## WISCONSIN MOTOR VEHICLE CRASH REPORT

										. ,	
					9				ating Officer/Deputy  TY I. HANSON		
<u>5</u>	Crash Date <b>05/09/2020</b>				Date Ar 05/09/2			Time Arrived 11:34 AM			
3	Date Notified		11:27 AM Time Notified		Total Ur			Total Injured	Total Kil	lled	
	05/09/2020		11:28 AM		02		03 00				
6 I LUCXUQ6	On Emergency	Hit	and Run	Lane Closu			Trailer	Reporting Threshold			
	Government Property		Active Sc	hool Zone	NO School				Tags		
	<b>✓</b> Reportable		Crash Type DT4000 (STA	NDARD CRASH	l)				ed Secondary Crash		
	Description =										
	not scal	Drivew	ete pole	cth be			Berkl	ley Blvd	Photos By HANSON  Additional Inf PHOTOS		
	I, a sworn law enform unit 1 was noth on crivehicles crashed in La	H BD AT	TEMPTING A LEF	T TURN WEST. UN	IT 1 WAS	SOUTH IN LANE 2.	UNIT Q	MADE THE LE	FT TURN IN FO	ONT OF UNIT 2. THE	

## WISCONSIN MOTOR VEHICLE CRASH REPORT

ſ		CTHBD NB					Latitude	22.400		Longitude -89.76884174		
	-	BERKLEY BLVD		43.47692								
	IN T	HE VILLAGE OF WES	T BARABOO	X Coordina 276064.8			Y Coord 481750					
							Structure 7	Туре				
(	ras	sh Scene										
Ī	First	Harmful Event					First Harm	ıful Event Lo	ocation			
	_	OR VEH IN TRANSPO	ORT				ON ROADWAY					
		er of Collision					Light Condition					
	-	ANGLE					DAYLIGI					
	Road	Surface Condition(s)					Roadway	Factor(s)				
	DRY											
F	Envir	onment Factor(s)										
	NON	E					NONE					
	Weat	her Condition(s)										
	CLE											
	Anim	al Type						o Trafficway				
F	Crash	Classification - Location					Crash Clas	ssification -	Jurisdiction			
	PUBLIC PROPERTY							NO SPECIAL JURISDICTION				
	Tribal Land						Access Control Special Study NO CONTROL					
F	Within Interchange Area Junction Location Inters						n Type					
	NO NON-JUNCTION NOT A					NOT AN	INTERSE	CTION				
	Closu	re Type			Reaso	ns for Clos	ure					
L		E CLOSURE					UEODOEMENT TOWARDING STREET					
		Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		LAW	ENFORC	EMENT, TOW TRUCK, FIRE/EMS					
		9/2020 All Lanes Open	11:27 AM Time All Lanes Open					rod Tim				
		9/2020	12:30 PM	Date Scene Cleared <b>05/09/2020</b>			eu		ne Scene Clea : <b>30 PM</b>	irea		
ī	Jnit	Summary =	•									
		Status		Vehi	cle Ope	rating As C	lassification		Unit Type			
		RANSIT		DC	LASS				AUTOMOBILE			
		le Type							Operating As Endorsements		ments	
F		SENGER CAR	Train/Due # D	1= :	L # C':			Total Tail		Total II-	Mat Tunas	
	Total <b>2</b>	Occs	Train/Bus # Recorded	Tota	ı # Citat	ions Issued		Total Trail	ers	Total Haz	ıvıaı Types	
L		ance?	Direction Of Travel	+'-	D	Cuash Ti-		Speed Lim	nit	Total Lane	es	
	YES		NORTHBOUND			CrashTire Mark		35		2		
L		Harmful Event: Collision V			cial Fun	ction		<u> </u>	Emergency			
L		OR VEH IN TRANSPO	ORT	NO	SPEC	IAL FUNC	TION		NOT APPI			
Traffic Way TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS L NO CON									Traffic Conti	rol Inoperat	ive/Missing	
									NO			
	Surface Type				d Curva R <b>AIGH</b>				Road Grade	:		
CONCRETE Truck Bus or HazMat				318	AIGH	•			OFHILL			
	NO											
	\	/ehicle						04	One i			
		License Plate Number AGN9774			te Type I <b>T - AU</b>	томовіі	_E St WI Year		Country of Issuance UNITED STATES Model			
	-	Vehicle Identification Nun	nber									
	Vehicle Identification Number 2HGES165X3H562580  Make HONDA							2003	CIVIC LX			

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20-04302

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use						
		BRO - BROWN		4D - 4DR							
_	쁫	Initial Contact Point  03 - RIGHT SIDE MIDDLE	\	Vehicle Damage							
UNIT	$\frac{1}{2}$	Extent Of Damage		01 - RIGHT FRONT CORNER, 02 - RIG							
ر ا	VEHICL	DISABLING DAMAGE	ľ	MIDDLE, 04 - RIGHT SIDE REAR, 12 -	FRONT						
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLIN		MIKES TOWING Vehicle Factors							
		What Driver Was Doing  LEFT TURN	\	Verilcie Factors							
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions FAILED TO YIELD RIGHT-C	F-WAY								
⊢	쁫	TAILED TO TILLD MOTH	· WAT								
UNIT	VEHICL										
	<b>N</b>										
		Owner Name		L Ouvear Address							
		Owner Name NICOLE CALDERON		Owner Address 817 PARKSIDE AVE							
01	5	(608) 408-0644		BARABOO, WI 53913 , US							
	;	Sequence Of Events									
	5	MOTOR VEH IN TRANSPOR	<b>к</b> т								
	05	Event									
	03	Event									
		Event									
	04	LVoin									
⊢	ı	Policy Holder									
UNIT		Insurance Company		Individual							
		ACUITY,-A-MUTUAL-INSUF	ANCE-CO	NICOLE CALDERON							
		Individual Driver		Citations Issued	Sex						
		LOGAN ANTHONY WEDEK	IND	1	MALE						
	DUA	(608) 408-0644		Date of Birth	Race						
Ħ	<u></u>				WHITE						
N	INDIN	Address 817 PARKSIDE AVE		Driver License Number							
	Z	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty C	rash	Safety Equipment							
		Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
_	_	Injury Seve	erity	Airbag							
01	00	Injury SUSPEC	TED MINOR INJURY	NON DEPLOYED	Transactification of						
		-	jection Path IOT EJECTED/NOT APPI	LICABLE	Trapped/Extricated NOT TRAPPED						
		Medical Transport		EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTED									

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital				Date of Death		Time of Death				
		Distracted By	Distracted B	By Source	E (NOT DISTRAC	CTED)						
	Distracted By Action NOT DISTRACTED											
	ļ	Non Motorist	Striking Uni	t #	Location							
		Prior Action										
		Action										
	٩L											
LIND	INDIVIDUAL											
5	NDIV											
	=											
		Action Other							To/From School			
			Suspected A	Alcohol U	se	Suspected Drug Use						
	L	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	t Type Drug Test Results						
7	001	Drug Type			1							
		Individual Condition										
		APPEARED NORM	/AL									
			···· · <del>-</del>									
		Individual Passenger				Citations Issued		Sex				
		KENDRA R FUNM	AKER			0		FEMALE				
	JAI	(608) 434-2698				Date of Birth Race						
LINO	DIVIDUAL	Address				WHITE						
5		306 BIRCH STREE				Driver License Number						
	Z	BARABOO, WI 539	913 , US									
	0-4		On Duty Cra	ash		Safety Equipment						
	Sai	fety Equipment			. 141	SHOIII DED 8 I AD I	DEI T					
		01 - FRONT ROW		Seat Po		SHOULDER & LAP BELT						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
2	005	Injury	Injury Sever	rity FED MIN	OR INJURY	Airbag NON DEPLOYED						
		Ejected	Eje	ection Pat	th	ļ.		Trapped/Extricated				
		NOT EJECTED  Medical Transport	N	OI EJE(	CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORT	ED									
		Hospital				Date of Death		Time of Death				

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		_										
		Distracted By	Distracte	d By Source	•							
		Distracted By Action										
	ļ	Non Motorist	Striking l	Jnit #	Location							
		Prior Action										
		Action										
	AL.											
LINO	VIDU											
_	INDIVIDUAL											
		Action Other										To/From School
	j	Drug & Alcohol	Suspecte	ed Alcohol U	se		Suspected Drug Use <b>NO</b>				<u> </u>	
	_	Alcohol Test Given	NO		Alcohol Test Ty		NO .			Alcohol Test	Populto	
		TEST NOT GIVEN		Alcohol rest ry	pe				Alcohol Tes	Results		
		Drug Test Given FEST NOT GIVEN		Drug Test Type		Drug Test Res						
6	002	Drug Type										
		Individual Condition										
		APPEARED NORM	<b>IAL</b>									
		· · · ·										
		Violations UTC Number	Issue To	o2 Stat	tute Number		Description					
	0	BG022502	001	346	5.18(2)		FAIL/YIELD WHILE	//AKIN	IG LEFT T	URN		
		t Summary <b>=</b>										
		Status				Vehicle Operating As Classification				Unit Type		
		RANSIT cle Type				D CLASS				TRUCK Operating As Endorsements		
02		LITY TRUCK/PICKU	P TRUC	CK						Oporating 71	o Endordoni	onio
	Total	Occs	Tra	in/Bus # Re	corded	Tot	al # Citations Issued		Total Traile	rs	Total HazN	lat Types
	2					0			0		0	
Ι	YES		sc	ection Of Tra OUTHBOU			Pre CrashTire Mark		Speed Limi		Total Lanes	
UNIT	MO	Harmful Event: Collision					ecial Function  SPECIAL FUNCTIO	N		NOT APPI		le Use
	Traffic Way  DIVIDED HWY W/TRAFFIC BARRIER						ffic Control CONTROL			Traffic Control Inoperative/Missing  NO		
	Surface Type						ad Curvature			Road Grade		
CONCRETE STRAIGHT DOWNHILL  Truck Bus or HazMat												
	NO											
	1	Vehicle										
		License Plate Number					ate Type FK - LIGHT TRUCK			Country of Is: UNITED ST		
		Vehicle Identification N	Number				ake			Model	VIES	
05	TFT8W3BT7GEB73697				ORD			F350				

