20-06495

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash	Document #	Agency 20-064	Crash Number 9 <b>5</b>	Investigating Officer/Deputy DEPUTY T. SUTHERLAND			
Y	Crash Date 07/04/2020	Crash Time 01:50 PM		Date Ar 07/04/2		Time Arrive 01:55 PM	d		
84	Date Notified 07/04/2020	Time Notified 01:52 PM		Total Units 03		Total Injured Total Killed 00			
6TL0C884FK		it and Run				Trailer or Towed		Reporting Threshold	
ΰTL	Government Property	Active So	chool Zone	School NO	Bus Related	Tags		I	
	✓ Reportable	Crash Type DT4000 (STA		H)			ded	Secondary Crash	
	Description	1							
	CTH T		Ц З СТНА		СТН 1	ſ	Reconstruction		
	I, a sworn law enforceme ON 07-04-20 UNIT 1 WAS ON CTH FRONT PASSENGER SIDE PUSHI	T AND PULLED C	OUT FROM THE STO	OP SIGN A	AT THE INTERSECTION OF	CTH T AND C			
	JUST SOUTH OF CTH T ALONG T						II Z KULLED OV	VER AND CAME TO REST	

20-06495

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Loca	ation									
	RSECTION					Latitude			Longitud	le
	CTHA NB					43.56831	289		-89.738	485153
	THT EB					X Coordina	ate		Y Coord	inate
	E TOWN OF DELTO	N				278854.4			482757	
IN SA	AUK COUNTY					Structure 1	Type			
						NO STRU		E		
Cras	h Scene									
_										
	larmful Event					First Harm		t Location		
	OR VEH IN TRANSPO	DRT				ON ROA				
	er of Collision					Light Conc				
	ANGLE					DAYLIGH	HT			
Road	Surface Condition(s)					Roadway I	Factor(s)	)		
DRY										
Enviro	onment Factor(s)									
NON	E					NONE				
Weath	ner Condition(s)					-				
CLEA	AR									
Anima	II Туре					Relation T	o Traffic	way		
						TRAFFIC	WAY -	ON ROAD		
Crash	Classification - Location					Crash Clas	ssificatio	n - Jurisdiction		
PUBL	LIC PROPERTY					NO SPEC	CIAL JU	JRISDICTION		
Tribal	Land					Access Co	ontrol			Special Study
						PARTIAL		ROL		
Within	Interchange Area	Junction Location			Intersectio	on Type				
NO		INTERSECTION-RELATED			L-INTER	SECTION				
Closur	re Type			Reaso	ons for Clos	ure				
FULL	CLOSURE									
Date I	nitial Lane/Rd Closed	Time Initial Lane/Rd Closed		LAW	ENFORC	EMENT. T		UCK		
	/2020	01:50 PM		_,		ENFORCEMENT, TOW TRUCK				
	All Lanes Open	Time All Lanes Open		Date	Scene Clear	ed		Time Scene Clea	ired	
	/2020	02:35 PM			07/04/2020 02:35 PM					
Unit	Summary									
Unit St			Vehi	cle One	erating As C	lassification		Unit Type		
	ANSIT			LASS		acomouton				
	e Type		00	LAUU				Operating A		mente
									S LINUUSEI	nents
Total C	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total T	railers	Total Haz	Mat Types
2			1				0		0	
Insura	ince?	Direction Of Travel		Dro	CrashTire		Speed	Limit	Total Lan	es
YES		EASTBOUND		TIC	Mark	,	45		2	
Most H	Harmful Event: Collision V	Vith	Spec	cial Fun			l	Emergency	Motor Vehi	icle Use
	OR VEH IN TRANSPO	DRT	NO	SPEC	IAL FUNC	TION		NOT APPI		
Traffic	Way		Traff	ic Cont	rol			Traffic Cont	rol Inoperat	tive/Missing
	WAY, NOT DIVIDED		STC	P SIG	N			NO		
	се Туре			d Curva				Road Grade	•	
	CKTOP (BITUMINOUS	5)	STR	AIGH	Т			LEVEL		
Truck	Bus or HazMat									
	ehicle									
	License Plate Number		Plat	е Туре			St	Country of Is	suance	
	AJE6172				томові	E	WI	UNITED ST		
	Vehicle Identification Nun	nher	Mał				Year	Model		
<u> </u>	1N4AL3AP5HC26293			SAN			2017	ALTIMA		
								1		

5

UNIT

2

20-06495

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use			
		BLK - BLACK		SD - SEDAN				
	ш	Initial Contact Point		Vehicle Damage				
∣⊢∣	IJ.	12 - FRONT		C C				
UNIT	2							
5	VEHICLE	Extent Of Damage		12 - FRONT				
	2	DISABLING DAMAGE						
		Towed Due To Damage		Vehicle Removed By				
		TOWED DUE TO DISAB		PLATTS WRECKER				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
		FAILED TO YIELD RIGH	T-OF-WAY					
I.	VEHICLE							
UNIT	<u>ں</u>							
5	I							
-	<u>۳</u>							
	-							
		Owner Neme		Owner Address				
		Owner Name DALVELL RAYMOND RI	CHARDSON	Owner Address 900 S MADISON ST				
<b>—</b>	~	-	CHARDSON					
2	0	(414) 566-5027		WAUPUN, WI 53963 , US				
	-	Sequence Of Events	5					
	2	Event	DODT					
	0	MOTOR VEH IN TRANSI	PORT					
		Event						
	02	MOTOR VEH IN TRANSI	PORT					
		_						
	03	Event						
	0							
		Event						
	04							
∣⊢∣		Policy Holder						
UNIT		Insurance Company		Individual				
5		PROGRESSIVE-ADVAN	CED-INSURANCE-CO	DALVELL RICHARDSON				
		Individual						
		Driver		Citations Issued	Sex			
		DALVELL RAYMOND RI	CHARDSON	1	MALE			
	AL	(414) 566-5027		Date of Birth	Race			
	INDIVIDUAL			Date of Birtin	BLACK			
Ŀ	≙				BEAGR			
IN N	2	Address		Driver License Number				
		900 S MADISON ST						
	4	WAUPUN, WI 53963 , U	S	STATE: WISCONSIN COUNTI	RY: UNITED STATES			
1								
	Sat	foty Equipment	ty Crash	Safety Equipment				
	Sat	fety Equipment	ty Crash	Safety Equipment				
	Sat	fety Equipment		Safety Equipment SHOULDER & LAP BELT				
	Sat	fety Equipment Row	Seat Position					
	Sat	fety Equipment Row 01 - FRONT ROW		SHOULDER & LAP BELT				
	Sar	fety Equipment Row	Seat Position					
	Sa	fety Equipment Row 01 - FRONT ROW Helmet Use	Seat Position	SHOULDER & LAP BELT Helmet Compliance				
	Sat	fety Equipment Row 01 - FRONT ROW	Seat Position	SHOULDER & LAP BELT				
	Sa	fety Equipment Row 01 - FRONT ROW Helmet Use	Seat Position	SHOULDER & LAP BELT Helmet Compliance				
		fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance				
01		fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT Severity	SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag				
01	Sat	fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS	Seat Position 07 - LEFT Severity SIBLE INJURY	SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance				
01		fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS Ejected	Seat Position 07 - LEFT Severity SIBLE INJURY Ejection Path	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Alrbag DEPLOYED-FRONT	Trapped/Extricated			
01		fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED	Seat Position 07 - LEFT Severity SIBLE INJURY	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Alrbag DEPLOYED-FRONT	Trapped/Extricated NOT TRAPPED			
01		fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS Ejected	Seat Position 07 - LEFT Severity SIBLE INJURY Ejection Path	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Alrbag DEPLOYED-FRONT				
01		fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT Severity SIBLE INJURY Ejection Path	SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         DEPLOYED-FRONT	NOT TRAPPED			
0		fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED	Seat Position 07 - LEFT Severity SIBLE INJURY Ejection Path	SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         DEPLOYED-FRONT         PPLICABLE         EMS Agency Identifier	NOT TRAPPED			

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

n School				
n School				
1 School				
n School				
1 School				
1 School				
n School				
CE C				
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment				
-				

