20-04338

### WISCONSIN MOTOR VEHICLE CRASH REPORT

Docume	ent Number Override	Primary Crash	-		20-04338 DEPUTY S.		g Officer/Deputy S. FINNEGAN	
Crash D 05/10/2		Crash Time 10:22 AM		Date Ar 05/10/		Time Arrived	ł	
05/10/2 Date No 05/10/2 On		Time Notified 10:23 AM		Total U <b>02</b>	nits	Total Injured 01	Total Kil	led
On □	Emergency	Hit and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold
	Government Property		chool Zone	School NO	Bus Related	Tags		
✓ Re	eportable	Crash Type DT4000 (STA		ł)		Ameno	led	Secondary Crash
Desci Diagram	ription							
¢			STH 2	23			Reconstruction	
	FRIENDSHIP DR				СТН W		Additional Inf NONE	iormation
		Constraint of the second secon			NOT DRAWN TO SC	ALE		
UNIT 1 ANYON	IE COMING SO HE PROC	STOP SIGN ON CTH EEDED TO CROSS	I W AT STH 23. UNI STH 23 IN THE PAT	T 2 WAS	S/B ON STH 23. UNIT 1 IT 2 AND WAS STRUCK	DRIVER STATED	IGER SIDE. UN	OTH WAYS AND DIDN'T SEE IT 1 DRIVER STATED HE NOTHING HE COULD DO TO

# WISCONSIN MOTOR VEHICLE **CRASH REPORT**

### SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT BARABOO, WI 53913**

04338		CI	RASH	H RE	EPORT	Ē				BARABOO, WI 5391 (608) 356-489
Location										
ON CTHW WB						Latitude			Longitud	le
45 FT E	<b>_</b>					43.39556	65336		-90.036	32175
OF FRIENDSHIP RI IN THE TOWN OF V IN SAUK COUNTY	WESTFIEL	_D				X Coordin 254101.3			Y Coord 480922	
						Structure NO STR				
Crash Scene										
First Harmful Event						First Harm	ful Event	Location		
MOTOR VEH IN TR	ANSPOR	т				ON ROA	DWAY			
Manner of Collision						Light Cond	dition			
01 - ANGLE						DAYLIG	нт			
Road Surface Conditio	n(s)					Roadway	Factor(s)			
WET										
Environment Factor(s)										
NONE						NONE				
Weather Condition(s)										
RAIN, SNOW										
Animal Type						Relation T	o Trafficw	ay		
						TRAFFIC	WAY -	ON ROAD		
Crash Classification - L	_ocation					Crash Clas	ssification	- Jurisdictior	1	
PUBLIC PROPERT	Ϋ́					NO SPE	CIAL JU	RISDICTIO	N	
Tribal Land						Access Co				Special Study
					T	NO CON	TROL			
Within Interchange Are		nction Location				ction Type -WAY INTERSECTION				
NO	IN	TERSECTION					RSECTIO	)N		
Closure Type				Reaso	ons for Closu	ure				
CLOSURE-ONE DI										
Date Initial Lane/Rd Clo 05/10/2020	osed	Time Initial Lane/Rd Close 10:22 AM	ed	LAW	ENFORC	EMENT				
Date All Lanes Open		Time All Lanes Open		Date S	Scene Clear	ed	Т	ime Scene C	leared	
05/10/2020		12:01 PM		05/10	)/2020					
Unit Summary					<i></i>			<del></del>		
Unit Status				•	erating As C	lassification		Unit Type		
			DC	LASS				TRUCK		
Vehicle Type UTILITY TRUCK/PI	CKUP TR	иск						Operating	g As Endorse	ments
Total Occs		Train/Bus # Recorded	Tota	al # Cita	tions Issued		Total Tra	ailers	Total Haz	Mat Types
6			2				0		0	
Insurance?		Direction Of Travel		Pre	CrashTire		Speed L	imit	Total Lan	es
YES	,	WESTBOUND			Mark		55		2	
Most Harmful Event: C MOTOR VEH IN TR			Special Function NO SPECIAL FUNCTION				rgency Motor Vehicle Use			
Traffic Way			Traf	fic Cont	rol	Traffic Control Inoperative/Missin		tive/Missing		
TWO-WAY, NOT DI	VIDED			OP SIG				NO		

