6TL0B1716Z

19-12779

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override | | Primary Crash | Primary Crash Document # Agency Ci 19-12775 | | Crash Number 79 | | ing Officer/Deputy / I. HANSON | | |
|--------------------------------------|--------------------|---------------------------|------------------------------------------------|-------------------|------------------------------------|-----------------------|-----------------------------------|----------------------|--|
| Crash Date 10/13/2019 | | Crash Time 04:19 PM | | Date Ar 10/13/ | | Time Arrived 04:31 PM | | | |
| Date Notified 10/13/2019 | | Time Notified 04:22 PM | | Total U 01 | | Total Injured | Total Kill | ed | |
| On Emerg | gency Hi | t and Run | Lane Clos | | Work Zone | | or Towed | Reporting Threshold | |
| | ernment operty | Active Se | chool Zone | School NO | Bus Related | Tags | | | |
| Reportat | ble | Crash Type DT4000 (STA | ANDARD CRASI | H) | | Amende | d | Secondary Crash | |
| Descriptic | on 🗾 | | | | | | Reconstructio | n By | |
| Diagram | | | | | | | Reconstructio | лг Бу | |
| | | | | | | | | | |
| | | | | | | | Photos By | | |
| | | | | | | | | | |
| | | | | | | | Additional Info | ormation | |
| | | | | | | | NONE | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | NON R | EPORTABLE | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | n law enforceme | ent officer, agr | ee that I have n | ot adder | I any CJIS data in t | this report. | | | |
| UNIT 1 WAS S | OUTH GOING AR | OUND A CURVE | AND FELT THE BI | RAKES LO | DSE PRESSURE. UNI | T 1 LOST CONTROL | | HICLE AND ENTERED TH | |
| WEST DITCHL 9109 | INE AND WAS UN | ABLE TO REMO | VE THE VEHICLE | FROM TH | IE DITCH. THERE WE | ERE NO INJURIES A | ND NO DAM | AGE TO THE VEHICLE. | |
| | | | | | | | | | |
| _ocation | | | | | Latitude | 1000 | Longit | | |
| ON STH113 | SB | | | | | | | 75550026 | |
| ON STH113 989 FT N OF S LAKE I | RD | _ | | | 43.41181 X Coordina | | | 75559926 | |
| 989 FT N OF S LAKE F | RD N OF MERRIMA | с | | | 43.41181 X Coordina 283377.0 | ate | | rdinate | |

19-12779

WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Scene

| | First | Harmful Event | First Harmful Event Location | | | | | | | |
|------|---------------------------------|----------------------------------------------|------------------------------|-----------------|----------------|-----------------|----------------------|---------------------------|---------------|---------------|
| | DIT | СН | | | SHOULDER RIGHT | | | | | |
| | Man | ner of Collision | | | | Light Condition | | | | |
| | NO | NO COLLISION W/VEHICLE IN TRANSPORT | | | | DAWN | | | | |
| | Road | d Surface Condition(s) | | | | Roadway | Factor(s) | | | |
| | DR۱ | (| | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | |
| | NO | NE | | | | NONE | | | | |
| | Wea | ther Condition(s) | | | | 1 | | | | |
| | CLEAR | | | | | | | | | |
| | | nal Type | | | | TRAFFIC | | OT ON ROA | D | |
| | | h Classification - Location BLIC PROPERTY | 1 | | | | | Jurisdiction | | |
| | - | al Land | | | | Access C | | | | Special Study |
| | | | | | | NO CON | | | | |
| | With | in Interchange Area | Junction Location | | Intersectio | on Type | | | | |
| | NO | | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | |
| | Uni | t Summary 🛛 💻 | | | | | | | | |
| | Unit | Status | | | erating As C | lassificatior | ı | Unit Type | | |
| | | RANSIT | D CLASS | | | | | AUTOMOBILE | | |
| 2 | Vehicle Type PASSENGER VAN | | | | | | | Operating As Endorsements | | ments |
| | Total Occs Train/Bus # Recorded | | Total # Cita | tions Issued | 1 | Total Trail | ers | Total Haz | Mat Types | |
| | 6 | | 0 | | | 0 | | | | |
| | Insurance? Direction Of Travel | | Pre CrashTire | |) | Speed Limit | | Total Lanes | | |
| F | - | YES SOUTHBOUND | | | Mark | | | | 2 | |
| UNIT | Most | : Harmful Event: Collision CH | Special Fun NO SPEC | IAL FUNC | TION | | Emergency NOT APP | | | |
| | Traff | ic Way | | Traffic Control | | | | Traffic Cont | trol Inoperat | tive/Missing |
| | | D-WAY, NOT DIVIDE |) | NO CONT | | | | NO | | |
| | | | 10) | Road Curvature | | | Road Grade | | | |
| | | CKTOP (BITUMINOU | 15) | CURVE RIGHT | | | DOWNHILL | | | |
| | NO | K Dus of Flaziviat | | | | | | | | |
| | 1 | Vehicle | | | | | | | | |
| | | License Plate Number | | Plate Type | | | St | Country of Is | suance | |
| | | IHH120 | | | JTOMOBIL | E | IA | UNITED S | TATES | |
| 2 | 5 | Vehicle Identification Nu | | Make | | | Year | Model | | |
| Ŭ | 0 | KNDUP1329567204 | J3 | Body Style | ORS COR | PURA | 2005 | SEDONA Bus Use | | |
| | | MAR - MAROON (B | JRGUNDY) | VN - VAN | | | | NOT A BU | S | |
| _ | щ | Initial Contact Point | | Vehicle Da | mage | | | | | |
| UNIT | <u></u> | UNDERCARRIAGE | | | | | | | | |
| 5 | VEHICL | Extent Of Damage NO DAMAGE | | NO DAM | AGE | | | | | |
| | | Towed Due To Damage | | Vehicle Re | moved By | | | | | |
| | | | UE TO DISABLING DAMAG | MIKES T | | | | | | |
| | | What Driver Was Doing | VE | Vehicle Fa | ctors | | | | | |
| | | NEGOTIATING CUR Driver Prior Action Othe | | BRAKES | ; | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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| | | Driver Actions | | | | | | | | | |
|------|------------|-------------------------------------|-----------|--------------|---------------|------------------------------------|--------------------|--|--|--|--|
| | щ | NO CONTRIBUTIN | G ACT | ION | | | | | | | |
| нI | VEHICLE | | | | | | | | | | |
| UNIT | ¥ | | | | | | | | | | |
| | Ē | | | | | | | | | | |
| | > | | | | | | | | | | |
| | | Owner Name | | | | Owner Address | | | | | |
| _ | | NICOLE LYN OLIV | 'ER | | | 2621 JOHNSON AVE | | | | | |
| 2 | 01 | (319) 981-8335 | | | | CEDAR RAPIDS, IA 524 | 05,US | | | | |
| Ŭ | • | · · · | | | | | | | | | |
| | | | | | | | | | | | |
| | | Sequence Of Ev | /ents | | | | | | | | |
| | 01 | Event DITCH | | | | | | | | | |
| _ | 0 | DICH | | | | | | | | | |
| _ | 02 | Event | | | | | | | | | |
| _ | 0 | | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| _ | 0 | | | | | | | | | | |
| _ | 04 | Event | | | | | | | | | |
| _ | 0 | | | | | | | | | | |
| ъI | | Policy Holder | | | | | | | | | |
| UNIT | 1 | Insurance Company | | | | Individual | | | | | |
| | | PROGRESSIVE-ADVANCED-INSURANCE-CO | | | | NICOLE OLIVER | | | | | |
| _ | | ndividual | | | | | | | | | |
| _ | | Driver | | | | Citations Issued | Sex | | | | |
| | | NICOLE LYN OLIVER (319) 981-8335 | | | | 0 | FEMALE | | | | |
| _ | AL | | | | | Date of Birth | Race | | | | |
| . | DC. | | | | | Date of Dirtit | WHITE | | | | |
| | INDIVIDUAL | Address | | | | Driver License Number | | | | | |
| 5 | D | 2621 JOHNSON AVE | | | | Diver Electise Number | | | | | |
| | N | CEDAR RAPIDS, I | A 5240 | 5,US | | STATE: IOWA COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | | | |
| | l | | On Duty | Crash | | Safety Equipment | | | | | |
| | Saf | ety Equipment | , | | | | | | | | |
| | 1 | Seat Position | | | | SHOULDER & LAP BELT | | | | | |
| | | 1FRONT SEAT-L | EFT SI | DE (DRIVE | R/MOTORCY | | | | | | |
| | | Helmet Use | | | | Helmet Compliance | | | | | |
| | | | | | | | | | | | |
| | | Eye Protection | | | | Tint Compliance | | | | | |
| | | | | | | | | | | | |
| _ | Ξ | | Injury So | everity | | Airbag | | | | | |
| 2 | 001 | Injury | NO AP | PARENTI | NJURY | NON DEPLOYED | | | | | |
| | 1 | Ejected | | Ejection Pa | | | Trapped/Extricated | | | | |
| | | NOT EJECTED | | NOT EJE | CTED/NOT APPL | ICABLE | NOT TRAPPED | | | | |
| | | Medical Transport | | | | EMS Agency Identifier | EMS Run # | | | | |
| | | NOT TRANSPORT | ED | | | | | | | | |
| | | Hospital | | | | Date of Death | Time of Death | | | | |
| | | | | | | | | | | | |
| _ | | | Distract | ed By Source | 9 | | | | | | |
| | | Distracted By | NOT A | PPLICABL | E (NOT DISTRA | CTED) | | | | | |
| | | Distracted By Action | | | | | | | | | |
| | | NOT DISTRACTED |) | | | | | | | | |
| | | | Striking | Unit # | Location | | | | | | |
| | | Non Motorist | | | | | | | | | |
| | | Prior Action | | | - | | | | | | |
| _ | | | | | | | | | | | |

| UNIT | INDIVIDUAL | Action | | | | | | |
|------|------------|------------------------------------------------------|----------------------|---------------------------------------|-------------------|----------------------|----------------|--|
| | | Action Other | | | | | To/From School | |
| | | | | | | | | |
| | Ľ | Suspect Drug & Alcohol NO | ted Alcohol Use | Suspected Drug Use | | | | |
| | [| Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | | |
| | | TEST NOT GIVEN Drug Test Given | Drug Test Type | | Drug Test Results | | | |
| | | TEST NOT GIVEN | Diag rest type | | Drug Test Results | | | |
| 6 | 001 | Drug Type | · | | | | | |
| | · | Individual Condition | | | | | | |
| | | APPEARED NORMAL | | | | | | |
| | l | ndividual | | | | | | |
| | | Passenger KENNETH R OLIVER | | Citations Issued | | Sex MALE | | |
| | IAL | (319) 981-8335 | | 0 Date of Birth | | Race | | |
| ⊑ | D | | | | | BLACK | | |
| UNIT | INDIVIDUAL | Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 5240 | 5 , US | Driver License Number STATE: IOWA COU | NTRY: UNITED \$ | STATES | | |
| | | On Duty | / Crash | Safety Equipment | | | | |
| | Sar | ety Equipment | | | | | | |
| | | 3FRONT SEAT-RIGHT S | DIDE (TRAIN ENGINEER | SHOULDER & LAP BELT | | | | |
| | | Helmet Use | | Helmet Compliance | | | | |
| | | Eye Protection | | Tint Compliance | | | | |
| 2 | 002 | Injury S | everity | Airbag | | | | |
| • | 8 | Ejected | PARENT INJURY | NON DEPLOYED | | Trapped/Extricated | | |
| | | NOT EJECTED | NOT EJECTED/NOT APPL | ICABLE | | NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | 1 | EMS Agency Identifier | | EMS Run # | | |
| | | Hospital | | Date of Death | | Time of Death | | |
| | | Distracted By | ed By Source | 1 | | 1 | | |
| | | Distracted By Action | | | | | | |
| | | Non Motorist | Unit # Location | | | | | |
| | | Prior Action | | | | | | |

| UNIT | INDIVIDUAL | Action | | | | | |
|------|------------|--------------------------------------------|-------------------------|------------------------|-------------------|--------------------------|----------------|
| | | Action Other | | | | | To/From School |
| | l | Suspecte | ed Alcohol Use | Suspected Drug Use | | | |
| | L | Drug & Alcohol No | | NO | | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | e | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 2 | 002 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | l | ndividual | | | | | |
| | | Passenger SCARLETT M OLIVER | | Citations Issued 0 | | Sex FEMALE | |
| | UAL | (319) 981-8335 | | Date of Birth | | Race | |
| | Ā N | Address | | Driver License Number | | WHITE | |
| > | INDIVIDUAL | 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 | , US | | | | |
| | Saf | On Duty | Crash | Safety Equipment | | | |
| | | Seat Position | | BOOSTER SEAT | | | |
| | · | 4SECOND SEAT-LEFT S Helmet Use | IDE(MOTORCYCLE/BI | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | |
| | | | | | | | |
| 5 | 003 | Injury Se Injury NO APP | verity PARENT INJURY | Airbag NON DEPLOYED | | | |
| | [| Ejected | Ejection Path | | | Trapped/Extricated | |
| | | NOT EJECTED Medical Transport | NOT EJECTED/NOT APP | EMS Agency Identifier | | NOT TRAPPED EMS Run # | |
| | | NOT TRANSPORTED | | | | | |
| | | Hospital | | Date of Death | | Time of Death | |
| | | Distracted By | d By Source | 1 | | 1 | |
| | | Distracted By Action | | | | | |
| | | Non Motorist | Jnit # Location | | | | |
| | | Prior Action | | | | | |

| UNIT | INDIVIDUAL | Action | | | | | |
|------|------------|--------------------------------------------|-------------------------|----------------------------------|-------------------|--------------------------|----------------|
| | | Action Other | | | | | To/From School |
| | l | Suspecte | ed Alcohol Use | Suspected Drug Use | | | |
| | Ľ | Drug & Alcohol No | | NO | | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | 9 | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 6 | 003 | Drug Type | · | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | l | ndividual | | | | | |
| | | Passenger IVY N OLIVER | | Citations Issued Sex 0 FEMALE | | | |
| | UAL | (319) 981-8335 | | Date of Birth | | Race | |
| | | Address | | Driver License Number | | WHITE | |
| 5 | INDIVIDUAL | 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 | , US | | | | |
| | Saf | ety Equipment | Crash | Safety Equipment | | | |
| | | Seat Position | | BOOSTER SEAT | | | |
| | · | 6SECOND SEAT-RIGHT Helmet Use | SIDE | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | |
| | | | | Tint Compliance | | | |
| 5 | 004 | Injury Se | verity PARENT INJURY | Airbag NON DEPLOYED | | | |
| | _ [| Ejected | Ejection Path | | | Trapped/Extricated | |
| | | NOT EJECTED Medical Transport | NOT EJECTED/NOT APPI | LICABLE EMS Agency Identifier | | NOT TRAPPED EMS Run # | |
| | | NOT TRANSPORTED | | Lino Agency identilier | | | |
| | | Hospital | | Date of Death | | Time of Death | |
| | | Distracted By | d By Source | I | | 1 | |
| | | Distracted By Action | | | | | |
| | | Non Motorist | Jnit # Location | | | | |
| | | Prior Action | | | | | |

