6TL08S5WVG

20-02556

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document # Crash Time 09:15 PM Time Notified 09:15 PM		20-02556 SER Date Arrived Time 03/07/2020 09:4			Investigating Officer/Deputy SERGEANT S. SCHRAM Time Arrived 09:44 PM		
5 >	Crash Date 03/07/2020								
0 1 LU822W VG	Date Notified 03/07/2020					Total Injured Total K 00 00		îlled	
200	On Emergency	t and Run 🗌 Lane Closu				Trailer or Towed		Reporting Threshold	
0 L	Government Property	Active Scho	ol Zone	School I NO	Bus Related	Tags			
	Reportable	Crash Type DT4000 (STANE	DARD CRASH)		Ameno	ded	Secondary Crash	
	Description						Reconstruc		
	Non re	eportable slide of	f				Photos By	nformation	
	✓ I, a sworn law enforceme	ent officer, agree	that I have no	t added	any CJIS data in t	his report.			
	UNIT 1 WAS BACKING UP AND RAI						NK BY STEVI	ES TOWING.	

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	Loc	ation									
Í		ST PAUL RD				Latitude			Longitud	de	
	-	FT N				43.63191	1885		-90.096	323952	
		KILLDEER CT HE TOWN OF LA VAL				X Coordin	ate		Y Coord	linate	
		AUK COUNTY	LC			250219.4		4835651.5			
						Structure -	Туре				
	Cra	sh Scene									
Ī		Harmful Event				First Harm	nful Event L	ocation			
	DITCH					ROADSIDE					
	Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT					Light Cond	dition				
					DAR						
	Road	Surface Condition(s)				Roadway	Factor(s)				
	SLU	SH									
	Envi	conment Factor(s)									
	NOM	IE				ETC)	URFACE	CONDITION	(WEI, IC	CY, SNOW, SLUSH,	
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	al Type					o Trafficwa	y OT ON ROA	D		
	Cras	h Classification - Location						Jurisdiction	U		
	PUBLIC PROPERTY										
ĺ	Triba	I Land				Access Co				Special Study	
	10/241-	a lateral an an Anna	hunding langting			NO CON	ITROL				
	NO	n Interchange Area	Junction Location INTERSECTION		Intersection	SECTION					
L I	Ini	Summary									
	Unit Status Vehicle Operating As Classifica							Unit Type			
	IN TRANSIT D CLASS				ASS AUTOMO			BILE			
2	Vehi	cle Type					Operating As Endorsements				
0	-	SENGER VAN									
	Total Occs Train/Bus # Recorded				Total # Citations Issued 00		Total Trai	lers	Total Haz 0	Mat Types	
	02	ance?			<u> </u>	0 Tiro Speed Lir				95	
-	YES		WESTBOUND	Pre	Pre CrashTire Mark		45		02		
	Most	Most Harmful Event: Collision With			Special Function		I		Emergency Motor Vehicle Use		
	DIT			NO SPECIAL FUNCTION					LICABLE		
		ic Way		Traffic Control			Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED		NO CONTROL Road Curvature			NO Road Grade				
				STRAIGHT			UPHILL				
		k Bus or HazMat		-			1				
	NO										
		Vehicle									
		License Plate Number 2585691B	Plate Type	•		St IL	Country of Is				
			Maka			IL Year	UNITED STATES Model				
			ber	Make			1 Out	CARGO VAN			
	01	Vehicle Identification Num		Make FORD			2016	CARGO V	AN		
	01			Make FORD Body Style)		2016	CARGO VA Bus Use	AN		
	01	Vehicle Identification Num 1FTYE1YM9GKB4890		FORD			2016		AN		
	Е	Vehicle Identification Num 1FTYE1YM9GKB4890 Color WHI - WHITE Initial Contact Point		FORD Body Style	1		2016		AN		
UNIT		Vehicle Identification Num 1FTYE1YM9GKB4890 Color WHI - WHITE		FORD Body Style VN - VAN Vehicle Da	1		2016		AN		

