6TL096J8ZK

19-13747

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Crash Date | de Primary Cras | | | Agency Crash Number 19-13747 | | Investigating Officer/Deputy DEPUTY J. SOLCHENBERGER | | |
|--|---------------------------|----------------------|----------------|------------------------------|--|--|------------------------|--|
| 11/04/2019 | Crash Time 07:59 PM | | | Date Arrived 11/04/2019 | | Time Arrived 08:20 PM | | |
| Date Notified 11/04/2019 | Time Notified 08:01 PM | 1 | Total Units 01 | | Total Injured Total Killed 00 00 | | | |
| On Emergency | Hit and Run | Lane Closu | re | Work Zone | Trailer | or Towed | Reporting Threshold | |
| Government Property | | School Zone | School B NO | us Related | Tags | | | |
| ✓ Reportable | Crash Type DT4000 (S | TANDARD CRASH) |) | | Amend | ed | Secondary Crash | |
| Description | | | | | | Reconstruction | By | |
| | ot tp scale | | | | | | | |
| | or the source | | | | | | | |
| | | 3 | | 1-1-1- | | Photos By | | |
| | | unit 1 | | 0.1.7 | | Additional Infor | mation | |
| | | | | Notice of the | | | | |
| 100 | | | | Then y | | | | |
| | E'K | | | A WITH T | 8 | | | |
| | | | | | 2 | | | |
| | | 15 | | 12 | | | | |
| | u a 🖓 | nit 1 | | RINN | ė | | | |
| | | | | A BANK | | | | |
| 105 | | | | 18.9.93 | | | | |
| 100 | | lage rd | | and the | | | | |
| 1 | | | | 1 States | 1 | | | |
| 1. A | | Con | ~ | 1168 | | | | |
| | 11 | Goog | gie | With B | 1 | | | |
| | | | | | | | | |
| | | | | | | | | |
| I, a sworn law enfo | orcement officer. a | gree that I have not | t added | any CJIS data in this | report. | | | |
| UNIT 1 WAS TRAVELING | | | | | | | | |
| ٩ | | | | | | | | |
| | | | | | | | | |
| Location | | | | Latitude | _ | Longitud | | |
| ON LAGE RD 722 FT E OF OAK HILL RD | | | | 43.63790097 | 3 | -89.835 | 5569935 | |
| ON LAGE RD 722 FT E | .TON | | | | - | | 5569935 linate | |

This report does not include any CJIS data. $1 \quad \text{of} \quad 4$

19-13747

WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Scene

| | First | Harmful Event | | | First Harmful Event Location | | | | | | |
|------|--------------------------------|--|---|--------------------------|--|---|-------------------------------------|----------------------------|--------------|---------------|--|
| | TRE | E | | | | OFF ROADWAY, LOCATION UNKNOWN | | | | | |
| | Man | ner of Collision | Light Condition | | | | | | | | |
| | NO | COLLISION W/VEHIC | DARK/UNLIT | | | | | | | | |
| | Road | Road Surface Condition(s) | | | | | Factor(s) | | | | |
| | DR۱ | (| | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | | |
| | NOM | NE | NONE | | | | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLE | AR | | | | | | | | | |
| | Anim | nal Type | | | Relation To Trafficway TRAFFICWAY - NOT ON ROAD | | | | | | |
| | | h Classification - Locatior | 1 | | Crash Classification - Jurisdiction | | | | | | |
| | | | | NO SPECIAL JURISD | | | ISDICTION | | | | |
| | I TIDE | al Land | | Access Contr NO CONTR | | | | | | Special Study | |
| | With | in Interchange Area | Junction Location | | Intersectio | | | | | | |
| | NO | in interentinge / i eu | NON-JUNCTION | | NOT AN INTERSECTION | | | | | | |
| | Uni | t Summary | | | | | | | | | |
| | | Status | | Vehicle Ope | erating As C | lassification | I | Unit Type | | | |
| | | RANSIT | | D CLASS | | | | AUTOMOBILE | | | |
| 2 | | cle Type SENGER CAR | | | | Operating As Endorsements | | | | | |
| - | - | | Train/Bus # Recorded | Total # Cita | Total # Citations Issued Total | | Total Trail | railers Total HazMat Types | | | |
| | 1 1 | 10003 | | 0 | | | 0 | | 0 | | |
| | Insurance? Direction Of Travel | | Pre CrashTire | | • | Speed Limit | | Total Lanes | | | |
| F | YES WESTBOUND | | | Mark | | | 45 | | 2 | | |
| UNIT | Most TRE | t Harmful Event: Collision | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | | | |
| | | ic Way | | Traffic Control | | | Traffic Control Inoperative/Missing | | tive/Missing | | |
| | | D-WAY, NOT DIVIDED ace Type | NO CONTROL | | | NO Road Grade | | | | | |
| | | ACKTOP (BITUMINOL | Road Curvature CURVE LEFT | | | | LEVEL | | | | |
| | Truck Bus or HazMat | | | | | | | | | | |
| | NO | | | | | | | | | | |
| | 1 | Vehicle | | | | | | | | | |
| | | License Plate Number | | Plate Type | | St | | Country of Issuance | | | |
| | AQ89445 | | | AUT - AUTOMOBIL | | .E | IL UNITED ST | | TATES | ATES | |
| 2 | Ξ | Vehicle Identification Number JM1GJ1V52G1416531 | | | Make | | Year | Model SWDAN | | | |
| Ŭ | 0 | | | | MAZDA Body Style | | 2016 | Bus Use | | | |
| | Color BRO - BROWN | | | 4D - 4DR | | | NOT A BUS | | | | |
| | Linitial Contact Point | | | | Vehicle Damage | | | | | | |
| UNIT | <u></u> | 12FRONT | 12FRONT, UNDERCARRIAGE | | | | | | | | |
| 5 | VEHICL | Extent Of Damage MINOR DAMAGE | | | | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | | | |
| | | | UE TO DISABLING DAMAG | PLATTS WRECKER | | | | | | | |
| | | What Driver Was Doing | | Vehicle Fa | CIOIS | | | | | | |
| | | Driver Prior Action Other | | | NOT APPLICABLE | | | | | | |
| | | | | | | | | | | | |

6TL096J8ZK

19-13747

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | |
|------------|---|---------------------------------------|--------------------|-------------|---------------|--|---|--------------------|--|--|
| | щ | NO CONTRIBUTIN | G ACT | ION | | | | | | |
| E | VEHICLE | | | | | | | | | |
| UNIT | Ī | | | | | | | | | |
| | Ē | | | | | | | | | |
| | > | | | | | | | | | |
| | | 0 N | | | | | | | | |
| | | Owner Name | | | | Owner Address | | | | |
| ~ | ~ | ETHAN C KOVAL | | | | 1451 GREYSTONE DR | e | | | |
| 2 | 0 | (847) 826-6827 | | | | GURNEE, IL 60031 , US | 3 | | | |
| | | | | | | | | | | |
| | | Sequence Of Ev | onte | | | | | | | |
| | • | Event | ents | | | | | | | |
| | 2 | | | | | | | | | |
| | U | | | | | | | | | |
| | 02 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| | | Event | | | | | | | | |
| | 03 | | | | | | | | | |
| | | Et | | | | | | | | |
| | 04 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| ъI | 1 | Policy Holder | | | | | | | | |
| UNIT | | Insurance Company | | | | Individual | | | | |
| 5 | | ALLSTATE-INS-CO | r | | | ETHAN KOVAL | | | | |
| | | | · | | | Emantionae | | | | |
| | | ndividual | | | | | | | | |
| | | Driver | | | | Citations Issued | | Sex | | |
| | _ | ETHAN C KOVAL | | | | 0 | | MALE | | |
| | ₹ | (847) 826-6827 | | | | Date of Birth | | Race | | |
| <u>с </u> | 2 | | | | | | | WHITE | | |
| | INDIVIDUAL | Address | | | | Driver License Number | | | | |
| 5 | ā | 1451 GREYSTONE | | | | | | | | |
| | Z | GURNEE, IL 60031 | | | | STATE: ILLINOIS COUNTRY: UNITED STATES | | | | |
| | _ | , | , | | | | | | | |
| | | | | | | | | | | |
| | Sed | ioty Equipmont | On Duty | / Crash | | Safety Equipment | | | | |
| | Sai | fety Equipment | | | | | | | | |
| | | Seat Position | | | | SHOULDER & LAP BELT | | | | |
| | | 1FRONT SEAT-L | EFT SI | DE (DRIVE | R/MOTORCY | | | | | |
| | | Helmet Use | | • | | Helmet Compliance | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | | | Tint Compliance | | | | |
| | | Lycinologion | | | | | | | | |
| | _ | | Injun/ C | ovority | | Airbag | | | | |
| 2 | 001 | Iniury | Injury Severity | | | | | | | |
| <u> </u> | 0 | | NO APPARENT INJURY | | | NON DEPLOYED | | | | |
| | | Ejected | | Ejection Pa | | | | Trapped/Extricated | | |
| | | NOT EJECTED | | NOT EJE | CTED/NOT APPL | LICABLE | | NOT TRAPPED | | |
| | | Medical Transport | | • | | EMS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORT | ED | | | | | | | |
| | | Hospital | | | | Date of Death | | Time of Death | | |
| | | | | | | | | | | |
| | Distracted By Source | | | | | | | | | |
| | Distracted By NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | |
| | | | | | | | | | | |
| | | Distracted By Action | | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | |
| | | Non Materia | Striking | Unit # | Location | | | | | |
| | | Non Motorist | | | | | | | | |
| | | Prior Action | | | | | | | | |
| | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| UNIT | INDIVIDUAL | Action | | | | | |
|------|------------|---|-------------------------------------|--------------------|-------------------|----------------------|----------------|
| | Ľ | Action Other Suspecte Drug & Alcohol NO | d Alcohol Use | Suspected Drug Use | | | To/From School |
| | | Alcohol Test Given TEST NOT GIVEN Drug Test Given | Alcohol Test Type Drug Test Type | | Drug Test Results | Alcohol Test Results | |
| 01 | 001 | TEST NOT GIVEN | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |