24-07129

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Overric	le Primary Crash		Agency Crash Number 24-07129		g Officer/Deputy J. HUNTER			
Crash Date	Crash Time		Date Arrived	Time Arrive				
07/04/2024 Date Notified	04:00 PM Time Notified		07/04/2024 Total Units		04:27 PM Total Injured Total Killed			
07/04/2024	04:09 PM		02	00	00			
On Emergency	Hit and Run	Lane Closur	e 🔤 Work Zone	e Traile	r or Towed	Reporting Threshold		
07/04/2024 Date Notified 07/04/2024 On Emergency Government Property	Active Sc	heal Zama	School Bus Related NO	Tags				
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amen	ded	Secondary Crash		
Description								
Diagram		HY 58		not to scale	Photos By DEPUTY HU			
		<u>62</u> ←	Additional Info PHOTOS	ormation				
UNIT 1 WAS N/B ON CTY O	G. IT WAS RAINING HEAV	ILY. OPERATOR OF L	JNIT 1 STOPPED AT THE S	STOP SIGN, THEN PR				
TURN ONTO HY 58. UNIT 2 UNIT 2 WAS EXECUTING 1				, 5/B. UNIT 1 STRUCK	UNIT 2 ON THE	URIVER'S SIDE, WHILE		

24-07129

6

UNIT

5

UNIT

WISCONSIN MOTOR VEHICLE CRASH REPORT

Location								
ON CTHG NB		Latitude			Longitu	ıde		
104 FT S			43.54015	3481		-90.16	0.164149696	
OF STH58 SB IN THE TOWN OF IRONTON		-	X Coordinate Y Coordinate			dinate		
IN THE TOWN OF IRONTON			244359.21875 4825666					
			Structure Type					
			NO STRI	JCTURE				
Crash Scene								
First Harmful Event			First Harm	ful Event	Location			
MOTOR VEH IN TRANSPORT			ON ROA	DWAY				
Manner of Collision			Light Cond					
01 - ANGLE			DAYLIG					
Road Surface Condition(s)			Roadway I	-actor(s)				
WET								
Environment Factor(s)								
WEATHER CONDITIONS			NONE					
Weather Condition(s)								
RAIN								
Animal Type			Relation T					
					ON ROAD			
Crash Classification - Location PUBLIC PROPERTY					- Jurisdiction			
Tribal Land			NO SPECIAL JURISDICTION Access Control Special S			Special Study		
			NO CON				Special Study	
Within Interchange Area Junction Location		Intersection	п Туре					
NO								
		T-INTERS	SECTION					
Unit Summary								
Unit Summary		erating As Cla			Unit Type			
Unit Summary Unit Status IN TRANSIT	Vehicle Ope O CLASS	erating As Cla			EQUIPME		amonte	
Unit Summary Unit Status IN TRANSIT Vehicle Type		erating As Cla					ements	
Unit Summary Unit Status IN TRANSIT	O CLASS	erating As Cla		Total Tra	EQUIPME Operating A	s Endorse	ements zMat Types	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE)	O CLASS	erating As Cla			EQUIPME Operating A	s Endorse		
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Train/Bus # Recorded 2 Insurance? Direction Of Travel	O CLASS Total # Cita 0	erating As Cla		Total Tra	EQUIPME Operating A	s Endorse Total Ha	zMat Types	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Insurance? YES NORTHBOUND	O CLASS	erating As Cla tions Issued CrashTire Mark		Total Tra 0	EQUIPME Operating A illers	s Endorse Total Ha 0 Total Lar 2	zMat Types nes	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Insurance? YES NORTHBOUND Most Harmful Event: Collision With	O CLASS	erating As Cla tions Issued CrashTire Mark Inction	assification	Total Tra 0 Speed L	EQUIPME Operating A illers mit Emergency	s Endorse Total Ha 0 Total Lai 2 Motor Vel	zMat Types nes nicle Use	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Insurance? YES MorthBound Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	O CLASS	erating As Cla tions Issued CrashTire Mark Inction CIAL FUNC	assification	Total Tra 0 Speed L	EQUIPME Operating A uilers mit Emergency NOT APP	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE	zMat Types nes hicle Use E	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Insurance? YES MortHBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way	O CLASS	erating As Cla tions Issued CrashTire Mark Inction CIAL FUNC	assification	Total Tra 0 Speed L	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE	zMat Types nes nicle Use	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Insurance? YES MorthBound Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	O CLASS	erating As Cla tions Issued CrashTire Mark inction CIAL FUNC [*] trol GN	assification	Total Tra 0 Speed L	EQUIPME Operating A uilers mit Emergency NOT APP	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inopera	zMat Types nes hicle Use E	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Insurance? YES NORTHBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED	O CLASS	erating As Cla tions Issued CrashTire Mark Inction CIAL FUNC [*] trol CSN ature	assification	Total Tra 0 Speed L	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inopera	zMat Types nes hicle Use E	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs 2 Insurance? YES NORTHBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type	O CLASS	erating As Cla tions Issued CrashTire Mark Inction CIAL FUNC [*] trol CSN ature	assification	Total Tra 0 Speed L	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inopera	zMat Types nes hicle Use E	
Unit Summary Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs 2 Insurance? YES NORTHBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS)	O CLASS	erating As Cla tions Issued CrashTire Mark Inction CIAL FUNC [*] trol CSN ature	assification	Total Tra 0 Speed L	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inopera	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs Insurance? Direction Of Travel NORTHBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle	O CLASS	erating As Cla tions Issued CrashTire Mark citon CIAL FUNC trol SN ature T	assification	Total Tra 0 Speed L 55	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inopera	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit Status IN TRANSIT Vehicle Type ATV/UTV (UTILITY TERRAIN VEHICLE) Total Occs 2 Insurance? YES Direction Of Travel NORTHBOUND Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number	O CLASS	erating As Cla tions Issued CrashTire Mark citon CIAL FUNC trol SN ature T	assification	Total Tra 0 Speed L 55	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inopera suance	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit	O CLASS	erating As Cla tions Issued CrashTire Mark citon CIAL FUNC trol SN ature T	assification	Total Tra 0 Speed L 55 St WI	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inoperative suance	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit	O CLASS	erating As Cla tions Issued CrashTire Mark inction ClAL FUNC [*] trol GN ature T	assification	Total Tra 0 Speed L 55	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inoperative suance	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit	O CLASS	erating As Cla tions Issued CrashTire Mark notion CIAL FUNC [*] trol SN ature T	assification	Total Tra 0 Speed L 55 St WI Year	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inoperative suance	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit	O CLASS	erating As Cla tions Issued CrashTire Mark notion CIAL FUNC [*] trol BN ature T S S S KNOWN	assification	Total Tra 0 Speed L 55 St WI Year	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inoperative suance	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit	O CLASS	erating As Cla tions Issued CrashTire Mark notion CIAL FUNC [*] trol BN ature T S S S KNOWN	assification	Total Tra 0 Speed L 55 St WI Year	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inoperative suance	zMat Types nes hicle Use E	
Unit Summary Unit Status Unit	O CLASS	erating As Cla tions Issued CrashTire Mark notion CIAL FUNC [*] trol BN ature T S S S KNOWN	assification	Total Tra 0 Speed L 55 St WI Year	EQUIPME Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL	s Endorse Total Ha 0 Total Lai 2 Motor Vel LICABLE rol Inoperative suance	zMat Types nes hicle Use E ative/Missing	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

