20-05884

WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Date 06/19/2020 Date Notified 06/19/2020 On Emergency	Crash Time 01:53 PM Time Notified			rived	Time A mineral		
06/19/2020 On Emergency Government			Date Arrived 06/19/2020 Total Units 02		Time Arrived 02:08 PM		
Government	01:55 PM				Total Injured	Total Kille	Total Killed 00
	Hit and Run	Lane Closu		Work Zone	Trailer o	or Towed	Reporting Threshold
		chool Zone	School NO	Bus Related	Tags		
Reportable	Crash Type DT4000 (STA	NDARD CRASH)			d	Secondary Crash
Description						Reconstruction	a Du
	Devils Lake Sou	uth Shore Parkin	ng Lot		-	Photos By I HANSON Additional Info PHOTOS	rmation
↓ I, a sworn law enfor	cement officer agr	ee that I have no	t added	not sc.			
UNIT 1 WAS BACKING OUT						IT 1 STATED F	E DIDNT SEE UNIT 2 AS

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	~~	ation								(608) 356-4895	
I I		DEVIL'S LAKE STATE				L a thu a la			L e a situal e		
		FT N				Latitude 43.40991	9009		Longitude -89.72353	363	
		S LAKE RD				X Coordin			Y Coordina		
		HE TOWN OF BARABO	00			279485.9375 4809940.5					
	IN S	AUK COUNTY				Structure Type					
						Oli dolaro	, , po				
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	ful Event L	ocation			
		KED MOTOR VEHICLE	<u> </u>			ON ROA					
		ner of Collision				Light Cond					
	-	REAR TO REAR				DAYLIGHT					
	Road	d Surface Condition(s)			Roadway	Factor(s)					
	DR۱	/									
	Envi	ronment Factor(s)									
	NO	IE				NONE					
ſ		ther Condition(s)									
	CLE										
	Anim	al Type				Relation T					
-	Cras	h Classification - Location						AY - PARKING	JLUI		
	PUE	LIC PROPERTY						RISDICTION			
ŀ	Triba	I Land			Access Control		ontrol	Special Study		pecial Study	
					NO CONTROL Intersection Type NOT AN INTERSECTION			ONTROL			
	With NO	0	Junction Location NON-JUNCTION								
Ī	Jni	Summary									
Τ	Unit	Status		Vehicle Ope	erating As C	Classification Unit Type					
		TRANSIT D CLASS					AUTOMOBILE				
		cle Type SENGER CAR					Operating As Endorsements		nts		
-		Occs	Train/Bus # Recorded	Total # Citat	tions Issued	0 e Speed Limi 15		0		t Types	
	2			0							
Ī	Insu	ance?	Direction Of Travel	Pre	CrashTire						
-	YES	;	NORTHBOUND		Mark						
		Harmful Event: Collision W		Special Fun						Use	
'				NO SPEC						Missing	
		ic Way KING LOT OR PRIVAT		Traffic Cont NO CONT						wissing	
-		ace Type		Road Curva							
)	STRAIGH							
-		k Bus or HazMat	/	ondad	•						
	NO										
		Vehicle		Plate Type				1			
		License Plate Number AGR7080				St		Country of Issuance			
		Vehicle Identification Num	Make	AUT - AUTOMOBILE		WI Year	UNITED STATES Model				
	6						2017	FUSION			
		Color						Bus Use			
		GRY - GRAY		SD - SED							
	Щ	Initial Contact Point		Vehicle Da	mage						
,	EHICL	08 - LEFT SIDE REAR				AD 00 1					
i I	퓨	Extent Of Damage	26	08 - LEFT	08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE						
·											

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		Towed Due To Damage		Veh	icle Removed By							
		NOT TOWED		ow	/NER							
		What Driver Was Doing		Veh	icle Factors							
		BACKING										
		Driver Prior Action Other		NO	T APPLICABLE							
		Driver Actions										
	щ	LOOKED BUT DID NOT SEE	E									
⊑∣	VEHICL											
UNIT	H											
	×Ε											
		• • •										
		Owner Name TY J MCNULTY			Owner Address 2564 N LAKE DR # 4							
2	01	(414) 736-4413			MILWAUKEE, WI 53211 , US							
•	-											
		Sequence Of Events										
	01	Event PARKED MOTOR VEHICLE										
	0											
	02	Event										
	03	Event										
		Frank										
	04	Event										
⊢	l	Policy Holder										
UNIT		Insurance Company			ndividual							
		PROGRESSIVE-ADVANCED	-INSURANCE-CO	TY MCNULTY								
	I	Individual										
		Driver			itations Issued	Sex						
	١L	TY J MCNULTY (414) 736-4413		0		MALE						
Ь	INDIVIDUAL				Date of Birth	Race						
UNIT	IVI	Address		Driver License Number								
	ND	2564 N LAKE DR # 4 MILWAUKEE, WI 53211 , US		S	TATE: WISCONSIN COUNTRY: UN	ITED STATES						
	-		•									
		On Duty Cr	ash	0	afety Equipment							
	Saf	fety Equipment	4311	3								
	1	Row	Seat Position	s	HOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
2	001	Injury Seve	-									
	0		ARENT INJURY ection Path	N	ION DEPLOYED	Trapped/Extricated						
			OT EJECTED/NOT APF			NOT TRAPPED						
		Medical Transport	01 2020122/1101741		MS Agency Identifier	EMS Run #						
		NOT TRANSPORTED										
		Hospital		D	Date of Death	Time of Death						
		Distracted	Bv Source									
		Distracted By NOT APP	LICABLE (NOT DISTR	ACT	ED)							
		Distracted By Action										
		NOT DIGITIAGTED										