#### Truck Bus or HazMat NO Vahiela

Surface Type

**BLACKTOP (BITUMINOUS)** 

	venicie			
	License Plate Number	Plate Type	St	Country of Issuance
	300143F	FRM - FARM	wi	UNITED STATES
	 Vehicle Identification Number	Make	Year	Model
Ì	1FT7W2BT5FEB02700	FORD	2015	F250 SUPER

Road Curvature

STRAIGHT

Road Grade

LEVEL

20-04338

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use			
		BLK - BLACK		PK - PICKUP				
	щ	Initial Contact Point		Vehicle Damage				
UNIT	<u></u>	03 - RIGHT SIDE MIDDLE						
5	VEHICLE	Extent Of Damage		03 - RIGHT SIDE MIDE	DLE, 14 - UNDERCARRIAGE			
	>	DISABLING DAMAGE		Vehicle Removed By				
		TOWED DUE TO DISABL	ING DAMAGE	STEVES AUTO SERVI	CE			
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other		NOT APPLICABLE				
UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT BUT DID NOT SEE	-OF-WAY, OPERATED M	IOTOR VEHICLE IN INAT	TENTIVE, CARELESS OR ERRATIC MANNER, LOOKED			
		Owner Name		Owner Address				
5	5	GREGORY D WILKINSON (608) 415-0639	4	E7071 COUNTY R NORTH FREEDOM	-			
	U	(,			,			
		Sequence Of Events						
		Event						
	6	MOTOR VEH IN TRANSP	ORT					
	02	Event						
	03	Event						
	04	Event						
F	l	Policy Holder						
UNIT		Insurance Company FIRST AUTO CASUALTY		Individual GREGORY WILKINSON				
		Individual						
		Driver GREGORY D WILKINSON	1	Citations Issued	Sex			
	AL	GREGORT D WILKINSON	N Contraction of the second seco	2 Date of Birth	Race			
⊨	DUAL			Date of Birth	WHITE			
N.	N	Address	_	Driver License Number				
	INDIVI	E7071 COUNTY ROAD PI NORTH FREEDOM, WI 53		STATE: WISCONSIN	I COUNTRY: UNITED STATES			
		On Duty	(Crash	Cofet: Fasila				
	Sa	fety Equipment	010311	Safety Equipment				
		Row	Seat Position	SHOULDER & LAP	BELT			
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
0	001	Injury S Injury NO AP	-					
	0	Ejected	PARENT INJURY	DEPLOYED-SIDE	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT A	PPLICABLE	NOT TRAPPED			
		Medical Transport	1	EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED						
11/1000	noin I	Motor Vehicle Crash	This re	port does not include any CJI	S data. Crash Date 05/10/2020			

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of Death	
	l	D	Distracted By Source	•				
	F	Distracted By						
		Distracted By Action UNKNOWN						
	L	Non Motorist	triking Unit #	Location				
		Prior Action						
		Action						
.	UAL							
IND	INDIVIDUAL							
_	ĪQN							
	-							
		Action Other						To/From School
			wanaatad Alaahal I		Suggested Drug Line			
	Ľ	Drug & Alcohol	uspected Alcohol U IO	se	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given		Drug Test Type		Drug Test Results		
	_	TEST NOT GIVEN						
5	001	Drug Type						
		Individual Condition						
		APPEARED NORMA	AL.					
	l	ا م ان ان ما						
	Ĩ	ndividual Passenger			Citations Issued		Sex	
	Ļ	JACKIE LEE WILKI (608) 415-0639	NSON		0		FEMALE	
⊢		(000) 110 0000			Date of Birth		Race WHITE	
	DIVIDUAL	Address E7071 COUNTY HW			Driver License Number			
		NORTH FREEDOM,	WI 53951, US		STATE: WISCONSIN	I COUNTRY: UNI	TED STATES	
			Duty Orest					
	Saf	ety Equipment	In Duty Crash		Safety Equipment			
		Row 01 - FRONT ROW	Seat Po <b>08 - MI</b>		SHOULDER & LAP	BELT		
		Helmet Use	00 - 101	DDLL	Helmet Compliance			
		Eye Protection			Tint Compliance			
2	002	Injury N	njury Severity IO APPARENT II	NJURY	Airbag NOT APPLICABLE			
		Ejected	Ejection Pa	th			Trapped/Extricated	
		NOT EJECTED Medical Transport		CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #	
		NOT TRANSPORTE	D		Date of Death		Time of Death	
		Hospital						
				This report	does not include any C II	C data	Creek Dete	05/10/2020

