohol Test Given	Alcohol Test Type	)		Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	Orug Test Results			
05	002	Drug Type							
0	ŏ								
		Individual Condition							
		APPEARED NORMAL							
		ALL EARLES HORMAL							
		ndividual							
				Citations Issued		I 0			
		Passenger SIERRA LYNNEA SIEFER	т			Sex			
	7	(608) 604-0852	•	0		FEMALE			
	Ş	(111)		Date of Birth		Race WHITE			
LNO	INDIVIDUAL					\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{			
5	$\leq$	Address 1045 WATER AVE		Driver License Number					
	Ż	HILLSBORO, WI 54634 , U	IS	STATE: WISCONSII	N COUNTRY: UN	IITED STATES			
		<u></u>							
	Sat	On Duty	Crash	Safety Equipment					
	Gai								
		Seat Position		SHOULDER & LAP	BELT				
		6SECOND SEAT-RIGHT	SIDE						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
05	900	Injury Se	=	Airbag					
0	ŏ		PARENT INJURY	NON DEPLOYED					
			Ejection Path			Trapped/Extricated			
			NOT EJECTED/NOT APPI	LICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracte	ed By Source			•			
		Distracted By							
		Distracted By Action							
		Striking U	Unit # Location						
		Non Motorist							
		Prior Action	<u> </u>						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	INDIVIDUAL						
_	)U						
UNIT	1D						
n	$\leq$						
	Ż						
	_						
		Action Other					To/From School
		Suspect	ted Alcohol Use	Suspected Drug Use			<u> </u>
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type	<u> </u>		Alcohol Test Results	
		TEST NOT GIVEN	1				
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	1.1.9		Drug Tool Hoodilo		
	9	Drug Type	L				
02	900	Diag Type					
		Individual Condition					
		APPEARED NORMAL					
		Individual					
		Passenger		Citations Issued		Sex	
	_	TONI E MITCHELL		0		FEMALE	
	INDIVIDUAL	(608) 572-2776		Date of Birth		Race	
⊨	ם					WHITE	
LINO	≥	Address		Driver License Number			
	9	E172924 CTH F	110				
	=	HILLSBORO, WI 54634 , US					
	0-4	On Duty	/ Crash	Safety Equipment			
	Sai	ety Equipment					
		Seat Position		SHOULDER & LAP	BELT		
		4SECOND SEAT-LEFT	SIDE(MOTORCYCLE/BI				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
02	200	Injury S		Airbag			
0	0	Injury NO AP	PARENT INJURY	NON DEPLOYED			
		Ejected	Ejection Path			Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APP	LICABLE		NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED					
		Hospital		Date of Death		Time of Death	
		Distract	ed By Source			1	
		Distracted By					
		Distracted By Action					
		Striking	Unit # Location				
		Non Motorist					
		Prior Action	<u> </u>				

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

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		Action							
	INDIVIDUAL								
⊢	$\supset$								
UNIT	1								
5	2								
	₽								
	Z								
		Action Other					To/From School		
		Action Other					10/1101113011001		
		Suspecte	d Alcohol Use	Suspected Drug Use					
	L	Drug & Alcohol No		NO					
		Alaskal Task Oissan	Alb-IT4 T			Alaskal Task Dassiles			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given	Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN			Ŭ				
02	007	Drug Type							
0	ō								
		Individual Condition							
		APPEARED NORMAL							
		ndividual							
		Passenger		Citations Issued		Sex			
		GRACE ANN HOLTHE		0		FEMALE			
	7	(608) 462-3805							
	'n	(****)		Date of Birth		Race			
<b>—</b>									
	INDIVIDUAL	Address		Driver License Number					
$\supset$		621 MECHANIC AVE							
	Z	HILLSBORO, WI 54634 , U	STATE: WISCONSIN	N COUNTRY: UN	ITED STATES				
		, ,							
		On Duty 0	Crash	Safety Equipment					
	Saf	ety Equipment		, , ,					
		Seat Position		CHOULDED 8 LAD	DELT				
				SHOULDER & LAP	BELI				
		3FRONT SEAT-RIGHT SI	DE (TRAIN ENGINEER						
		Helmet Use		Helmet Compliance					
				·					
		Eye Protection		Tint Orandiana					
		Eye Protection		Tint Compliance					
~	ω .	Injury Sev	verity	Airbag					
02	800	Injury <sub>NO APP</sub>	PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path			Trapped/Extricated			
				IOADI E					
			NOT EJECTED/NOT APPL			NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
				Date of Beatif		o or Bodui			
		-							
		Distracted	d By Source						
		Distracted By							
		Distracted By Action							
		Striking U	Init # Location						
		Non Motorist							
		Prior Action							

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action					
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LINO	₹						
$\supset$	$\leq$						
	INDIVIDUAL						
	_						
		Action Other					To/From School
		Action Other					10/1101113011001
		Orug & Alcohol NO	lcohol Use	Suspected Drug Use			
	L	orug & Alconol No		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u>	
		Drug Test Given TEST NOT GIVEN			Drug root recount	,	
02	900	Drug Type					
	0						
		Individual Condition					
		APPEARED NORMAL					
		APPEARED NORMAL					