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		Non Motorist	king Unit #	Location						
		Prior Action								
		Action								
	Ľ									
E	INDIVIDUAL									
UNIT										
	IND									
		Action Other						To/From School		
		Sus	spected Alcoh	ol Use	Suspected Drug Use					
	L	Drug & Alcohol NO Alcohol Test Given)	Alcohol Test Type	NO		Alcohol Test Results			
		TEST NOT GIVEN		Aconorrest type	5		Alcohol Test Results			
l		Drug Test Given Drug Test Type TEST NOT GIVEN				Drug Test Results				
6	001	Drug Type								
	õ									
		Individual Condition								
		APPEARED NORMAL	-							
		Individual								
	1	Passenger KARA ANNE OLDS (262) 365-1957			Citations Issued		Sex			
	AL				0 Date of Birth		FEMALE Race			
E	DU				Date of Birtin	WHITE				
UNIT	INDIVIDUAL	Address 1500 17TH AVE			Driver License Number					
	N	GRAFTON, WI 53024	, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		. On	Duty Crash		Safety Equipment					
	Saf	fety Equipment	,							
		Row 01 - FRONT ROW	ROW 09 - RIGHT		SHOULDER & LAP	BELT				
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	002	Injury NO	iry Severity APPAREN	T INJURY	Airbag NON DEPLOYED					
		Ejected	Ejection	Path		Trapped/Extricated				
		NOT EJECTED	NOT E	JECTED/NOT APP			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Distrocted P:	tracted By So	urce						
		Distracted By Action								
		Distracted by ACIION								
		Non Motorist	king Unit #	Location						
	Vicconcip Motor Vehicle Crash Date 06/19/2020									

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		Prior Action									
E	DUAL	Action									
UNIT	INDIVIDUAL										
		Action Other			To/From School						
	L	Drug & Alcohol NO	Dected Alcohol L	Jse	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9			Alcohol Tes	t Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug ⁻	Test Results				
6	002	Drug Type	Drug Type								
		Individual Condition									
		t Summary									
		Status			Vehicle Operating As Classification D CLASS			Unit Type TRUCK			
					DCLASS			Operating A	s Endorsen	nents	
02											
	1	I Occs	Train/Bus # Re	0	Total # Citations Issued 0		Total Traile		0		
UNIT	Insurance? Direction Of Travel YES NOT ON ROADWAY			ADWAY	Pre CrashTire Mark		Speed Lim 15		Total Lane		
5	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function POLICE Truttin Operator			Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT Traffic Control Inoperative/Missing			
		fic Way RKING LOT OR PRIVATE PROPERTY			Traffic Control NO CONTROL			NO			
		ace Type			Road Curvature			Road Grade			
		CKTOP (BITUMINOUS)			STRAIGHT			LEVEL			
	Truc NO	k Bus or HazMat						1			
	1	Vehicle									
	[License Plate Number		1	Plate Type S		St	Country of Issuance			
		MR4202			LTK - LIGHT TRUCK		WI	UNITED STATES			
02	02	Vehicle Identification Numb					Year	Model			
	0	1GCVKREC0GZ271517 Color	I		CHEVROLET Body Style		2016	SILVERADO Bus Use			
		BLK - BLACK			PK - PICKUP			200 000			
	щ	Initial Contact Point		· · · · ·	Vehicle Damage						
UNIT	ICL	04 - RIGHT SIDE REAF	र								
5	VEHICL	Extent Of Damage MINOR DAMAGE			05 - RIGHT REAR CO	RNER					
		Towed Due To Damage NOT TOWED			Vehicle Removed By OWNER						
•		What Driver Was Doing LEGALLY PARKED									
		LUALLIFARRED									

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				Vehicle	Factors						
		Driver Prior Action Other		ΝΟΤ Α	PPLICABLE						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
02	02	Owner Name STATE OF WISCONSIN DN (608) 393-6504	R	242	mer Address 21 DARWIN RD ADISON, WI 53704 ,US						
		Sequence Of Events									
	01	Event MOTOR VEH IN TRANSPOR	RT								
	02	Event									
	03	Event									
	04	Event									
Ŀ	I	Policy Holder									
UNIT		Insurance Company ARI INSURANCE		Government STATE OF WISCONSIN DNR							
		Individual									
		Occupant Of Motor Vehicle Not In	n Transport	Citations Issued Sex							
	_	RICHARD J MAKI		0		MALE					
E	DUA			Date		Race WHITE					
UNIT	INDIVIDUAL	Address , WI , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty Crash fety Equipment POLICE			ty Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
02	003	Injury Sevential Injury Sevential Injury Sevential Injury	erity ARENT INJURY	Airba	lg KNOWN						
		Ejected	jection Path	onn		Trapped/Extricated					
		Medical Transport		EMS		EMS Run #					
	NOT TRANSPORTED				of Death	Time of Death					
		Hospital	Time of Death								
		Distracted By	By Source								
		Distracted By Action									
		Non Motorist	hit # Location								

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		Prior Action						
		Action						
UNIT	INDIVIDUAL							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol Us NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	I	Drug Test Type		Drug Test Results		
02	003	Drug Type				1		
		Individual Condition						
		APPEARED NORM	MAL					