CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000154 Entity: Wisconsin Dells

State: WI

DATE OF LOSS: 11/09/21

LOSS STREET : UNKNOWN

LOSS CITY : WISCONSIN DELLS

POLICE DEPT.: WISCONSIN DELLS POLICE DEPT

REPORT NUM. : 21WD6713

Image Name: WI00000154_3331064639_211215_2181591.tif



3331064639

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Overrid	e Primary Crash	Document # .	Agenc	y Crash Number	Investigating Off				
2C	Crash Date 11/09/2021	Crash Time 12:05 PM		Date A		Time Arrived 12:10 PM				
SFB	Date Notified 11/09/2021	Time Notified 12:05 PM		Total U	Jnits	Total İnjured 00	00 00 Reno			
S	On Emergency	Hit and Run	Lane Clos		Work Zone		Thresi		Reporting Threshold	
3PL	Government Property		chool Zone	Schoo NO	Bus Related	Tags				
	Reportable	Crash Type DT4000 (STA	ANDARD CRASI	H)	·	Amended			Secondary Crash	
	Description Diagram					TR	econstruction	n Bv		
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WISCONSIN MOTOR VEHICLE CRASH REPORT

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	Man	ner of Collision			Light C	ondition				
	07 -	- SIDESWIPE/SAME [DIRECTION		DAYL	GHT				
	Roa	d Surface Condition(s)			Roadwa	ay Factor(s)				
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		nin Interchange Area	Junction Location		Intersection Type					
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WISCONSIN MOTOR VEHICLE CRASH REPORT

	1	Towed Due To Damage			Vehicle Removed By				
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WISCONSIN MOTOR VEHICLE CRASH REPORT

1	, -	Prior Action								
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	2 200 1 5 1	Action								
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LIND	INDIVIDUAL									
5	\geq									
	Z									
		Action Other		,						To/From School
		Cue	pected Alcohol U		Suspected Drug Use					
	. 1	Drug & Alcohol NO	pected Alcohol O	5 E	NO					
	€	Alcohol Test Given		Alcohol Test Type	9			Alcohol Tes	t Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Te	est Results		· ·, _ ·	
	to in Table	TEST NOT GIVEN								
2	8	Drug Type								
		Individual Condition								
	4 *97 5 - 2 - 3 5 - 3 - 3	APPEARED NORMAL								
		t Summary 💳								
	l	Status FRANSIT		I .	ehicle Operating As Class CLASS	sification		Unit Type AUTOMO	RII F	
~		icle Type			D CLASS			Operating As Endorsements		
02		SSENGER CAR								
	Tota 1	l Occs	Train/Bus # Red	corded T	otal # Citations Issued		Total Traile 0	ers	Total Ha:	zMat Types
	ſ	Insurance? Direction Of Travel		ivel	Pre CrashTire Speed Lin		Speed Lim			nes
LIND	YES	t Harmful Event: Collision Wi	SOUTHBOU		Mark Special Function		35	Emergency Motor Vehicle Use		
ר		TOR VEH IN TRANSPO			NO SPECIAL FUNCTION			NOT APPLICABLE		
	l	ic Way	O DADDIED		Traffic Control			Traffic Control Inoperative/Missing		
		IDED HWY W/O TRAFFI ace Type	BARRIER		RAFFIC SIGNAL Road Curvature			NO Road Grade	<u>.</u>	
	l	NCRETE			STRAIGHT			LEVEL		
	Truc	k Bus or HazMat								
-	<u> —</u> —	Vehicle	e t v		and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		License Plate Number	<u> </u>	T	Plate Type			Country of Issuance		
		904HCN			AUT - AUTOMOBILE		NI .	UNITED STATES		
02	05	Vehicle Identification Number 2MEFM74W34X677605 Color			Make MERCURY		Year 2004	Model GRAND MARQ		
					Body Style			Bus Use		
	ш	MAR - MAROON (BUR Initial Contact Point	GUNDY)	I	4D - 4DR Vehicle Damage				r-	
E	SLE	10 - LEFT SIDE FRON	Т		venicle barrage					7 8 9 10 11
LIND	VEHICLI	Extent Of Damage			09 - LEFT SIDE MIDD	DLE, 10 -	LEFT SII	DE FRONT		6 2 12 5 4 3 2 1
	>	FUNCTIONAL DAMAG Towed Due To Damage	·		Vehicle Removed By					depertie depthiese emissive .
		NOT TOWED		I	OPERATOR					
		What Driver Was Doing CHANGING LANES								

WISCONSIN MOTOR VEHICLE CRASH REPORT

				Vel	nicle Factors			· · ·	
				13.	10.0				
		Driver Prior Action Other		NO.	T APPLICABLE				
			<u>.</u>						
	ш	Driver Actions IMPROPER TURN, FAILU	RE TO CONTRO)L					
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UNIT	VEHICLI								
ر	VEI								
		Owner Name			Owner Address				
07	02	REGINA OVCHARCHYN (608) 254-5268		I	151 W HIAWATHA LAKE DELTON, WI			ł	
0		(000) 204 0200			LAILE BEETON, W	, 55			
		0							
	`	Sequence Of Events Event	 		-			····	
	9	MOTOR VEH IN TRANSP	ORT						
	~	Event							
	02								
	03	Event							
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	04	Event	-						
		Dalian Halden							
LIND		Policy Holder Insurance Company	4		- 45.53				
5		AUTO-OWNERS-INS-CO			ndividual REGINA OVCHARCI	IYN			
		Individual							
		Driver		· · · · · · · · · · · · · · · · · · ·	Citations Issued	Sex			
		REGINA OVCHARCHYN		(FEMALE			
	UA	(608) 254-5268			Date of Birth Race				
LINO	NDIVIDUAL	·			03/14/1942 WHITE				
5		Address 151 W HIAWATHA DR			Oriver License Number O1267204259403				
	Z	LAKE DELTON, WI 53940	, US	5	STATE: WISCONSIN	COUNTRY: UNI	ITED STATES		
	,						•		
		On Duty	Crash	5	Safety Equipment				
	Sai	fety Equipment							
	; ·	Row FRONT FOW	Seat Position	15	SHOULDER & LAP	BELT			
		01 - FRONT ROW Helmet Use	07 - LEFT		Helmet Compliance				
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	,	Eye Protection			Tint Compliance				
07	005	Injury Se	-	t t	Airbag				
	0	Ejected NO AP	PARENT INJUR	Υ Ι	NON DEPLOYED		I Transad Cutringtod		
		NOT EJECTED	NOT EJECTED	NOT APPLIC	CARLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport	1.101 2020122		MS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital		1	Date of Death		Time of Death		
			-1 D. O				<u> </u>		
	t	Distracted By NOT A	ed By Source PPLICABLE (NC	T DISTRACT	ED)				
	.	Distracted By Action							
	•	NOT DISTRACTED							
		Non Motorist Striking	Unit # Loca	tion					
	i	HOI MOLUISE							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Prior Action					
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UNIT	Ö						
5	INDIVIDUAL						
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		Action Other					To/From School
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1		Orug & Alcohol NO	se	Suspected Drug Use			
ľ				NO			
	1	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN			•		
		Drug Test Given	Drug Test Type		Drug Test Results	3	
		TEST NOT GIVEN					
	· 7	Drug Type	<u></u>				
02	002						
	,	Individual Condition					
1	<u>.</u>	APPEARED NORMAL					
1						· · · · · · · · · · · · · · · · · · ·	