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	Distracted By Sour	се				
	1	Distracted By Action						
		Distracted by Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	INDIVIDUAL							
UNIT	ID(							
5	DIV							
	N							
		Action Other						To/From School
			0					
	L	Drug & Alcohol	Suspected Alcohol	Use	Suspected Drug Use			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
_	2	Drug Type						
5	002	0 71						
		Individual Condition						
		APPEARED NORM	MAL					
		ndividual						
		Passenger			Citations Issued		Sex	
	١L	TYLER J WILKINS	SON		0		MALE	
	INDIVIDUAL				Date of Birth		Race WHITE	
	IVIC	Address			Driver License Number			
2	ND	E7071 COUNTY R NORTH FREEDOM						
	-	NORTHFREEDOM	W, WI 55951 , OC					
			On Duty Crash		Safety Equipment			
	Sat	fety Equipment						
		Row		Position	SHOULDER & LAP	BELT		
		01 - FRONT ROW Helmet Use	09 - 1	RIGHT	Helmet Compliance			
		Eye Protection			Tint Compliance			
	e	Ī	Injury Severity		Airbag			
2	003	Injury	NO APPARENT	INJURY	DEPLOYED-SIDE			
		Ejected	Ejection F				Trapped/Extricated	
		NOT EJECTED Medical Transport	NOTEJ	ECTED/NOT APPL	ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #	
		NOT TRANSPORT	ED		Line Agency identified			
		Hospital			Date of Death		Time of Death	
			Distracted By Sour	се				
		Distracted By						

### 20-04338

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action							
	Į	Non Motorist	Striking Un	it #	Location				
	ſ	Prior Action							
		Action							
	Ļ								
⊨	INDIVIDUAL								
UNIT									
	ND								
		Action Other							To/From School
	l		Suspected	Alcohol U	se	Suspected Drug Use			
	Ľ	Drug & Alcohol	NO			NO			
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results	
	·	Drug Test Given			Drug Test Type		Drug Test Results		
	e	Drug Type							
6	003	Didg Type							
		Individual Condition							
			<b>MAL</b>						
	l I	ndividual Passenger				Citations Issued		Sex	
	_	TAYLOR L WLIKIN	NSON			0		FEMALE	
	-					Date of Birth		Race	
⊢	DUA							WHITE	
UNIT		Address				Driver License Number		WHITE	
UNIT	INDIVIDUAL	Address E7071 COUNTY R NORTH FREEDOM		51 , US		Driver License Number		WHITE	
UNIT		E7071 COUNTY R NORTH FREEDOM	/I, WI 5395					WHITE	
UNIT		E7071 COUNTY R NORTH FREEDOM				Driver License Number Safety Equipment		WHITE	
UNIT		E7071 COUNTY R NORTH FREEDOM	<b>I, WI 5395</b> On Duty Ci	rash Seat Pos				WHITE	
UNIT		E7071 COUNTY R NORTH FREEDOM	<b>I, WI 5395</b> On Duty Ci	rash		Safety Equipment		WHITE	
UNIT		E7071 COUNTY R NORTH FREEDOM Eety Equipment Row 02 - SECOND ROW Helmet Use	<b>I, WI 5395</b> On Duty Ci	rash Seat Pos		Safety Equipment SHOULDER & LAP Helmet Compliance		WHITE	
UNIT		E7071 COUNTY R NORTH FREEDOM fety Equipment Row 02 - SECOND ROW	<b>I, WI 5395</b> On Duty Ci	rash Seat Pos		Safety Equipment		WHITE	
	Saf	E7071 COUNTY R NORTH FREEDOM fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection	A, WI 5395     On Duty Ci     N     Injury Seve	Seat Pos 09 - RIC	GHT	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag		WHITE	
01 UNIT		E7071 COUNTY R NORTH FREEDOM Eety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury	I, WI 5395	rash Seat Pos 09 - RIG	JURY	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance			
	Saf	E7071 COUNTY R NORTH FREEDOM Eety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED	I, WI 5395	rash Seat Pos 09 - RIG erity ARENT IN jection Pat	JURY	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE		Trapped/Extricated NOT TRAPPED	
	Saf	E7071 COUNTY R NORTH FREEDOM fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	I, WI 5395	rash Seat Pos 09 - RIG erity ARENT IN jection Pat	SHT IJURY	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE		Trapped/Extricated	
	Saf	E7071 COUNTY R NORTH FREEDOM Eety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED	I, WI 5395	rash Seat Pos 09 - RIG erity ARENT IN jection Pat	SHT IJURY	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE		Trapped/Extricated NOT TRAPPED	
	Saf	E7071 COUNTY R NORTH FREEDOM fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORT Hospital	I, WI 5395	rash Seat Pos 09 - RIG erity ARENT IN ARENT IN JOT EJEC	GHT IJURY h CTED/NOT APPL	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE ICABLE EMS Agency Identifier		Trapped/Extricated NOT TRAPPED EMS Run #	
	Saf	E7071 COUNTY RENORTH FREEDOM	I, WI 5395	rash Seat Pos 09 - RIG erity ARENT IN ARENT IN JOT EJEC	GHT IJURY h CTED/NOT APPL	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE ICABLE EMS Agency Identifier		Trapped/Extricated NOT TRAPPED EMS Run #	
	Saf	E7071 COUNTY R NORTH FREEDOM fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORT Hospital	I, WI 5395	rash Seat Pos 09 - RIG erity ARENT IN ARENT IN JOT EJEC	GHT IJURY h CTED/NOT APPL	Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE ICABLE EMS Agency Identifier		Trapped/Extricated NOT TRAPPED EMS Run #	

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	riking Unit #	Location					
		Prior Action							
		Action							
	_								
-	INDIVIDUAL								
UNIT	IVIC								
	IND								
		Action Other						To/From School	
		Su	spected Alcohol U	se	Suspected Drug Use				
	L	Drug & Alcohol N	0		NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e		Alcohol Test Results		
l		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u>I</u>		
5	004	Drug Type							
0	00								
		Individual Condition							
		APPEARED NORMA	L						
		Individual							
	Passenger ALYSON R WILKINSON				Citations Issued		Sex		
	JAL	ALTOON IN WILKING			0 Date of Birth		FEMALE Race		
UNIT	JDL	Address			Driver License Number				
5	INDIVIDUAL	E7071 COUNTY ROA NORTH FREEDOM, N			Driver License Number				
	-	NOR IN FREEDOM, N	WI 55951 , US						
	Sat	fety Equipment	n Duty Crash		Safety Equipment				
	Gui	Row	Seat Po	sition	BOOSTER SEAT				
		02 - SECOND ROW	07 - LE						
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
0	005		ury Severity		Airbag				
	õ	Ejected	D APPARENT II Ejection Pa		NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED		CTED/NOT APP	LICABLE		NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	)		EMS Agency Identifier		EMS Run #		
		Hospital	-		Date of Death		Time of Death		
		Dis	stracted By Source	)					
		Distracted By							
		Distracted By Action							
		Non Motorist	riking Unit #	Location					
				This repo	rt does not include any C.I	IS data	Crash Data	05/10/2020	

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

1								
		Prior Action						
ĺ		Action						
	_							
.	INDIVIDUAL							
UNIT	Ĩ							
5								
	Z							
		Action Other						To/From School
		Drug & Alcohol NO	cted Alcohol U	lse	Suspected Drug Use			
		Alcohol Test Given		Alcohol Test Type	)		Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	5	
	2	Drug Type						
2	005							
		Individual Condition						
		APPEARED NORMAL						
		Individual						
		Passenger			Citations Issued		Sex	
	Ļ	ERIK W WILKINSON			0		MALE	
	INDIVIDUAL				Date of Birth		Race WHITE	
UNIT	Ξ	Address			Driver License Number			
	<b>N</b>	E7071 COUNTY ROAD P NORTH FREEDOM, WI 5	F 3951 US					
	-							
	_	On Dut	y Crash		Safety Equipment			
	Sa	fety Equipment						
		Row 02 - SECOND ROW	Seat Po <b>08 - M</b>		CHILD RESTRAINT	SYSTEM - FOR	WARD FACING	
		Helmet Use	00 - 141	DDLE	Helmet Compliance			
		Eye Protection			Tint Compliance			
_	9	Injury S	Severity		Airbag			
2	006	Injury NO AI	PPARENT I	NJURY	NON DEPLOYED			
		Ejected	Ejection Pa				Trapped/Extricated	
		NOT EJECTED Medical Transport	NOTEJE	CTED/NOT APPI	EMS Agency Identifier		NOT TRAPPED EMS Run #	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
		Distrog	ted By Source					
		Distracted By	led by Source	2				
		Distracted By Action						
				1				
		Non Motorist	g Unit #	Location				
		Prior Action		1				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Action						
_							
IAI							
đ							
Ξ							
Ð							
-							
	Action Other						To/From School
	Drug & Alcohol	NO	Use	NO			
			Alcohol Test Type	<u> </u>		Alcohol Tes	t Results
			Alconor rest rype				
	Drug Test Given		Drug Test Type		Drug Test Result	s	
	TEST NOT GIVEN				-		
90	Drug Type				•		
õ							
	Individual Condition						
		IAL					
,	Violations						
	UTC Number	Issue To?	statute Number	Description			
6	AE757114	001 <sup>3</sup>	46.18(3)		WAY FROM ST	OP SIGN	
2	UTC Number						
		001	944.02(2)	OPERATE MOTOR			NSURANCE
						-	
					ification		
				CLASS			
						operating /	
						iloro	
~	l Occs	Train/Bus #	Recorded T	otal # Citations Issued	Total Tra	liers	Total HazMat Types
2	I Occs	Train/Bus #	Recorded T		Total Tra <b>0</b>	liers	l otal HazMat Types 0
	I Occs rance?	Train/Bus # Direction Of	0				
Insu YES	rance?	Direction Of SOUTHBC	Travel	Pre CrashTire Mark	0	mit	0 Total Lanes 2
Insur YES Most	rance? <b>5</b> t Harmful Event: Collisic	Direction Of SOUTHBC	Travel	Pre CrashTire Mark pecial Function	0 Speed Lin 55	mit Emergency	0 Total Lanes 2 Motor Vehicle Use
Insur YES Most	rance? 5 t Harmful Event: Collisic TOR VEH IN TRANS	Direction Of SOUTHBC	Travel	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIO	0 Speed Lin 55	mit Emergency NOT APP	0 Total Lanes 2 Motor Vehicle Use LICABLE
Insur YES Most MO	rance? 5 t Harmful Event: Collisic TOR VEH IN TRANS fic Way	Direction Of SOUTHBC on With SPORT	Travel DUND [ N Travel	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIO	0 Speed Lin 55	mit Emergency NOT APP Traffic Cont	0 Total Lanes 2 Motor Vehicle Use
Insur YES Most MO Traff	rance? S t Harmful Event: Collisic TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE	Direction Of SOUTHBC on With SPORT	Travel DUND [ S N T	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIO raffic Control IO CONTROL	0 Speed Lin 55	mit Emergency NOT APP	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most MO Traff TWC Surfa	rance? 5 t Harmful Event: Collisic TOR VEH IN TRANS fic Way	Direction Of SOUTHBC on With SPORT	Travel DUND [ S N T N R R	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIO	0 Speed Lin 55	mit Emergency NOT APP Traffic Cont NO	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most MO Traff TWO Surfa	rance? 5 t Harmful Event: Collisic <b>TOR VEH IN TRANS</b> fic Way <b>D-WAY, NOT DIVIDE</b> ace Type	Direction Of SOUTHBC on With SPORT	Travel DUND [ S N T N R R	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIC raffic Control IO CONTROL toad Curvature	0 Speed Lin 55	mit Emergency NOT APP Traffic Cont NO Road Grade	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most MO Traff TWO Surfa	rance? S t Harmful Event: Collisic TOR VEH IN TRANS fic Way O-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINC ik Bus or HazMat	Direction Of SOUTHBC on With SPORT	Travel DUND [ S N T N R R	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIC raffic Control IO CONTROL toad Curvature	0 Speed Lin 55	mit Emergency NOT APP Traffic Cont NO Road Grade	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most Traff TWC Surfa BLA Truc NO	rance? S t Harmful Event: Collisic TOR VEH IN TRANS fic Way O-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINC ik Bus or HazMat	Direction Of SOUTHBC on With SPORT	Travel DUND [ S N T N R R	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIC raffic Control IO CONTROL toad Curvature	0 Speed Lin 55	mit Emergency NOT APP Traffic Cont NO Road Grade	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most Traff TWC Surfa BLA Truc NO	rance? S t Harmful Event: Collisic <b>TOR VEH IN TRANS</b> fic Way <b>D-WAY, NOT DIVIDE</b> ace Type <b>ACKTOP (BITUMINC</b> k Bus or HazMat <b>Vehicle</b> License Plate Number	Direction Of SOUTHBC on With SPORT ED	Travel DUND	Pre CrashTire Mark pecial Function NO SPECIAL FUNCTIO raffic Control IO CONTROL toad Curvature STRAIGHT	0 Speed Lii 55 DN	mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most Traff TWC Surfa BLA Truc NO	rance? t Harmful Event: Collisic TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINC k Bus or HazMat Vehicle License Plate Number AG13919	Direction Of SOUTHBC on With SPORT ED DUS)	Travel DUND	Pre CrashTire Mark ipecial Function NO SPECIAL FUNCTIO IO CONTROL toad Curvature STRAIGHT Plate Type AUT - AUTOMOBILE	0 Speed Lii 55 DN St IL	mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most Traff TW( Surfa BLA Truc NO	rance? t Harmful Event: Collisic TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINC k Bus or HazMat Vehicle License Plate Number AG13919 Vehicle Identification N	Direction Of SOUTHBC on With SPORT ED DUS)	Travel DUND	Pre CrashTire Mark Decial Function NO SPECIAL FUNCTIO IO CONTROL Toda Curvature TRAIGHT Plate Type AUT - AUTOMOBILE Make	0 Speed Lii 55 DN St IL Year	mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S <sup>*</sup> Model	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most Traff TWC Surfa BLA Truc NO	rance? S t Harmful Event: Collisic TOR VEH IN TRANS fic Way O-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINC K Bus or HazMat Vehicle License Plate Number AG13919 Vehicle Identification N 2G1WT55KX69380	Direction Of SOUTHBC on With SPORT ED DUS)	Travel DUND	Pre CrashTire Mark Decial Function NO SPECIAL FUNCTIC IO CONTROL Toad Curvature TRAIGHT Plate Type AUT - AUTOMOBILE Make CHEVROLET	0 Speed Lii 55 DN St IL	mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model IMPALA	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most Traff TW( Surfa BLA Truc NO	rance? S t Harmful Event: Collisic TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINC K Bus or HazMat Vehicle License Plate Number AG13919 Vehicle Identification N 2G1WT55KX69380 Color	Direction Of SOUTHBC on With SPORT ED DUS)	Travel DUND	Pre CrashTire Mark Decial Function NO SPECIAL FUNCTIC IO CONTROL Traffic Control IO CONTROL Tradight Decision Control Decision TRAIGHT Plate Type AUT - AUTOMOBILE Make CHEVROLET Body Style	0 Speed Lii 55 DN St IL Year	mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S <sup>*</sup> Model	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Insur YES Most Traff TW( Surfa BLA Truc NO	rance? S t Harmful Event: Collisic TOR VEH IN TRANS fic Way O-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINC K Bus or HazMat Vehicle License Plate Number AG13919 Vehicle Identification N 2G1WT55KX69380	Direction Of SOUTHBC on With SPORT ED DUS)	Travel DUND	Pre CrashTire Mark Decial Function NO SPECIAL FUNCTIC IO CONTROL Toad Curvature TRAIGHT Plate Type AUT - AUTOMOBILE Make CHEVROLET	0 Speed Lii 55 DN St IL Year	mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model IMPALA	0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
	000 01 000 01 0000 0000 0000 0000 0000	Image: Second state sta	Action Other         Action Other         Drug & Alcohol         No         Alcohol Test Given         TEST NOT GIVEN         Drug Test Given         TEST NOT GIVEN         Drug Type         Individual Condition         APPEARED NORMAL         Violations         UTC Number       Issue To?         AE757114       001         UTC Number         AE757115         Unit Status         IN TRANSIT         Vehicle Type	Image: Second statute number addition of the second statute number addition addition         Arconol Test Given TEST NOT GIVEN         Drug Test Given TEST TIST         OI       Statute Number 346.18(3)         UTC Number AE757115       OI         OI       Statute Number 344.62(2)         Unit Status       V	Action Other         Action Other         Drug & Alcoho       No       Suspected Drug Use No         Alcohol Test Given       Alcohol Test Type         TEST NOT GIVEN       Drug Test Given         Drug Test Given       Drug Test Type         Drug Type       Individual Condition         APPEARED NORMAL       Violations         Violations       JTC Number         Individual Condition       Statute Number         APPEARED NORMAL       Description         Violations       JTC Number         Individual Condition       Appeared Normal         Ontil Summary       Unit Status         Unit Status       Vehicle Operating As Class         Drust Status       Vehicle Type	Action Other         Action Other         Drug & Alcohol       Suspected Alcohol Use         No       NO         Alcohol Test Given       Alcohol Test Type         TEST NOT GIVEN       Drug Test Given         Drug Test Given       Drug Test Type         Drug Test Given       Drug Test Type         Drug Test Given       Drug Test Type         Drug Type       Drug Test Type         Individual Condition       APPEARED NORMAL         Violations       UTC Number         Individual Condition       Statute Number         AF757114       001         346.18(3)       PEARTED NOR VEHICLE W/O F         UTC Number       Issue To?         AE757115       001         Othit Status       Vehicle Operating As Classification         In TRANSIT       D CLASS         Vehicle Type       PASSENGER CAR	Action Other     Action Other       Drug & Alcohol     Suspected Alcohol Use     Suspected Drug Use       No     No     No       Alcohol Test Given     Alcohol Test Type     Alcohol Test       TEST NOT GIVEN     Drug Test Given     Drug Test Given       Drug Test Given     Drug Test Given     Drug Test Results       Drug Type     Drug Test Given     Drug Test Results       Drug Type     Individual Condition     APPEARED NORMAL       Violations     Violations     FAIL/YIELD RIGHT/WAY FROM STOP SIGN       01     Statute Number     Description       AE757115     Issue To?     Statute Number       01     Statute Number     Description       Vehicle Operating As Classification     Unit Type       Unit Status     Vehicle Operating As Classification     Unit Type       NTRANSIT     D CLASS     Unit Type       PASSENGER CAR     Operating A

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

	щ		· · · · · · · · · · · · · · · · · · ·	/ehicle Damage	
UNIT	VEHICLE				
Z	Ĭ	Extent Of Damage			HT SIDE FRONT, 10 - LEFT SIDE FRONT,
	Ē	DISABLING DAMAGE	·	11 - LEFT FRONT CORNER, 12 - FRON	IT
	>	Towed Due To Damage		Vehicle Removed By	
		TOWED DUE TO DISABLIN		STEVES AUTO SERVICE	
		What Driver Was Doing		/ehicle Factors	
		GOING STRAIGHT			
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Filor Action Other			
		Driver Actions			
		NO CONTRIBUTING ACTIO	N		
	Щ	NO CONTRIBUTING ACTIO	N		
Ę	<u>ບ</u>				
UNIT	VEHICL				
	3				
		Owner Name		Owner Address	
2	N	AMBER L HARTMAN		1245 N 4TH ST APT 204	
02	02	(815) 441-8870		PLATTEVILLE, WI 53818, US	
		Sequence Of Events			
		Event			
	9	MOTOR VEH IN TRANSPOR	RT		
		Event			
	02	LVOIR			
		Event			
	03	Lven			
		Front			
	8	Event			
	-				
F	I	Policy Holder			
JNIT		Insurance Company		Individual	
UNIT	I	-	TOMOBILE-INS-CO	Individual AMBER HARTMAN	
UNIT		Insurance Company	TOMOBILE-INS-CO		
UNIT		Insurance Company STATE-FARM-MUTUAL-AU Individual Driver	TOMOBILE-INS-CO		Sex
UNIT	1	Insurance Company STATE-FARM-MUTUAL-AU Individual	TOMOBILE-INS-CO	AMBER HARTMAN	Sex MALE
UNIT	1	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver	TOMOBILE-INS-CO	AMBER HARTMAN Citations Issued	
	1	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver	TOMOBILE-INS-CO	AMBER HARTMAN Citations Issued 0	MALE
	1	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address		AMBER HARTMAN Citations Issued 0	MALE Race
UNIT UNIT	IDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST_POLO		AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number	MALE Race WHITE
	IDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address		AMBER HARTMAN Citations Issued 0 Date of Birth	MALE Race WHITE
	IDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST_POLO		AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US	61064	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US	61064	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US	<b>61064</b> rash	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US	61064	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row	61064 rash Seat Position	AMBER HARTMAN Citations Issued O Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row 01 - FRONT ROW	61064 rash Seat Position	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row 01 - FRONT ROW Helmet Use	61064 rash Seat Position	AMBER HARTMAN Citations Issued O Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row 01 - FRONT ROW	61064 rash Seat Position	AMBER HARTMAN Citations Issued O Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE
UNIT	INDIVIDUAL Sat	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	61064 rash Seat Position 07 - LEFT	AMBER HARTMAN Citations Issued O Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE
	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	61064 rash Seat Position 07 - LEFT	AMBER HARTMAN Citations Issued O Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	MALE Race WHITE
UNIT	INDIVIDUAL Sat	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve NO APPA	61064 rash Seat Position 07 - LEFT	AMBER HARTMAN Citations Issued O Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag	MALE Race WHITE
UNIT	INDIVIDUAL Sat	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Con Duty Con Formation Construction On Duty Construction Con Duty Construction	61064 rash Seat Position 07 - LEFT	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE
UNIT	INDIVIDUAL Sat	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Con Duty Con Formation Construction On Duty Construction Con Duty Construction	61064 rash Seat Position 07 - LEFT writy ARENT INJURY jection Path	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE D STATES
UNIT	INDIVIDUAL Sat	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Con Duty Con Fety Equipment On Duty Con Con Duty Con Con Con Duty Con Con Con Duty Con Con Con Con Con Con Con Con	61064 rash Seat Position 07 - LEFT writy ARENT INJURY jection Path	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE	MALE Race WHITE D STATES
UNIT	INDIVIDUAL Sat	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Con Duty Co fety Equipment On Duty Co Con Duty Co Co Con Duty Co Co Co Co Co Co Co Co Co Co	61064 rash Seat Position 07 - LEFT writy ARENT INJURY jection Path	AMBER HARTMAN Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE	MALE Race WHITE D STATES
UNIT	INDIVIDUAL Sat	Insurance Company STATE-FARM-MUTUAL-AU Individual Driver ANDREW P DEWEY Address 209 W BUFFALO ST POLO POLO, IL 61064 , US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Seve NO APPA Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	61064 rash Seat Position 07 - LEFT writy ARENT INJURY jection Path	AMBER HARTMAN Citations Issued O Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNITE Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier	MALE Race WHITE D STATES Trapped/Extricated NOT TRAPPED EMS Run #