20-06495

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	Distra	acted By Se	ource									
		Distracted By Action												
			Chrild	ing I loit #		Location								
		Non Motorist	SUIKI	ing Unit #		Location								
		Prior Action												
		Action												
	_													
_	INDIVIDUAL													
UNIT	VID													
ر	NDI													
	4													
		Action Other											To/From School	
		Action Other											TO/FIOM SCHOOL	
		Drug & Alcohol	Susp	ected Alco	hol U	se		Suspected Drug Use						
	-	Alcohol Test Given	NO			Alcohol Test T	vpe	NO			Alcohol Tes	Results		
		TEST NOT GIVEN					7							
		Drug Test Given TEST NOT GIVEN			Drug Test Type Drug			Drug <sup>-</sup>	Fest Results					
6	002	Drug Type												
0	ŏ													
		Individual Condition												
		APPEARED NORMAL												
	1	Violations												
	01	UTC Number	lssu 001	ie To?	State	ute Number .18(3)		Description FAIL/YIELD RIGHT	WAY F	ROM STO	P SIGN			
		BD759412	001		0.0									
		Status					Ve	phicle Operating As Clas	sification		Unit Type			
		RANSIT					D	CLASS			AUTOMO			
8		cle Type ORT) UTILITY VEHI	CLE								Operating A	s Endorsem	ents	
	•	Occs		Train/Bus	# Rec	Recorded Total # Citations Issued			Total Traile	ers	Total HazM	lat Types		
	1 Incur	ance?		Direction (	רך ⊃f Tra	wol	0			0 Speed Lim	it	0 Total Lane	e	
⊢	YES			SOUTHE				Pre CrashTire Mark		55	n	2	3	
UNIT		Harmful Event: Collisio						Decial Function O SPECIAL FUNCTI	ON	L	Emergency NOT APP		le Use	
	Traff	ic Way						affic Control			Traffic Cont	ol Inoperativ	ve/Missing	
		D-WAY, NOT DIVIDE ace Type	ED					O CONTROL			NO Road Grade			
			DUS)	1				TRAIGHT			LEVEL			
	Truc NO	k Bus or HazMat												
		Vehicle												
		License Plate Number	r					late Type		St	Country of Is			
		512JUR Vehicle Identification N	Jume	or				AUT - AUTOMOBILE		WI Year	UNITED ST Model	TATES		
02	02	5GADT13S652279						BUICK		2005	RAINIER C	х		

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use
		WHI - WHITE Initial Contact Point		UT - SPORT UTILITY VEHICLE Vehicle Damage	
E	VEHICLE	02 - RIGHT SIDE FRONT		Vollicio Dallago	
UNIT	Ĭ	Extent Of Damage		15 - ALL AREAS	
	ž	DISABLING DAMAGE			
		Towed Due To Damage		Vehicle Removed By	
		TOWED DUE TO DISABI	LING DAMAGE	INTERSTATE BP Vehicle Factors	
		GOING STRAIGHT			
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING AC			
⊢⊢	VEHICLE	NO CONTRIBUTING AC			
UNIT	Ĕ				
	N N				
	-				
		Owner Name ROBERT A BLACKER		Owner Address 316 8TH ST	
8	02	(608) 434-2274		BARABOO, WI 53913 , US	
	ļ	Sequence Of Events	;		
	2	Event MOTOR VEH IN TRANSF			
	0				
	02	Event			
	~	Event			
	03				
	64	Event			
	-	Policy Holder			
		Policy Holder			
		-		Individual	
UNIT		Insurance Company SECURA-INS-A-MUTUA	L-CO	Individual ROBERT BLACKER	
N		Insurance Company SECURA-INS-A-MUTUA	L-CO		
N	I	Insurance Company SECURA-INS-A-MUTUA Individual Driver	L-CO		Sex
NN		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER	L-CO	Citations Issued 0	MALE
N		Insurance Company SECURA-INS-A-MUTUA Individual Driver	L-CO	Citations Issued	MALE Race
		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274	L-CO	Citations Issued 0 Date of Birth	MALE
UNIT UNI		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST		Citations Issued       0       Date of Birth       Driver License Number	MALE Race WHITE
		Insurance Company SECURA-INS-A-MUTUA Individual Driver ROBERT A BLACKER (608) 434-2274 Address		Citations Issued 0 Date of Birth	MALE Race WHITE
		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913, U	JS	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:	MALE Race WHITE
	INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U		Citations Issued       0       Date of Birth       Driver License Number	MALE Race WHITE
	INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U	<b>JS</b> ty Crash	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:         Safety Equipment	MALE Race WHITE
	INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U	JS	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:	MALE Race WHITE
	INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment	U <b>S</b> ty Crash	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:         Safety Equipment	MALE Race WHITE
	INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment Row 01 - FRONT ROW Helmet Use	U <b>S</b> ty Crash	ROBERT BLACKER         Citations Issued       0         Date of Birth       0         Driver License Number       STATE: WISCONSIN COUNTRY:         Safety Equipment       Safety Equipment         SHOULDER & LAP BELT       Helmet Compliance	MALE Race WHITE
	INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment Row 01 - FRONT ROW	U <b>S</b> ty Crash	ROBERT BLACKER         Citations Issued       0         Date of Birth       0         Driver License Number       STATE: WISCONSIN COUNTRY:         Safety Equipment       Safety Equipment         SHOULDER & LAP BELT       State Stat	MALE Race WHITE
UNIT		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	US ty Crash Seat Position 07 - LEFT	ROBERT BLACKER         Citations Issued       0         Date of Birth       0         Driver License Number       STATE: WISCONSIN COUNTRY:         Safety Equipment       Safety Equipment         SHOULDER & LAP BELT       Helmet Compliance	MALE Race WHITE
	INDIVIDUAL	Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	US ty Crash Seat Position 07 - LEFT Severity SIBLE INJURY	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance	MALE Race WHITE UNITED STATES
UNIT		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS Ejected	US ty Crash Seat Position 07 - LEFT Severity Severity SIBLE INJURY Ejection Path	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	MALE Race WHITE UNITED STATES
UNIT		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED	US ty Crash Seat Position 07 - LEFT Severity SIBLE INJURY	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	MALE Race WHITE UNITED STATES Trapped/Extricated NOT TRAPPED
UNIT		Insurance Company SECURA-INS-A-MUTUAI Individual Driver ROBERT A BLACKER (608) 434-2274 Address 316 8TH ST BARABOO, WI 53913 , U fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS Ejected	US ty Crash Seat Position 07 - LEFT Severity Severity SIBLE INJURY Ejection Path	ROBERT BLACKER         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY:         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	MALE Race WHITE UNITED STATES

