#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

SHOREWOOD HILLS POLICE DEPARTM **810 SHOREWOOD BOULEVARD** MADISON, WI 53705 (608) 267-1110

| Crash Date 03/17/2024 Date Notified 03/17/2024 | Crash Time 05:40 PM Time Notified 05:45 PM | 03/1         | Arrived 7/2024 Units | OFFICER T. SCHWARZ  Time Arrived 05:50 PM  Total Injured 01  Total Killed 00 |  |                     |
|--|--|--------------|----------------------|--|--|---------------------|
|  | t and Run                                  | Lane Closure | Work Zone            | Trailer or   |  | Reporting Threshold |
| Government Property                            | Active School                              | Scho         | ol Bus Related       | Tags   |  |                     |
| Reportable                                     | Crash Type DT4000 (STANDA                  | ARD CRASH)   |                      | Amended  |  | Secondar<br>Crash   |
| escription Diagram                             |  |              |                      |  | econstruction                                  | 1                   |
| MCDONALDS                                      | MCDONALDS DRIVE THE LAND                   |              |                      | A  | notos By<br>HOREWOO<br>dditional Info<br>HOTOS | OD HILLS PD         |
|  |  |              |                      |  |  |                     |

ON THE ABOVE DATE AND TIME VEHICLE ONE PULLED INTO THE MCDONALD'S PARKING LOT. VEHICLE TWO WAS PARKED IN THE MCDONALD'S DRIVE THRU LANE. UNIT ONE STRUCK UNIT TOW IN THE REAR BUMPER ON THE PASSENGERS SIDE WITH UNIT ONES FRONT BUMPER. UNIT 2 THEN SKIDDED INTO A LIGHT POLE AND CAME TO A REST AT THE LIGHT POLE. THE DRIVER OF UNIT ONE HAD TO BE EXTRACTED BY MADISON FIRE DEPARTMENT AND TRANSPORTED TO UW HOSPITAL. UNIT ONE DRIVE WAS UNCONSCIOUS INITIALLY, HOWEVER, SHE REGAINED CONSCIOUSNESS. UNIT ONE DRIVER STATED SHE HIT THE GAS INSTEAD OF THE BRAKE. UNIT ONE HAD TO BE TOWED.

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SHOREWOOD HILLS POLICE DEPARTM 810 SHOREWOOD BOULEVARD MADISON, WI 53705 (608) 267-1110

Crash Date 03/17/2024

Crash Time 05:40 PM

|            | Location  | n 💻   |  |   |  |  |   |  |                             |  |
|------------|---|---|--|---|--|--|---|--|-----------------------------|--|
|            |   | RSITY AVE/ CT   | HMS  |   | Latitude   |  |   | Longitud   | de                          |  |
|            | 335 FT W  |   |  |   | 43.075   | 338956                                   |   | -89.454  | 1424328                     |  |
|            | OF MAPLI  |   |  |   | X Coord  | inate                                    |   | Y Coord  | linate                      |  |
|            | (OTHER)   |   |  |   | 300184   | .3125                                    |   | 477210   | )5                          |  |
|            | IN THE VII  | LLAGE OF SHO  | REWOOD HILLS   |   | Structure  | е Туре                                   |   |  |                             |  |
|            | IN DANE (   | COUNTY  |  |   | OTHER  | ₹ .                                      |   |  |                             |  |
|            | Crash S   | cono  |  |   | <u>'</u>   |  |   |  |                             |  |
|            | First Harmfu  |   |  |   | Firet Ha   | rmful Event l                            | ocation   |  |                             |  |
|            |   | MOTOR VEHICL  | _E   |   |  | ADWAY                                    | Location  |  |                             |  |
|            | Manner of C   |   | <b></b>  |   | Light Co   |  |   |  |                             |  |
|            | 03 - FRON   | IT TO REAR  |  |   | DAYLI  |  |   |  |                             |  |
|            | Road Surface Condition(s)   |   |  |   |  | y Factor(s)                              |   |  |                             |  |
|            | DRY   | . ,   |  |   |  |  |   |  |                             |  |
|            | Environmen  | t Factor(s)   |  |   |  |  |   |  |                             |  |
|            | NONE  |   |  |   | NONE   |  |   |  |                             |  |
|            | Weather Co  | ndition(s)  |  |   |  |  |   |  |                             |  |
|            | CLEAR   | , ,   |  |   |  |  |   |  |                             |  |
|            | Animal Type   | )   |  |   | Relation   | To Trafficw                              | ay  |  |                             |  |
|            |   |   |  |   | NON T  | RAFFICW                                  | AY - PARKIN   | IG LOT   |                             |  |
|            |   | ification - Location  |  |   |  |  | - Jurisdiction  |  |                             |  |
|            | Tribal Land   | PROPERTY  |  |   |  | PRIVATE PROPERTY  Access Control         |   |  | Special Study               |  |
|            |   |   |  |   | NO CO  | NO CONTROL                               |   |  |                             |  |
|            | Within Interd   | change Area   | Junction Location NON-JUNCTION   |   | Intersection Type NOT AN INTERS  | FCTION                                   |   |  |                             |  |
|            |   |   |  |   |  |  |   |  |                             |  |
|            |   | 22 122 0 181 /  |  |   |  |  |   |  |                             |  |
|            | Unit Sur  | mmary <b>=</b>  |  | Vehicle Ope   |  |  | Unit Type   |  |                             |  |
|            | Unit Sur<br>Unit Status   | -   |  | Vehicle Ope   | erating As Classification  |  | Unit Type   | BILE   |                             |  |
|            | Unit Sur  | IT  |  | · ·   |  |  | Unit Type AUTOMO Operating A  |  | ments                       |  |
