

6TL0D2XVP6
21-06170

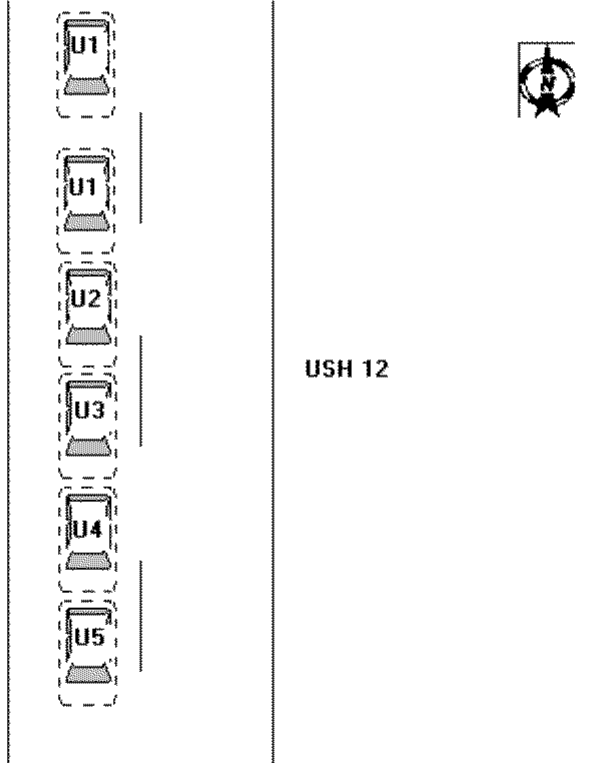
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document#	Agency Crash Number 21-06170	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 07/05/2021		Crash Time 04:46 PM	Date Arrived 07/05/2021	Time Arrived 04:49 PM	
Date Notified 07/05/2021		Time Notified 04:49 PM	Total Units 05	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  <p style="text-align: center;">USH 12</p> <p>DRAWING NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ALL UNITS WERE TRAVELING E/B ON USH 12. UNITS 2, 3, 4 AND 5 WERE SLOWING/STOPPING FOR NORMAL CONGESTION. OPERATOR OF UNIT 1 DID NOT OBSERVE THE OTHER UNITS SLOWING/STOPPING. UNIT 1 REAR ENDED UNIT 2 WHICH CAUSED A CHAIN REACTION REAR END TYPE COLLISION BETWEEN THE OTHER UNITS. ALL UNITS CAME TO REST IN THE E/B LANE FACING SOUTH. OPERATOR OF UNIT 1 STATED, "I DID SEE THE OTHERS SLOWING AND DIDN'T HAVE ENOUGH TIME TO STOP."

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Location

ON USH12 EB 1275 FT S OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.278254395	Longitude -89.759075068
	X Coordinate 276124.46875	Y Coordinate 4795412
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) BACKUP DUE TO REGULAR CONGESTION	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK	
Date Initial Lane/Rd Closed 07/05/2021	Time Initial Lane/Rd Closed 04:46 PM		
Date All Lanes Open 07/05/2021	Time All Lanes Open 05:20 PM	Date Scene Cleared 07/05/2021	Time Scene Cleared 05:20 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

01	License Plate Number AGS3082	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMCU9GX4GUC29658	Make FORD	Year 2016	Model ECP

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UNIT VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions FOLLOWING TOO CLOSE		
	Owner Name LUCAS D FLOM (608) 214-5539	Owner Address W4609 GREENBUSH RD MONROE, WI 53566 , US	
UNIT VEHICLE	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT VEHICLE	Event		
	Event		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company QUARTZ INSURANCE	Individual LUCAS FLOM	
UNIT INDIVIDUAL	Individual		
	Driver LUCAS D FLOM (608) 214-5539	Citations Issued 1	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address W4609 GREENBUSH RD MONROE, WI 53566 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Injury Severity NO APPARENT INJURY
		Airbag DEPLOYED-FRONT	
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier [REDACTED]
		EMS Run #	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	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					
	Violations					
	UTC Number BG024591	Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle					
License Plate Number AHY7240		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	

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02 UNIT VEHICLE	Vehicle Identification Number JF1GPAP60G8349767		Make SUBARU	Year 2016	Model UNKNOWN	
	Color WHI - WHITE		Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 06 - REAR		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		06 - REAR, 12 - FRONT			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
02 UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
	Owner Name TAIZO MURAKAMI (608) 345-3542		Owner Address 109 ARDMORE DR MADISON, WI 53713 , US			
Sequence Of Events						
02 UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT					
	Event					
	Event					
	Event					
02 UNIT INDIVIDUAL	Policy Holder					
	Insurance Company ADDISON-INS-CO		Individual TAIZO MURAKAMI			
	Individual					
02 UNIT INDIVIDUAL	Driver TAIZO MURAKAMI (608) 345-3542		Citations Issued 0	Sex MALE		
	Address 109 ARDMORE DR MADISON, WI 53713 , US		Date of Birth [REDACTED]	Race WHITE		
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
02 UNIT INDIVIDUAL	Safety Equipment		On Duty Crash			
	Safety Equipment		SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT				
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		

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UNIT INDIVIDUAL 02 002	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			
	Non Motorist	Striking Unit #	Location	
	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				

Unit Summary

UNIT 03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

03 03	License Plate Number AAJ2742	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5NPE34AF8JH617111	Make HYUNDAI	Year 2018	Model SONATA

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UNIT VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use
	Initial Contact Point 06 - REAR	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	06 - REAR, 12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ANDREW G SPREEN (608) 572-4517	Owner Address 2039 STEPHANIE CT BLACK EARTH, WI 53515 , US	
UNIT VEHICLE	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT VEHICLE	Event		
	Event		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual ANDREW SPREEN	
UNIT INDIVIDUAL	Individual		
	Driver ANDREW G SPREEN (608) 572-4517	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 2039 STEPHANIE CT BLACK EARTH, WI 53515 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash
	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Injury Severity NO APPARENT INJURY
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)					
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	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	
03 003 UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger CHRISTIAN MICHAEL PATZKA (608) 284-1092			Citations Issued 0		Sex MALE
	Address 2041 STEPHANIE CT BLACK EARTH, WI 53515 , US			Date of Birth [REDACTED]		Race WHITE
				Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
	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			
03 004	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	

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UNIT INDIVIDUAL	Distracted By Distracted By Source	
	Distracted By Action	
	Non Motorist	Striking Unit # Location
	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		
UNIT INDIVIDUAL	Individual	
	Passenger NATHAN J NEITZEL (608) 535-2688	Citations Issued 0
	Sex MALE	
	Date of Birth [REDACTED]	Race WHITE
	Address 424 DUNHILL DR VERONA, WI 53593 , US	Driver License Number [REDACTED]
	STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash
	Safety Equipment SHOULDER & LAP BELT	
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE
	Helmet Use	
Helmet Compliance		
Eye Protection		
Tint Compliance		
UNIT INDIVIDUAL	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	

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UNIT	INDIVIDUAL	Distracted By Action	
		Non Motorist	Striking Unit # Location
		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	

Unit Summary

UNIT	04	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 221VZU	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JF2GPACC2D2852027	Make SUBARU	Year 2013	Model UNKNOWN
		Color GRN - GREEN	Body Style 4D - 4DR	Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage 06 - REAR, 12 - FRONT		
Extent Of Damage FUNCTIONAL DAMAGE					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
04 04	Owner Name DIANNE M LITTMAN (608) 513-9885	Owner Address 405 WALNUT GROVE DR MADISON, WI 53717 , US	
	Sequence Of Events		
04 01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMICA-MUTUAL-INS-CO	Individual DIANNE LITTMAN	
UNIT INDIVIDUAL	Individual		
	Driver DIANNE M LITTMAN (608) 513-9885	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 405 WALNUT GROVE DR MADISON, WI 53717 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
04 006	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment 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	
	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					

Unit Summary

UNIT 05	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 05	Vehicle				
	License Plate Number EUK289		Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMCU0F74DUA93783		Make FORD	Year 2013	Model ESCAPE
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		06 - REAR		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		

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UNIT VEHICLE	What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
05 05	Owner Name ISABELLA J FOX (503) 313-7960	Owner Address 378 CRYSTAL SPRINGS LN N KEIZER, OR 97303 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver ISABELLA J FOX (503) 313-7960	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 378 CRYSTAL SPRINGS LN N KEIZER, OR 97303 , US	Driver License Number [REDACTED] STATE: OREGON COUNTRY: UNITED STATES		
05 007	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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	
	Hospital		EMS Run #	
	Date of Death		Time of Death	
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	Non Motorist	Striking Unit #	Location	
	Prior Action			

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UNIT INDIVIDUAL	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			
	05 007			