| UNIT | INDIVIDUAL | Action | | | | | | |
|------|------------|------------------------------------------------------|---------------------------|-----------------------|-------------------|----------------------|----------------|--|
| | | Action Other | | | | | To/From School | |
| | | Suspec | ted Alcohol Use | Suspected Drug Use | | | | |
| | | Alcohol NO | Alcohol Test Typ | NO | | Alcohol Test Results | | |
| | | TEST NOT GIVEN | Alcohor rest ry | pe | | Alconor rest Results | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | | |
| 01 | 004 | Drug Type | | | | | | |
| | - | Individual Condition | | | | | | |
| | | APPEARED NORMAL | | | | | | |
| | I | ndividual | | | | | | |
| | Ī | Passenger KALLA G OLIVER | | Citations Issued | | Sex | | |
| | JAL | (319) 981-8335 | | 0 Date of Birth | | FEMALE Race | | |
| | <u>ה</u> | | | | | WHITE | | |
| | | Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 5240 | 5 , US | Driver License Number | | | | |
| 5 | Saf | Con Duty | y Crash | Safety Equipment | | | | |
| | [| Seat Position | | SHOULDER & LAP | BELT | | | |
| | - | 9THIRD SEAT-RIGHT S Helmet Use | IDE | Helmet Compliance | | | | |
| | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | |
| 10 | cnn | Injury S | everity PPARENT INJURY | | | | | |
| | | Ejected | Ejection Path | NON DEPLOYED | | Trapped/Extricated | | |
| | | NOT EJECTED | NOT EJECTED/NOT APP | - | | NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | |
| | ľ | Hospital | | Date of Death | | Time of Death | | |
| | | Distracted By Source | | | | | | |
| | l | Distracted By | ed By Source | | | L | | |
| | [| Distracted By Distracted By Action | ed By Source | | | | | |
| | [| Distracted By | | | | | | |

| UNIT | INDIVIDUAL | Action | | | | | |
|------|------------|-------------------------------------------------------|-------------------------|------------------------|-------------------|--------------------------|----------------|
| | | Action Other | | | | | To/From School |
| | Į | Suspected | Alcohol Use | Suspected Drug Use | | | |
| | Ľ | Drug & Alcohol NO | | 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 | I | |
| 2 | 005 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | l | ndividual | | | | | |
| | _ [| Passenger BRAELYN N OLIVER | | Citations Issued | | Sex MALE | |
| | JAL | (319) 981-8335 | | Date of Birth | | Race | |
| | JŪ[| Address | | Driver Liegnes Number | | WHITE | |
| 5 | INDIVIDUAL | Address 2621 JOHNSON AVE CEDAR RAPIDS, IA 52405 | Driver License Number | | | | |
| | Saf | On Duty C | rash | Safety Equipment | | | |
| | | Seat Position | | BOOSTER SEAT | | | |
| | | 7THIRD SEAT-LEFT SIDE Helmet Use | (SIDECAR: MOTORC | Helmet Compliance | | | |
| | | Fue Drotaction | | | | | |
| | | Eye Protection | | Tint Compliance | | | |
| 5 | 900 | Injury Sev Injury NO APP | erity ARENT IN ILIRY | Airbag NON DEPLOYED | | | |
| | Ū | Ejected E | jection Path | NON DELECTED | | Trapped/Extricated | |
| | | NOT EJECTED Nedical Transport | IOT EJECTED/NOT APPL | EMS Agency Identifier | | NOT TRAPPED EMS Run # | |
| | | NOT TRANSPORTED | | | | | |
| | | Hospital | | Date of Death | | Time of Death | |
| | | Distracted By | By Source | 1 | | l | |
| | | Distracted By Action | | | | | |
| | | Non Motorist | hit # Location | | | | |
| | | Prior Action | | | | | |

6TL0B1716Z

19-12779

| UNIT | INDIVIDUAL | Action | | | | | |
|--------|------------|-------------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| а 1 | | Action Other Suspected Alcohol U | Jse | Suspected Drug Use | | | To/From School |
| | L | Drug & Alcohol No | | 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 | • | |
| 01 | 006 | Drug Type | • | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |