

WISCONSIN MOTOR VEHICLE
CRASH REPORT

Location

ON USH12 EB 0.26 MI N OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.550750971	Longitude -89.787294748
	X Coordinate 274847.25	Y Coordinate 4825752.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OTHER NON-COLLISION	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SLUSH	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, SNOW		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4
	Most Harmful Event: Collision With OTHER NON-COLLISION	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE	License Plate Number 158YUU	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FM5K7D86GGD11213	Make FORD	Year 2016	Model EXPLORER
	Color	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage		
	Extent Of Damage NO DAMAGE	00 - NO DAMAGE		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By INTERSTATE BP		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILURE TO CONTROL				
01	Owner Name LAURA LEA BRUNNER (608) 604-8103		Owner Address 1177 2ND ST BARABOO, WI 53913 , US		
	Sequence Of Events				
01 02 03 04	Event RUN OFF ROADWAY LEFT				
	Event OTHER NON-COLLISION				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual LAURA BRUNNER		
UNIT INDIVIDUAL	Driver LAURA LEA BRUNNER (608) 604-8103		Citations Issued 0	Sex FEMALE	
	Address 1177 2ND ST BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE	
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment				
01 001	On Duty Crash		Safety Equipment		
	Row 01 - FRONT ROW	Seat Position	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	Drug & Alcohol		Suspected Alcohol Use NO	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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		Passenger GRACE JAN BRUNNER (608) 604-7979		Citations Issued 0		Sex FEMALE	
Address 819 W HAWES AVE APPLETON, WI 54914 , US		Date of Birth [REDACTED]		Race WHITE			
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
UNIT	INDIVIDUAL	Safety Equipment		On Duty Crash			
				Safety Equipment			
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#			
Hospital		Date of Death		Time of Death			
01	002	Distracted By				Distracted By Source	
		Distracted By Action					
		Non Motorist		Striking Unit#	Location		

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UNIT INDIVIDUAL 01 002	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	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
	Drug Type		
	Individual Condition APPEARED NORMAL		