# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913

						(608) 356-489			
Document Number Override	Primary Crash Document #	Agency Crash N 19-10254	lumber		Investigating Officer/Deputy DEPUTY I. HANSON				
Crash Date <b>08/16/2019</b>	Crash Time 04:20 PM	Date Arrived <b>08/16/2019</b>		Time Arrived 04:30 PM					
Date Notified	Time Notified	Total Units		Total Injured	Total Kill	ed			
08/16/2019	04:20 PM	02		02	00				
On Emergency	Hit and Run Lane Clo		ork Zone	Trailer or	Towed	Reporting Threshold			
Government Property	Active School Zone	School Bus Rela	ated	Tags					
<b>✓</b> Reportable	Crash Type DT4000 (STANDARD CRAS	SH)		Amended		Secondary Crash			
escription	•			-		•			
UNIT 2 WAS STOPPED WAITII	UNIT 2'S DRIVEWAY AND RESIDENCE	N CTH P TO CLEAR	TO MAKE A LE	Ad Pt  Ad Pt  Ais report.  EFT TURN TO HIS R	otos By IANSON  ditional Info IOTOS				
ocation									
ON CTHP WB			Latitude		Longit				
231 FT E OF BIRCHWOOD RD			<b>43.590097</b> X Coordinate		-89.81 Y Coo	<b>17820261</b>			
IN THE TOWN OF DELTON IN SAUK COUNTY	I		272529.59		48302				
III SAUR SOURT			Structure Ty	ре	<b>I</b>				

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#### **Crash Scene**

Ī	First	Harmful Event	First Harmful Event Location								
	MO	TOR VEH IN TRANSPO	ORT			ON ROADWAY					
ŀ		ner of Collision				Light Condition					
	02	FRONT TO REAR		DAYLIGHT							
ŀ	Road	d Surface Condition(s)		Roadway I	actor(s)						
	DRY	,									
	Envir	ronment Factor(s)									
	NON	NE				NONE					
ŀ	Wea	ther Condition(s)									
	CLE	AR									
						5.1.1	<b>-</b> "				
	Anim	nal Type				Relation To		•			
ŀ	Crac	h Classification - Location						N ROAD - Jurisdiction			
		BLIC PROPERTY						RISDICTION			
ł		al Land				Access Co				Special Study	
						NO CON					
ŀ	Withi	in Interchange Area	Junction Location		Intersection	n Type				l	
	NO	_	NON-JUNCTION		NOT AN	INTERSE	CTION				
į	Unit	Summary =									
Ť		Status		Vehicle Ope	erating As C	lassification		Unit Type			
	IN T	RANSIT	D CLASS				AUTOMO	BILE			
_	Vehi	cle Type					Operating A	s Endorser	ments		
Ò	(SP	ORT) UTILITY VEHICL	E								
l	Total Occs Train/Bus # Recorded			Total # Citat	Total # Citations Issued		Total Trail		Total Haz	Mat Types	
	1			1	1		0	0			
		ance?	Direction Of Travel	Pre					es		
┋╽	YES		WESTBOUND		Mark	45		2 Emergency Motor Vehicle Us		ala I la a	
		: Harmful Event: Collision V FOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCT		TION		NOT APPLICABLE		
ŀ		ic Way	JK1	Traffic Cont			Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED		NO CONT			NO Road Grade				
ŀ		ace Type			Road Curvature						
	BLA	CKTOP (BITUMINOUS	S)	STRAIGH	STRAIGHT				LEVEL		
ı	Truc	k Bus or HazMat									
	NO										
	,	Vehicle									
		License Plate Number		Plate Type		1	St	Country of Is	suance		
		GB0V6F		AUT - AU	ITOMOBIL	.E	MO	UNITED ST	<b>TATES</b>		
_	1	Vehicle Identification Nun	nber	Make			Year	Model			
5	01	KM8J3CA45KU87442	29	HYUNDA			2019	TUSCON			
		Color		Body Style				Bus Use			
		SIL - SILVER (ALUMI	NUM)		4D - 4DR			NOT A BUS			
_	VEHICLE	Initial Contact Point		venicie Da	Vehicle Damage						
	=	12FRONT Extent Of Damage		1PIGHT	EDONT (	ODNED	11I EET	FRONT CO	DNED 12	FPONT	
⊃∣	Ē	DISABLING DAMAGE	11110111	T NOITE C	OKINEK,		TROM OO	IXI <b>4</b> LIX, 12	I KOITI		
	>	Towed Due To Damage	_	Vehicle Re	moved By						
		TOWED DUE TO DIS	ABLING DAMAGE		WRECKE	R					
		What Driver Was Doing		Vehicle Fa	ctors						
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APP	PLICABLE						

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Crash Date 08/16/2019

Crash Time 04:20 PM

LIND	VEHICLE													
70	01	Owner Name THRIFTY CAR RENTA (877) 283-0898	L	Owner Address 5300 S HOWELL AVE MILWAUKEE, WI 53207 , US										
		Sequence Of Event	ts											
	01													
	02	Event												
	03	Event Event												
	Event Event													
$\vdash$	I	Policy Holder												
EN		Insurance Company		Individual										
7		ALLSTATE-INS-CO		SEUNG JU LEE										
		Individual												
		Driver		Citations Issued	Sex									
	٦	SEUNG JU LEE (929) 225-0344		1	FEMALE									
╘	INDIVIDUAL	(0.10, 1.10 00 1.1		Date of Birth	Race ASIAN									
	)\C	Address 22103 43RD AVE		Driver License Number										
	Z	BAYSIDE, NY 11361,	US	STATE: NEW YORK COUNTRY: UNITED STATES										
		I On Γ	Outy Crash	Safety Equipment										
	Saf	ety Equipment	,	Caroty Equipmont										
		Seat Position		SHOULDER & LAP BELT										
		1FRONT SEAT-LEFT	SIDE (DRIVER/MOTORCY											
		Helmet Use		Helmet Compliance										
		Eye Protection		Tint Compliance										
5	001	Injur	y Severity	Airbag										
٦	Ō		SPECTED MINOR INJURY	DEPLOYED-FRONT	Te ve i i									
		Ejected	Ejection Path  NOT EJECTED/NOT APF	DUCABLE	Trapped/Extricated									
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT APP	EMS Agency Identifier	NOT TRAPPED  EMS Run #									
		NOT TRANSPORTED		Livio / igorioy idonanci	EWO Kuli #									
		Hospital		Date of Death	Time of Death									
		Distracted By NOT	acted By Source  F APPLICABLE (NOT DISTRA	ACTED)										
		Distracted By Action NOT DISTRACTED												
		Non Motorist	ing Unit # Location											
		Prior Action												

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LIND	INDIVIDUAL	Action													
		Action Other												To/From School	
		Drug & Alcohol Alcohol Test Given	Susp <b>NO</b>	pected Alcoh		e Alcohol Test Ty	N	uspected Drug I	Use			Alcohol To	est Results	1	
		TEST NOT GIVEN				Alconol rest 1	урс					Alcohol 16	est results		
		Drug Test Given TEST NOT GIVEN				Drug Test Type	е		]	Drug T	est Results				
6	001	Drug Type													
		Individual Condition													
		APPEARED NORM	MAL												
	ļ	<b>Violations</b>													
		UTC Number	Issu	ие То?		te Number	D	escription							
	0	AE753557	001		346.	14(1m)	Α	UTOMOBILE	FOLLO	OWIN	G TOO CI	OSELY			
- 1		t Summary Status					I \/- L:-	ala On anatin a Aa	- Ol if:			L., ., =			
		Status RANSIT					Vehicle Operating As Classification  D CLASS					Unit Type AUTOMOBILE			
~		cle Type						2 02/100				Operating As Endorsements			
05		ORT) UTILITY VEH	ICLE												
	1	Occs		Train/Bus #			0 0			Total Traile  O  Speed Lim	0				
_	YES	ance?		WESTBO				I I C CI a SII I II C			45	iit.	2	55	
UNIT	MO	Harmful Event: Collision					NO :	Special Function NO SPECIAL FUNCTION				NOT AP	y Motor Vehi PLICABLE		
		iffic Way  /O-WAY, NOT DIVIDED					Traffic Control NO CONTROL					Traffic Co	ntrol Inoperat	tive/Missing	
	~ ,	ace Type					Road Curvature					Road Gra	de		
	BLA	CKTOP (BITUMING	OUS)	)			STRAIGHT					LEVEL			
	Truck NO	k Bus or HazMat													
		Vehicle													
		License Plate Numbe	r				Plate	е Туре			St	Country of	Issuance		
		AAK2902						T - AUTOMOE	BILE		WI	UNITED STATES			
07	02	Vehicle Identification I					Mak <b>JEE</b>				Year <b>2008</b>	Model			
		1J8GN28K78W131977 Color					y Style			2000	LIBERTY SP Bus Use				
		GRY - GRAY				UT - SPORT UTILITY VEHICLE			.E	NOT A BUS					
_	Ľ	Initial Contact Point 6REAR					Vehicle Damage								
L N N	VEHICL	Extent Of Damage				6F	REAR								
	VE	FUNCTIONAL DAMAGE													
		Towed Due To Damage			Vehicle Removed By										
			ge						y						
		Towed Due To Dama <b>NOT TOWED</b> What Driver Was Doir					ow	INER icle Factors	<b>У</b>						
		NOT TOWED	ng ;				Vehi	NER							

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Crash Date 08/16/2019

Crash Time 04:20 PM

		Driver Actions												
_	LE	NO CONTRIBUTIN	IG ACT	ION										
L	VEHICLE													
<b>–</b>	Ę,													
	>													
		Owner Name			Owner Address									
a	2	JOHN M SCHWAR	K		E10109 COUNTY ROAD									
05	02	(608) 393-7057			WISCONSIN DELLS, WI	53965 , US								
	•	Sequence Of Events Event												
	01	MOTOR VEH IN TRANSPORT												
	02	Event												
	~	Event												
	03													
	04	Event												
	0													
╘	I	Policy Holder												
LINO		Insurance Company			Individual									
		STATE-FARM-GEN	NERAL	-INS-CO	JOHN SCHWARK									
		ndividual												
		Driver JOHN M SCHWAR	ĸ		Citations Issued	Sex MALE								
	AL	(608) 393-7057			O Date of Birth	Race								
_	)U				Date of Bitti	WHITE								
L	INDIVIDUAL	Address			Driver License Number	<b>I</b>								
<b>-</b>	Ē	E10109 COUNTY F			STATE: WISCONSIN COLL	NTDV. UNITED CTATES								
		WISCONSIN DELL	.S, WI 5	13965 , US	STATE: WISCONSIN COUNTRY: UNITED STATES									
			0.0.											
	Saf	ety Equipment	On Duty	Crasn	Safety Equipment									
		Seat Position			SHOULDER & LAP BELT	SHOULDER & LAP BELT								
			EFT SI	DE (DRIVER/MOTORCY										
		Helmet Use		<u>`</u>	Helmet Compliance									
		Eye Protection			Tint Compliance									
	~		Injury S	everity	Airbag									
05	002	Injury	SUSPE	ECTED MINOR INJURY	NON DEPLOYED									
		Ejected		Ejection Path		Trapped/Extricated								
		NOT EJECTED		NOT EJECTED/NOT APP		NOT TRAPPED								
		Medical Transport			EMS Agency Identifier	EMS Run #								
		NOT TRANSPORT	ED		D . (D .)	Ti (D 4								
		Hospital			Date of Death	Time of Death								
			Distract	ed By Source										
		Distracted By	NOT A	PPLICABLE (NOT DISTRA	ACTED)									
		Distracted By Action												
		NOT DISTRACTED												
		Non Motorist	Striking	Unit # Location										
		Prior Action												

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TIND	INDIVIDUAL	Action					
	L	Action Other  Suspected Alcohol UNO	Jse	Suspected Drug Use 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		
05	005	Drug Type					
		Individual Condition					
		APPEARED NORMAL					