

415 JACKSON STREET, P.O. BOX 2808 OSHKOSH, WISCONSIN 54903-2808

OSHKOSH (920) 236-4890 FOX CITIES (920 727-2880 FAX (920) 303-3025 E-mail: countyclerk@co.winnebago.wi.us

Winnebago County Office of the County Clerk

The Wave of the Future

NOTICE OF CLAIM

Date: January 11, 2019

To: Doug, Linda and Joan

Re: Claim from CRW Insurance on behalf of Tim Lund for \$1317.27 for damage to his vehicle that occurred in an accident that involved a Winnebago County worker.

This claim will be presented to the County Board at their February 12, 2019 meeting.

Gregor, Cassie

From: Sent: To: Subject: Attachments:	Emily Wagner <ewagner@crwinsurance.com> Friday, January 11, 2019 10:08 AM Gregor, Cassie Auto Accident/Tim Lund EA603881-CAD7-40E2-BFD4-412CAEBF1F86.pdf; SANY0001 (9).JPG; SANY0002 (10).JPG; 18-004236.pdf</ewagner@crwinsurance.com>
	(10).JPG; 18-004236.pdf

Importance:

Hi Cassie-

Per our phone conversation, attached is the police report, estimate and some photos.

High

The accident happen on 12/31/2018 on Hwy 441 in Winnebago County. Tim was taking the exit for Racine Street and was in the right lane.

Another party was next to him in the left lane and traffic was slowing down due to the road conditions and slowing for the exit.

A Winnebago County worker was parked in a pickup truck in the barrier location when he pulled out in front of the left lane without looking, causing the women in the vehicle in the left lane to swerve into Tim's lane, causing Tim to be forced to hit the curb.

Tim said that once everyone pulled over, the County worker left the scene of the accident. Tim and the other vehicle then pulled off the highway, to the nearest gas station and called 911.

The Winnebago County Sheriff responded #18-004236. Tim has alignment and a crack in the plastic issues on his vehicle since he had to hit the curb. Front passenger side to the 2008 Toyota Rav 4.

DOL: 12/31/2018 @ 1pm. No injuries. Laura Lund was a passenger.

Tim can be contacted at 920-418-0894

Please feel free to contact me back with any questions.

Thank you,

Emily Wagner CLAIMS REPRESENTATIVE BUSINESS INSURANCE CUSTOMER SERVICE

 Dir 920.827.2288
 Bus 920.898.5731
 Fax 920.898.5734

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Please consider the environment before printing this Email.

Innovative Auto Body, LLC N1326 B County Road J New Holstein, WI 53061-1062 Office: (920)898-4924 Fax: (920)898-4995 Federal Tax ID#39-2013874

*** PRELIMINARY ESTIMATE ***

12/12/2018 03:09 PM

Owner

Owner: Tim Lund Address: 1322 HICKORY City State Zip: New Holstein, WI 53061

Inspection

Inspection Date: 01/03/2019 03:09 PM Primary Impact: Right Front Corner

Appraiser Name: Kessler Ryan

Repairer

 Repairer:
 Innovative Auto Body LLC

 Address:
 N1326 B County J

 City State Zip:
 New Holstein, WI 53061

 Email:
 gwiabs@gmail.com (Gay) innovative101@gmail.com (Ryan)

Target Complete Date/Time:

Vehicle

2008 Toyota Rav4 Limited V6 4 DR Wagon 6cyl Gasoline 3.5 5 Speed Automatic

> Lic Expire: Veh Insp# : Condition: Ext. Refinish: Three-Stage User Defined

Options

4-Wheel Drive	AM/FM In-dash CD Changer	Air Conditioning
Alarm System	Aluminum/Alloy Wheels	Anti-Lock Brakes
Auto Locking Hubs (4WD)	Bucket Seats	Cargo/Trunk Net
Center Console	Cruise Control	Digital Clock
Dual Airbags	Dual Zone Auto A/C	Electronic Transfer Case
Fog Lights	Halogen Headlights	Head Airbags
Heated Power Mirrors	Intermittent Wipers	Keyless Entry System
Leather Steering Wheel	Lighted Entry System	MP3 Decoder
Mounted Spare Tire	Overhead Console	Power Brakes
Power Door Locks	Power Drivers Seat	Power Steering
Power Windows	Privacy Glass	Rear Spoiler
Rear Window Defroster	Rear Window Wiper/Washer	Roof Rack Cross Bars
Roof/Luggage Rack	Side Airbags	Skid Plates
Split Folding Rear Seat	Stability Cntrl Suspensn	Strg Wheel Radio Control

Inspection Type: Secondary Impact: Right Front Side

Work/Day:

FAX:

Appraiser License # :

Days To Repair: 3

Contact: Work/Day: (920)898-4924 FAX: (920)898-4995

VIN: JTMBK31V385043762 Mileage Type: Actual Code: Y7123C

Code: Y7123C Int. Refinish: Two-Stage

Page 1 of 3

2008 Toyota Rav4 Limited V6 4 DR Wagon Claim # :

12/12/2010 00.03 F W	12/12/2018	03:09	PM
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Tachometer	Theft Deterrent System	Tilt & Telescopic Steer
Tinted Glass	Tonneau/Cargo Cover	Traction Control System
Trunk/Cargo Organizer	Velour/Cloth Seats	

Dama	iges								
Line	Ор	Guide	мс	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Front E	Bump	er							
1	RI	7		Frt Bumper Cvr Overhau	R & I Assembly			2.2	SM
2		40		Cover, Front Bumper	Replace PXN	\$232.00		0.2	SM
3	L	40	14	Cover,Front Bumper	Refinish 2.6 Surface 1.0 Three-stage setup 0.9 Three-stage	×		4.5	RF
Front B	Body	Interior S	Sheet	metal					
4	EP	106		Skirt, Inner Fender RT	Replace PXN	\$80.00		0.2	SM
Nheels 5	PC	729		Wheel,Front RT	Replace PXN Reconditioned	\$191.00		0.4	SM
Front S 6		nsion 974		Suspension Align, Frt	Additional Labor			1.2	ME
Manual	Entr	ies							
7	Ν			HAZARD. WSTE. REM.	Additional Labor	\$3.50*			SM
8	EC			VALVE STEM	Replace Economy	\$2.00*			SM
9	SB			WHEEL BALANCE	Sublet Repair	\$5.00*			SM
10	E			FLEX ADDITIVE	Replace OEM	\$7.00*			RF
11		I A a a a		WHEEL MOUNT	Sublet Repair	\$4.50*			RF
1	11	ltems							

MC

14

Message

INCLUDES 1.0 HOURS FIRST PANEL THREE-STAGE ALLOWANCE

Estimate Total & Entries						
Gross Parts					\$7.00	
Other Parts					\$508.50	
Paint & Materials		4.5 H	lours @ \$	40.00	\$180.00	
Parts & Material Total						\$695.50
Tax on Parts & Material			@ 5.	500%		\$38.25
Labor	Rate	Replace I Hrs	Repair Hrs	Total Hrs		
Sheet Metal (SM)	\$60.00	3.0		3.0	\$180.00	
Mech/Elec (ME)	\$78.00		1.2	1.2	\$93.60	
Frame (FR)	\$78.00					
Refinish (RF)	\$60.00	4.5		4.5	\$270.00	
Labor Total				8.7	Hours	\$543.60
Tax on Labor		@	5.500%		\$29.90	
Sublet Repairs					\$9.50	
Tax on Sublet		@	5.500%		\$0.52	
Gross Total						\$1,317.27
Net Total						\$1,317.27

Alternate Parts Y/03/03/00/00/00 CUM 03/03/00/00/00 Zip Code: 53061 Default Rate Name Default

Audatex Estimating 8.0.555 ES 01/03/2019 03:31 PM REL 8.0.555 DT 12/01/2018 © 2019 Audatex North America, Inc.

1.9 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S THREE-STAGE REFINISH FORMULA.

Op Codes

- * = User-Entered Value
 EC = Replace Economy
 ET = Partial Replace Labor
 TE = Partial Replace Price
 L = Refinish
 TT = Two-Tone
 BR = Blend Refinish
- CG = Chipguard
- AA = Appearance Allowance
- E = Replace OEM OE = Replace PXN OE Srpls EP = Replace PXN PM = Replace PXN Reman/Reblt PC = Replace PXN Reconditioned SB = Sublet Repair I = Repair RI = R & I Assembly RP = Related Prior Damage
- NG = Replace NAGS UE = Replace OE Surplus EU = Replace Recycled UM = Replace Reman/Rebuilt UC = Replace Reconditioned N = Additional Labor IT = Partial Repair P = Check



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WISCONSIN MOTOR VEHICLE CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT 4311 JACKSON STREET OSHKOSH, WI 54903 (920) 236-7300



Crash Date 12/31/2018 Crash Time 01:25 PM 18-004236

WISCONSIN MOTOR VEHICLE CRASH REPORT

	LOO	cation 🛛 🗰							
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		BFTE			44.2	18117993		-	9532803
		TAYCO ST THE CITY OF MENASH	14		X Co	ordinate		Y Coord	linate
		WINNEBAGO COUNTY			3842	11.25		489712	21
						ture Type STRUCTURE			
						SIRUCIURE			
3		ish Scene 🛛 💻							
		t Harmful Event				Harmful Event	Location		
	CU	RB nner of Collision				ON ROADWAY			
		COLLISION W/VEHIC			-	Light Condition DAYLIGHT			
		ad Surface Condition(s)				way Factor(s)			
		T, SNOW, SLUSH		, toud	Roadway Factor(s)				
	Env	ironment Factor(s)							
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	Wea	ather Condition(s)				,			
	SN	ow							
	Anir	mal Type			Relati	Relation To Trafficway			
	Crow	sh Classification - Location				FFICWAY - ON ROAD			
		BLIC PROPERTY				ash Classification - Jurisdiction O SPECIAL JURISDICTION			
	Trib	al Land				ss Control			Special Study
	With	nin Interchange Area	Junction Location		FULI	L CONTROL			
	NO	-	EXIT RAMP-RELATED		NOT AN INTER				
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		t Summarv 💻							
		t Summary		Vehicle Ope	rating As Classifica	ation	Unit Type		
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Wisconsin Motor Vehicle Crash Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama	ige	Vehicle Removed By	
		NOT TOWED		OPERATOR	
		What Driver Was Doi	•	Vehicle Factors	
		SLOW/STOPPING			
		Driver Prior Action Ot	ther	NOT APPLICABLE	
		Driver Actions			
	щ	UNKNOWN			
늘	VEHICLE				
UNIT	Ξ				
	¥				
		Driver Distractions UNKNOWN IF DIS	STRACTED		
6	01				
	1.5	Owner Name		Owner Address	
		(920) 232-1700	UNTY HIGHWAY DEPARTMENT	901 W COUNTY RD Y OSHKOSH, WI 54903 , US	
	10	(320) 232-1100			
		Commence Of Fr			
		Sequence Of Event	vents		
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	04				
E		Policy Holder			
UNIT		Insurance Company	INTY-MUTUAL-INS-CORP	Government WINNEBAGO COUNTY HIGHWAY E	
			INTI-MOTOAL-INS-CORP	WINNEBAGO COUNTE HIGHWATE	JEFARIMENT
		Individual	a second s	100 million have a	
		Driver JONATHAN G GR	отн	Citations Issued 0	Sex .
	A	(920) 420-2145			MALE Race
	VIDUAL			Date of Birth 09/08/1965	WHITE
Ī	5	Address		Driver License Number	
5	_	664 COUNTY ROA	AD M	G6304276532806	
	Ξ	PICKETT, WI 5496	54 , US	STATE: WISCONSIN COUNTRY: UN	IITED STATES
	'	En tradition	On Duty Crash	Safety Equipment	
		Equipment	WINTER-HWY-MAINTENANC		
		Seat Position		RESTRAINT USE UNKNOWN	
		1FRONT SEAT-L	EFT SIDE (DRIVER/MOTORCY		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
5	001	loiuru	Injury Severity	Airbag	
5	•	Injury	NO APPARENT INJURY		
		Ejected NOT APPLICABLE	F	Ejection Path	Trapped/Extricated NOT APPLICABLE
	1	NOT AFFLICABLE		NOT EJECTED/NOT APPLICABL	Crach Data 12/21/2019

Wisconsin Motor Vehicle Crash Form DT4000
 Crash Date
 12/31/2018

 Crash Time
 01:25 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT 4311 JACKSON STREET OSHKOSH, WI 54903 (920) 236-7300

		Medical Transport			EMS Agency Identifier			EMS Run #		
		NOT TRANSPORT	ΈD							
		Hospital			Date of Death			Time of Dea	ıth	
			Striking Unit #	Prior Action		Location			To/From School	
		Non Motorist	J. J		Location					
		Action								
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12										
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	- 4	Drug & Alcohol								
B	^ *	Alcohol Test Given			Alcohol Test Type			Alcohol Test	Results	
		TEST NOT GIVEN								
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02	Unit IN T Vehi (SP Total 2 Insu YES Most CUF Traff ENT Surfa COP	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs Trance? S t Harmful Event: Collisic RB Tic Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat	Train/Bus # Inju Direction Of Tra EASTBOUNI	ured Tc 0 avel D [N Tr N R	CLASS tal # Citations Issued Pre CrashTire Mark Decial Function O SPECIAL FUNC affic Control O CONTROL Dad Curvature		0 Speed Lim	AUTOMOI Operating A ars it Emergency NOT APPI Traffic Contr NO Road Grade	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici LICABLE Tol Inoperativ	at Types 3 Ie Use
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02	Unit IN T Vehi (SP Total 2 Insuu YES Mosi CUF Traff ENT Sunfa COI Trucc	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs Trance? S t Harmful Event: Collisic RB Tic Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat	Train/Bus # Inju Direction Of Tra EASTBOUNI	ured Tc 0 avel D [N Tr N R	CLASS tal # Citations Issued Pre CrashTire Mark Decial Function O SPECIAL FUNC affic Control O CONTROL Dad Curvature		0 Speed Lim	AUTOMOI Operating A ars it Emergency NOT APPI Traffic Contr NO Road Grade	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici LICABLE Tol Inoperativ	at Types 3 Ie Use
02	Unit IN T Vehi (SP Total 2 Insuu YES Mosi CUF Traff ENT Sunfa COI Trucc	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic RB ic Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat	Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tr 0 avel D S N N N R S	CLASS tal # Citations Issued Pre CrashTire Mark Decial Function O SPECIAL FUNC affic Control O CONTROL Dad Curvature	CTION	0 Speed Linr 45	AUTOMOI Operating A ars it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use
02	Unit IN T Vehi (SP Total 2 Insuu YES Mosi CUF Traff ENT Sunfa COI Trucc	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic RB Ic Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 187PAF	Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tr 0 avel D S N N R S S	CLASS otal # Citations Issued Tre CrashTire Mark Decial Function O SPECIAL FUNC affic Control O CONTROL Doad Curvature TRAIGHT Plate Type AUT - AUTOMOBII	CTION	0 Speed Linr 45	AUTOMOI Operating A ars it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use
UNIT 02	Unit IN T Vehi (SP) Total 2 Insum YES Mosi CUP Traff ENT Surfa COI Truc NO	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic RB IC Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 187PAF Vehicle Identification N	Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tr 0 avel D S N N R S	CLASS otal # Citations Issued mark pectal Function O SPECIAL FUNC affic Control O CONTROL pad Curvature TRAIGHT Plate Type AUT - AUTOMOBII Make		0 Speed Linr 45 St VI Year	AUTOMOI Operating A ors it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of 1s: UNITED ST Model	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use
02	Unit IN T Vehi (SP Total 2 Insuu YES Mosi CUF Traff ENT Sunfa COI Trucc	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic RB Tc Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 187PAF Vehicle Identification N JTMBK31V385043	Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tr 0 avel D S N N R S	CLASS tal # Citations Issued Tre CrashTire Mark Decial Function O SPECIAL FUNC affic Control O CONTROL Doad Curvature TRAIGHT Plate Type AUT - AUTOMOBII Make TOYOTA		0 Speed Linr 45	AUTOMOI Operating A ors it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST Model RAV4 LTD	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use
UNIT 02	Unit IN T Vehi (SP) Total 2 Insum YES Mosi CUP Traff ENT Surfa COI Truc NO	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic RB IC Way RANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 187PAF Vehicle Identification N JTMBK31V385043 Color	Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tc 0 avel D S N N R R S	CLASS tal # Citations Issued Tre CrashTire Mark Decial Function O SPECIAL FUNC affic Control O CONTROL Doad Curvature TRAIGHT Plate Type AUT - AUTOMOBII Make TOYOTA Body Style	CTION	0 Speed Linr 45 St VI Year 2008	AUTOMOI Operating A Operating A Ders It Emergency NOT APPI Traffic Contu NO Road Grade LEVEL Country of Is UNITED ST Model RAV4 LTD Bus Use	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use
UNIT 02	Unit IN T Vehi (SP4 Total 2 Insuu YES Mosi CUF Traff ENT Surfa COF Trucci NO	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic RB Tc Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 187PAF Vehicle Identification N JTMBK31V385043 Color WHI - WHITE	Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tc 0 avel D S N N R S S S S S S S S S S S S S S S S	CLASS tal # Citations Issued Transformer of the second s	CTION	0 Speed Linr 45 St VI Year 2008	AUTOMOI Operating A ors it Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST Model RAV4 LTD	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use
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02 UNIT 02	Unit IN T Vehi (SP4 Total 2 Insuu YES Mosi CUF Traff ENT Surfa COF Trucci NO	Status TRANSIT Cle Type ORT) UTILITY VEHI I Occs rance? S t Harmful Event: Collisic RB Tc Way TRANCE/EXIT RAMF ace Type NCRETE k Bus or HazMat Vehicle License Plate Number 187PAF Vehicle Identification N JTMBK31V385043 Color WHI - WHITE Initial Contact Point 1RIGHT FRONT (Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tc 0 avel D S N N R S S S S S S S S S S S S S S S S	CLASS tal # Citations Issued Transformer of the second s	E V 2 SIGN VEHIC	0 Speed Linr 45 St VI Year 2008	AUTOMOI Operating A Operating A Ders It Emergency NOT APPI Traffic Contu NO Road Grade LEVEL Country of Is UNITED ST Model RAV4 LTD Bus Use	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use
UNIT 02	Unit IN T Vehi (SP) Total 2 Insum YES Mosi CUP Traff ENT Surfa COI Truc NO	Status TRANSIT Cle Type ORT) UTILITY VEHI OCCS rance? Trance? Tharmful Event: Collisic RB Trance/EXIT RAMF Transful Event: Collisic RB Trance/EXIT RAMF Transful Event: Collisic RB Trance/EXIT RAMF Transful Event: Collisic RB Tr	Train/Bus # Inju Direction Of Tra EASTBOUNI on With	Jred Tc 0 avel D S N N R S S S S S S S S S S S S S S S S	CLASS tal # Citations Issued Transformer of the second s	E V 2 SIGN VEHIC	0 Speed Linr 45 St VI Year 2008	AUTOMOI Operating A Operating A Ders It Emergency NOT APPI Traffic Contu NO Road Grade LEVEL Country of Is UNITED ST Model RAV4 LTD Bus Use	s Endorsem Total HazM 0 Total Lanes 2 Motor Vehici ICABLE Tol Inoperativ	at Types 3 Ie Use

Wisconsin Motor Vehicle Crash Form DT4000

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Towed Due To Dama	age	Vehicle F	Removed By R				
		What Driver Was Do	ing	Vehicle F					
		GOING STRAIGH							
		Driver Prior Action O	ther	NOT AF	NOT APPLICABLE				
UNIT	VEHICLE	Driver Actions SWERVED OR AV	VOIDED DUE TO WIND, SLIPPER	L RY SURFA	ACE, MOTOR VEHICLE, OBJEC	T, NON-MOTORIST IN ROADWAY, ETC.			
		Driver Distractions UNKNOWN IF DIS	STRACTED						
02	02								
		Owner Name TIMOTHY G LUNI (920) 418-0894	D	132	ner Address 12 HICKORY LN W HOLSTEIN, WI 53061 , US				
		Sequence Of E	vents						
	0	Event CURB							
	02	Event							
	03	Event							
	04	Event							
E		Policy Holder							
UNIT	NB	Insurance Company WESTERN-NATIO	DNAL-MUTUAL-INS-CO	Individ TIMO	lual DTHY LUND				
		Individual							
		Driver		Citatio	ons issued	Sex			
	4	TIMOTHY G LUNE	D	0		MALE			
	VIDUAI	(920) 418-0894		Date c		Race WHITE			
UNIT	INDIVIE	Address 1322 HICKORY LI NEW HOLSTEIN,		Driver L530	05/13/1971 WHITE Driver License Number L5308077117303 STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment	On Duty Crash	Safety	r Equipment				
		Seat Position	LEFT SIDE (DRIVER/MOTORCY	- яноч	ULDER & LAP BELT				
	1	Helmet Use		Helme	et Compliance				
		Eye Protection		Tint Co	ompliance				
02	002	Injury	Injury Severity	Airbag					
2	•	Ejected	NO APPARENT INJURY		DEPLOYED on Path	Trapped/Extricated			
	5.1				EJECTED/NOT APPLICABL				
		L				0 40/04/0040			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 5 of 9

Crash Date 12/31/2018 Crash Time 01:25 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT 4311 JACKSON STREET OSHKOSH, WI 54903 (920) 236-7300

		Medical Transport			EMS Agency Identi	fier	EMS Run #			
		NOT TRANSPORT	TED							
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action	•				12 12			
UNIT	INDIVIDUAL									
		Action Other								
	C	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Us	e				
		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	002	Drug Type								
	1	Individual Condition								
			MAL							
	1	Individual						A T AL		
	٩L	Passenger LAURA M LUND (920) 418-0895			Citations Issued Sex 0 FEMALE Date of Birth Race					
UNIT	/IDU/				09/28/1965 WHITE					
Ŋ	INDIVIDUAL	Address 1322 HICKORY LN NEW HOLSTEIN, N	WI 53061 , US		Driver License Number L5305336584802 STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment	On Duty Crash		Safety Equipment					
	13	Seat Position 3FRONT SEAT-R	IGHT SIDE (TRAIN		SHOULDER & L	AP BELT				
	- 6	Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
02	003	Indexant	Injury Severity NO APPARENT IN	IJURY	Airbag NON DEPLOYE)				
					Ejection Path		Trapped/Extricated			
	= X	NOT EJECTED Medical Transport			EMS Agency Identi		NOT TRAPPED EMS Run #			
		NOT TRANSPORT	ED							
		Hospital			Date of Death		Time of Death			
	Ľ	Non Motorist	Striking Unit #	Prior Action		Location	· · · · · · · · · · · · · · · · · · ·	To/From School		

Wisconsin Motor Vehicle Crash Form DT4000 2PL0SR68X2

18-004236

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action Action Other							
			spected Alcohol Use	Suspected Drug Use					
	L	Drug & Alcohol		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Tes	st Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test F	Results		
02	003	Drug Type							
Individual Condition									
N.	Uni	t Summary							
	Unit	Status		Vehicle Operating As Classificati	on	Unit Type			
		N-CONTACT cle Type		D CLASS		TRUCK	Operating As Endorsements		
33		LITY TRUCK/PICKUP 1	RUCK		Operating				
		I Occs	Train/Bus # Injured	Total # Citations Issued	Total Trai	lers	Total HazMat Types		
	1 Insu	rance?	Direction Of Travel	0 Pre CrashTire	0 Speed Li	mit	0 Total Lanes		
UNIT	YES		EASTBOUND	Mark	45	1.02	2		
5		t Harmful Event: Collision V HER NON-COLLISION	/ith	Special Function NO SPECIAL FUNCTION			Motor Vehicle Use		
		fic Way [RANCE/EXIT RAMP		Traffic Control		Traffic Control Inoperative/Missing			
		ace Type		Road Curvature		NO Road Grade			
		NCRETE		STRAIGHT		LEVEL			
	Truc NO	k Bus or HazMat							
		Vehicle							
		License Plate Number		Plate Type	St	Country of Is			
		577017 Vehicle Identification Num	bor	LTK - LIGHT TRUCK	WI Year	UNITED S Model	TATES		
03	03	3GTU2PEJ6HG37304		GENERAL MOTORS COR	2017	SIERRA			
		Color BLU - BLUE		Body Style PK - PICKUP		Bus Use NOT A BU	s		
	щ	Initial Contact Point		Vehicle Damage					
UNIT	E.	NON-COLLISION		NO DAMAGE					
	VEHICL	Extent Of Damage		NO DAMAGE					
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Factors					
		MERGING							
		Driver Prior Action Other		NOT APPLICABLE					
Ļ		L							

Wisconsin Motor Vehicle Crash Form DT4000

2PL0SR68X2

18-004236

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	VEHICLE	Driver Actions UNKNOWN							
		Driver Distractions UNKNOWN IF DISTRACTED							
03	03	2							
		Owner Name ANDREA K DOERING (414) 651-0267			Owner Address 740 W SUMMER ST				
					APPLETON, WI 54914 , US				
		Sequence Of Events							
	01	Event							
	02	Event							
	03	Event							
	04 (Event							
LIND		Policy Holder Insurance Company Individual							
5		Insurance Company BADGER-MUTUAL-INS-CO			ANDREA DOERING				
		Individual							
		Driver ANDREA K DOEL	ANDREA K DOERING (414) 651-0267				Sex FEMALE		
	JAL						Race		
UNIT	Į						WHITE		
5	INDIVIDUAL	Address 740 W SUMMER ST APPLETON, WI 54914 , US			Driver License Number D6520117594104 STATE: WISCONSIN COUNTRY: UNITED STATES				
		Equipment	Equipment		Safety Equipment				
		Seat Position		RESTRAINT USE UNKNOWN					
		Helmet Use		Helmet Compliance					
	004	Eye Protection			Tint Compliance				
		Injury Severity			Airbag				
03		Injury	NO APPARENT INJURY		NOT APPLICABLE				
		Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT APPLICABLE			
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action	L	Location		To/From School	
l Wisco	onsin	Motor Vehicle Crash	L	 This rep	ort does not include ar	IL	Crash Date	12/31/2018	
Form DT4000 8 of 9 Crash Time							01:25 PM		

2PL0SR68X2

18-004236

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action					
		Action Other Suspected Alcohol Use	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results			
03	004	Drug Test Given TEST NOT GIVEN Drug Type	Drug Test Type	Drug Test Results			
	113						
		Individual Condition NOT OBSERVED					



