

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: WI00000069 Entity: Wisc. Div. Motor Vehicles

State: WI

DATE OF LOSS: 11/19/21

LOSS STREET : UNKNOWN

LOSS CITY : WAUKESHA

POLICE DEPT.: WAUKESHA PD

REPORT NUM. : 3WL0WFFP5B

Image Name: WI00000069\_3331085264\_211215\_2182529.tif



3331085264

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W21087146

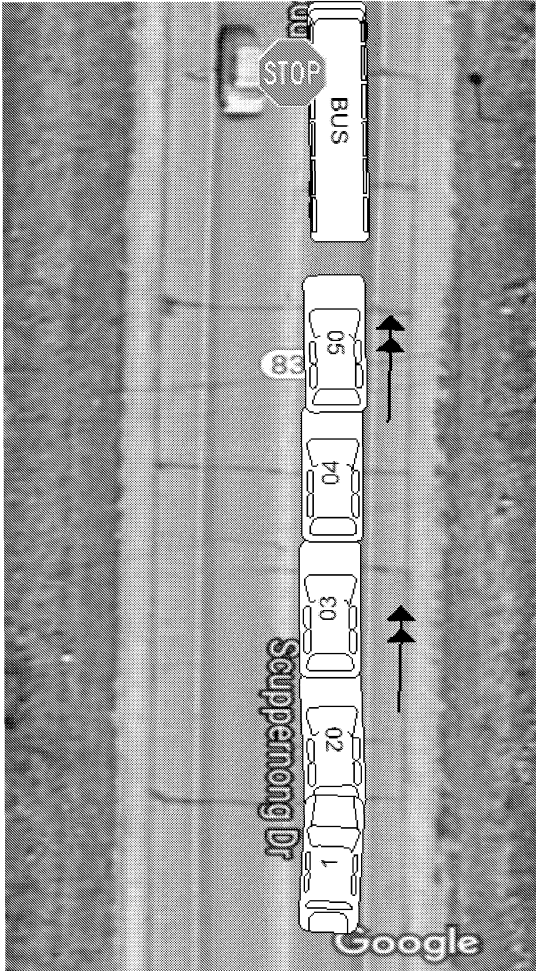
# WISCONSIN MOTOR VEHICLE CRASH REPORT

WAUKESHA COUNTY SHERIFFS DEPT  
515 WEST MORELAND BOULEVARD  
WAUKESHA, WI 53187  
(262) 548-7117

3WL0WFFP5B

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>DEPUTY P MAYLEN</b>	
Crash Date <b>11/19/2021</b>		Crash Time <b>02:51 PM</b>		Date Arrived <b>11/19/2021</b>		Time Arrived <b>03:28 PM</b>	
Date Notified <b>11/19/2021</b>		Time Notified <b>02:52 PM</b>		Total Units <b>05</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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 <b>YES, SCHOOL BUS INDIRE</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

## Description

Diagram		Reconstruction By
<p>DIAGRAM NOT DRAWN TO SCALE</p> 		Photos By
		Additional Information <b>NONE</b>

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

UNITS 1,2,3,4,5 WERE TRAVELING NORTHBOUND ON HWY 83, AT TWIN OAKS DR IN THE TOWN OF DELAFIELD. ALL UNITS INVOLVED REPORTED THAT THERE WAS A BUS STOPPED/STOPPING AT THE INTERSECTION, CAUSING A RAPID STOP OF ALL THE VEHICLES INVOLVING, RESULTING IN A CHAIN REACTION REAR ENDED CRASH.. LAW ENFORCEMENT WAS UNABLE TO DETERMINE WHO BRAKED/STOPPED FIRST OR ABRUPTLY CAUSING THE CRASH.

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## Location

ON STH83 NB 608 FT S OF TWIN OAKS DR IN THE TOWN OF DELAFIELD IN WAUKESHA COUNTY	Latitude <b>43.035620332</b>	Longitude <b>-88.374109139</b>
	X Coordinate <b>388062.59375</b>	Y Coordinate <b>4765686.5</b>
	Structure Type <b>NO STRUCTURE</b>	

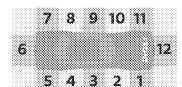
## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		<b>BACKUP DUE TO REGULAR CONGESTION</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>ALY9511</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3CZRE48519G706459</b>		Make <b>HONDA</b>	Year <b>2009</b>	Model <b>CR-V</b>
	Color <b>BLU - BLUE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>WILKES TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>JAMES CRAIG WILLGRUBS (262) 527-0745</b>		Owner Address <b>W318N1045 HUCKLEBERRY WAY N DELAFIELD, WI 53018 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>JAMES WILLGRUBS</b>	
01	<b>Individual</b>			
	Driver <b>MAZIE L WILLGRUBS (262) 527-0745</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth <b>08/22/2005</b>		Race <b>WHITE</b>	
	Address <b>W318N1045 HUCKLEBERRY WAY N DELAFIELD, WI 53018 , US</b>		Driver License Number <b>W4265520580202</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
01	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			

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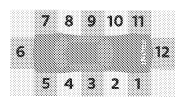
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UNIT INDIVIDUAL 01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>
	Truck Bus or HazMat <b>NO</b>				

UNIT VEHICLE 02 02	<b>Vehicle</b>				
	License Plate Number <b>AKS5536</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JF2SJAAC9EH439969</b>		Make <b>SUBARU</b>	Year <b>2014</b>	Model <b>FORESTER</b>
	Color <b>BLU - BLUE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>06 - REAR</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>WILKES TOWING</b>		
					

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UNIT	VEHICLE	What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>JENNIFER LYNN HELLMANN (262) 787-8409</b>	Owner Address <b>1332 MILL RD DELAFIELD, WI 53018 , US</b>	
UNIT	INDIVIDUAL	<b>Sequence Of Events</b>		
		01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>JENNIFER HELLMANN</b>
		<b>Individual</b>		
		Driver <b>ANNA G HELLMANN (262) 787-8409</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>07/28/2005</b>		Race <b>WHITE</b>
02	002	Address <b>1332 MILL RD DELAFIELD, WI 53018 , US</b>		Driver License Number <b>H4550470576805 STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
		Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance		
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

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CRASH REPORT

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>		
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type
		Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type
		Drug Test Results		
		Drug Type		
02	002	Individual Condition <b>APPEARED NORMAL</b>		
		<b>Individual</b>		
		Passenger <b>JONATHAN G DREIST</b>		Citations Issued <b>0</b>
		Sex <b>MALE</b>		
		Date of Birth <b>11/10/2005</b>		Race <b>WHITE</b>
		Address <b>1106 N BREENS BAY RD OCONOMOWOC, WI 53066 , US</b>		Driver License Number <b>D6234270541007</b>
		STATE: WISCONSIN COUNTRY: UNITED STATES		
		<b>Safety Equipment</b>		
		On Duty Crash		Safety Equipment
		Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>
SHOULDER & LAP BELT				
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
02	003	<b>Injury</b>		
		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
		EMS Run #		
		Hospital		Date of Death
		Time of Death		
		<b>Distracted By</b>		
		Distracted By Source		
Distracted By Action				
<b>Non Motorist</b>				
Striking Unit #		Location		
Prior Action				

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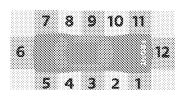
WAUKESHA COUNTY SHERIFFS DEPT  
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UNIT INDIVIDUAL 02 003	Action					
	Action Other			To/From School		
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug 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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 UPHILL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 03 003	Vehicle					
	License Plate Number ANM3074		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T3ZF13C32U466571		Make TOYOTA		Year 2002	Model SIENNA
	Color BGE - BEIGE		Body Style VN - VAN		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 WILKES TOWING			
	What Driver Was Doing STOP IN TRAFFIC					





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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION		
	Owner Name ANDREA LYNN CHENEY (262) 422-8794	Owner Address 763 THACKERAY TRL OCONOMOWOC, WI 53066 , US	
03	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
04	Event		
	Policy Holder		
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO	Individual ANDREA CHENEY	
	Individual		
UNIT INDIVIDUAL	Driver JOSHUA F MICHELS (262) 422-8794	Citations Issued 0	Sex MALE
		Date of Birth 11/06/2003	Race WHITE
	Address 763 THACKERAY TRL OCONOMOWOC, WI 53066 , US	Driver License Number M2424260340601 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		
03	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
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
03	Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
	Non Motorist		
	Striking Unit #	Location	

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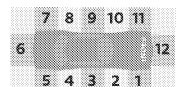
WAUKESHA COUNTY SHERIFFS DEPT  
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UNIT INDIVIDUAL 03 004	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		

## Unit Summary

UNIT 04	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT VEHICLE 04 04	<b>Vehicle</b>				
	License Plate Number <b>AKY6200</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JTMBK31V376011130</b>		Make <b>TOYOTA</b>	Year <b>2007</b>	Model <b>RAV4</b>
	Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>06 - REAR, 12 - FRONT</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>STOP IN TRAFFIC</b>				



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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name BETHANY K GRADY (920) 723-0868	Owner Address W305S4185 BROOKHILL RD WAUKESHA, WI 53189 , US
UNIT 04	Sequence Of Events	
	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
UNIT INDIVIDUAL	Policy Holder	
	Insurance Company GEICO-ADVANTAGE-INSURANCE-CO	Individual BETHANY GRADY
	Individual	
	Driver BETHANY K GRADY (920) 723-0868	Citations Issued 0
UNIT 04	Date of Birth 04/24/1998	Race WHITE
	Address W305S4185 BROOKHILL RD WAUKESHA, WI 53189 , US	
	Driver License Number G6300719864400 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	
UNIT 04	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
UNIT 005	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	
UNIT 005	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	EMS Run #	
	Hospital	Date of Death
	Time of Death	
UNIT 005	Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	Non Motorist	
	Striking Unit #	Location

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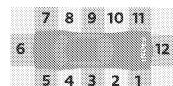
# WISCONSIN MOTOR VEHICLE CRASH REPORT

WAUKESHA COUNTY SHERIFFS DEPT  
515 WEST MORELAND BOULEVARD  
WAUKESHA, WI 53187  
(262) 548-7117

UNIT INDIVIDUAL 04 005	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	
			Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	
			Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	
			Drug Test Results	
	Drug Type			
Individual Condition <b>APPEARED NORMAL</b>				

## Unit Summary

UNIT 05	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT VEHICLE 05 05	<b>Vehicle</b>					
	License Plate Number <b>607JRL</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>3GNAXVEX8KL208174</b>		Make <b>CHEVROLET</b>	Year <b>2019</b>	Model <b>EQUINOX</b>	
	Color <b>BLU - BLUE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>06 - REAR</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>SLOW/STOPPING</b>					

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WAUKESHA COUNTY SHERIFFS DEPT  
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WAUKESHA, WI 53187  
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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name REBEKAH JEAN HENKEN (414) 803-9783	Owner Address S77W29882 HIGH CROSS DR MUKWONAGO, WI 53149 , US	
UNIT 05	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company FARMERS-INS-CO-INC	Individual REBEKAH HENKEN	
	Individual		
	Driver REBEKAH J HENKEN (414) 803-9783	Citations Issued 0	Sex FEMALE
		Date of Birth 10/14/1983	Race
	Address S77W29882 HIGH CROSS DR MUKWONAGO, WI 53149 , US	Driver License Number H5257308387400 STATE: WISCONSIN COUNTRY: UNITED STATES	
	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		
UNIT 05	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 Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
	Non Motorist		
Striking Unit #	Location		

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CRASH REPORTWAUKESHA COUNTY SHERIFFS DEPT  
515 WEST MORELAND BOULEVARD  
WAUKESHA, WI 53187  
(262) 548-7117

UNIT INDIVIDUAL          05 006	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			