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

			Distracted By	Sourco				
		Distracted By	Distracted by	Source				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action		L				
		Action						
	JAL							
UNIT	ĕ							
5	INDIVIDUAL							
	Ĭ							
		Action Other						To/From School
		Driver & Alashal	Suspected Alc	ohol Use	Suspected Drug Use			<u></u>
	4	Drug & Alcohol	NO		NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN		<b>0</b> <i>1</i>				
02	007	Drug Type						
0	0							
		Individual Condition						
			ΙΔI					
	l	Individual						
		Passenger AMBER LYNN HAI			Citations Issued		Sex	
	AL	(815) 441-8870			0 Date of Birth		FEMALE Race	
⊢	Ď				Date of Birth		WHITE	
UNIT	INDIVIDUAL	Address			Driver License Number			
	g	1245 N 4TH ST # 2 PLATTEVILLE, WI			STATE: WISCONSIN		ITED STATES	
	-		55010 , 00					
			On Duty Crash	)	Safety Equipment			
	Sat	fety Equipment			Caloty Equipmont			
		Row		eat Position	SHOULDER & LAP	BELT		
		01 - FRONT ROW	0	9 - RIGHT				
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
		_						
02	008	<b>1 1</b>	Injury Severity POSSIBLE I			-		
	U	Ejected		ion Path	DEPLOYED-FRONT		Trapped/Extricated	
		NOT EJECTED		EJECTED/NOT APPL	ICABLE		NOT TRAPPED	
		Medical Transport	Į		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT	ED		Data of Death		Time of Death	
		Hospital			Date of Death		Time of Death	
			Distracted By	Source	I		I	
		Distracted By						

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
UNIT	INDIVIDUAL							
		Action Other						To/From School
	L	Drug & Alcohol No		se	Suspected Drug Use NO			
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN		Alcohol Test Type	De		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
8 8 Drug Type								
		Individual Condition						
		APPEARED NORMAL						
Witness								
WITN 01 ESS 01				Address 238 MADISON ST SAUK CITY, WI 53583 , US			Date of Birth	
≥ш								