### 20-06495

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of Dea	th	
		Distracted By NO	tracted By Source						
		Distracted By Action							
		NOT DISTRACTED	king Unit #	Location					
	1	Non Motorist							
		Action							
_	UAL								
UNIT	INDIVIDUAL								
	IND								
		Action Other						To/From School	
	L	Drug & Alcohol NO	spected Alcohol Us	se	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type	I		Alcohol Test	Results	
		Drug Test Given		Drug Test Type		Drug Test Result	s		
02	003	Drug Type							
0	00								
		Individual Condition							
		APPEARED NORMAL							
		t Summary Status			ehicle Operating As Class	fication	Unit Type		
		RANSIT			CLASS	lineation	TRUCK		
03		cle Type					Operating As	s Endorsements	
0	•	ORT) UTILITY VEHICLI	Train/Bus # Rec	orded T	otal # Citations Issued	Total Tra	lors	Total HazMat Types	
	10ia 2	Occs		0		0		0	
		ance?	Direction Of Tra	_	Pre CrashTire	Speed Li	nit	Total Lanes	
UNIT	YES	Harmful Event: Collision W	NORTHBOUN		Decial Function	55	Emergency	2 Motor Vehicle Use	
Б		FOR VEH IN TRANSPO			O SPECIAL FUNCTIO	N	NOT APPL	ICABLE	
					affic Control			ol Inoperative/Missing	
		D-WAY, NOT DIVIDED			O CONTROL bad Curvature		NO Road Grade		
		CKTOP (BITUMINOUS	5)	S	TRAIGHT		LEVEL		
	Truci NO	k Bus or HazMat							
		Vehicle							
		License Plate Number 14381				St	Country of Iss		
~		Vehicle Identification Num	ber		HOB - HOBBYIST Nake	WI Year	UNITED ST Model	AILU	
03	03	1JCCM87E0ET027186	6		IEEP	1984	CJ7		
		Color WHI - WHITE			Body Style JT - SPORT UTILITY \	/EHICLE	Bus Use		
							1		

