Wisconsin Motor Vehicle Crash Report

	Document Number Override	Primary Cras	sh Document#		Agency 19-103		sh Number		Investigating Office DEPUTY C. Ff				
	Crash Date	Crash Time			Date An				Time Arrived				
논	08/18/2019	03:51 PM			08/18/2	2019)		04:09 PM				
D	Date Notified	Time Notifie	d		Total Ur	nits		-	Total Injured		Killed	•	
9	08/18/2019	03:52 PM			02				00	00	I		
.09N3P7K	On Emergency Hit	and Run	Lane C	Closu			Work Zor	1e	Trailer or	Towed		<u> </u>	eporting preshold
eTL	Government Property	<u> </u>	School Zone		School NO	Bus			Tags		Neg.		N
	Reportable	Crash Type DT4000 (S	TANDARD CR	ASH)				Amended	<u></u>			condary Crash
_	Location	e en la caractería de la composición d La composición de la	ito tija gadā izdējaja at tredi	agas, viješa	and grants a	(Marie)	andrewy or obtained	widelika keraja kera	Magazi (Magazi Angazi Angazi				regard (Parkary), stea
	ON S7523 USH12 EB 381 FT S			Latite	ude 1714481	4	Longitude -89.76867		/LongSource .T/ILT		Acces	s Control	
	OF NORTH RD				ordinate	7	Y Coordinat		Roadway Link ID		On Ro	adway Link	Offset
	(FIRE S7523)				688.593	7	4805788		20118		1547	·	
	IN THE TOWN OF SUMPTER IN SAUK COUNTY			Ove	erride		Tribal Land			13	Structi FIRE	ure Type	
- (Crash Scene	de seguedameljelgts vol.	าราชอักเกิดเกิดใหญ่จึกกุลเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิด	ethini kan	ndi yanarata	derived.	s visiga kalenda kinda dassa	องรับรับรูปกรรจ์ เรียกรับ	alaningan kan dia penjadah di kec	(analidas)	greed a radio	rkeren ir Celleriya (444).	gestassoulitades matag
	First Harmful Event						nt Location	. Ar	25787407077				
	MOTOR VEH IN TRANSPOR	T			ROADV Conditio								<u></u>
	Manner of Collision 02FRONT TO REAR			•	LIGHT	11	- Y ₅ .		Ar				
	Road Surface Condition(s)	_	.———		ronment	Facto	or(s)	Tage .					
	,,												
	DRY			NOI	NE	ń,	Augh E		e.		•		
	Roadway Factor(s)		·	Wea	ther Con	ditior	n(s)		· ····				
	NONE			CLE	EAR	·							
	Animal Type		.5	Relation To Trafficway									
			<u></u>				ON ROAL						
	Crash Classification - Location PUBLIC PROPERTY				4.4		on - Jurisdicti URISDICT	ION					
	Tribal Land		A A	1	ess Contr CONTR			Speci	al Study				
		nction Locatio		•			section Type T AN INTE)N		"		
,	Work Zone Crash Location ACTIVITY AREA			3	k Zone C								
	Workers Present		· ·	1	Enforcer				1.4				
	NO	7 + 4 1 + 2,		NO									
	Work Zone Speed Limit 55	y in	Advisory/Regula REGULATOR		peed Lim	it		Normal Po	osted Speed Limit	•			
	Unit Summary			.1 5 1			and the second		erangegraffik and			2 - 2 - 2 - 2 - 2	
	Unit Status IN TRANSIT	·	Vehicle Operation D CLASS	g As	Classifica	ition		Unit Type AUTOM					
_	Vehicle Type						Operating	As Endorsements	;				
2	1=1110					—-т	Total Trailer		Total HazMat T				
	1 1				eu		0		0	ypes			
UNIT	Insurance? Direction Of Travel Pre C			rk		1	Speed Limit	4					
5	Most Harmful Event: Collision With OVERTURN/ROLLOVER	1	Special Function NO SPECIAL	FUN	ICTION			Emergency Motor Vehicle Use NOT APPLICABLE					
	Traffic Way		Traffic Control					Traffic Control Inoperative/Missing					
	TWO-WAY, NOT DIVIDED		NO CONTROL Road Curvature	<u> </u>	<u></u>			NO Road Gra	de			<u></u>	
	Surface Type		Mode Col Aging					.,,,,,,					

Wisconsin Motor Vehicle Crash Report

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

Crash Date 08/18/2019

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	BLA	CKTOP (BITUMINOU	IS)	STRAIGHT			LEVE	L	177	Villa.		4
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		Role DRIVER			Citations Issued 1		Use	Driver	Individual			
70	01	Last Name			First Name MARIA			45 15 15 15 15 15 15 15 15 15 15 15 15 15	Middle Ini	tial	Suffix	٦
		BLAKE Street Address			Street Address 2			5884	PO Box			1
		1214 EAST ST City			State	Zig	Code		Country o	f Resider	nce ,	-
⊨	IAU	BARABOO			WI Hair	53 Eyes	913	r Teight	UNITED		S Number	\dashv
UNIT	INDIVIDUAL	DOB S	Sex Rac A		BLACK	BROW	1 5	5002	Weight 120	(608)	963-9948 EXT.	_
	2	Driver's License Number	r		State WI		ense Jurs FATE	sidiction	Country o			
		License Type NON-CDL DRIVER'S	RLICENSE		License Status	SE:			DL Expire 2022	Year		
			on Duty Accident		Safety Equipmer				<u> </u>	***		
		Seat Position			SHOULDER 8	LAP BE	ELT		•			
	8	1FRONT SEAT-LE Helmet Use	FT SIDE (DRI\	/ER/MOTORC	Helmet Complia	nce						4
		Eye Protection			Tint Compliance							-
				A A	Airbag							_
			njury Severity NO APPAREN		NON DEPLOY	/ED						_
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UNIT	INDIVIDUA	MedicalTransport NOT TRANSPORTE	n T		EMS Agency Ide	entifier		EMS Run	#	•		
	Z	Hospital)	Date of Death			Time of De	eath			
		Non Motorist	Striking Unit#		Location			To/FromSi	chool		,,,,,	
		Prior Action			Action							_
	δ	Distracted By Action		<u>.</u>								
		NOT DISTRACTED Distracted By Source	<i>,</i>		Action Other			*				
		NOT APPLICABLE					<u></u>		· ··			
		Drug & Alcon	ndividual Condition		<u> </u>		4					
		Suspected Alcohol Use NO			Suspected Drug NO	use						
		Alcohol Test Given TEST NOT GIVEN	A	Icohol Test Type					Alcohol 1	Test Res	uits	
		Drug Test Given		Orug Test Type					Drug Tes	st Results		

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Co.Company in territories	일	TEST NOT GIVEN	}							
en all has reserved a string No. 9 to 30 designs for		Drug Type	-							
Signal distance of the same of		License Plate Number			1	te Type	OMOBILE	St WI		try of Issuance
		AET7635 Vehicle Identification Number			AU	- 701	Oliobiee —	Year	Make	1000
	300	1FMCU0GD0HUA53548					_	2017		77.71
T CLEANER OF THE PARTY OF THE P		Model ESCAPE				dy Style - SPOF	RT UTILITY V	EHICLE	Color WHI	WHITE
***************************************		Initial Contact Point			-1	hicle Dam				
or page and a		12FRONT Extent Of Damage			12.	FRON	т			
2	2	DISABLING DAMAGE							1 - 11/2 = 1 1/2	
		Towed Due To Damage TOWED DUE TO DISABLING	DAMAC	26	Vel	hicle Fact	ors		•	
The same of the sa		Vehicle Removed By	DAMA	<u></u>	NC	T APPI	JCABLE		(2) 	
		MIKES TOWING What Driver Was Doing			Den	ver Prior	Action Other	The AND	Bus U	Ise
		GOING STRAIGHT				#C1 1 1101 2	Viancii (A BUS
UNIT	VEHICLE	Driver Actions SPEED TOO FAST/COND, FO	OLLOW	NG TOO CL	OSE,	FAILUF				
		Vehicle Owner Same As	Operato	or 🧳)? 		₩ Use Ope	erator Addi	ess	
		Organization Type INDIVIDUAL		Company Nar	ne					·
		Last Name		First Name			-	Middle B	Suffix	Date of Birth
		BLAKE Street Address	1	Street Addres	s2			PO Box		
		1214 EAST ST City	dis.	St Zip C	ode.			Country of R	esidence	
		BARABOO		WI 5391				UNITED S		
		Telephone Number (608) 963-2660 EXT.	Ÿ							
	Б	Event MOTOR VEH IN TRANSPORT	τ							
	02	Event								
	03	Event								
	2	Event			•					
5	5	UTC Number Issue To? AE754941 001	Stat 346	ute Number .14(1m)		Description AUTOM	on OBILE FOLL	OWING TO	O CLOSI	ELY
_	Σ	Insurance Company UNITED-SERVICES-AUTOMO	OBII F.A	SSN		Po	licy Holder me As Owne	r Po	olicy Hold	ler Same As Driver
LIND	거 다.	Organization Type L	ast Name			First Na	me	Policy	Holder Con	npany
	ä ¥	INDIVIDUAL E	BLAKE			ANNE				

Wisconsin Motor Vehicle Crash Report

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

Crash Date 08/18/2019

	IN T	RANSIT		D CLASS		-	AUTOMO	OBILE			
2	Vehic	de Type			/-		Operating	As Endors	ements		
02	<u> </u>	Occs	Train/Bus # Recorded	Total # Citations Is	ssued	Total Traile	rs	Total Ha	zMat Types	3	
	6	0003		0		0		0			
UNIT	Insura YES	ance?	Direction Of Travel SOUTHBOUND	Pre Crast Mark		Speed Limi		Total La			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5			t: Collision With	Special Function NO SPECIAL F	UNCTION		NOT AP	y Motor Ve PLICABL	hicle Use E	250	in Table and the second se
		c Way	r DR/IDED	Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO				
	Surfa	Ce Type		Road Curvature	<u> </u>		Road Gra	de	Ö.	1000	
		CKTOP (BI	TUMINOUS)	STRAIGHT			LEVEL		Airtman.	The state of the s	
02	NO	C Bus Of Trazivi	iat	***	, <u></u>	· 			A second	The second second second	
٥.		Role DRIVER			Citations Issued 0	' [Use D Addr	river ess	Individual INDIVID	UAL.	
02	2	Last Name ROACH			First Name GABRIELLA				Middle Ini	tial	Suffix
		Street Addres			Street Address	2	± 2570		PO Box		
		1105 MEAD	DOW MIST RD		State		Çode 🌧	A-14	Country o		
⊨	S	MIDDLETC		Race	WI Hair	Eyes	562 🧷 Helg	<u> </u>	UNITED Weight	•	S Number
LNO	INDIVIDUAL	DOB		V	BROWN	GREEN	510	<i>7</i>	140	(608)	416-9679 EXT.
	2	Driver's Licer	nse Number		State WI		inse Jursidi ATE	ction	Country o		
		License Type	DRIVER'S LICENSE	**	License Status VALID LICEI	7.77	1		DL Expire 2021	Year	
			On Duty Accide	nt	Safety Equipme	- 1775 -			1		
		Equipn Seat Position	The state of the s		SHOULDER	₹ & LAP BE	LT				
	02		SEAT-LEFT SIDE (D	RIVER/MOTORC	Helmet Compli	2000			-8-7		
		Helmet Use									
		Eye Protection	on		Tint Complianc	e					
		Injui	Injury Severity NO APPARE	NT INJURY	Airbag NON DEPLO	YED					
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LIND	ē	NOT EJEC MedicalTran			NOT EJECT			NOT TRA			<u> </u>
۰	INDIVIDUA	NOT TRAN	NSPORTED.	·	Date of Death			Time of De	alh		
		Hospital	4 4 .	**	Date of Death						
		Non Mo	torist Striking Unit #		Location			To/FromSe	chool		
		Prior Action		······································	Action		1				
	8	Distracted B	y Action								
		NOT DIST			Action Other						
		NOT APPL	LICABLE (NOT DIST					· <u> </u>	·- <u>-</u>		
		Drug & /								<u> </u>	
		Suspected A NO	Alcohol Use	Suspected Drug Use NO					<u> </u>		
		Alcohol Test		Alcohol Test Type	_,1			.,,	Alcohol 3	Test Resu	rits
		TEST NOT		Daya Test Type					Drug Tes	st Results	i

Wisconsin Motor Vehicle Crash Report

LIND	NDIVIDUAL									
_	2	TEST NOT GIVEN						,		
ACCAMATA CARREST AND A SERVER A		Drug Type	·				1			Andrew Control of the
Control of the contro		Role PASSENGER			Citations Issued 0		Use D Addı	river ress	Individual	
02	8	Last Name			First Name LAUREN				Middle Init	
and a contract of		FORTNEY Street Address	<u> </u>		Street Address 2	2		./4444	PO Box	
		10 BYARS CIR			State	Zip Co	de ,		Country of	Residence
E	3	MADISON		Dane	WI Hair	53719 Eyes) Hei	aht	UNITED Weight	STATES Phone Number
TIND	INDIVIDUAL	DOB		Race W	BROWN	GREEN	508	3	130	(608) 509-8854 EXT.
		Driver's License Num	ber		State WI	Licens STAT	e Jursidi E	ction		STATES
		License Type NON-CDL DRIVER	R'S LICENSE		License Status VALID LICEN	SE			DL Expire 2020	Year
		Equipment	On Duty Accid	ent	Safety Equipmen	nt	N I		<u> </u>	-
•	73.76	Seat Position 3FRONT SEAT-F	I RIGHT SIDE (TRAIN ENGINEE	SHOULDER 8	& LAP BELT				
	03	Helmet Use			Helmet Complia	. 37				
		Eye Protection	· ·		Tint Compliance) ·				
		Injury	Injury Severity NO APPAR	ENT INJURY	Airbag NON DEPLO	YED				
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UNIT	DIVIDUAL	MedicalTransport NOT TRANSPOR			EMS Agency Ide	entifier		EMS Run #	 	
		Hospital)		Date of Death		-	Time of De	ath	
		Non Motorist	Striking Unit#		Location	-		To/FromSc	chool	
	3	Prior Action			Action					
	8	Distracted By Action								
		Distracted By Source			Action Other					
		Drug & Alcoh	Individual Cor							
	AL	Suspected Alcohol U NO	se		Suspected Drug NO	Use				
LINO	/IDD	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T	est Results
	INDIVIDUAL	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results
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and the same of										N
		Role PASSENGER			Citations Issued 0			se Driver Address	individual INDIVIDI	
02		Last Name			First Name	•	1 1 1 1	Addicas	Middle Init	
200	8	ROZUM			EMMA				ROSE	1
initial interests		Street Address 6612 HUBBARD A	VE		Street Address 2	2		20 10 10 10 10 10 10 10 10 10 10 10 10 10	PO Box	:
J. San		City	<u>ve</u>		State		Zip Code	7,757 7,757 1775 1775 1777 1777		Residence
—	록∥	MIDDLETON			WI		53562	Willian,		STATES
LIND	INDIVIDUAL	DOB	Sex F	Race W	Hair BROWN	Eyes GRA	Y 🧳	Height =	Weight 155	Phone Number (608) 225-0944 EXT.
i i i i i i i i i i i i i i i i i i i		Driver's License Numb			State	L	License Ju	ursidiction	Country of	
CO de Como do Como de	4			·	WI License Status		STATE	<u> </u>	DL Expire	STATES Year
specification of the specifica		License Type NON-CDL DRIVER	R'S LICENSE		VALID LICEN	SE			2021	
i i i i i i i i i i i i i i i i i i i			On Duty Accid		Safety Equipme	nt				
l'unadat de l'		Equipment			SHOULDER	2 I AF	· BFI:T-			
- Consultation		Seat Position 4SECOND SEAT	LEFT SIDE(MOTORCYCLE/B	SHOOLDLIN					
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i de la companya de l		Fue Destaction			Tint Compliance	<u>ंश्र</u> ें • '''	·			
a production and the second		Eye Protection				-				
	19.113	Injury	Injury Severity	/ ENT INJURY	Airbag NON DEPLO	YED				
	d	Ejected	NO AFFAIL		Ejection Path			Trapped/		· · · · · · · · · · · · · · · · · · ·
TINO	3	NOT EJECTED			NOT EJECTE					
5	NDIVIDU	MedicalTransport NOT TRANSPORT	ren	4. W	EMS Agency Ide	entifier		EMS Run	<i>₩</i>	
	Z	Hospital		1	Date of Death			Time of E	eath	
		Non Motorist	Striking Unit #		Location			To/FromS	School	
		Prior Action			Action					
	4	Distracted By Action	2	<u> </u>	1					
			Control Contro							- Are the state of
		Distracted By Source			Action Other					
		Drug & Alcoh	Individual Co							
	AL.	Suspected Alcohol U: NO	se		Suspected Drug NO	g Use				
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	Ī	Alcohol Test Type	<u> </u>		"			est Results
J	INDI	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	it Results
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Constitution of the		Role			Citations Issued		1 11	se Driver	Individual	Type .
02		PASSENGER		-	0			Address	INDIVID	JAL V
0	62	Last Name MORMINO			First Name MADISON				Middle Init	
en (committee		Street Address	······································		Street Address 2	2			PO Box	-
distribution of the second		3710 MANDIMUS City	CT		State		Zip Code		Country of	Residence
	M	MIDDLETON			Wi		53562		UNITED	STATES
LIND	<u>a</u>	DOB	Sex	Race W	Hair BROWN	Eyes BR0	ww.	Height 503	Weight 130	Phone Number (608) 347-6860 EXT.
1	INDIVIDUAL	Driver's License Num	ber	<u> </u>	State WI	1	License Ju	rsidiction	Country of UNITED	
		License Type	<u></u>		License Status	, efy i		7 <u>65</u>	Dt. Expire	
		NON-CDL DRIVER	R'S LICENSE On Duty Acci		VALID LICEN Safety Equipmen				2021	
		Equipment	Oil Duly Acci	<u></u>	. \$450.					
		Seat Position 6SECOND SEAT	r-RIGHT SID	F	SHOULDER 8	LAF	BELT			
Total and an artist and an artist and an artist and artist artist and artist and artist	8	Helmet Use			Helmet Complia	nce	.,	*****		
and delivery of the second		Eye Protection	<u>-</u>	200 200 200 200 200 200 200	Tint Compliance		-			
er erresi e tudellos		Injury	Injury Sevent		Airbag NON DEPLOY	/ED				
) Andreas de la Companyon de l	AL	Ejected	NO APPAR	ENT INJURY	Ejection Path	IED		Trapped/E	xtricated	<u>,,</u>
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5	DIVIDUAL	MedicalTransport NOT TRANSPORT	TED	4. 4. 3	EMS Agency Ide	enuiser		ENO Kun	*	
eta agras taginas an	4	Hospital			Date of Death			Time of De		
		Non Motorist	Striking Unit	# <i>-9</i>	Location			To/FromSo	hool	
, in the second		Prior Action		Committee	Action					
A STATE OF THE STA	92	Distracted By Action		· · · · · · · · · · · · · · · · · · ·						
THE CONTRACTOR		Distracted By Source			Action Other	-		· · · ·		
Annual Woman			Individual Co	ndition			<u>. </u>			
		Drug & Alcoh	APPEARE	D NORMAL	Suspected Drug	Hee				
	JAL	Suspected Alcohol U NO	se 		NO				•	
UNIT	VIDL	Alcohol Test Given TEST NOT GIVEN	·	Alcohol Test Type					Alcohol T	est Results
	INDIVIDUAL	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results
		Drug Type								

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in the second se				·					•	
02		Role PASSENGER			Citations Issued			se Driver Address	Individual	JAL TO THE STATE OF THE STATE O
0	90	Last Name MEISTER			First Name SAMANTHA		····		Middle Init	
		Street Address 5414 OTTO KERL	RD		Street Address 2				PO Box-	<u>.</u>
	4	City CROSS PLAINS	***	347	State Wi		Zip Code 53528			Residence STATES
LIND	INDIVIDUAL	DOB	Sex F	Race W	Hair BROWN	Eyes BR0		Height 501	Weight 150	Phone Number (608) 843-2490 EXT.
a contract the contract to con	ON	Driver's License Num	ber	A11**	State WI		License Ju STATE	rsidiction	UNITED	fissuance STATES
		License Type NON-CDL DRIVER	R'S LICENSE		License Status VALID LICEN	SE			DL Expire 2021	Year
Control of the contro		Equipment	On Duty Accid	dent	Safety Equipmen			·		
A CONTRACTOR OF THE PARTY OF TH	9	Seat Position 7THIRD SEAT-L	EFT SIDE (S	IDECAR: MOTOR	SHOULDER	TA Tida Tida	BELT			
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	2	Hospital	Ĵ	The state of the s	Date of Death		•	Time of De	ath	
		Non Motorist	Striking Unit		Location			To/FromSo	chool	
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		Distracted By Source	70		Action Other		· ·			
		Drug & Alcoh	1							
	JAL	Suspected Alcohol U: NO	\$0 	-1	Suspected Drug NO	Use] Alcohol T	and Donalds
LIND	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Drug Tes	est Results
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A DESCRIPTION OF THE PARTY OF T											
And the second of the second o						•					Maria Maria
and the state of t		Role PASSENGER			Citations Issued	•••	_ U	se Driver Address	Individual	Туре	
02	20	Last Name REED			First Name ASHTON		<u> </u>		Middle Init	ial	Suffix
		Street Address 2811 PARK ST			Street Address 2				PO Box		
	AL	City MIDDLETON			State Wi		Zip Code 53562		Country of UNITED		
LIND	INDIVIDUAL	DOB	Sex F	Race W	Hair BROWN	Eyes BRC		Height 508	Weight 120	Phone I	
A Consideration of the	<u>N</u>	Oriver's License Numb	ber	L	State WI		License Ju	rsidiction	Country of UNITED		
gran i papanjaka di pane		License Type NON-CDL DRIVER	R'S LICENSE		License Status VALID LICEN	SE	y. "K	tout and the	DL Expire 2020	Year	
a di James de la constante de		Equipment	On Duty Acci	dent	Safety Equipmen	3.4					
***************************************	7	Seat Position 9THIRD SEAT-R	IGHT SIDE		SHOULDER 8	LAP	BELT				
A John Commission of the Commi	20	Helmet Use			Heimet Complia	nce					
r Control Control		Eye Protection		, w	Tint Compliance						
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Wisconsin Motor Vehicle Crash Report

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

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Diagram

Reconstruction By

Wisconsin Motor Vehicle Crash Report

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Law Enforceme	ent Agency	/	**************************************	TOTAL PROPERTY	e et a éu							
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