NOT TOWED OPERATOR What Driver Was Doing Vehicle Factors LEFT TURN NOT APPLICABLE Driver Prior Actions NOT APPLICABLE FAILED TO YIELD RIGHT-OF-WAY Owner Address 28 0wner Name ALEXANDER SWENSEN 28750 CTY RD B (608) 383-3015 LONE ROCK, WI 53556 , US										
LEFT TURN NOT APPLICABLE Driver Prior Action Other Driver Actions FAILED TO YIELD RIGHT-OF-WAY FAILED TO YIELD RIGHT-OF-WAY 0wner Name Owner Address ALEXANDER SWENSEN Covner Address (608) 383-3015 Covner Address Sequence Of Events Event Event Event Event Event										
Image: Section Content in the section of the secti										
Image: Section of the system of the syste										
FAILED TO YIELD RIGHT-OF-WAY FAILED TO YIELD RIGHT-OF-WAY Owner Name ALEXANDER SWENSEN 608) 383-3015 Owner Address 28750 CTY RD B LONE ROCK, WI 53556 , US Sequence Of Events Event MOTOR VEH IN TRANSPORT Event Event										
5 5 ALEXANDER SWENSEN (608) 383-3015 28750 CTY RD B LONE ROCK, WI 53556 , US Sequence Of Events 5 Event MOTOR VEH IN TRANSPORT Event										
5 5 (608) 383-3015 LONE ROCK, WI 53556, US Sequence Of Events 5 Event MOTOR VEH IN TRANSPORT 8 Event										
5 Event MOTOR VEH IN TRANSPORT 8 Event										
5 Event MOTOR VEH IN TRANSPORT 8 Event										
event Event										
Event										
Policy Holder Insurance Company Insurance Company Individual STATE-FARM-GENERAL-INS-CO AL EXANDER SWENSEN										
STATE-FARM-GENERAL-INS-CO ALEXANDER SWENSEN										
Individual										
Driver Citations Issued Sex										
Image: Construction of the second										
Address Driver License Number	Driver License Number									
2 28750 COUNTY HWY B LONE ROCK, WI 53556 , US STATE: WISCONSIN COUNTRY: UNITED STATES	STATE: WISCONSIN COUNTRY: UNITED STATES									
On Duty Crash Safety Equipment	Safety Equipment									
Safety Equipment										
01 - FRONT ROW 07 - LEFT	SHOULDER & LAP BELT									
Helmet Use Helmet Compliance										
	Tint Compliance									
5 6 Injury Severity Airbag NO APPARENT INJURY NON DEPLOYED										
B Impury NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated	d									
NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED										
Medical Transport EMS Agency Identifier EMS Run #										
NOT TRANSPORTED Date of Death Time of Death										
Distracted By Source UNKNOWN										
Distracted By Action UNKNOWN	Distracted By Action UNKNOWN									

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	riking Unit #	Location					
		Prior Action							
		Action							
	Ł								
⊨	INDIVIDUAL								
UNIT	Ν								
	Z								
		Action Other						To/From School	
		Drug & Alcohol	uspected Alcoh O	ol Use	Suspected Drug Use			•	
		Alcohol Test Given		Alcohol Test Type	e		Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN							
2	001	Drug Type							
		Individual Condition							
		APPEARED NORMA	L						
		la alia i ala a l							
		Individual							
	Ļ	Passenger ALEXANDER SWENSON			Citations Issued Sex 0 MALE				
	INDIVIDUAL	(608) 383-3015	18) 383-3015			Race WHITE			
UNIT	IN	Address 28750 CTY RD B			Driver License Number				
	Z	LONE ROCK, WI 535	56 , US		STATE: WISCONSIN COUNTRY: UNITED STATES				
			n Duty Crash		Safety Equipment				
	Sat	fety Equipment	Duty Clash						
		Row 01 - FRONT ROW		t Position RIGHT	SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
	~	lini	ury Severity		Airbag				
2	002	Injury N							
		Ejected NOT EJECTED	Ejection	Path JECTED/NOT APP			Trapped/Extricated NOT TRAPPED		
		Medical Transport	_		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED)		Date of Death				
		Hospital			Time of Death				
		Distracted By	stracted By So	urce					
		Distracted By Action							
		St	riking Unit #	Location					
		Non Motorist	-						
Minor	ncin M	Motor Vehicle Crash		This repo	rt does not include anv CJ	IIS data	Crash Date	07/04/2024	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

ī.													
			Prior Action										
İ			Action										
		_											
	.	INDIVIDUAL											
	UNIT	IDI											
	⊃	DIV											
		R											
I			Action Other To/From School										
		Suspected Alcohol Use Suspected Drug Use											
		L	Drug & Alcohol NO		56	Suspected Drug Use							
			Alcohol Test Given		Alcohol Test Ty	ре			Alcohol Test	Results			
			TEST NOT GIVEN										
			Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Tes	st Results					
	5	002	Drug Type										
	•	0											
			Individual Condition										
			APPEARED NORMAL										
t		Unit	t Summary Status			Vahiele Operating As Class	ification						
						Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE				
	2		/ehicle Type						Operating As Endorsements				
	02	-	ASSENGER CAR						ilers Total HazMat Types				
		Tota 2	al Occs Train/Bus # Recorded			Total # Citations Issued 0		Total Trailers 0		1 otal Haz	zmat Types		
			rance?	Direction Of Travel		Pre CrashTire		Speed Limi	t	Total Lar	nes		
	UNIT	YES		SOUTHBOUN		Special Function	5	55	Emorgonov	2			
	5		t Harmful Event: Collision Wi TOR VEH IN TRANSPOR			NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
		Traff	ic Way			Traffic Control			Traffic Control Inoperative/Missing				
			D-WAY, NOT DIVIDED			NO CONTROL Road Curvature			NO Road Grade				
			ACKTOP (BITUMINOUS)			STRAIGHT			LEVEL				
			k Bus or HazMat										
ļ	NO												
			Vehicle			Dista Tura	S	+	Country of Iss				
			FAY745			Plate Type AUT - AUTOMOBILE	IA		UNITED ST				
	02	2	Vehicle Identification Numb	er		Make			Model				
	0	02	1FA6P0H79F5117200			FORD	2		FUS				
			Color GRY - GRAY			Body Style 4D - 4DR			Bus Use				
		щ	Initial Contact Point			Vehicle Damage					7 8 9 10 11		
	LINU	ICL	10 - LEFT SIDE FRONT	Γ							6		
	5	VEHICLE	Extent Of Damage MINOR DAMAGE			10 - LEFT SIDE FROM	41				54321		
			Towed Due To Damage			Vehicle Removed By				I			
			NOT TOWED			OPERATOR							
			What Driver Was Doing LEFT TURN										
			-										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

				Vel	nicle Factors					
		Driver Prior Action Other		NC	T APPLICABLE					
		Driver Actions NO CONTRIBUTING ACTION								
Ŀ	VEHICLE		•							
UNIT	Ĩ									
	>									
		Owner Name			Owner Address					
02	02	WADE SUMMERS (319) 535-0707			1632 DOVER ST IOWA CITY, IA 5224	40 , US				
						·				
	:	Sequence Of Events								
	6	Event MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
	04	Event								
Ι.		Policy Holder								
UNIT		Insurance Company			ndividual					
		WEST-BEND-MUTUAL-INS-	0	WADE SUMMERS						
	l	Individual		<u> </u>						
		Driver WADE SUMMERS			Citations Issued Sex 0 MALE					
	INDIVIDUAL	(319) 535-0707		(Date of Birth	Race WHITE	=			
UNIT	Ę	Address		Driver License Number						
	Ī	1632 DOVER ST IOWA CITY, IA 52240 , US		STATE: IOWA COUNTRY: UNITED STATES						
	-	10WA CIT 1, 1A 32240 , 03								
	0	On Duty Cr	ash	\$	Safety Equipment					
	Sai	fety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT Helmet Compliance						
		Helmet Use	•							
		Eye Protection		Tint Compliance						
02	003	Injury Seve	•	/	Airbag					
	õ			I	NON DEPLOYED					
			ection Path OT EJECTED/NOT API	PLIC	CABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport		I	EMS Agency Identifier		EMS Run #			
ŀ	NOT TRANSPORTED Hospital				Date of Death		Time of Death			
		Tiospital								
		Distracted By NOT APP	By Source	АСТ	ED)					
		Distracted By Action UNKNOWN								
		Non Motorist	it # Location							
•										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

1												
		Prior Action										
İ		Action										
	_											
	INDIVIDUAL											
UNIT	9											
	Z											
		Action Other To/From School										
		Suspected Alcohol Use Suspected Drug Use										
		Drug & Alcohol NO			NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e		Alcohol Test Results					
		Drug Test Given		Drug Test Type		Drug Test Result	s					
		TEST NOT GIVEN										
02	003	Drug Type										
	Ŭ											
		Individual Condition										
		APPEARED NORMAL										
		Individual										
		Passenger			Citations Issued	Sex						
	Ļ	KAREN SUMMERS (319) 560-3435			0	FEMALE						
	INDIVIDUAL	(Date of Birth	Race WHITE						
UNIT	Σ	Address			Driver License Number							
_	Z	1632 DOVER ST IOWA CITY, IA 52240,	US		STATE: IOWA COUNTRY: UNITED STATES							
	Sat	fety Equipment	outy Crash		Safety Equipment							
	Jai	Row	Soot D	Position	SHOULDER & LA	P BFI T	REI T					
		01 - FRONT ROW		RIGHT								
		Helmet Use	•		Helmet Compliance							
		Eye Protection			Tint Compliance							
8	004	Injury NO			Airbag NON DEPLOYED							
	Ŭ	Ejected	Ejection P		NON DEFLOTED		Trapped/Extricated					
		NOT EJECTED	NOT EJE	ECTED/NOT APP			NOT TRAPPED					
		Medical Transport NOT TRANSPORTED			EMS Agency Identifie	er	EMS Run #					
		Hospital			Date of Death		Time of Death					
		Distracted By	acted By Sour	ce								
		Distracted By Action										
		0	ing Linit #	Location								
		Non Motorist	ing Unit #	Location								
		Prior Action		1								
1												

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	_						
	Π						
UNIT	Ū						
5	INDIVIDUAL						
	Z						
		Action Other					To/From School
	L	Drug & Alcohol NO	Jse	Suspected Drug Use			
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
03	004	Drug Type					
	-						
		Individual Condition					
		APPEARED NORMAL					