24-07236

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Document Number Override | Primary Crash Document # Crash Time 11:10 AM Time Notified 11:13 AM | | Agency Crash Number 24-07236 | | | g Officer/Deputy A. WILCOX | 1 |
|------------|--|---|--|----------------------------------|--|--------------------------------|--|---|
| Z | Crash Date 07/06/2024 | | | Date Ar | | Time Arrived | ł | |
| 61L0C2220N | Date Notified 07/06/2024 | | | Total Units 02 | | Total InjuredTotal Kil0000 | | ed |
| | On Emergency | and Run | Lane Closu | _ | Work Zone | | or Towed | Reporting Threshold |
| 9 | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | |
| | Reportable | Crash Type DT4000 (STA | NDARD CRASH |) | | Ameno | led | Secondary Crash |
| | Description | | | | | | | |
| | Biagram | | Paring lot of McDonalds | | Not t Scale | | Reconstruction Photos By Additional Info | |
| | ✓ I, a sworn law enforceme | nt officer, agre | ee that I have no | ot added | any CJIS data in this | report. | | |
| | ON 07/06/2024, I WAS DISPATCHEI THROUGH AT MCDONALD'S WAITI HARD ENOUGH THAT HE MADE BO UNIT 1. UNIT 2 OPERATOR STATE FORWARD, AND THAT WAS WHEN | NG TO GET FOO OTH UNIT 1 OPEF D SHE WAS BEHI | D AT THE WINDOW RATOR AND PASSE ND UNIT 1 IN THE | / WHEN U ENGER MO DRIVE-TH | NIT 2 HIT UNIT 1 IN THE F DVE FORWARD IN THEIR ROUGH LANE WHEN UNI | REAR END. UNI SEATS. UNIT 1 | T 1 OPERATOR OPERATOR ST | STATED UNIT 2 HIT UNIT 1 ATED UNIT 2 STRETCHED |

24-07236

6

UNIT

UNIT

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | RKING LOT | | | | Latitude Longitude | | | | | |
|---|--|---|---|--|-------------------------------|------------------------|--|--|-----------------------------------|--|
| | H136 WB LOT 314 | | | | 43.47254 | 19504 | | -89.76 | 790311 | |
| | USE/BUILDING 314) | | | | X Coordin | | | Y Coord | | |
| | HE VILLAGE OF WES | T BARABOO | | | 276124.59375 4817015 | | | | | |
| IN S | SAUK COUNTY | | | | Structure Type HOUSE/BUILDING | | | | | |
| | | | | | HOUSE/ | BUILDING | 3 | | | |
| - | sh Scene | | | | | | | | | |
| | Harmful Event | | | | | nful Event L | | | | |
| | TOR VEH TRAN OTHE | RRDWY | | | | - | E OR ZONE | | | |
| | ner of Collision | | | | Light Con | | | | | |
| | FRONT TO REAR | | | DAYLIG | | | | | | |
| | d Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| DR | r | | | | | | | | | |
| Envii | ronment Factor(s) | | | | | | | | | |
| NOM | NE | | | | NONE | | | | | |
| Wea | ther Condition(s) | | | | | | | | | |
| CLE | EAR | | | | | | | | | |
| Anim | nal Type | | | | Polotion T | o Trafficwa | | | | |
| / | | | | | | | | G LOT | | |
| Cras | h Classification - Location | | | | - | | Jurisdiction | | | |
| PUE | BLIC PROPERTY | | | | NO SPECIAL JURISDICTION | | | | | |
| Triba | al Land | | | | Access Control Special Study | | | Special Study | | |
| | | | | | NO CON | TROL | | | | |
| | in Interchange Area | Junction Location | | Intersectio | | | | | | |
| NO | | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | | |
| | t Summary 🛛 🗖 | | | | | | | | | |
| - | Status | | | erating As C | lassification | | Unit Type | | | |
| | CRANSIT | | D CLASS | | AUTOMOBILE | | | monto | | |
| | | | | | Operating As Endorsements | | | inents | | |
| _ | | PASSENGER CAR | | | | | | | | |
| 2 | Total Occs Train/Bus # Recorded | | | tions Issued | | Total Trai | lers | Total Ha | zMat Types | |
| 2 | | | Total # Cita 0 | tions Issued | | Total Trai 0 | lers | Total Ha: 0 | zMat Types | |
| | I Occs rance? | Train/Bus # Recorded Direction Of Travel | 0 | | | | | | | |
| | rance? | | 0 | tions Issued CrashTire Mark | | 0 | | 0 | | |
| Insur YES | rance? | Direction Of Travel NOT ON ROADWAY | 0 Pre Special Fun | CrashTire Mark | 1 | 0 Speed Lir | nit Emergency | 0 Total Lar 0 Motor Veh | nes nicle Use | |
| Insur YES Most | rance? 5 t Harmful Event: Collision \ TOR VEH IN TRANSP(| Direction Of Travel NOT ON ROADWAY With | 0 Pre Special Fun NO SPEC | CrashTire Mark Inction CIAL FUNC | 1 | 0 Speed Lir | mit Emergency NOT APP | 0 Total Lar 0 Motor Veh LICABLE | nes nicle Use | |
| Insur YES Most MO ⁻ Traff | rance? 5 t Harmful Event: Collision \ TOR VEH IN TRANSP(fic Way | Direction Of Travel NOT ON ROADWAY With DRT | 0 Pre Special Fun NO SPEC Traffic Cont | CrashTire Mark Inction CIAL FUNC | 1 | 0 Speed Lir | nit Emergency NOT APP Traffic Cont | 0 Total Lar 0 Motor Veh LICABLE | nes nicle Use | |
| Insur YES Most MO Traff | rance? S t Harmful Event: Collision \ TOR VEH IN TRANSP(fic Way tKING LOT OR PRIVA ` | Direction Of Travel NOT ON ROADWAY With DRT | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT | CrashTire Mark Inction CIAL FUNC Trol TROL | 1 | 0 Speed Lir | nit Emergency NOT APP Traffic Cont NO | 0 Total Lar 0 Motor Veh LICABLE | nes nicle Use | |
| Insur YES Most MO Traff PAR Surfa | rance? S t Harmful Event: Collision \ TOR VEH IN TRANSP(fic Way RKING LOT OR PRIVA ace Type | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction HAL FUNC Trol TROL ature | 1 | 0 Speed Lir | Traffic Cont | 0 Total Lar 0 Motor Veh LICABLE | nes nicle Use | |
| Insur YES Most MO ⁻ Traff PAR Surfa | rance? S t Harmful Event: Collision \ TOR VEH IN TRANSP(fic Way tKING LOT OR PRIVA ` | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT | CrashTire Mark Inction HAL FUNC Trol TROL ature | 1 | 0 Speed Lir | nit Emergency NOT APP Traffic Cont NO | 0 Total Lar 0 Motor Veh LICABLE | nes nicle Use | |
| Insur YES Most MO ⁻ Traff PAR Surfa | rance? S t Harmful Event: Collision \ TOR VEH IN TRANSP(fic Way RKING LOT OR PRIVA ACKTOP (BITUMINOU k Bus or HazMat | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction HAL FUNC Trol TROL ature | 1 | 0 Speed Lir | Traffic Cont | 0 Total Lar 0 Motor Veh LICABLE | nes nicle Use | |
| Insur YES Most MO ⁻ Traff PAR Surfa BLA Truc NO | rance? S t Harmful Event: Collision \ TOR VEH IN TRANSP(fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU: k Bus or HazMat | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction HAL FUNC Trol TROL ature | 1 | 0 Speed Lir | Traffic Cont | 0 Total Lar 0 Motor Veh LICABLE | nes nicle Use | |
| Insur YES Most MO ⁻ Traff PAR Surfa BLA Truc NO | rance? t Harmful Event: Collision N TOR VEH IN TRANSP(fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH | CrashTire Mark Inction SIAL FUNC trol TROL ature T | 1 | 0 Speed Lir | nit Emergency NOT APP Traffic Cont NO Road Grade LEVEL | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use | |
| Insur YES Most MO ⁻ Traff PAR Surfa BLA Truc NO | rance? S t Harmful Event: Collision \ TOR VEH IN TRANSP(fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU: k Bus or HazMat | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type | CrashTire Mark Inction SIAL FUNC trol TROL ature T | TION | 0 Speed Lir N/A | Traffic Cont | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use | |
| Insur YES Most MO Traff PAR Surfa BLA Truc NO | rance? t Harmful Event: Collision N TOR VEH IN TRANSP(fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type | CrashTire Mark inction CIAL FUNC trol TROL ature T | TION | 0 Speed Lir N/A | nit Emergency NOT APP Traffic Cont NO Road Grade LEVEL | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use | |
| Insur YES Most MO ⁻ Traff PAR Surfa BLA Truc NO | rance? t Harmful Event: Collision N TOR VEH IN TRANSP(fic Way KING LOT OR PRIVA ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 394YHY | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU | CrashTire Mark inction CIAL FUNC trol TROL ature T | TION | 0 Speed Lir N/A | nit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use | |
| Insur YES Most MO Traff PAR Surfa BLA Truc NO | rance? t Harmful Event: Collision V TOR VEH IN TRANSPO fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 394YHY Vehicle Identification Nur YS3FH71U076000707 Color | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make SAAB Body Style | CrashTire Mark iction CIAL FUNC trol ROL ature T | E | 0 Speed Lir N/A | nit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S [*] Model | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use | |
| Insui YES Most MO Traff PAR Surfa BLA Truc NO | rance? t Harmful Event: Collision V TOR VEH IN TRANSPO fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 394YHY Vehicle Identification Nur YS3FH71U076000707 Color BLK - BLACK | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make SAAB Body Style CV - CON | CrashTire Mark ICTION ITAL FUNC T T T JTOMOBIL | E | 0 Speed Lir N/A | nit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S [*] Model 9-3 | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use | |
| Insui YES Most MO Traff PAR Surfa BLA Truc NO | rance? TOR VEH IN TRANSPO fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 394YHY Vehicle Identification Nur YS3FH71U076000707 Color BLK - BLACK Initial Contact Point | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make SAAB Body Style | CrashTire Mark ICTION ITAL FUNC T T T JTOMOBIL | E | 0 Speed Lir N/A | nit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S [*] Model 9-3 | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use | |
| Insur YES Most MO Traff PAR Surfa BLA Truc NO | rance? t Harmful Event: Collision V TOR VEH IN TRANSPO fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 394YHY Vehicle Identification Nur YS3FH71U076000707 Color BLK - BLACK | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make SAAB Body Style CV - CON | CrashTire Mark Inction BIAL FUNC trol ROL ature T JTOMOBIL | E | 0 Speed Lir N/A | nit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S [*] Model 9-3 | 0 Total Lar 0 Motor Veh LICABLE rol Inopera | nes nicle Use ative/Missing | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damage | | Vehicle Remov | red By | | | | | |
|------|-----------|---|--------------------|---|--------------|---------------|--------------------|--|--|--|
| | | NOT TOWED | | OPERATOR | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | 6 | | | | | |
| | | OTHER Driver Prior Action Other | | NOT APPLIC | | | | | | |
| | | STOPPED AT A DRIVE THR | OUGH WINDOW | | | | | | | |
| | | Driver Actions | | | | | | | | |
| | щ | NO CONTRIBUTING ACTION | N | | | | | | | |
| Ę | CL | | | | | | | | | |
| UNIT | VEHICLE | | | | | | | | | |
| | Σ | | | | | | | | | |
| | | Owner Name | | Owner Add | dress | | | | | |
| | | STEPHANIE PETTITT STUM | IMER | 605 LYNN AVE | | | | | | |
| | 01 | (608) 448-5101 | | BARABC | DO, WI 539 | 013,US | | | | |
| | | | | | | | | | | |
| | ļ | Sequence Of Events | | | | | | | | |
| | 01 | Event MOTOR VEH IN TRANSPOR | кт. | | | | | | | |
| | 02 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | 04 | Event | | | | | | | | |
| | | De l'esse the tale of | | | | | | | | |
| UNIT | | Policy Holder | | <u> </u> | | | | | | |
| 5 | | Insurance Company WISCONSIN-COUNTY-MUT | UAL-INS-CORP | Individual STEPHAN | IE PETTIT | T STUMMER | | | | |
| | ļ | Individual | | - | | | | | | |
| | | Driver | | Citations Iss | ued | Sex | | | | |
| | _ | STEPHANIE PETTITT STUM | IMER | 0 FEMALE | | | | | | |
| _ | NDIVIDUAL | (608) 448-5101 | | Date of Birth | I | Race WHITE | | | | |
| UNIT | NID | Address | | Driver License Number | | | | | | |
| | | 605 LYNN AVE | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | = | BARABOO, WI 53913 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | On Duty Cr | rash | Cofety Fauin | mont | | | | | |
| | Saf | fety Equipment | asii | Safety Equip | oment | | | | | |
| | 1 | Row | Seat Position | SHOULDE | R & LAP | BELT | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | | |
| | | Helmet Use | | Helmet Com | pliance | | | | | |
| | | Eye Protection | | Tint Complia | ince | | | | | |
| | | | | | | | | | | |
| 0 | 001 | Injury Seve | | Airbag | 0)/50 | | | | | |
| | 0 | | RENT INJURY | NON DEPI | LOYED | | Trapped/Extricated | | | |
| | | | OT EJECTED/NOT APP | PLICABLE | | | NOT TRAPPED | | | |
| | | Medical Transport | | EMS Agency | y Identifier | | EMS Run # | | | |
| | | NOT TRANSPORTED | | | | | | | | |
| | | Hospital | | Date of Deat | th | | Time of Death | | | |
| | | Distracted | By Source | | | | l | | | |
| | | Distracted By NOT APP | LICABLE (NOT DISTR | ACTED) | | | | | | |
| | | Distracted By Action | | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | |

6TL0C22Z0N 24-07236

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Non Motorist | Striking Unit # | Location | | | | | |
|------|----------------------------|-----------------------------------|-------------------|-----------------------------|---|-------------------|--------------------------------|----------------|--|
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | Ļ | | | | | | | | |
| ⊢ | INDIVIDUAL | | | | | | | | |
| UNIT | Σ | | | | | | | | |
| | Z | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | | Suspected Alcoho | | Suspected Drug Use | | | | |
| | L | Drug & Alcohol | NO | 036 | NO | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | 3 | | Alcohol Test Results | | |
| | | TEST NOT GIVEN Drug Test Given | | Drug Test Type | | Drug Test Results | | | |
| | | TEST NOT GIVEN | | c <i>p</i> . | | 3 | | | |
| 2 | 001 | Drug Type | | | | | | | |
| | | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORM | AL | | | | | | |
| | I | Individual | | | | | | | |
| | Passenger JASON STUMMER | | | Citations Issued Sex 0 MALE | | | | | |
| | JAL | (608) 448-9446 | | | Date of Birth | Race | | | |
| LINU | <u>ND</u> | Address | | | Driver License Numbe | WHITE | | | |
| 5 | INDIVIDUAL | 605 LYNN AVE BARABOO, WI 539 | 42 110 | | | | | | |
| | - | BARABOO, WI 555 | 15,05 | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | Sat | fotu Equipmont | On Duty Crash | | Safety Equipment | | | | |
| | Sal | fety Equipment | Cast | Position | SHOULDER & LAP | REIT | | | |
| | | Row 01 - FRONT ROW | | RIGHT | CHOOLDEN & EAR | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| | 2 | L | Injury Severity | | Airbag | | | | |
| 9 | 002 | Injury | NO APPARENT | INJURY | NON DEPLOYED | | | | |
| | | Ejected | Ejection I | Path | | | Trapped/Extricated NOT TRAPPED | | |
| | | NOT EJECTED Medical Transport | NOTEJ | ECTED/NOT APPI | EMS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORTE | ED | | 5 , | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | |
| | | Distracted By | Distracted By Sou | се | 1 | | I | | |
| | | Distracted By Action | | | | | | | |
| | | | . | I I I | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | |
| 1 | | Vator Vahiela Crash | | | t does not include any C. | 10 1-1- | Crach Data | 07/06/2024 | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| 1 | | | | | | | | | | | |
|------|------------|--|------------------|------------------|----------------------------|------------------------------|-----------------------------|--|-----------------------|----------------|--|
| | | Prior Action | | | | | | | | | |
| ĺ | | Action | | | | | | | | | |
| | _ | | | | | | | | | | |
| . | INDIVIDUAL | | | | | | | | | | |
| UNIT | 1DI | | | | | | | | | | |
| | D | | | | | | | | | | |
| | Z | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School | |
| | | | pected Alcohol U | 100 | Suspected Drug Use | | | | | | |
| | | Drug & Alcohol NO | pected Alcohol C | Ise | NO | | | | | | |
| | | Alcohol Test Given | | Alcohol Test Typ | De | | | Alcohol Tes | t Results | | |
| | | TEST NOT GIVEN | | | | - | | | | | |
| | | Drug Test Given Drug Test Typ TEST NOT GIVEN | | Drug Test Type | | Drug T | est Results | | | | |
| | 2 | Drug Type | | | | | | | | | |
| 6 | 002 | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | Uni | t Summary | | | | | | | | | |
| | Unit | Status | | | Vehicle Operating As Class | ification | | Unit Type | | | |
| ļ | | CRANSIT | | D CLASS | | | AUTOMO Operating A | | ements | | |
| 02 | | | | | | | | Operating P | | emento | |
| | Tota | l Occs | Train/Bus # Re | corded | | | Total Traile | ers | Total Ha | azMat Types | |
| | 3 | | Disc stice Of Ta | | 0 | 0 Pro CrashTiro Speed Lir | | :4 | 0 | | |
| | YES | rance? | Direction Of Tra | | | | N/A 0 | | Total Laı 0 | nes | |
| UNIT | Mos | t Harmful Event: Collision W | ith | | Special Function | | Emergency Motor Vehicle Use | | | | |
| | | | RDWY | | | | | | | | |
| | | fic Way RKING LOT OR PRIVATI | F PROPERTY | | Traffic Control NO CONTROL | | | Traffic Control Inoperative/Missing NO | | | |
| | | асе Туре | | | Road Curvature | | | Road Grade | | | |
| | | ACKTOP (BITUMINOUS) |) | | STRAIGHT | | | LEVEL | EVEL | | |
| | Truc NO | k Bus or HazMat | | | | | | | | | |
| | - | Vehicle | | | | | | | | | |
| | | License Plate Number | | | Plate Type | | St | Country of Is | suance | | |
| | | 850ZCU | | | AUT - AUTOMOBILE | | WI | UNITED S | FATES | | |
| | 02 | Vehicle Identification Numb | | | | | | | | | |
| | 0 | 1G1PG5SC8C7180816 Color |) | | CHEVROLET Body Style | | | CRUZE LT Bus Use | | | |
| | | SIL - SILVER (ALUMIN | IUM) | | 4D - 4DR | | | | | | |
| 1. | Щ | Initial Contact Point | | | Vehicle Damage | | | | | 7 8 9 10 11 | |
| UNIT | Ę | 12 - FRONT Extent Of Damage | | | 00 - NO DAMAGE | | | | | 6 | |
| | VEHICLE | NO DAMAGE | | | | | | | | 54321 | |
| | | Towed Due To Damage | | | Vehicle Removed By | | | | | | |
| | | NOT TOWED | | | OPERATOR | | | | | | |
| | | What Driver Was Doing GOING STRAIGHT | | | | | | | | | |
| | | | | | | | | | | | |

24-07236

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | Ve | hicle Factors | | | |
|------|------------|--|--|---|--|------------------|---------------------------------------|--|
| | | Driver Prior Action Other | | NC | OT APPLICABLE | | | |
| UNIT | VEHICLE | Driver Actions NO CONTRIBUTING ACTIC | N | • | | | | |
| | 02 | Owner Name AMALIA ROMERO (608) 717-9153 | | | Owner Address 904 MOORE ST # 4 BARABOO, WI 539 | | | |
| | : | Sequence Of Events | | | | | | |
| | 6 | Event MOTOR VEH TRAN OTHER | R RDWY | | | | | |
| | 02 | Event | | | | | | |
| | 03 | Event | | | | | | |
| | 04 | Event | | | | | | |
| E | I | Policy Holder | | | | | | |
| UNIT | | Insurance Company STATE-FARM-GENERAL-INS-CO | | | Individual AMALIA ROMERO | | | |
| | | Individual | | | | | | |
| | ۲L | Driver KIMBERLY MARTINEZ (608) 717-9153 | | | Citations Issued Sex 0 FEMALE Data of Ditty Page | | | |
| E | IDU/ | | | | Date of Birth | Race HISPANIC | | |
| UNIT | INDIVIDUAL | Address 904 MOORE ST # 445 BARABOO, WI 53913, US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| | Sat | f ety Equipment | Crash | Safety Equipment | | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | ; | SHOULDER & LAP I | BELT | | |
| | | Helmet Use | | 1 | Helmet Compliance | | | |
| | | Eye Protection | | - | Tint Compliance | | | |
| 8 | 003 | | ARENT INJURY | | Airbag NON DEPLOYED | | | |
| | | | Ejection Path NOT EJECTED/NOT A | | | | Trapped/Extricated NOT TRAPPED | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | |
| | | NOT TRANSPORTED | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | |
| | | Distracted By NOT AP | d By Source PLICABLE (NOT DIST | RACI | ED) | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | |
| | | Non Motorist | Init # Location | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Prior Action | | | | | | | | | |
|------|------------|---|-------------------------------|-------------------|---|---------------------|-----------------------------------|----------------|--|--|--|
| | | Action | | | | | | | | | |
| | UAL | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | |
| | Ľ | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | |
| | | Suspec | cted Alcohol I | Jse | Suspected Drug Use | | | | | | |
| | | Drug & Alcohol NO | | Alashal Test Turn | NO | | Alcohol Test Results | | | | |
| | | TEST NOT GIVEN | | Alcohol Test Type | 5 | | Alcohor Test Results | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Result | S | | | | |
| 02 | 003 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | | Individual | | | | | | | | | |
| | _ | Passenger MARLON CHARA (608) 895-1294 Address 6505 OLYMPIC DR | | | Citations Issued 0 | Sex MALE | | | | | |
| ┝ | INDIVIDUAL | | | | Date of Birth | Race BLACK/AFRIC | AN AMERICAN | | | | |
| UNIT | N | | | | Driver License Numb | er | | | | | |
| | Z | MADISON, WI 53705 , U | S | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | Sat | fety Equipment | ty Crash | | Safety Equipment | | | | | | |
| | | Row 01 - FRONT ROW | Seat P 09 - R | | SHOULDER & LA | P BELT | | | | | |
| | | Helmet Use | I | | Helmet Compliance | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| 02 | 004 | Injury S Injury NO A | Severity P PARENT I | NJURY | Airbag NON DEPLOYED | | | | | | |
| | | Ejected NOT EJECTED | Ejection Pa | | | | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport | | - | EMS Agency Identifie | er | EMS Run # | | | | |
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | | | | |
| | | Distracted By | ted By Sourc | e | | | | | | | |
| | | Distracted By Action | | | | | | | | | |
| | | Striking | g Unit # | Location | | | | | | | |
| | | Non Motorist | | | | | | | | | |
| | | Prior Action | | | | | | | | | |

24-07236

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Action | | | | | | | | |
|----------------------|-----------------|---|---------------|-------------------|---|------------------|--------------------------|----------------|--|--|
| | ١L | | | | | | | | | |
| E | INDIVIDUAL | | | | | | | | | |
| UNIT | IVI | | | | | | | | | |
| | IND | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | | Suspec | ted Alcohol I | Jse | Suspected Drug Use | | | | | |
| | L | Drug & Alcohol NO | | Alcohol Test Type | NO | | Alcohol Test Results | | | |
| | | TEST NOT GIVEN | | | - | | Alcohol rest itesuits | | | |
| | | Drug Test Given Drug Test Type TEST NOT GIVEN | | Drug Test Results | | | | | | |
| 03 | 7 Orug Type | | | | | | | | | |
| Individual Condition | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | |
| | l | ndividual | | | | | | | | |
| | | Passenger AMALIA ROMERO | | | Citations Issued Sex 0 FEMALE | | | | | |
| | INDIVIDUAL | (608) 717-9153 | | | Date of Birth | Race HISPANIC | | | | |
| UNIT | | Address 904 MOORE ST # 445 | | | Driver License Numbe | r | | | | |
| | IN | BARABOO, WI 53913 , U | S | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | Sat | On Duty | / Crash | | Safety Equipment | | | | | |
| | Gai | Row | Seat P | osition | SHOULDER & LAP BELT | | | | | |
| | | 02 - SECOND ROW | 07 - L | | | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| 03 | 005 | Injury S Injury NO AP | | | Airbag NON DEPLOYED | | | | | |
| | Ŭ | Ejected | Ejection Pa | | NON DEFLOTED | | Trapped/Extricated | | | |
| | | NOT EJECTED Medical Transport | NOT EJE | CTED/NOT APPI | LICABLE EMS Agency Identifier | | NOT TRAPPED EMS Run # | | | |
| | | NOT TRANSPORTED | | | Livio Agency Identilier | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | Distracted By | ed By Sourc | e | | | | | | |
| | | Distracted By Action | | | | | | | | |
| | | Non Motorist | Unit # | Location | | | | | | |
| | | Prior Action | | • | | | | | | |
| | | Aotor Vehicle Crash | | This repor | rt does not include anv C | IIS data | Crash Date | e 07/06/2024 | | |

6TL0C22Z0N 24-07236

WISCONSIN MOTOR VEHICLE CRASH REPORT

| UNIT | INDIVIDUAL | Action | | | | | |
|------|------------|--------------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Action Other Suspected Alcohol Us | Se | Suspected Drug Use | | | To/From School |
| | Ľ | Drug & Alcohol No | | 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 | | |
| 02 | 005 | Drug Type | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |