# WISCONSIN MOTOR VEHICLE CRASH REPORT

[	Document Number Override  Crash Date 05/30/2020  Date Notified 05/30/2020		Primary Crash Document #  Crash Time 03:55 PM  Time Notified 04:00 PM		Agency <b>20-050</b>	Crash Number <b>66</b>	Investigating Officer/Deputy DEPUTY H. VOLZ			
2 ا					Date Ar 05/30/2		Time Arrived 04:10 PM			
4					Total Units <b>02</b>		Total Injured	Total Injured Total Kille 03 00		ed
֡֝֟֝֟֝֟֝֟֝֟֝֟֝֟ ֓	On Emergency Hit		t and Run 🔽 Lane Closu		re Work Zone		Trailer	Trailer or Towed		Reporting Threshold
ا ا ا وا ا	Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags			
	✓ Reportable		Crash Type DT4000 (STANDARD CRASH)				Amended			Secondary Crash
_	-									
	Description Diagram  Not To Scale		     	Unit 1 Unit 2 Highway 12		any C.JIS data in th	s report.	Add	otos By PUTY H V ditional Inform OTOS	
	I, a sworn law enfo							INUT	I'C EDONT!	CET TIDE "DI EW" LINIT 4
-	UNIT 1 WAS TRAVELING S TRAVELED ACROSS THE ( INTO TO EAST SIDE DITCH	CENTER	LINE, THROUGH	THE MEDIAN AND I	INTO THE	NB LANE. UNIT 1 STRU	CK UNIT 2 WHIC	H WA	S TRAVELIN	IG NB. UNIT 1 TRAVELED

# WISCONSIN MOTOR VEHICLE CRASH REPORT

L	OC?	ation <b></b>										
_		RSECTION					Latitude			Longitud	le	
	ON USH12 EB							43.537645345 -89.786981264				
1	AT R	AMP USH12 EB										
1	N TI	HE TOWN OF DELTO	N				X Coordinate					
I	N S	AUK COUNTY								402423		
							Structure NO STR	Type UCTURE				
C	ras	sh Scene										
F	First I	Harmful Event					First Harm	nful Event L	ocation			
N	мот	OR VEH IN TRANSP	ORT				ON ROA	DWAY				
N	Mann	er of Collision					Light Cond	dition				
1	)2 - I	FRONT TO FRONT					DAYLIG					
	-	Surface Condition(s)				Roadway						
	DRY	* *					- roadinay	. 4010.(0)				
		onment Factor(s)					_					
	NON						NONE					
V	Veat <sup>t</sup>	her Condition(s)					_					
	CLE	` ,										
A	Animal Type					Relation T	o Trafficwa	у				
							CWAY - O					
1	Crash Classification - Location PUBLIC PROPERTY						Jurisdiction					
	Tribal Land						NO SPECIAL JURISDICTION  Access Control Special Study					
						1.	NO CON	ITROL				
	Withir <b>NO</b>	n Interchange Area	Junction Location NON-JUNCTION		Intersection Type NOT AN INTERSECTION							
	-	re Type	Non concinent		Reaso	_	or Closure					
		E CLOSURE			Neasc	Acadona for closure						
		Initial Lane/Rd Closed	Time Initial Lane/Rd Close	od	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS							
		0/2020	04:10 PM	LAW ENFORC			SEMENT, TOW TROOK, TIKE/EMS					
[	Date .	All Lanes Open	Time All Lanes Open	Date Scene Clear				ime Scene Cleared				
ш		0/2020	04:56 PM		05/30	)/2020		04	:56 PM			
		Summary =		11/11		i: A 0			1			
		Status			Vehicle Operating As Cla			Jassincation		Unit Type		
		RANSIT		DC	D CLASS				AUTOMOBILE			
		le Type SENGER CAR			Operating As Endorsements			nents				
Ľ		Occs	Train/Bus # Recorded	Tota	Total # Citations Issued		Total Trai	lers	Total Haz	Mat Types		
	1	0000		0		10110 100000	0			0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		ance?	Direction Of Travel		Pre	CrashTire	•	Speed Lir	nit	Total Lanes		
	YES		SOUTHBOUND	<u> </u>		Mark		65		4		
		Harmful Event: Collision '			cial Fun <b>SPEC</b>	ction IAL FUNC	TION		NOT APPL			
			<u> </u>		fic Cont							
1	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				CONT				Traffic Control Inoperative/Missing  NO			
		се Туре			d Curva				Road Grade			
		CKTOP (BITUMINOU	5)	STF	RAIGH	T			LEVEL			
	Truck <b>NO</b>	Bus or HazMat										
		/ehicle										
	_	License Plate Number		Pla	te Type			St	Country of Iss	uance		
		200497				томовіі	_E	WI	UNITED ST	ATES		
,	_	Vehicle Identification Nur	mber	Mal		ADII E		Year	Model	211		
1		3R47FAM463751		UL	DSMC	DILE		1980	CUTLASS S	, U		

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color BLK - BLACK		Body Style CP - COUPE	Bus Use					
	Ш	Initial Contact Point		Vehicle Damage						
╘	딩	12 - FRONT								
	VEHICL	Extent Of Damage	1	15 - ALL AREAS						
	VE	DISABLING DAMAGE								
		Towed Due To Damage TOWED DUE TO DISABLING		Vehicle Removed By BILLS TOWING						
		What Driver Was Doing		/ehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other	1	TIRES						
		Driver Actions								
	ш	NO CONTRIBUTING ACTION	N							
╘	VEHICL									
LNO	ᇳ									
	>									
		Owner Name		Owner Address						
5	01	TREVER K LUETKENS (608) 477-3998		234 W LAKE RD LAKE DELTON, WI 53940 , US						
0	0	(000) 477-3990		LAKE DELIGIT, WI 33340 , 03						
		Sequence Of Events								
		Event	_							
	01	MOTOR VEH IN TRANSPOR	<del>'</del> Τ							
	02	Event EQUIPMENT FAILURE (BLC	OWN TIRE, BRAKE FAIL	URE, ETC)						
	03	Event CROSS MEDIAN								
	04	Event								
_		Policy Holder								
LNO		Insurance Company Individual								
٦		ALLSTATE-INS-CO		TREVER LUETKENS						
	ļ	ndividual			T <sub>a</sub>					
		Driver TREVER K LUETKENS		Citations Issued  0	Sex MALE					
	AL	(608) 477-3998		Date of Birth	Race					
_	DUAI				WHITE					
	Σ	Address		Driver License Number						
	INDIVI	234 W LAKE RD LAKE DELTON, WI 53940 ,	us	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Cr	ash	Safety Equipment						
	July 1	Row	Seat Position	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT	ONOCESER & EAR SEET						
		Helmet Use	1	Helmet Compliance						
		Eye Protection		Tint Compliance						
				Title Compilation						
2	001	Injury Seve	rity FED MINOR INJURY	Airbag						
-	ا		ection Path	NON DEPLOYED	Trapped/Extricated					
		-	OT EJECTED/NOT APPL	LICABLE	TRAPPED/NOT EXTRICATED					
		Medical Transport  EMS GROUND		EMS Agency Identifier 6000123	EMS Run #					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/30/2020

