CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000217 Entity: Jackson County

State: WI

DATE OF LOSS: 10/16/21

LOSS STREET : JACKSON

LOSS CITY : JACKSON

POLICE DEPT.: JACKSON COUNTY SHERIFFS

REPORT NUM. : 21-07188

Image Name: WI00000217_3331060550_211215_2182419.tif



3331060550

Wisconsin Motor Vehicle Crash Report

	Document Number	Overrid	Crash Time				21-07188 DE Date Arrived Tin				Investigating Officer/Deputy DEPUTY N. KYSER Time Arrived					
4. 7.	Crash Date 10/16/2021	6/2021 05:10 PM Notified Time Notified					Date Ar				Time Arrived 05:35 PM					
7	Date Notified				ed		Total Ur	nits	•		Total Injured		l Killed	4		
בן כ	10/16/2021	<u>-</u>		U5:18 PW			03				02	00			Reporting	
PHLUDI	On Emergen		Hit	and Run	Lane (Closu			Work Zo	ne 	Trailer or	Towe	d	Ů.	Threshold	
HO	Govern Prope				School Zone		NO NO		Related		Tags				<u> </u>	
	✓ Reportable			Crash Type DT4000 (STANDARD CF	RASH)				Amended	, S	٠.		Secondary Crash	
	Location										<u>-</u>					_
	ON USH10 EB 869 FT E					Latitu	ude 858027	6	Longitude -91,12652		t/LongSource T/ILT	1. 1.	Acces	s Contro	ol	
	OF OLD 17 RD IN THE TOWN O					X Co	ordinate 427.687		Y Coordina 4945228	ate On	Roadway Link ID	#	On Ro 869	oadway l	ink Offset	
	IN JACKSON CO	DUNTY					erride [Tribal Land	1 1			Struct	ure Type		
- 1	Crash Scene					l					The second of th					
í	First Harmful Event					First Harmful Event Location										
		NOTOR VEH IN TRANSPORT					ON ROADWAY									
	Manner of Collision	lanner of Collision 6 - SIDESWIPE/OPPOSITE DIRECTION coad Surface Condition(s)					Light Condition									
							DAYLIGHT Environment Factor(s)									
	DRY	• •				МОМ	NE (C)	. Same								
	Roadway Factor(s))				Wea	ther Cond	dition	n(s)							
	NONE				D.	CLOUDY										
	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD										
	Crash Classification PUBLIC PROPE		tion			10			n - Jurisdict URISDICT							
	Tribal Land			- 3		l	ss Contro			Speci	al Study					-
	Within Interchange	Area		ction Location				Inter	section Typ		N					
	Closure Type		27	757		-			Closure					-		
	FULL CLOSURE	E	m, militar	Service Service			1 010/ 5	NE	OPCEMEN	JT TO\\\	TRUCK, FIRE/E	MC R	#ED			
	Date Initial Lane/Ro 10/16/2021	oad Clos	sed	Time Initial 05:10 PM	Lane/Road Close	d	FLIGH		OKOLINILI	11, 1011	incort, i incere	, ii				
	DateAll Lanes Ope	n · `-	1.7	,	nes Open		Date Sc	ene	Cleared		Time Scene Clea	red				
	oriteAll Lanes Open 0/16/2021 08:49 PM					10/16/2				08:49 PM					,	
į	Unit Summar															_
	IN TRANSIT M CLASS			Vehicle Operatin M CLASS	g As C	Classificat	tion		Unit Type MOTORCYCLE							
5	Vehicle Type MOTORCYCLE							Operating	As Endorsements							
	Total Occs Train/Bus # Recorded Total # Citations			Issue	d	- 1	Total Trailer	rs	Total HazMat Ty	pes						
ال	2 0 Insurance? Direction Of Travel Pre Cra			Pre Cras	shTire		-	0 Speed Limit	d Limit Total Lanes							
	YES	L	BOUN	D	Mar Mar	k		- 1	55	02						
ر	Most Harmful Event: Collision With Special Functi				Special Function	tion AL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE						

Wisconsin Motor Vehicle Crash Report

											45.00	Ą	
											4 a 1.0,		<u></u>
	TWC	ic Way D-WAY, NOT DIVID	ED		Traffic Control NO CONTROL			NO	fic Control Inope	rative/Missi	ng	2	
	1	ace Type ACKTOP (BITUMIN	OUS)	- 1	Road Curvature STRAIGHT			Roa LEV	d Grade ∕EL <ੰ∵	The second second		<i>y</i>	
2	Truci NO	k Bus or HazMat				=			and the same of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	af Maga		_
_	1	Role DRIVER				Citations Issued			se Driver Address	Individual			
2	.01	Last Name SHOEMAKER				First Name ANTHONY			The second of th	Middle Ini	tial	Suffix	
		Street Address 233 S EAST STRE	ET			Street Address 2	! , '			РО Вох		· · · · · · · · · · · · · · · · · · ·	
	AL	City FAIRCHILD				State WI	1 .	ip Code 4741		Country o			
LIND	INDIVIDUAL	DOB 02/06/1993	Sex M	Race W		Hair BROWN	Eyes GREE	i king	Height 510	Weight 130	Phone	Number	
	INDI	Driver's License Num S5260139304605	nber			State WI		icense J	ursidiction	Country o			
		License Type NON-CDL DRIVER	R'S LICENS	SE		License Status				DL Expire 2022	Year		<u>,</u>
		Equipment	On Duty Ac	cident		Protective Gear	-			J			
	1	Row 01 - FRONT ROW		Seat Po 07 - LI	- /	UNKNOWN							
	01	Helmet Use UNKNOWN		4,1		Helmet Complia	nce		·				
		Eye Protection UNKNOWN			\$ · .	Tint Compliance UNKNOWN	_						
		Injury	Injury Seve		RIOUS INJU	Airbag NOT APPLICA	ABLE						
ΕN	/IDUAL	Ejected NOT APPLICABL	E (<u> </u>	.** <u>*</u>	Ejection Path NOT EJECTE		APPLIC	Trapped/E				
S	INDIN	MedicalTransport EMS AIR		·. «:	_	EMS Agency Ide 6011278	entifier		EMS Run	#			
	=	Hospital MAYO CLINIC HE	ÁLTH SYS	-EAU C	LAIRE	Date of Death			Time of De	eath			
		Non Motorist	Striking Uni	it#		Location			To/FromSe	chool			
	b	Prior Action				Action			<u>-</u>				
	0-1	Distracted By Action NOT DISTRACTE	D										
		Distracted By Source NOT APPLICABL	E (NOT DIS			Action Other							
		Drug & Alcoh											
		Suspected Alcohol U NO	se			Suspected Drug	Use		-				

Wisconsin Motor Vehicle Crash Report

	AL											
HNU	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	-	Alcohol Test Type					Alcohol T	est Results ,		
_	IN IN	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results		
		Drug Type								\$ 12		
2		Role PASSENGER			Citations Issued 0			se Driver Address	Individual INDIVID	UAL,		
0	02	Last Name SHOEMAKER			First Name HEATHER			, and **	Middle Ini	itial Suffix		
		Street Address 325 CAMP ROAD			Street Address 2	2		And Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PO Box			
_	JAL	City FAIRCHILD			State WI		Zip Code 54741			of Residence STATES		
UNIT	INDIVIDUAL	DOB 09/27/1988		Race W	Hair BROWN	Eyes BRO	ŴŃ	Height 504	Weight 200	Phone Number		
	ND N	Driver's License Num \$5263238884709	ber		State WI		Licensé Ju STATE		UNITED	of Issuance STATES		
		License Type NON-CDL DRIVER	R'S LICENSE		License Status VALID LICEN	SE	e y Teller Jenny		DL Expire 2026	e Year		
		Equipment	On Duty Accide	ent	Protective Gear	, e , j, a	4					
	02	Row 02 - SECOND ROV	I	eat Position - LEFT	UNKNOWN							
	0	Helmet Use UNKNOWN			Helmet Complia							
	100	Eye Protection UNKNOWN	11-1	as ≡a	Tint Compliance UNKNOWN							
		Injury	Injury Severity SUSPECTE	SERIOUS INJU	Airbag NOT APPLICA Ejection Path	ABLE		Tranned/Fy				
LINO	/ngi/	Ejected NOT APPLICABLI MedicalTransport	E		NOT EJECTE		T APPLIC		ped/Extricated TRAPPED			
כ	INDIVIDUAL	EMS AIR Hospital			6011278			Time of De				
		MAYO CLINIC HE		AU CLAIRE	Date of Death							
		Non Motorist	Striking Unit #		Location			To/FromSo				
	02	Prior Action Distracted By Action			Action							
		Distracted By Source	<u> </u>		Action Other							
	Lorendia.	Drug & Alcoh	Individual Con-				· · · · · ·					
	JAL	Suspected Alcohol U	se		Suspected Drug NO	Use						
UNIT	IVIDL	Alcohol Test Given TEST NOT GIVEN	I	Alcohol Test Type					Alcohol Test Results			
UNIT		Drug Test Given TEST NOT GIVEN	l	Drug Test Type					Drug Test Results			

Wisconsin Motor Vehicle Crash Report

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	yet Saleh ^K						January and &	
		Drug Type					1,00	
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	ie.					. بر		
	Pro-	License Plate Number	Plate Type		St	T Country	of Issuance	
	. 42	303RN	CYC		WI		D STATES	
Î		Vehicle Identification Number			Year	Make		
Ì	A.	1HD1CAP1X\$Y215453			1995	HD	* x ₀	
ĺ		Model	Body Style		1,	Color	w	
	100	MOTORCYCLE	MC - MOTORCYCLE		1*	ONG -	ORANGE	
		Initial Contact Point 12 - FRONT	Vehicle Damage		1			
_	9 <u>san .</u>	Extent Of Damage	15 - ALL AREAS	Ş.		- "		
2	01	DISABLING DAMAGE		· .	* >			
		Towed Due To Damage	Vehicle Factors	- J	1.			
		TOWED DUE TO DISABLING DAMAGE		S. Say				
	7 kg 1	Vehicle Removed By	NOT APPLICABLE	TREE.	J.			
	y	RODELL TOWING What Driver Was Doing	Driver Prior Action Other			I Bus Use	<u></u>	
į		GOING STRAIGHT						
	Щ	Driver Actions NO CONTRIBUTING ACTION	<u> </u>					
UNIT	<u> </u>	NO CONTRIBUTING ACTION	\mathcal{L}_{i}					
5	픕							
	VEHICL		, 					
	1	Vehicle Owner Same As Operator	∵	perato	or Address	5		
	()	Organization Type Company Nam	e /					
	i Si	INDIVIDUAL						
		Last Name First Name		Midd	II.	Suffix	Date of Birth 02/09/1961	
		SHOEMAKER JULIE Street Address Street Address	2	POI			02/03/1301	
	1	233 E MAIN STREET	.	1.0	DUX			
		City St Zip Co	ode	Cou	ntry of Resid	dence		
	gara.	FAIRCHILD WI 5474	1	UNI	TED STA	TES		
	N.	Telephone Number						
-	, S	(507) 287-4958 EXT.				. •		
	01	Event MOTOR VEH IN TRANSPORT						
		Event			-			
	02							
	03	Event						·-
	0	· v						
	2	Event						
ľ		Insurance Company	n. r 11 11	. 1				
느	9	GEICO-GENERAL-INS-CO	Policy Holder Same As Owr	ner	Polic	y Holder	Same As Driver	
UNIT	HOL	Organization Type Last Name	First Name		Policy Hold	der Compa	any	
	Ξ	INDIVIDUAL SHOEMAKER	JULIE]	L			
	Unit	Summary						

Wisconsin Motor Vehicle Crash Report

	1	Status					D CLASS TR				Unit Type TRUCK				
		Cle Type				DCLASS					ng As Endo	rsements			
05		LITY TRUCK	PICKL	JP TRUCK						Operan	ng na Endo	Sements			
	Tota 1	l Occs	Train/B	us # Recorde	ed	Total # Citations I	ssued	Total 0	Traile	rs	Total F	lazMat Type	s	4.	
TINO	Insur YES	rance?		n Of Travel BOUND		Pre Crasi Mark		Speed 55	d Limi	t	Total L 02	anes		- 3 t	
_	1	t Harmful Even TOR VEH IN				Special Function NO SPECIAL F	UNCTION			Emerge NOT A	ncy Motor \ PPLICAB	/ehicle Use LE			
		ic Way D-WAY, NOT	DIVID	ED		Traffic Control NO CONTROL				Traffic (Control Inop	erative/Missi	ng	, ?	
	l	ace Type ACKTOP (BIT	ri imin <i>c</i>	ous)		Road Curvature STRAIGHT				Road G		*		**************************************	
05		k Bus or HazM				- Citationi				12002	in the second se		<u> </u>		
~		Role DRIVER					Citations Issued 0	<u> </u>			Driver dress	Individual			
02	03	Last Name RUSSELL		-			First Name JERICHO	I			Middle Ini	Suffix			
		Street Addres		ROAD T	·	ı	Street Address 2			1 m		PO Box			
-	JAL	City FAIRCHILD)			State WI	<u> </u>	Zip (547	Code 41	* * * *	Country o UNITED				
UNIT	INDIVIDUAL	DOB 02/17/2004	е	Hair RED	Eyes BRC	Ń			Weight 260	Weight 260 Phone Number (715) 533-4185 E					
	IND	Driver's Licen R24043004		State WI	, Vann	Lice ST#	nse Jursi ATE	diction	Country o						
	3.2	License Type NON-CDL I		'S LICENS	SE.		License Status VALID LICEN			DL Expire 2023	Expire Year 23				
		Equipm		On Duty Ac	cident	pro pro	Safety Equipme	erit							
	03	Row 01 - FRONT	ROW		1	Position	SHOULDER & LAP BELT								
	.,.	Helmet Use	,		,		Helmet Complia	ance							
		Eye Protectio	n			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tint Compliance	9							
		Injur	y	Injury Seve		INJURY	Airbag NON DEPLO	YED							
_	/IDUAI	Ejected NOT EJEC	TED				Ejection Path	ED/NO	T AP	PLICA	Trapped/I	Extricated APPED			
UNIT	INDIVIE	MedicalTrans	port	ED .			EMS Agency Id				EMS Run				
	Z	Hospital	- 			Date of Death				Time of D	eath	-			
	Non Motorist Striking Unit #						Location	•			To/FromS	School			
		Prior Action		Action											
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK						sk								
	Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AF						ARE Action Other								
		Drug & A	ke Fill	Individual C											
		Suspected Al	cohoi Us	se			Suspected Drug Use NO								

Wisconsin Motor Vehicle Crash Report

	JAL										
UNIT	Ø.	Alcohol Test Given TEST GIVEN		phol Test Type				-			Alcohol Test Results ,
_	NDIVIDUAL	Drug Test Given TEST GIVEN		g Test Type OOD						C	Orug Test Results
	2	Drug Type					_				
											A TO THE RESERVE OF THE SERVE O
		License Plate Number SL3831				ate Type 『 K			St WI		ry of Issuance
	1.44	Vehicle Identification Number					•		Year	Make	
		2GCEK19T731164809 Model			l Re	dy Style			2003	CHE	
		SILVERADO				√ - PICK	UP			Color	- GRAY
		Initial Contact Point			Ve	hicle Dam	nage			1	
		01 - RIGHT FRONT CORNI Extent Of Damage	ER	<u> </u>	01	- RIGHT	FRONT CO	RNE	R, 02 - RIC	HT SI	DE FRONT, 03 - RIGHT SIDE
05	2	DISABLING DAMAGE			M	IDDLE, 0	04 - RIGHT∕S	IDE F	REAR, 05	RIGH	T REAR CORNER
		Towed Due To Damage TOWED DUE TO DISABLI	NC DAMA	CF.	Ve	hicle Fact	ors		15		
		Vehicle Removed By 194 TOWING	NG DAWA		H _N	OT APPL	ICABLE	1 (N	Section 1		
	i francisco Lucia de la	What Driver Was Doing OVERTAKE LEFT		· · · · · · · ·	Dr	iver Prior	Action Other	<u> </u>		Bus U	Se
	щ	Driver Actions IMPROPER OVERTAKING	/ DACCIN		<u> </u>		<u> </u>			<u> </u>	
LNO	VEHICLE	INFROFER OVERTAKING	/ PASSIN	ig ler i	***;						
		Vehicle Owner Same A	\s Operat	<u> </u>	<i>?</i>	As _	☑ Use Op	erato	r Address	· · · · · ·	
		Organization Type INDIVIDUAL	Ú	Company Na	ame				_		
		Last Name OLSON		First Name	***			Midd M	lle	Suffix	Date of Birth 01/14/1985
		Street Address N13830 COUNTY ROAD T		Street Addre	ss2			POE	Зох	-	
		City FAIRCHILD	n de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela compan	St Zip	Code ' 41			l	ntry of Resid		
		Telephone Number (715) 533-4185 EXT.		·							
	0.1	Event CROSS CENTERLINE									
	02	MOTOR VEH IN TRANSPO	RT								
	03	Event							_		
	04	Event								-	
LIND	02	Insurance Company STATE-FARM-GENERAL-I	NS-CO			Pol Sai	licy Holder me As Owne	r	Policy	Holde	er Same As Driver
Ś	호.	Organization Type INDIVIDUAL	Last Name	8		First Na JOSHU	me		Policy Hold	er Com	pany
	Hnit	Summary									

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	Į.	Status			Vehicle Ope	rating	As Classification				Туре Г ОМО В	II F				
		RANSIT cle Type			D CLASS						rating As		ements			
03	I	SENGER C	AR						-	Opei	rating As	LIIGOIS	Cilicins			
	Total 2	Occs	Train/B	us # Recorde	d Total # Citati	ions I	ssued	Total Tr	ailer	rs		Total Ha 0	zMat Types		A	
_	Insur	ance?		on Of Travel	Pre 0		hTire	Speed I	Limit	1		Total La	nes		\\\	
UNIT	YES	: Harmful Even	L	BOUND	Special Fund	Mark	•	55	-	Emo		2 Actor Ve	biole I Isa	4.2.	to be	
_	STR	UCK BY FA				IAL F	UNCTION						hicle Use E			
		ic Way D-WAY, NOT	DIVID	ED	rol ROL				Traff NO	fic Contro	ol Inoper	ative/Missir	ng ,			
		ace Type	TIIMIN	OUS)	Road Curva					Road	d Grade	,	المارية المارية	%() \		
03	Truci	k Bus or HazM			OTTAIGH									<u> </u>		
	NO	2		_			Torres Torres						⁴ Q € v One attraction of	Tuno		
03		Role DRIVER				Citations Issued 0				se Driv Addres	ess INDIVIDUAL					
0	40	Last Name	1		First Name CALEB						Middle Initial Suffix					
	4. E	Street Addres	ss		Street Address 2								<u> </u>			
		108 GRAN	DAVE	NUE		State		Zip,(Zip Code			Country of	Reside	nce		
⊨	ΥŊ	NEILLSVIL	LE	Sex		WI	<u> </u>	544	56	Height		UNITED				
UNIT	INDIVIDUAL	DOB 02/07/2002		Hair Eyes HAZEL						400		ne Number 0) 415-3517 EXT.				
	S.	Driver's Licer A32510302			State Licens WI STAT				ursidictio	n	Country of Issuance UNITED STATES					
		License Type			License Status	DL Expir 2029			Year							
		Dig Dig	- S	On Duty Acc			Safety Equipme									
	716	Equipn Row	ient	<u> </u>	Seat Position	``	SHOULDER	& LAP E	3EL	т.						
	04	01 - FRON	T ROW		07 - LEFT	1	<u> </u>									
	9.00	Helmet Use				ing a	Hélmet Complia	ince								
	- 40	Eye Protection	on		1 to	:	Tint Compliance	9								
	* 1 **	Injur	y	Injury Sever	ity RENT INJURY		Airbag NON DEPLO	YED								
	DUAL	Ejected	749				Ejection Path				I		xtricated			
UNIT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOT EJEC MedicalTrans		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		NOT EJECTE		AP	PLIC		OT TRA				
_	NDIN	NOT TRAN	ISPOR	TED												
		Hospital		Ż.			Date of Death				117	ne of De	eatn			
	100	Non Mo		Location				То	/FromSc	hool						
	1 N S	Prior Action	Action													
	Prior Action Distracted By Action NOT DISTRACTED															
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)						Action Other									
	<u> </u>	Drug & A	Alcoh	Individual C				•								
		Suspected A	Icohol U	*,	Suspected Drug Use NO											

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	AL											
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	1	Alcohol Test Type					Alcohol To	est Resu	lts ,	
	<u>N</u>	Drug Test Given TEST NOT GIVEN		Drug Test Type				T	Drug Test	Results	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	in in	Drug Type		<u> </u>					<u> </u>	Car		
	sigh.									E.		
	Αij.	Role PASSENGER	·		Citations Issued			e Driver	Individual		(
03	05	Last Name			First Name		<u> </u>	ddress	Middle Init		Suffix	
		BALL Street Address			ALEXA Street Address 2	2		<u></u>	PO Box		<u> </u>	
		314 HILL STREET	· 		State		Zip Code		Country of	f Reside	nce	
UNIT	And	NEILLSVILLE DOB	Sex	Race	WI Hair	Eyes	54456	Height	UNITED Weight		Number	
בֿ	INDIVIDUAL	11/12/2003 Driver's License Num	F	<u>W</u>	BROWN	BLU		504	137 Country of	(715)	937-3934 EXT.	
	2	B4000130391206			WI ,		STATE		UNITED DL Expire	STATE		
		License Type NON-CDL DRIVER		 	License Status VALID LICEN		· · ·	·- ·-	2023	- I Cal		
		- Equipment :	On Duty Accid		Safety Equipme	· .						
	5	Row 01 - FRONT ROW		eat Position 9 - RIGHT	SHOULDER &		BELI					
	0	Helmet Use		, r , r	Helmet Complia	ńce			_			
		Eye Protection			Tint Compliance	'			·			
		Injury	Injury Severity NO APPARI		Airbag NON DEPLO	/ED						
╘	DUA	Ejected NOT EJECTED		ķi, ķi	Ejection Path NOT EJECTE	D/NO	T APPLICA	Trapped/E				
LIND	INDIVIDUAL	MedicalTransport NOT TRANSPORT	red .	er ver	EMS Agency Ide	entifier		EMS Run #	#	•		
	N.	Hospital		36	Date of Death			Time of De	ath			
	ins (B)	Non Motorist	Striking Unit #		Location			To/FromSo	hool			
		Prior Action		·	Action		_					
	05	Distracted By Action	i i i i i i i i i i i i i i i i i i i									
	8#	Distracted By Source			Action Other							
	ingenerati.	Drug & Alcoh	Individual Con		-			· · · · · · · · · · · · · · · · · · ·				
	AL	Suspected Alcohol Us			Suspected Drug	Use						
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	·				Alcohol Test Results			
٦		Drug Test Given TEST NOT GIVEN	-	Drug Test Type		·			Drug Test Results			
		·····										

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		Drug Type			.					
		License Plate Number AMB2131		I	ate Type UT		St WI		y of Issuance ED STATES	
		Vehicle Identification Number 1FA6P8AMXH5225066					Year 2017	Make FORD). _{\scri}	
		Model MUSTANG		20	ody Style D - 2DR		, , , , , , , , , , , , , , , , , , ,	Color ,	BLACK	
		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage			ehicle Damage	RNFR	1 N	and the same		
03	03	MINOR DAMAGE Towed Due To Damage			ehicle Factors	<u>/*</u>	· 			
		NOT TOWED Vehicle Removed By OWNER	· ···	N	OT APPLICABLE					
		What Driver Was Doing GOING STRAIGHT		Dr	iver Prior Action Other	,		Bus Us	se	
∐N O	VEHICLE	Driver Actions OPERATED MOTOR VEHICL	E IN AGGRE	ESSIVE/REĈI	KLESS MANNER, RA	ACING	3			
	1965 - 1964 1965 - 1964 1965 - 1965 1965 - 1965 1965 1965 - 1965 1965 1965 - 1965 1965 1965 - 1965 1965 - 1965 196	✓ Vehicle Owner Same As		And the second	V Use Op	perato	r Address			
		Organization Type INDIVIDUAL		pany Name	·.					
		Last Name ATKINSON Street Address	CAI	Name LEB	· · · · · · · · · · · · · · · · · · ·	C PO E		Suffix	Date of Birth 02/07/2002	_
		108 GRAND AVENUE	St	et Address2			ntry of Resid	ence		_
	# #-	NEILLSVILLE Telephone Number	wı_	54456			TED STAT			_
	01	(720) 415-3517 EXT. Event STRUCK BY FALLING, SHIF		O OR ANYTH	ING SET IN MOTION	NBY	MOTOR VI	EHICLE	<u> </u>	
	02	Event								_
	03	Event								
ī	04	Event			,					_
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		= -	ast Name		First Name CALEB		Policy Hold	er comp	oarry	_
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Wisconsin Motor Vehicle Crash Report

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Signature		a. San San						
I, a sworn law enforcemen	t officer, agi	ree that I have not	addec	any CJIS d	lata ir	this report.		
Law Enforcement Agenc	y (*****	· · · · · · · · · · · · · · · · · · ·		,				
Agency Space								
Officer Rank Officer Last N	lame	Officer First N	ame	-	Office	er Middle Name		Suffix
DEP KYSER DOT Officer ID	I DN	IR Officer ID			0550	er Badge Number		
143	14:				143	er badge Number		
Officer EMail	(OO) 140 110							
NICHOLAS.KYSER@CO.JACK Local Agency Number		ment Agency Jurisdiction	on.			Law Enforcement A	Agency	type
	JACKSON					COUNTY SHER		
Law Enforcement Agency Name JACKSON COUNTY SHERIFFS	S DEPART			gency Name (SON COUN	ITY S	HERIFF		
Law Enforcement Agency Street Add						Street Address2		
30 NORTH THIRD STREET Law Enforcement Agency City				l ou Enfor	mort ^	gency Zip Code		
BLACK RIVER FALL	WI	A State		54615	ment A	gency zip Code		

Wisconsin Motor Vehicle Crash Report

	Law Enforcement (715) 284-900	nt Agency Phone Number 9 EXT.	ORI Number WI0270000	BFUNC Agency 2700	TraCS Agency Number 195
	Attachment			4	
01	Confident	al File Link			. (1)
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