20-06495

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	щ	Initial Contact Point		Vehicle Damage	
E	VEHICLE	12 - FRONT			
UNIT	Ξ.	Extent Of Damage		12 - FRONT	
	2	DISABLING DAMAGE			
		Towed Due To Damage		Vehicle Removed By	
		TOWED DUE TO DISABLING	G DAMAGE	PLATTS WRECKER	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Diver Filor Action Other			
		Driver Actions			
	ш	NO CONTRIBUTING ACTIO	N		
E	5				
UNIT	VEHICLE				
-	2				
		Owner Name JOHN L EIDE		Owner Address 849 S GROUSE CT	
03	03	JOHN L EIDE		WISCONSIN DELLS, WI 53965, U	IS
	U				
		Commence Of Friends			
		Sequence Of Events Event			
	0	MOTOR VEH IN TRANSPOR	т		
	~	Event			
	02				
	3	Event			
	03				
	8	Event			
	-				
		Policy Holder			
E					
JNIT		Insurance Company		Individual	
UNIT		Insurance Company HAGERTY INS		Individual JOHN EIDE	
UNIT		Insurance Company HAGERTY INS Individual		JOHN EIDE	
UNIT		Insurance Company HAGERTY INS Individual Driver		Citations Issued	Sex
UNIT		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR		Citations Issued 0	MALE
		Insurance Company HAGERTY INS Individual Driver		Citations Issued	
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980		JOHN EIDE       Citations Issued       0       Date of Birth	MALE Race
UNIT UNIT	IDIVIDUAL	Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT		JOHN EIDE       Citations Issued       0       Date of Birth       Driver License Number	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address	65 , US	JOHN EIDE       Citations Issued       0       Date of Birth	MALE Race WHITE
	IDIVIDUAL	Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539		JOHN EIDE       Citations Issued       0       Date of Birth       Driver License Number	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539		JOHN EIDE       Citations Issued       0       Date of Birth       Driver License Number	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment	rash	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment Row	rash Seat Position	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment Row 01 - FRONT ROW	rash	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment Row	rash Seat Position	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment Row 01 - FRONT ROW	rash Seat Position	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment Row 01 - FRONT ROW Helmet Use	rash Seat Position	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance	MALE Race WHITE
UNIT		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	rash Seat Position <b>07 - LEFT</b>	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag	MALE Race WHITE
		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Seve NO APPA	rash Seat Position 07 - LEFT	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance	MALE Race WHITE
UNIT		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve NO APPA Ejected	rash Seat Position 07 - LEFT writy ARENT INJURY ection Path	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	MALE Race WHITE IITED STATES Trapped/Extricated
UNIT		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve NO APPA Ejected NOT EJECTED	rash Seat Position 07 - LEFT	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	MALE Race WHITE IITED STATES
UNIT		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve NO APPA Ejected	rash Seat Position 07 - LEFT writy ARENT INJURY ection Path	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	MALE Race WHITE IITED STATES Trapped/Extricated
UNIT		Insurance Company HAGERTY INS Individual Driver JOHN L EIDE JR (608) 393-5980 Address 828 S GROUSE CT WISCONSIN DELLS, WI 539 fety Equipment On Duty Ci Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve NO APPA Ejected NOT EJECTED N Medical Transport	rash Seat Position 07 - LEFT writy ARENT INJURY ection Path	JOHN EIDE         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COUNTRY: UN         Safety Equipment         SHOULDER & LAP BELT         Helmet Compliance         Tint Compliance         Airbag         NON DEPLOYED	MALE Race WHITE IITED STATES

### 20-06495

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Sou	rce BLE (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Location						
		Prior Action							
		Action							
	JAL								
UNIT	INDIVIDUAL								
	INDI								
		Action Other					To/From School		
	L	Suspected Alcoho Drug & Alcohol NO	l Use	Suspected Drug Use		ł			
		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			
03	004	Drug Type							
0	õ								
		Individual Condition APPEARED NORMAL							
	l	ndividual Passenger		Citations Issued		Sex			
	_	KEESHA R LEE OLDS	0		FEMALE				
	NAI	(608) 495-0747	Date of Birth		Race WHITE				
UNIT	Ξ	Address	Address						
	INDIVIDUAL	828 S GROUSE CT WISCONSIN DELLS, WI 53965 ,U	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash		Safety Equipment					
			Position <b>RIGHT</b>	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance	ance				
		Eye Protection		Tint Compliance					
03	005	Injury Severity Injury POSSIBLE INJ		Airbag NON DEPLOYED					
	-	Ejected Ejection				Trapped/Extricated			
			JECTED/NOT APPI			NOT TRAPPED			
		Medical Transport EMS GROUND		EMS Agency Identifier 801		EMS Run #			
		Hospital ST CLARE'S HOSPITAL		Date of Death		Time of Death			
		Distracted By Sou	irce	I		1			

### 20-06495

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action		1				
		Action						
	IAL							
UNIT	INDIVIDUAL							
D								
	-							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol U	lse	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	ļ		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
03	005	Drug Type						
		Individual Condition						
		APPEARED NORM	/IAL					