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Towed Due To Damage Vehicle Removed By					nicle Removed By				
		NOT TOWED What Driver Was Doing BACKING		ST	EVES AUTO SERVICE				
				Vehicle Factors					
		Driver Prior Action Other		NC	DT APPLICABLE				
		Driver Actions							
	ш	RAN OFF ROADWAY							
F	VEHICLE								
UNIT	Ĕ								
ر	/EI								
	-								
		Owner Name			Owner Address				
	1	VIGA DESIGN INC			273 MARQUETTE DRIVE				
	01				BOLINGBROOK, IL 60440 , US				
	ļ	Sequence Of Events							
	01	Event DITCH							
		Event							
	02								
	03	Event							
		Event							
	04	1.00							
⊢	I	Policy Holder							
UNIT		Insurance Company		Organization/Company					
		ACUITY,-A-MUTUAL-INSURANCE-CO			VIGA DESIGN INC				
		Individual							
	1	Driver			Citations Issued	Sex			
	_	NICHOLAS S FOWLER (708) 577-0080			00	MALE			
	INDIVIDUAL				Date of Birth	Race			
F	D					WHITE			
UNIT	N	Address 7227 W 85TH ST			Driver License Number				
	N	BRIDGEVIEW, IL 60455 , US	S	STATE: ILLINOIS COUNTRY: UNITED STATES					
	_	511150211211,1200100 , 0	-						
			rach						
	Saf	On Duty C fety Equipment	lasn		Safety Equipment				
			Quet Dusition		SHOULDER & LAP BELT				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	1	SHOULDER & LAF BELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
_	~	Injury Severity			Airbag				
2	00	1 1	ARENT INJURY		NON DEPLOYED				
	1	Ejected E	jection Path			Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT A		PPLICABLE		NOT TRAPPED			
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #				
		Hospital			Date of Death	Time of Death			
		Distracted	By Source						
		Distracted By NOT APP	PLICABLE (NOT DISTR	RAC	ſED)				
		Distracted By Action							
		NOT DISTRACTED							

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		Non Motorist	triking Unit #								
		Prior Action									
		Action									
	Ļ										
E	INDIVIDUAL										
UNIT											
	IND										
		Action Other						To/From School			
	,	Suspected Alcohol Use			Suspected Drug Use						
	-	Drug & Alcohol NO Alcohol Test Given Alcohol Test T		Alcohol Test Type	_		Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
5	001	Drug Type									
	0										
		Individual Condition									
		APPEARED NORMA	L								
	ĺ	Individual									
		Passenger WERONIKA M KUBI	NSKA		Citations Issued		Sex FEMALE				
	UAL	Address 8804 W 75TH STREET JUSTICE, IL 60458, US			Date of Birth		Race WHITE				
UNIT	VID				Driver License Number						
	INDIVIDUAL				STATE: ILLINOIS CO	OUNTRY: UNITE	D STATES				
	_	· · · · · · · · · · · · · · · · · · ·	,								
	Sat	fety Equipment	n Duty Crash		Safety Equipment						
		Row Seat Position			SHOULDER & LAP	BELT					
		01 - FRONT ROW			Helmet Compliance						
		Helmet Use									
		Eye Protection			Tint Compliance						
5	002	Injury Severity			Airbag						
	0	Injury NO APPARENT INJURY Ejected Ejection Path			NON DEPLOYED Trapped/Extricated						
		NOT EJECTED		CTED/NOT APPI			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
	Hospital			Date of Death		Time of Death					
		Distracted Pr	istracted By Source)	ļ		<u> </u>				
		Distracted By									
		Non Motorist	triking Unit #	Location							
 		Jotor Vehicle Crash		This repor	t does not include any C.II	S data	Crash Date	03/07/2020			

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		Prior Action					
		Action					
UNIT	INDIVIDUAL						
D	NIDIN						
		Action Other					To/From School
	L	Drug & Alcohol NC	spected Alcohol Use	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	5	
9	002	Drug Type					
		Individual Condition					
		APPEARED NORMAL					