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## WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash	Document #	Agency 10-084	Crash Number 107		vestigating Officer/Deputy EPUTY H. VOLZ		
Crash Date 07/09/2019	Crash Time 01:00 PM		Date Ar 07/09/		Time Arrived 01:50 PM			
Date Notified 07/09/2019	Time Notified 01:31 PM		Total U <b>02</b>	nits	Total Injured	Total Kille 00	ed	
	it and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold	
Government	Active So	chool Zone		Bus Related	Tags			
Property     Reportable	Crash Type		NO H)		Amende	ed	Secondary Crash	
Description								
Diagram						Reconstruction Photos By	י By	
Non-Re	eportat	ole				Additional Info NONE	rmation	
✓ I, a sworn law enforcem	ent officer, agr	ee that I have no	ot addec	I any CJIS data in th	nis report.			
UNIT 1 WAS TRAVELING WB O UNIT 1 WAS A DUMP TRUCK H. KICKED UP AND HIT THE FROM AROUND TO STOP UNIT 1 AND CONTACT WITH UNIT 1 DRIVEF THEY DID NOT HAVE ANY TRU IT DOCUMENTED. NO ID WAS A	AULING GRAVEL IT END OF UNIT : FOLLOWED IT D R AND HE STATE CKS OUT ON N F	. THERE WAS GRA 2'S HOOD AND WI DOWN THE ROAD ( D HE WORKED FO REEDSBURG RD. L	AVEL ANI INDSHIEL CAUSING OR SCOT JNIT 2 DF	D SAND ON THE ROAL D LEAVING 2 SMALL ( 2 MORE PAIN CHIPS T'S CONSTRUCTION I RIVER SAID SHE WAS	DWAY AS WELL. A CHIPS. NON REPO FROM FOLLOWIN N LAKE DELTON. NOT GOING TO T	AS UNIT 2 PAS DRTABLE SIZE IG TOO CLOS UNIT 2 DRIVE URN INTO INS	SED UNIT 1 GRAVEL E. UNIT 2 TURNED E. UNIT 2 DRIER MADE R CALLED THERE AND	

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l	Loc	ation								
ſ	ON	REEDSBURG RD				Latitude			Longitud	de
	1112 FT W						43.532244616 -89.743065678			
	OF CTHU WB						X Coordinate			linate
	IN THE TOWN OF FAIRFIELD						28125		482357	
	IN S	AUK COUNTY				Structure				
						Structure	туре			
	<b>C</b>	ah Caana								
( T		sh Scene								
		Harmful Event					nful Event Lo	ocation		
		GO/EQUIPMENT LOSS	S OR SHIFT			ON ROA				
		ner of Collision				Light Cond				
		COLLISION W/VEHICLE	E IN TRANSPORT			DAYLIG				
	Road	Surface Condition(s)				Roadway	Factor(s)			
	SAN	ID, GRAVEL								
-	Envir	onment Factor(s)				-				
	NON					NONE				
	-					NONE				
ľ	Weat	ther Condition(s)								
	CLE	AR								
ŀ	Anim	al Type				Relation T	o Trafficway			
	7 9 11 11						CWAY - OI	-		
ŀ	Cras	h Classification - Location					ssification -			
								ISDICTION		
-		I Land				Access Co				Special Study
						NO CONTROL				opecial olduy
ŀ	Withi	n Interchange Area J	Junction Location		Intersectio					
	NO	•	NON-JUNCTION				CTION			
Ļ										
		Statua		Vahiala Opr	oroting Ao (	localification		Link Trees		
		nit Status Vehicle Operating As N TRANSIT B CLASS				iassincation	1	Unit Type TRUCK		
		N TRANSIT B CLASS						Operating A	s Endorser	ments
								operating /	3 Endorser	lineinto
-		Occs	Train/Bus # Recorded	Total # Citat	tions Issuer	Total Traile		lers Total Hazl		Mat Types
	1	0000		0		0			0	
-		ance?	Direction Of Travel	-	CreehTire	0 11		nit	Total Lan	es
_		NOWN	EASTBOUND		Pre CrashTire Speed L Mark 45 Special Function				2	
	-	Harmful Event: Collision Wi					<u> </u>	Emergency		icle Use
<b>&gt;</b>		IER NON-COLLISION			NO SPECIAL FUNCTION			NOT APPLICABLE		
ŀ	Traffi	ic Way		Traffic Cont	trol			Traffic Control Inoperative/Missing		tive/Missing
	тwo	-WAY, NOT DIVIDED		NO CONT				NO		
ŀ	Surfa	асе Туре		Road Curva				Road Grade		
	BLA	CKTOP (BITUMINOUS)	)	STRAIGH	T			LEVEL		
ľ	Truc	K Bus or HazMat		I						
	TRU	CK OR TRUCK COMBI	NATION > 10,000LBS G	WR/GCWR						
	١	/ehicle								
		License Plate Number		Plate Type			St	Country of Is	suance	
		Vehicle Identification Numb	Make			Year	Model			
5	01									
		Color	Body Style	Body Style		Bus Use				
					,			NOT A BUS	5	
	щ				amage			·		
Ţ	VEHICL									
	I	Extent Of Damage		NO DAM	AGE					
	ш		1							
	>	NO DAMAGE								
	>	Towed Due To Damage		Vehicle Re	,					

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		What Driver Was Doing		V	ehicle Factors				
		GOING STRAIGHT							
		Driver Prior Action Other		N	IOT APPLICABLE				
		Driver Actions							
	ш	NO CONTRIBUTING ACT	ION						
нI	Ľ								
UNIT	VEHICL								
2	/EI								
	-								
		Owner Name			Owner Address				
2	01								
•	0				, ,				
		Sequence Of Events							
	0	Event CARGO/EQUIPMENT LOS	SS OR SHIFT	-					
		Event							
	02	LVEIR							
		Event							
	03								
	4	Event							
	04								
	I	ndividual							
		Driver			Citations Issued		Sex		
	_				0				
	٩N				Date of Birth		Race		
	INDIVIDUAL	Address			Driver Lisense Norther				
5		Address			Driver License Number				
	Z	<b>,</b>							
	C-4	On Duty	/ Crash		Safety Equipment				
	Sar	ety Equipment							
		Seat Position			RESTRAINT USE UNKNOWN				
		1FRONT SEAT-LEFT SI	DE (DRIVER/	MOTORCY	Helmot Compliance				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
2	001	Injury Se			Airbag				
•	õ		PARENT INJ	URY	NON DEPLOYED				
		Ejected	Ejection Path				Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJECT	ED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORTED			EWS Agency Identifier		EIVIS RUII #		
		Hospital			Date of Death		Time of Death		
	_	Distracte	ed By Source						
		Distracted By NOT A	PPLICABLE	(NOT DISTRAC	CTED)				
		Distracted By Action							
		NOT DISTRACTED	11-2-4						
		Non Motorist	Unit # L	ocation					
		Prior Action							

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		Action										
UNIT	INDIVIDUAL											
	=											
		Action Other									To/From School	
	Ľ	Drug & Alcohol NO	pected Alcohol U	se	Suspe NO	cted Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e				Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug Te	est Resu	lts			
6	001	Drug Type										
		Individual Condition										
		NOT OBSERVED										
	(	Carrier										
		Use Vehic	le Owner Sam	ne as Carrier		Source						
5	01	Name				Address						
						, ,						
⊢	BUS	GVWR	Vehicle Co	onfiguration				Ca	rgo Body Type			
UNIT		US DOT # Carrier Type							rmitted Load			
	TRUCK								nicle Require Permit			
		Measured Height	Measu	ed Length		Measured Width			Measured W	eight		
		Summary										
		Status RANSIT			/ehicle O D CLAS	perating As Classif <b>S</b>	ication		Unit Type AUTOMO	BILE		
02		icle Туре							Operating A		ients	
0		Al Occs Train/Bus # Recorded				Total # Citations Issued Total Trail			ailers	Total HazN	lat Types	
	3	ance?	Direction Of Tra	C				0 Speed L	imit	<b>0</b> Total Lane	s	
F	YES		EASTBOUND	r i	Pro	e CrashTire Mark		45	in inc	2	3	
UNIT		Harmful Event: Collision Wi			Special Fi NO SPE	unction	N		Emergency NOT APP		le Use	
	Traff	ic Way			raffic Co					Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDED			NO CON Road Cur				NO Road Grade	)		
	BLA	CKTOP (BITUMINOUS)			STRAIG				LEVEL			
	Trucl	k Bus or HazMat										
	١	/ehicle										
		License Plate Number ACY6399			Plate Typ AUT - A			St WI	Country of Is			
02	2	Vehicle Identification Numb			Make		Ň	Year	Model			
0	02	2T1BURHE1JC120351			тоүот	A	1	2018	COROLLA		07/00/0040	

