

6TL0B1716Z

19-12779

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Scene

First Harmful Event DITCH		First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAWN	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - NOT ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 6	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DITCH		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE	License Plate Number IHH120		Plate Type AUT - AUTOMOBILE	St IA	Country of Issuance UNITED STATES	
	Vehicle Identification Number KNDUP132956720403		Make KIA MOTORS CORPORA	Year 2005	Model SEDONA	
	Color MAR - MAROON (BURGUNDY)		Body Style VN - VAN		Bus Use NOT A BUS	
	Initial Contact Point UNDERCARRIAGE		Vehicle Damage			
	Extent Of Damage NO DAMAGE		NO DAMAGE			
	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By MIKES TOWING			
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
	Driver Prior Action Other		BRAKES			

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name NICOLE LYN OLIVER (319) 981-8335	Owner Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 , US
01	01	Sequence Of Events	
	01	Event DITCH	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual NICOLE OLIVER
UNIT	INDIVIDUAL	Individual	
		Driver NICOLE LYN OLIVER (319) 981-8335	Citations Issued 0
		Date of Birth	Sex FEMALE
		Race WHITE	
		Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 , US	Driver License Number STATE: IOWA COUNTRY: UNITED STATES
UNIT	001	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Airbag NON DEPLOYED
		Injury Severity NO APPARENT INJURY	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		Hospital	EMS Run #
		Date of Death	Time of Death
		Distracted By	
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED	
		Striking Unit #	Location
		Non Motorist	
		Prior Action	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT 01	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		Passenger KENNETH R OLIVER (319) 981-8335	Citations Issued 0	Sex MALE	
		Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 , US	Date of Birth		
	Race BLACK				
	Driver License Number	STATE: IOWA COUNTRY: UNITED STATES			
UNIT 01	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		Distracted By	Distracted By Source		
		Distracted By Action			
Non Motorist	Striking Unit #	Location			
Prior Action					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger SCARLETT M OLIVER (319) 981-8335	Citations Issued 0	Sex FEMALE
	Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 , US	Date of Birth WHITE	
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	BOOSTER SEAT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger IVY N OLIVER (319) 981-8335	Citations Issued 0	Sex FEMALE
	Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 , US		Date of Birth Race WHITE
UNIT INDIVIDUAL	Driver License Number		
	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 6--SECOND SEAT-RIGHT SIDE	BOOSTER SEAT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
Distracted By Action			
Non Motorist	Striking Unit #	Location	
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	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger KALLA G OLIVER (319) 981-8335	Citations Issued 0	Sex FEMALE
	Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 , US		Date of Birth WHITE
UNIT INDIVIDUAL	Driver License Number		
	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 9--THIRD SEAT-RIGHT SIDE	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source	
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	Individual		
	Passenger BRAELYN N OLIVER (319) 981-8335	Citations Issued 0	Sex MALE
	Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 , US		Date of Birth WHITE
UNIT INDIVIDUAL	Driver License Number		
	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC	BOOSTER SEAT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
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	Distracted By	Distracted By Source	
Distracted By Action			
Non Motorist	Striking Unit #	Location	
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		Action Other			To/From School	
	01	006	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			