WISCONSIN MOTOR VEHICLE CRASH REPORT

				(000						
	Document Number Override	Document #	9			ng Officer/Deputy I. HANSON				
>	Crash Date 08/08/2019	Crash Time 11:06 AM		Date Arrived Time Arrived 08/08/2019 11:25 AM						
16	Date Notified	Time Notified		Total Units		Total Injured	Total K	illed		
17	08/08/2019	11:07 AM	Г	02		02	00			
-0B	On Emergency Hit	and Run	Lane Clos		Work Zone		or Towed	Reporting Threshold		
61L0B1716W	Government Property		hool Zone	School Bus R NO	elated	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASI	H)		Amend	ed	Secondary Crash		
	Description									
	Diagram			not s	cale		Photos By Additional In			
			13				NONE			
				Sauk prairie rd.						
	, a sworn law enforceme	nt officer, agre	ee that I have n	ot added any	CJIS data in thi	is report.				
	UNIT 1 WAS SOUTH ON US 12 A TURN EAST ON SAUK PRAIRIE F UNIT 1 STRUCK UNIT 2 IN THE R 9109	ROAD. UNIT 2 SL	OWED DOWN AS	SHE APPROAG	CHED. UNIT 1 WA	S UNABLE TO S	SLOW IN TIM	E TO AVOID A COLLISION.		
	Location									
	ON USH12 EB 244 FT N				Latitude 43.2824170)7	_	itude 759061239		
	OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE D IN SAUK COUNTY	U SAC			X Coordinate 276140.875 Structure Typ	i	Y Co	ordinate 5874.5		

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Scene

First Harmful Event			First Harmful Event Location			
MOTOR VEH IN TRANS	SPORT		ON ROADWAY			
Manner of Collision			Light Condition			
02FRONT TO REAR		DAYLIGHT				
Road Surface Condition(s)		Roadway Factor(s)				
DRY						
Environment Factor(s)		1				
NONE		NONE				
Weather Condition(s)			1			
CLEAR						
Animal Type			Relation To Trafficway			
			TRAFFICWAY - ON ROAD			
Crash Classification - Locat	ion		Crash Classification - Jurisdiction			
PUBLIC PROPERTY			NO SPECIAL JURISDICTION	1		
Tribal Land			Access Control	Special Study		
			NO CONTROL			
Within Interchange Area	Junction Location	Intersection	on Type	<u> </u>		
NO	NON-JUNCTION	NOT AN	INTERSECTION			
Unit Summary		•				

Unit Sun	nmarv
-----------------	-------

	ornic Garminary —					
	Unit Status		Vehicle Operating As Classification	n	Unit Type	
	IN TRANSIT		D CLASS		TRUCK	
 _	Vehicle Type		•		Operating A	As Endorsements
2	UTILITY TRUCK/PICKUP T	RUCK				
1	Total Occs Train/Bus # Recorded		Total # Citations Issued	Total Traile	ers	Total HazMat Types
	1		1	0		0
1	Insurance?	Direction Of Travel	Pre CrashTire	Speed Lim	nit	Total Lanes
l⊨	YES	SOUTHBOUND	✓ Mark	55		2
FIND	Most Harmful Event: Collision W	ith	Special Function	•	Emergency Motor Vehicle Use	
_ ا	MOTOR VEH IN TRANSPO	RT	NO SPECIAL FUNCTION		NOT APPLICABLE	
İ	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	TWO-WAY, NOT DIVIDED Surface Type		NO CONTROL	NO CONTROL		
1			Road Curvature		Road Grade	
	BLACKTOP (BITUMINOUS))	STRAIGHT	STRAIGHT		LL .
	Truck Bus or HazMat				-	
	NO					

V	е	hi	Cl	E

İ		License Plate Number	Plate Type	St	Country of Issuance				
		NK1883	LTK - LIGHT TRUCK	WI	UNITED STATES				
1_		Vehicle Identification Number	Make	Year	Model				
2	2	1GCSKSE34AZ176550	CHEVROLET	2010	SILVERADO				
İ		Color	Body Style		Bus Use				
		BLK - BLACK	PK - PICKUP		NOT A BUS				
İ	Щ	Initial Contact Point	Vehicle Damage						
LNO	5	12FRONT							
15	豆	Extent Of Damage	12FRONT	12FRONT					
-	VEHIC	FUNCTIONAL DAMAGE							
İ		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	EVERETTS TOWING						
İ		What Driver Was Doing	Vehicle Factors						
		SLOW/STOPPING							
		Driver Prior Action Other	er NOT APPLICABLE						

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	VEHICLE								
01	01	Owner Name RYAN WILLIAM NE (608) 513-3862	ELLEN		1111 S DIVISION ST WAUNAKEE, WI 53597, US				
		Sequence Of Ev	vents						
	01	Event MOTOR VEH IN TR	RANSPORT						
	02	Event							
	03	Event							
	04	Event							
_		Policy Holder							
LNO		Insurance Company			Individual				
١		GEICO-ADVANTA	GE-INSURANCE-	co	RYAN NELLEN				
	I	Individual							
		Driver RYAN WILLIAM NE	FIIFN		Citations Issued	Sex MALE			
	AL	(608) 513-3862			1 Date of Birth	Race			
_	DO				Bato of Birth	WHITE			
	Σ	Address	_		Driver License Number	<u> </u>			
	INDIVIDUAL	1111 S DIVISION ST WAUNAKEE, WI 53597 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment	On Duty Crash		Safety Equipment				
		Seat Position 1FRONT SEAT-LI	EFT SIDE (DRIVE	R/MOTORCY	SHOULDER & LAP BELT				
		Helmet Use	· · · · · · · · · · · · · · · · · · ·		Helmet Compliance				
		Eye Protection			Tint Compliance				
_	Ξ.		Injury Severity		Airbag				
6	90	Injury	NO APPARENT I	NJURY	NON DEPLOYED				
		Ejected	Ejection Pa			Trapped/Extricate			
		NOT EJECTED Medical Transport	NOTEJE	CTED/NOT APPL	EMS Agency Identifier	NOT TRAPPED EMS Run #			
		NOT TRANSPORT	ED		LING Agency Identifier	LIVIS Ruit #			
		Hospital			Date of Death	Time of Death			
			<u> </u>						
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED		T.					
		Non Motorist	Striking Unit #	Location					
		Prior Action							

WISCONSIN MOTOR VEHICLE CRASH REPORT

													<u> </u>
LINO	INDIVIDUAL	Action Action Other To/From School											
		Action Other									To/From S	School	
			Susi	pected Alcohol I	Jse	lse Suspected Drug Use							
	L	Drug & Alcohol	NO	, , , , , , , , , , , , , , , , , , , ,			NO						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	•				Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Type		Drug ⁻	Test Results				
01	001	Drug Type											
		Individual Condition											
		APPEARED NORM	// A I										
			VIAL										
	,	Violations											
	5	UTC Number AE753550	1sst		atute Number 6.14(1m)		Description AUTOMOBILE FOLL	OWIN	IG TOO CL	.OSELY			
	Uni	t Summary ■		ı									
		Status					hicle Operating As Classif	fication		Unit Type			
~	IN TRANSIT Vehicle Type			D	CLASS			AUTOMO Operating A		nents			
02	(SPORT) UTILITY VEHICLE							Operating A	3 LIIdoi 3eii	ients			
		I Occs		Train/Bus # Re	ecorded		tal # Citations Issued		Total Traile	ers	Total Hazl	Mat Types	
	2 Insu	rance?		Direction Of To	ravel	0	Pre CrashTire		0 Speed Lim	it	Total Lane	es	
≒	YES			SOUTHBOU	IND		Mark		55	_	2		
UNIT		t Harmful Event: Collision					Special Function NO SPECIAL FUNCTION			NOT APP	LICABLE	cie Use	
		ic Way				Traffic Control			Traffic Cont	rol Inoperati	ive/Missing		
		D-WAY, NOT DIVID	ED				NO CONTROL Road Curvature			NO Road Grade			
		CKTOP (BITUMING	ous)			RAIGHT			DOWNHILL			
	Truc NO	k Bus or HazMat											
		Vehicle											
		License Plate Numbe	r				ate Type			Country of Is			
		247JPX	Munak				UT - AUTOMOBILE ake		WI Year	Model	TATES		
02	05	Vehicle Identification I 3GNAXUEV4KS55					HEVROLET			EQUINOX			
		Color GRY - GRAY					ody Style T - SPORT UTILITY V	FHIC	F	Bus Use NOT A BU	s		
	щ	Initial Contact Point					ehicle Damage						
UNIT	VEHICL	6REAR Extent Of Damage				_	REAR						
n	屯	FUNCTIONAL DAI	MAG	iΕ		0	REAR						
		Towed Due To Dama	_				ehicle Removed By						
		TOWED DUE TO I What Driver Was Doir		BLING DAMA	AGE		VERETTS TOWING ehicle Factors						
		SLOW/STOPPING	•										
		Driver Prior Action Otl	ner			N	OT APPLICABLE						
						1							

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION Owner Name Owner Address								
02	02	Owner Name TONI JEAN JENSE (608) 387-4760	EN		E7822 VIRGINIA TER REEDSBURG, WI 53959 , US					
		Sequence Of Ev	vents							
	10	Event MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
	04	Event								
_	ı	Policy Holder								
LINO		Insurance Company			Individual					
_		WEST-BEND-MUTUAL-INS-CO			TONI JENSEN					
		Individual								
		Driver TONI JEAN JENSE	=N		Citations Issued		Sex			
	AL	(608) 387-4760	-14		O Date of Birth		Race			
⊢	DO				Date of Billin		WHITE			
	Σ	Address			Driver License Number					
5	INDIVIDUAL	E7822 VIRGINIA TER REEDSBURG, WI 53959 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty Crash fety Equipment			Safety Equipment					
	- Our	Seat Position			SHOULDER & LAP BELT					
		1FRONT SEAT-LI	EFT SIDE (DRIVE	R/MOTORCY	SHOULDER & LAF BELT					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
	7		Injury Severity		Airbag					
02	005	Injury	SUSPECTED MIN	IOR INJURY	NON DEPLOYED					
		Ejected	Ejection Pa	th			Trapped/Extricated			
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport EMS GROUND			EMS Agency Identifier 6000555		EMS Run #			
		Hospital			Date of Death		Time of Death			
		SAUK PRAIRIE HO								
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Striking Unit #	Location						
		Prior Action								

WISCONSIN MOTOR VEHICLE CRASH REPORT

							` '			
		Action								
	_									
	INDIVIDUAL									
-	\supset									
LINO										
⋾	2									
	₽∣									
	Z									
		Action Other					To/From School			
		Action Other					10/1101113011001			
		Suspec	cted Alcohol Use	Suspected Drug Use						
		Drug & Alcohol No		NO						
		Alashal Task Oirea	Alaskal Taat Time			Alaskal Task Dassilka				
		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	002	Drug Type								
0	ō									
		Individual Condition								
APPEARED NORMAL										
	ı	ndividual								
		Passenger		Citations Issued		Sex				
		MADILYNN M JENSEN		0		FEMALE				
	INDIVIDUAL	(608) 387-4760								
)	(000,000		Date of Birth		Race				
-	۵					WHITE				
	>	Address		Driver License Number						
\supset		E7822 VIRGINIA TER								
	Z	REEDSBURG, WI 53959	. US							
		,	,							
		On Dut	y Crash	Safety Equipment						
	Saf	ety Equipment EMT/F	FIRST-RESPONDER							
		Seat Position	INOT REOF GRIDER	POOSTED SEAT						
				BOOSTER SEAT						
		6SECOND SEAT-RIGHT	T SIDE							
		Helmet Use		Helmet Compliance						
		Eye Protection		T: 10 "						
		Eye Protection		Tint Compliance						
~	დ '	Injury S	Severity	Airbag						
05	003	Injury POSS	IBLE 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				
		Поѕрна		Date of Death		Time of Death				
				<u> </u>						
		Distracted By Source								
		Distracted By								
		Distracted By Action								
		Distracted by Action								
		Striking	Unit # Location							
		Non Motorist								
		Prior Action	1							
		1 1101 / 1011011								

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action						
		Action						
	A							
—)							
UNIT	₽							
5	≥							
	INDIVIDUAL							
	=							
							T	
		Action Other					To/From School	
		Suspected 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	Drug Test Type		Drug Test Results			
		TEST NOT GIVEN						
~	3	Drug Type						
02	003							
		Individual Condition						
		APPEARED NORMAL						