Crash Time 03:55 PM

		Hospital ST CLARE HOSP			Date of Death			Time of Death			
	,	Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)						
		Distracted By Action NOT DISTRACTED	ı								
		Non Motorist	Striking Unit #	Location							
		Prior Action									
		Action									
_	JAL										
LNO	NDIVIDUAL										
	IND										
		Action Other								To/From School	
	Ĺ	Drug & Alcohol	Suspected Alcohol U <b>NO</b>	se	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9			Alcohol Tes	Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type Drug Test		est Results	Results			
6	001	Drug Type									
		Individual Condition									
	PHYSICALLY IMPAIRED										
	Unit	t Summary =									
		Status		Ve	ehicle Operating As Classi	fication		Unit Type			
	IN T	RANSIT		D	D CLASS			AUTOMOI	BILE		
~	Vehi	cle Type		I				Operating A	s Endorsem	ents	
02	PAS	SENGER CAR									
	Tota	l Occs	Train/Bus # Re	corded To	Total # Citations Issued Total Trail			ailers Total HazMat Types			
	2			0	0 0			0			
		rance?	Direction Of Tra		Pre CrashTire Speed Lin					S	
╘	YES		NORTHBOU		Mark 65				4		
LINO		Harmful Event: Collision			pecial Function	. NI		Emergency Motor Vehicle Use			
_		TOR VEH IN TRANS	PORT		NO SPECIAL FUNCTION			NOT APPLICABLE			
		ic Way			Traffic Control			Traffic Control Inoperative/Missing			
		DED HWY W/O TRA	FFIC BARRIER		NO CONTROL			NO			
		ace Type	IIC)		oad Curvature			Road Grade  LEVEL			
		ACKTOP (BITUMINO  k Bus or HazMat	05)	3	TRAIGHT						
	NO	k bus of Hazmat									
	,	Vehicle									
		License Plate Number		P	Plate Type	;	St	Country of Issuance			
		342UAP		A	AUT - AUTOMOBILE			UNITED ST	ATES		
05	2	Vehicle Identification N			/lake			Model			
0	02	1G1PC5SB9D72224	494		CHEVROLET			CRUZE LT			
		Color SIL - SILVER (ALUMINUM)			Body Style 4D - 4DR			Bus Use			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	쁘	Initial Contact Point		Vehicle Damage				
LINO	VEHICLE	11 - LEFT FRONT CORNER Extent Of Damage		15 - ALL AREAS				
<b>&gt;</b>	(正	DISABLING DAMAGE		· · · · · · · · · · · · · · · · · · ·				
		Towed Due To Damage	,	Vehicle Removed By				
		TOWED DUE TO DISABLIN	IG DAMAGE	MIKES TOWING				
		What Driver Was Doing	,	Vehicle Factors				
		GOING STRAIGHT  Driver Prior Action Other		NOT APPLICABLE				
		Diver i nei Action Cinci						
		Driver Actions						
_	LE	NO CONTRIBUTING ACTION	)N					
	우							
⊃	VEHICL							
		Owner Name ALEX J CUSKEY		Owner Address				
05	02	(715) 651-4390		5102 SILVER TRACE RUN #415 MADISON, WI 53705 , US				
	,	Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPO	RT					
		Event						
	02							
	03	Event						
	94	Event						
		Policy Holder						
		Insurance Company		Individual				
5		IMT-INS-CO		ALEX CUSKEY				
		localitati aleend						
	ı	Individual						
		Driver	EDE	Citations Issued	Sex			
			ERS	0	FEMALE			
_		Driver	ERS					
<b>TIN</b>		Driver JENNIQUE BRIANNE DEM Address		0	FEMALE Race			
UNIT	DIVIDUAL	Driver JENNIQUE BRIANNE DEM  Address 5102 SILVER TRACE RUN		Date of Birth  Driver License Number	Race WHITE			
UNIT	DIVIDUAL	Driver JENNIQUE BRIANNE DEM Address		O Date of Birth	Race WHITE			
LINO	INDIVIDUAL	Driver JENNIQUE BRIANNE DEM  Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US	#415	Date of Birth  Driver License Number	Race WHITE			
TINO	INDIVIDUAL	Driver JENNIQUE BRIANNE DEM  Address 5102 SILVER TRACE RUN MADISON, WI 53705, US	#415	Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment	Race WHITE			
LIND	INDIVIDUAL	Driver JENNIQUE BRIANNE DEM  Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US	#415	Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN	Race WHITE			
TINO	INDIVIDUAL	Address 5102 SILVER TRACE RUN MADISON, WI 53705, US  On Duty Control Row	#415 Crash Seat Position	Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment	Race WHITE			
TINU	INDIVIDUAL	Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US  fety Equipment  Row 01 - FRONT ROW	#415 Crash Seat Position	Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT	Race WHITE			
	INDIVIDUAL Safe	Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US  fety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection  Injury Sev	#415  Crash  Seat Position 07 - LEFT	O Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance	Race WHITE			
02 UNIT	INDIVIDUAL	Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury  IN	#415  Crash  Seat Position 07 - LEFT  Verity  CTED SERIOUS INJUR	O Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance	Race WHITE  ITED STATES			
	INDIVIDUAL Safe	Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Ejected  Injury Inju	#415  Crash  Seat Position 07 - LEFT	O Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-COMBINATION	Race WHITE			
	INDIVIDUAL Safe	Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury  Ejected NOT EJECTED Medical Transport	#415  Crash  Seat Position 07 - LEFT  Verity  CTED SERIOUS INJUR  Ejection Path	Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-COMBINATION  LICABLE  EMS Agency Identifier	Race WHITE  ITED STATES  Trapped/Extricated			
	INDIVIDUAL Safe	Address 5102 SILVER TRACE RUN MADISON, WI 53705 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury  Injury  Ejected NOT EJECTED  INJURY  INJURY  INJURY	#415  Crash  Seat Position 07 - LEFT  Verity  CTED SERIOUS INJUR  Ejection Path	O Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UN  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-COMBINATION	FEMALE Race WHITE  ITED STATES  Trapped/Extricated TRAPPED/EXTRICATED			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