#### 6TL0CX0Q6P

20-04302

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use						
	111	GRN - GREEN Initial Contact Point		PK - PICKUP /ehicle Damage							
_	쁫	12 - FRONT	V	venicie Daniage							
	$\exists$	Extent Of Damage	0	01 - RIGHT FRONT CORNER, 11 - LEF	T FRONT CORNER, 12 - FRONT						
ر ر	VEHICL	DISABLING DAMAGE		,	,						
		Towed Due To Damage		/ehicle Removed By							
		TOWED DUE TO DISABLING		MIKES TOWING							
		What Driver Was Doing CHANGING LANES	V	/ehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	쁘	NO CONTRIBUTING ACTIO	N								
L	VEHICL										
⊃	卓										
	>										
		Owner Name		Owner Address							
05	02	AGUSTIN COMAS (815) 222-5064		222 ARBOR RIDGE DR DELAVAN, WI 53115 , US							
0	0	(813) 222-3004		DELAVAIN, WI 33113 , US							
		equence Of Events									
	,	Sequence Of Events Event									
	2	MOTOR VEH IN TRANSPOR	RT								
	05	Event									
	03	Event									
		Event									
	04	LVGIII									
⊢	- 1	Policy Holder									
LNO		Insurance Company Individual									
		ERIE-INS-CO		AGUSTIN COMAS							
		Individual		I Citations Issued	I o						
		Driver AGUSTIN COMAS		Citations Issued  0	Sex MALE						
	¥	(815) 222-5064		Date of Birth	Race						
_	DUA				WHITE						
	INDIN	Address		Driver License Number							
١	2	222 ARBOR RIDGE DR DELAVAN, WI 53115 , US		STATE: WISCONSIN COUNTRY: UI	NITED						
	_	DELAVAN, WI GOTTO , GO		STATES STATES							
		On Duty Cr	rash	Safety Equipment							
	Sat	fety Equipment									
		Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT	Halasat Carralian as							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
05	003	Injury Seve	erity	Airbag							
-	J		ection Path	NON DEPLOYED	Trapped/Extricated						
		'     '	OT EJECTED/NOT APPL	ICABLE	NOT TRAPPED						
		Medical Transport		EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTED									

## WISCONSIN MOTOR VEHICLE CRASH REPORT

								T=1 15 1			
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted B	By Source	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED	)								
		Non Motorist	Striking Uni	t #	Location						
		Prior Action									
		Action									
	AL										
LIND	INDIVIDUAL										
<b>-</b>	NDI										
	_										
		Action Other							To/From School		
	1	Orug & Alcohol	Suspected .	Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given	g Test Given		Drug Test Type		Drug Test Results				
	~	TEST NOT GIVEN									
05	003	Drug Type									
		Individual Condition									
		APPEARED NORM	<b>MAL</b>								
	-	ndividual									
	_	Passenger LEIGH A BUCHHO	LZ COMA	s		Citations Issued  0		Sex FEMALE			
	DIVIDUAL					Date of Birth		Race WHITE			
LIND	Ĭ	Address	- DD			Driver License Number					
	Ĭ	222 ARBOR RIDG DELAVAN, WI 531				STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Cr	ash		Safety Equipment					
	Sai	fety Equipment		Seat Po	oition	SHOULDER & LAP BELT					
		01 - FRONT ROW		09 - RI							
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
05	004	Injury	Injury Seve	rity ED MIN	IOR INJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ej	ection Pa		ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport	ı			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT Hospital	בט			Date of Death		Time of Death			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/09/2020

Crash Time 11:27 AM

		Distracted By Distract	ted By Source					
		Distracted By Action						
		Non Motorist Striking	Unit #	Location				
		Prior Action						
		Action						
	UAL							
LIND	INDIVIDUAL							
	N							
		Action Other						To/From School
	1	Drug & Alcohol NO	ted Alcohol U	se	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	I	
05	004	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
		ALL LANCE NOTIVIAL						