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use NOT A BUS						
	ш	BLK - BLACK Initial Contact Point		SD - SEDAN /ehicle Damage	NOT A 603						
E	U.E.	12FRONT									
UNIT	VEHICL	Extent Of Damage	1	12FRONT							
	×			(shield Demonstration							
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER							
		What Driver Was Doing	V	/ehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other	ľ								
		Driver Actions									
ъ	Ë	FOLLOWING TOO CLOS	E								
UNIT	VEHICL										
	¥										
		Owner Name		Owner Address							
~	~	MEGAN KAY SCHEHR		W5627 HAYNES RD							
02	02	(608) 432-6699		PARDEEVILLE, WI 53954 , US							
		Sequence Of Events									
	6	MOTOR VEH IN TRANSP	ORT								
	02	Event CARGO/EQUIPMENT LO									
	03	Event									
	04	Event									
⊢	I	Policy Holder									
LINU		Insurance Company PROGRESSIVE-CASUAL	TY-INS-CO	Individual MEGAN SCHEHR							
		Individual									
		Driver		Citations Issued	Sex						
	Ļ	MEGAN KAY SCHEHR (608) 432-6699		0	FEMALE						
⊢	DUAI			Date of Birth	Race WHITE						
ľZ	INDINI	Address		Driver License Number							
		W5627 HAYNES RD PARDEEVILLE, WI 53954	I, US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty	y Crash	Safety Equipment							
	Gui	Seat Position		SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
02	002	Injury S Injury NO AF	everity PPARENT INJURY	Airbag NON DEPLOYED							
		Ejected	Ejection Path		Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT APPL		NOT TRAPPED						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #						
		Hospital		Date of Death	Time of Death						

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		Distracted By NOT APPL	y Source .ICABLE (NOT DISTRA	ACTED)								
		Distracted By Action NOT DISTRACTED										
		Striking Unit	# Location									
		Prior Action	I									
		Action										
	_											
⊢	<b>NDIVIDUAL</b>											
	IVID											
	IND											
		Action Other					To/From School					
		Suspected A	Icohol Use	Suspected Drug Use								
	Ľ	Drug & Alcohol NO		NO								
		Alcohol Test Given	Alcohol Test Type	e		Alcohol Test Results						
		Drug Test Given TEST NOT GIVEN	Drug Test Type	t Type Drug Test Results								
~	2	Drug Type										
02	002											
		Individual Condition										
		APPEARED NORMAL										
		Individual	lividual									
	Ī	Passenger		Citations Issued	Sex							
	AL	KYLE MICHAEL BERG	<b>0</b> Date of Birth		MALE Race							
E	INDIVIDUAL		Date of Dirti	WHITE								
	DIV	Address 206 GILETTE ST APT 3	Driver License Number									
	R	PARDEEVILLE, WI 53954, U	S	STATE: WISCONSIN COUNTRY: UNITED STATES								
		On Duty Cra	sh	Safety Equipment								
	Saf	fety Equipment										
		Seat Position 3FRONT SEAT-RIGHT SIDE	SHOULDER & LAP BELT									
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
	~		t. /	Airbog								
6	003	Injury Severi Injury NO APPA		Airbag NON DEPLOYED								
			ction Path			Trapped/Extricated						
		NOT EJECTED         NC           Medical Transport         Image: Comparison of the second secon	T EJECTED/NOT APP	EMS Agency Identifier		NOT TRAPPED EMS Run #						
		NOT TRANSPORTED										
		Hospital		Date of Death		Time of Death						
		Distracted By	y Source	•		1						
		Distracted By Action										

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		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	INDIVIDUAL									
UNIT	)Ū(									
	≤									
ļ		Action Other						To/From School		
		Action Other						TO/FIOM SCHOOL		
İ.		Drug & Alcohol	Suspected Alcohol U	lse	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type	_		Alcohol Test Results			
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	;			
02	003	Drug Type				<u> </u>				
	ŏ									
Ì		Individual Condition								
		APPEARED NORM	/IAL							
		Individual								
		Passenger MICHAEL A BLECHER JR (608) 566-7645			Citations Issued		Sex			
	AL				0 Date of Birth		MALE Race			
E	INDIVIDUAL				Date of Dirti		WHITE			
UNIT	DI	Address 114 E HOWARD S	T APT D		Driver License Number					
	Z	PORTAGE, WI 539			STATE: WISCONSI	N COUNTRY: UN	IITED STATES			
ŀ			On Duty Crash		Safety Equipment					
	Sat	fety Equipment								
		Seat Position 4SECOND SEAT			SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance					
ŀ		Eye Protection			Tint Compliance					
03	004	Injury	Injury Severity NO APPARENT II	NJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa	th			Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORT	ED		Elite Agency Identifier					
		Hospital			Date of Death		Time of Death			
		Distracted Pu	Distracted By Source	9						
ŀ		Distracted By Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action		1						

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UNIT	INDIVIDUAL	Action						
		Action Other	suspected Alcohol Us	ie	Suspected Drug Use			To/From School
	L	Drug & Alcohol	10		NO			
		Alcohol Test Given		Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	004	Drug Type						
		Individual Condition						
		APPEARED NORM	AL					