								,		
			NOT APP	By Source PLICABLE (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED	)							
		Non Motorist	Striking Un	it # Location						
		Prior Action		1						
		Action								
	<b>IAL</b>									
LNO	INDIVIDUAL									
ر	INDI									
		Action Other						To/From School		
	L	Orug & Alcohol	Suspected <b>NO</b>	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				
05	002	Drug Type								
	C	Individual Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger			Citations Issued		Sex			
	_	JULIE ANN DEMERS			0		FEMALE			
_	INDIVIDUAL				Date of Birth Race WHITE					
	Σ	Address			Driver License Number					
	IND	2119 20 3/4 AVE RICE LAKE, WI 54868 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty Crash  fety Equipment			Safety Equipment					
	Jan	Row		Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW Helmet Use		09 - RIGHT	Helmet Compliance					
		Eye Protection			Tint Compliance					
8	2	Injury Severity			Airbag					
05	003	<b>Injury</b> Ejected	0000	TED SERIOUS INJUR ection Path	DEPLOYED-COMBINATION  Trapped/Extricated					
		NOT EJECTED		OT EJECTED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport  NOT TRANSPORT	ED		EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Distracted By	Distracted I	By Source	l					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
İ		Action					
	_						
_	INDIVIDUAL						
LIND	₹						
_ ا							
	=						
							T. (5. 0.)
		Action Other					To/From School
t		Suspected Alcohol U	se	Suspected Drug Use			
		Alcohol Test Given	Alcohol Test Type	NO		Alcohol Test Results	
		TEST NOT GIVEN		•		Alcohol Test Results	
İ		Drug Test Given TEST NOT GIVEN	Drug Test Type	rug Test Type			
	က	Drug Type					
05	003						
		Individual Condition					
		APPEARED NORMAL					
		ness ———————————————————————————————————				1	2 (2)
2	DEA	idual AN ROBERT COENEN		Address 680 BROADWAY ST			Date of Birth
WITN	(608	3) 370-4393		PRAIRIE DU SAC, WI	53578 , US		
Žμ	   \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						
	Indiv	ness Indicate Indicat		Address			Date of Birth
05	1000	DMAS EDWIN HARTLING 8) 432-3212	;	S1085 CLARA AVE # 2			
WITN		,, 102 0212		WISCONSIN DELLS, WI 53965 , US			
≤ "		ness					
~	Indiv	idual		Address			Date of Birth
03	1000	N L BAILEY 8) 732-6968		18667 S IOWA ST MUSCODA, WI 53573	, US		
WITN							