| 01         | Unit Sur<br>Unit Status<br>IN TRANS   | IT<br>e   |  | · ·   |  |  | AUTOMO  |  | ments                       |  |
|            | Unit Sur<br>Unit Status<br>IN TRANS<br>Vehicle Type   | IT<br>e   | Train/Bus # Recorded   | · ·   | erating As Classification  |  | AUTOMO Operating A  | As Endorser  | ments<br>Mat Types          |  |
|            | Unit Sur<br>Unit Status<br>IN TRANS<br>Vehicle Type<br>PASSENG  | IT<br>e   |  | D CLASS   | erating As Classification  | on                                       | AUTOMO Operating A  | As Endorser  |                             |  |
|            | Unit Sur<br>Unit Status<br>IN TRANS<br>Vehicle Type<br>PASSENG<br>Total Occs  | IT<br>e   |  | D CLASS  Total # Citat 0  | erating As Classification  | on<br>Total Tra                          | AUTOMO Operating A  | As Endorser  | Mat Types                   |  |
| 01         | Unit Sur<br>Unit Status<br>IN TRANS<br>Vehicle Type<br>PASSENG<br>Total Occs  | IT<br>e<br>BER CAR  | Train/Bus # Recorded   | D CLASS  Total # Citat 0  | erating As Classification  | Total Tra                                | AUTOMO Operating A  | Total Haz  | Mat Types                   |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW   | IT e BER CAR  N ul Event: Collision \   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Cital 0 Pre Special Fun   | erating As Classification  tions Issued  CrashTire  Mark Inction   | Total Tra  0 Speed L                     | AUTOMO Operating A sillers imit Emergency   | Total Haz  0 Total Lan  0 Motor Vehi                       | Mat Types<br>es<br>icle Use |  |
|            | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmfu PARKED I  | IT e GER CAR  N ul Event: Collision \ MOTOR VEHICL  | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Cital 0 Pre Special Fun   | erating As Classification tions Issued  CrashTire Mark ection  | Total Tra  0 Speed L                     | AUTOMO Operating A sillers simit Emergency NOT APP  | Total Haz  0 Total Lan  0 Motor Vehi                       | es<br>icle Use              |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way  | IT E BER CAR  N UI Event: Collision \ MOTOR VEHICLE   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont  | crating As Classifications Issued  CrashTire Mark  Cition  CIAL FUNCTION  Tol  | Total Tra  0 Speed L                     | AUTOMO Operating A sillers simit Emergency NOT APP Traffic Conf   | Total Haz  0 Total Lan  0 Motor Vehi                       | es<br>icle Use              |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING  | IT BER CAR  N UI Event: Collision V MOTOR VEHICL LOT OR PRIVA   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT  | erating As Classification tions Issued  CrashTire Mark ection EIAL FUNCTION rol (ROL   | Total Tra  0 Speed L                     | AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont  | Total Haz  0 Total Lan  0 Motor Vehi LICABLE               | es<br>icle Use              |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ  | IT E BER CAR  N UI Event: Collision \ MOTOR VEHICL LOT OR PRIVA   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | erating As Classification tions Issued  CrashTire Mark iction CIAL FUNCTION rol CROL sture   | Total Tra  0 Speed L                     | AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont NO Road Grade  | Total Haz  0 Total Lan  0 Motor Vehi LICABLE               | es<br>icle Use              |  |
| 01         | Unit Sur<br>Unit Status<br>IN TRANS<br>Vehicle Type<br>PASSENG<br>Total Occs<br>1<br>Insurance?<br>UNKNOW<br>Most Harmfu<br>PARKED I<br>Traffic Way<br>PARKING<br>Surface Typ<br>CONCRET          | N UI Event: Collision \ MOTOR VEHICL LOT OR PRIVA   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT  | erating As Classification tions Issued  CrashTire Mark iction CIAL FUNCTION rol CROL sture   | Total Tra  0 Speed L                     | AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont  | Total Haz  0 Total Lan  0 Motor Vehi LICABLE               | es<br>icle Use              |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ  | N UI Event: Collision \ MOTOR VEHICL LOT OR PRIVA   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | erating As Classification tions Issued  CrashTire Mark iction CIAL FUNCTION rol CROL sture   | Total Tra  0 Speed L                     | AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont NO Road Grade  | Total Haz  0 Total Lan  0 Motor Vehi LICABLE               | es<br>icle Use              |  |
| 01         | Unit Sur<br>Unit Status<br>IN TRANS<br>Vehicle Type<br>PASSENG<br>Total Occs<br>1<br>Insurance?<br>UNKNOW<br>Most Harmfit<br>PARKED I<br>Traffic Way<br>PARKING<br>Surface Typ<br>CONCRET         | IT E BER CAR  N UI Event: Collision \ MOTOR VEHICL LOT OR PRIVA E FE r HazMat   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | erating As Classification tions Issued  CrashTire Mark iction CIAL FUNCTION rol CROL sture   | Total Tra  0 Speed L                     | AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont NO Road Grade  | Total Haz  0 Total Lan  0 Motor Vehi LICABLE               | es<br>icle Use              |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO                                     | IT E BER CAR  N UI Event: Collision \ MOTOR VEHICL LOT OR PRIVA E FE r HazMat   | Train/Bus # Recorded  Direction Of Travel  NORTHBOUND  With                | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | crating As Classifications Issued  CrashTire Mark ICTION I | Total Tra  0 Speed L N/A                 | AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is                                | Total Haz  0 Total Lan  0 Motor Vehi LICABLE  rol Inoperat | es<br>icle Use              |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO Vehic                               | N UI Event: Collision V MOTOR VEHICL LOT OR PRIVA e IE r HazMat   | Train/Bus # Recorded  Direction Of Travel NORTHBOUND  With LE  TE PROPERTY | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH   | crating As Classifications Issued  CrashTire Mark ICTION I | Total Tra 0 Speed L N/A                  | AUTOMO Operating A sillers simit Emergency NOT APP Traffic Conf NO Road Grade LEVEL  Country of Is UNITED S                     | Total Haz  0 Total Lan  0 Motor Vehi LICABLE  rol Inoperat | es<br>icle Use              |  |
| UNIT 01    | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO Vehic                               | IT E BER CAR  N UI Event: Collision \ MOTOR VEHICL LOT OR PRIVA E TE T HazMat   | Train/Bus # Recorded  Direction Of Travel NORTHBOUND  With LE  TE PROPERTY | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make   | tions Issued  CrashTire Mark iction EIAL FUNCTION rol FROL sture T   | Total Tra  0 Speed L N/A  St WI Year     | AUTOMO Operating A sillers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED S Model              | Total Haz  0 Total Lan  0 Motor Vehi LICABLE  rol Inoperat | es<br>icle Use              |  |
| 01         | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO Vehic                               | N UI Event: Collision V MOTOR VEHICL LOT OR PRIVA e IE r HazMat   | Train/Bus # Recorded  Direction Of Travel NORTHBOUND  With LE  TE PROPERTY | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make MERCED  | tions Issued  CrashTire Mark iction CIAL FUNCTION rol ROL iture T  | Total Tra 0 Speed L N/A                  | AUTOMO Operating A silers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED S Model E350          | Total Haz  0 Total Lan  0 Motor Vehi LICABLE  rol Inoperat | es<br>icle Use              |  |
| LIND 01    | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO Vehicl Vehicl Color                 | N UI Event: Collision \ MOTOR VEHICL LOT OR PRIVA e IE r HazMat   | Train/Bus # Recorded  Direction Of Travel NORTHBOUND  With LE  TE PROPERTY | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make   | tions Issued  CrashTire Mark ICTION ICTION TOI ICTION T | Total Tra  0 Speed L N/A  St WI Year     | AUTOMO Operating A sillers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED S Model              | Total Haz 0 Total Lan 0 Motor Vehi LICABLE                 | es<br>icle Use              |  |
| LIND 01    | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO  Vehicl Licens Vehicl Initial of    | N UI Event: Collision V MOTOR VEHICL LOT OR PRIVA e IE r HazMat   | Train/Bus # Recorded  Direction Of Travel NORTHBOUND  With LE  TE PROPERTY | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make MERCED Body Style   | tions Issued  CrashTire Mark ICTION INTO TOI TROL INTURE T  ITOMOBILE  DES BENZ  | Total Tra  0 Speed L N/A  St WI Year     | AUTOMO Operating A silers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED S Model E350          | Total Haz 0 Total Lan 0 Motor Vehi LICABLE                 | es icle Use tive/Missing    |  |
| 10 UNIT 01 | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmft PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO  Vehicl Licens Vehicl Initial of    | N UI Event: Collision N MOTOR VEHICL LOT OR PRIVA e IF                                    | Train/Bus # Recorded  Direction Of Travel NORTHBOUND  With LE  TE PROPERTY | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make MERCED Body Style 4D - 4DR Vehicle Da                       | crating As Classification tions Issued  CrashTire Mark iction CIAL FUNCTION rol TROL sture T  STOMOBILE DES BENZ   | Total Tra 0 Speed L N/A  St WI Year 2015 | AUTOMO Operating A sillers imit  Emergency NOT APP Traffic Conf NO Road Grade LEVEL  Country of Is UNITED S' Model E350 Bus Use | Total Haz 0 Total Lan 0 Motor Vehi LICABLE crol Inoperat   | es icle Use tive/Missing    |  |
| LIND 01    | Unit Sur Unit Status IN TRANS Vehicle Type PASSENG Total Occs 1 Insurance? UNKNOW Most Harmfit PARKED I Traffic Way PARKING Surface Typ CONCRET Truck Bus o NO  Vehicl Color BLK Initial (10 - L) | N UI Event: Collision N MOTOR VEHICL LOT OR PRIVA e FE r HazMat  Le se Plate Number e Identification Nur  BLACK Contact Point | Train/Bus # Recorded  Direction Of Travel NORTHBOUND  With LE  TE PROPERTY | D CLASS  Total # Citat 0  Pre Special Fun NO SPEC  Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make MERCED Body Style 4D - 4DR Vehicle Da  01 - RIGI | tions Issued  CrashTire Mark ICTION INTO TOI TROL INTURE T  ITOMOBILE  DES BENZ  | Total Tra 0 Speed L N/A  St WI Year 2015 | AUTOMO Operating A silers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED S' Model E350 Bus Use | Total Haz 0 Total Lan 0 Motor Vehi LICABLE crol Inoperat   | es icle Use tive/Missing    |  |

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

SHOREWOOD HILLS POLICE DEPARTM 810 SHOREWOOD BOULEVARD MADISON, WI 53705 (608) 267-1110

Crash Date 03/17/2024

Crash Time 05:40 PM

|        |            | Towed Due To Damage TOWED DUE TO DISABLE | NG DAMA                    |              | Vehicle Removed By                      |                |                    |  |  |
|--------|------------|--|----------------------------|--------------|---|----------------|--------------------|--|--|
|        |            | What Driver Was Doing                    |                            |              | Vehicle Factors                         |                |                    |  |  |
|        |            | ACCELERATING IN ROAD                     | )                          |              | NOT APPLICABLE                          |                |                    |  |  |
|        |            | Driver Prior Action Other                |                            |              | NOT AFFLICABLE                          |                |                    |  |  |
|        |            | Driver Actions                           |                            |              |   |                |                    |  |  |
| _      | VEHICLE    | FAILURE TO CONTROL                       |                            |              |   |                |                    |  |  |
| LND    | H          |  |                            |              |   |                |                    |  |  |
| _ ر    | VE         |  |                            |              |   |                |                    |  |  |
|        |            |  |                            |              |   |                |                    |  |  |
|        |            | Owner Name                               | Ī                          |              | Owner Address                           |                |                    |  |  |
| 2      | 01         |  |                            |              |   |                |                    |  |  |
|        |            |  | =                          |              |   |                |                    |  |  |
|        |            | Sequence Of Events                       |                            |              |   |                |                    |  |  |
|        | 01         | MOTOR VEH IN TRANSPO                     | ORT                        |              |   |                |                    |  |  |
|        | 02         | Event                                    |                            |              |   |                |                    |  |  |
|        | 03         | Event                                    |                            |              |   |                |                    |  |  |
|        | _          | Event                                    |                            |              |   |                |                    |  |  |
|        | 04         |  |                            |              |   |                |                    |  |  |
|        | ĺ          | ndividual                                |                            |              |   |                |                    |  |  |
|        |            | DRIVER                                   |                            |              | Citations Issued                        | Sex            |                    |  |  |
|        | AL         |  |                            |              | Date of Birth                           | FEMALE<br>Race |                    |  |  |
| <br> - | INDIMIDUAL |  | _                          |              | Date of Birti                           | WHITE          |                    |  |  |
| L      | <u> </u>   | Address                                  |                            |              | Driver License Number                   |                |                    |  |  |
|        | IN         |  |                            |              | STATE: WISCONSIN COUNTRY: UNITED STATES |                |                    |  |  |
|        |            |  |                            |              |   |                |                    |  |  |
|        | Sat        | On Duty<br><b>fety Equipment</b>         | Crash                      |              | Safety Equipment                        |                |                    |  |  |
|        | Ou,        | Row                                      | Seat Po                    | nition       | RESTRAINT USE                           | IINKNOWN       |                    |  |  |
|        |            | 01 - FRONT ROW                           | 07 - LE                    |              | 11201101111111002                       |                |                    |  |  |
|        |            | Helmet Use                               | •                          |              | Helmet Compliance                       |                |                    |  |  |
|        |            | Eye Protection                           |                            |              | Tint Compliance                         |                |                    |  |  |
|        |            | Injury Se                                | verity                     |              | Airbag                                  |                |                    |  |  |
| 2      | 90         |  | •                          | RIOUS INJUR  | DEPLOYED-COM                            | IBINATION      |                    |  |  |
|        |            | Ejected                                  | Ejection Pat               |              |   |                | Trapped/Extricated |  |  |
|        |            | NOT EJECTED                              | NOT EJE                    | CTED/NOT APP |   |                | TRAPPED/EXTRICATED |  |  |
|        |            | Medical Transport  EMS GROUND            |                            |              | EMS Agency Identifie                    | er             | EMS Run #          |  |  |
|        |            | Hospital                                 |                            |              | Date of Death                           |                | Time of Death      |  |  |
|        |            | UW HEALTH-AMERICAN                       |                            |              |   |                |                    |  |  |
|        |            | Distracted By Distracted UNKNO           | ed By Source<br><b>DWN</b> |              |   |                |                    |  |  |
|        |            | Distracted By Action UNKNOWN             |                            |              |   |                |                    |  |  |
|        |            | Non Motorist Striking                    | Unit #                     | Location     |   |                |                    |  |  |
|        |            |  |                            |              |   |                |                    |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

SHOREWOOD HILLS POLICE DEPARTM 810 SHOREWOOD BOULEVARD MADISON, WI 53705 (608) 267-1110

|      |                   | Prior Action                         |                  |                  |                                      |             |                     |  |             |                           |
|------|-------------------|--------------------------------------|------------------|------------------|--------------------------------------|-------------|---------------------|--|-------------|---------------------------|
| UNIT | INDIVIDUAL        | Action  Action Other                 |                  |                  |                                      |             |                     |  |             | To/From School            |
|      | L                 | Susp<br>Drug & Alcohol NO            | pected Alcohol U | se               | Suspected Drug Use NO                |             |                     |  |             |                           |
|      |                   | Alcohol Test Given                   |                  | Alcohol Test Typ | pe                                   |             |                     | Alcohol Test                               | Results     |                           |
|      |                   | TEST NOT GIVEN Drug Test Given       |                  | Drug Test Type   |                                      | Drug Te     | est Results         |  |             |                           |
|      | _                 | TEST NOT GIVEN Drug Type             |                  |                  |                                      |             |                     |  |             |                           |
| 0    | 00                | Blug Type                            |                  |                  |                                      |             |                     |  |             |                           |
|      |                   | Individual Condition                 |                  |                  |                                      |             |                     |  |             |                           |
|      |                   | OTHER                                |                  |                  |                                      |             |                     |  |             |                           |
| l    |                   | t Summary                            |                  |                  |                                      |             |                     |  |             |                           |
|      |                   | Status                               |                  |                  | Vehicle Operating As Classi          | ification   |                     | Unit Type                                  |             |                           |
|      |                   | SALLY PARKED                         |                  |                  | D CLASS                              |             |                     | AUTOMO                                     |             |                           |
| 05   |                   | cle Type<br>ORT) UTILITY VEHICLE     | :                |                  |                                      |             |                     | Operating As Endorsements                  |             |                           |
| _    |                   | Occs                                 | Train/Bus # Red  | corded           | Total # Citations Issued             |             | Total Traile        | <br> ers                                   |             |                           |
|      | 1                 |                                      |                  |                  | 0                                    |             | 0                   |  | 0           |                           |
| _    | Insui<br>YES      | rance?                               | Direction Of Tra |                  | Pre CrashTire Mark                   |             | Speed Limi N/A      | it   | Total Land  | es                        |
| L    |                   | Harmful Event: Collision Wi          |                  |                  | Special Function NO SPECIAL FUNCTION |             |                     | Emergency Motor Vehicle Use NOT APPLICABLE |             |                           |
|      |                   | TOR VEH IN TRANSPOI                  | KI               |                  | Traffic Control                      |             |                     | Traffic Contr                              |             | ive/Missina               |
|      |                   | KING LOT OR PRIVATI                  | E PROPERTY       |                  | NO CONTROL                           |             |                     | NO   | oi inoperat | ive/iviissirig            |
|      |                   | асе Туре                             |                  |                  | Road Curvature                       |             |                     | Road Grade                                 |             |                           |
|      | COI               | NCRETE                               |                  |                  | STRAIGHT LEVEL                       |             |                     |  |             |                           |
|      | Truc<br><b>NO</b> | k Bus or HazMat                      |                  |                  |                                      |             |                     |  |             |                           |
|      | ,                 | Vehicle                              |                  |                  |                                      |             |                     |  |             |                           |
|      |                   | License Plate Number                 |                  |                  | Plate Type <b>AUT - AUTOMOBILE</b>   |             | St<br><b>WI</b>     | Country of Iss<br>UNITED ST                |             |                           |
| 05   | 02                | Vehicle Identification Numb          | er               |                  | Make<br>VOLKSWAGEN                   |             | Year<br><b>2016</b> | Model                                      |             |                           |
|      | J                 | Color                                | , <u> </u>       |                  | Body Style                           |             |                     | TOUAREG  Bus Use                           |             |                           |
|      | Ш                 | WHI - WHITE Initial Contact Point    |                  |                  | UT - SPORT UTILITY \ Vehicle Damage  | /EHICL      | E                   |  | <u> </u>    |                           |
| ⊨    |                   | 05 - RIGHT REAR COR                  | RNER             |                  | ŭ                                    | D OF        | DIGUT P             | EAD CODE                                   | ED          | 7 8 9 10 11<br>6 2 2 2 12 |
| LNO  | VEHICL            | Extent Of Damage MINOR DAMAGE        |                  |                  | 04 - RIGHT SIDE REA<br>06 - REAR     | ırk, UƏ - I | NIGHT KI            | EAR CURN                                   | <b>⊏</b> K, | 6 5 4 3 2 1               |
|      |                   | Towed Due To Damage  NOT TOWED       |                  |                  | Vehicle Removed By  OWNER            |             |                     |  | I           |                           |
| ı    |                   | What Driver Was Doing LEGALLY PARKED |                  |                  |                                      |             |                     |  |             |                           |

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

SHOREWOOD HILLS POLICE DEPARTM **810 SHOREWOOD BOULEVARD** MADISON, WI 53705 (608) 267-1110

| Diviser Prior Actions  Diviser Prior Actions  Diviser Prior Actions  Diviser Prior Actions  NO CONTRIBUTING ACTION   Cover Name  Cover Address  Sequence Of Events  Event  Event  Event  Event  Event  Event  Event  Event  Policy Holder  Insurance Company  USAA-CASUALTY-INS-CO  Individual  COULPANT OF MOTOR VEHICLE NOT IN TRANSPORT  Observed Start  Coulpant Of MALE  Date of Birth  Race  Address  Cover Name  Cover Name  Cover Name  Cover Name  Cover Name  Event  Event  Event  Event  Event  Event  Event  Cover Name  Event  Cover Name  |    |     |                           |                          |             |                      |                 |                    | (000) =0: :::0 |
|--|----|-----|---------------------------|--------------------------|-------------|----------------------|-----------------|--------------------|----------------|
| Diviser Actions  NO CONTRIBUTING ACTION  Owner Address  Sequence Of Events  Event  Eve |    |     |                           |                          |             | Vehicle Factors      |                 |                    |                |
| Diviser Actions  NO CONTRIBUTING ACTION  Owner Address  Sequence Of Events  Event  Eve |    |     | D: D: A // O//            |                          |             | NOT APPLICABLE       |                 |                    |                |
| THE PROTOCONTRIBUTING ACTION  Owner Name   |    |     | Driver Prior Action Other |                          |             | NOT APPLICABLE       |                 |                    |                |
| THE PROTOCONTRIBUTING ACTION  Owner Name   |    |     | Driver Actions            |                          |             |                      |                 |                    |                |
| Owner Name  Owner Name  Owner Address  Sequence Of Events  Event  PARKED MOTOR VEHICLE  Event  Event  Event  Event  Event  On Duty Crash  Address  On Duty Crash  Row O1 - FRONT ROW ON -  |    | ш   |                           | CTION                    |             |                      |                 |                    |                |
| Owner Name  Owner Name  Owner Address  Sequence Of Events  Event  PARKED MOTOR VEHICLE  Event  Event  Event  Event  Event  On Duty Crash  Address  On Duty Crash  Row O1 - FRONT ROW ON -  | ⊨  | C   |                           |                          |             |                      |                 |                    |                |
| Owner Name  Owner Name  Owner Address  Sequence Of Events  Event  PARKED MOTOR VEHICLE  Event  Event  Event  Event  Event  On Duty Crash  Address  On Duty Crash  Row O1 - FRONT ROW ON -  | Z  | Ĭ   |                           |                          |             |                      |                 |                    |                |
| Sequence Of Events  Event PARKED MOTOR VEHICLE  Event  Event  Policy Holder Insurance Company USAA-CASUALTY-INS-CO Individual  OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT OTHER STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  On Duty Crash Seat Position OT - LEFT  NONE USED - VEHICLE OCCUPANT OT - LEFT  Helmet Use Eya Protection  Tint Compliance Eya Protection  Tint Compliance  Eya Protection  Tint Compliance  Eya Protection  Tint Compliance  Eya Protection  Tint Compliance  Eya Protection  Distracted By Distracted By Distracted By Distracted By Source  Distracted By Distracted By Source  Distracted By Source  Striking Unit # I Location  |    | 7   |                           |                          |             |                      |                 |                    |                |
| Sequence Of Events  Event PARKED MOTOR VEHICLE  Event  Event  Policy Holder Insurance Company USAA-CASUALTY-INS-CO Individual  OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT OTHER STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  On Duty Crash Seat Position OT - LEFT  NONE USED - VEHICLE OCCUPANT OT - LEFT  Helmet Use Eya Protection  Tint Compliance Eya Protection  Tint Compliance  Eya Protection  Tint Compliance  Eya Protection  Tint Compliance  Eya Protection  Tint Compliance  Eya Protection  Distracted By Distracted By Distracted By Distracted By Source  Distracted By Distracted By Source  Distracted By Source  Striking Unit # I Location  |    |     |                           |                          |             |                      |                 |                    |                |
| Sequence Of Events  Event  Event  Event  Event  Event  Event  Event  Event  CCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  O MALE  Date of Birth  Race  Address  Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  Row 01 - FRONT ROW 07 - LEFT  Helmet Compliance  Eye Protection  Injury  Injury Seventy  NONE USED - VEHICLE OCCUPANT  OT ITANSPORTED  Injury  Injury Seventy   |    |     | Owner Name                |                          |             | Owner Address        |                 |                    |                |
| Sequence Of Events  Event  Event  Event  Event  Event  Event  Event  Event  CCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  O MALE  Date of Birth  Race  Address  Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  Row 01 - FRONT ROW 07 - LEFT  Helmet Compliance  Eye Protection  Injury  Injury Seventy  NONE USED - VEHICLE OCCUPANT  OT ITANSPORTED  Injury  Injury Seventy   | 2  | 2   |                           |                          |             |                      |                 |                    |                |
| Event  Event  Event  Event    Event   Event  | ٦  | 0   |                           |                          |             |                      |                 |                    |                |
| Event  Event  Event  Event    Event   Event  |    |     |                           |                          |             |                      |                 |                    |                |
| PARKED MOTOR VEHICLE  Event  Event  Event    Event   |    | ,   |                           | ts                       |             |                      |                 |                    |                |
| Event  Event    Event   Event  |    | 2   | PARKED MOTOR VEH          | ICLE                     |             |                      |                 |                    |                |
| Event  Policy Holder Insurance Company USAA-CASUALTY-INS-CO Individual  OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  On MALE Date of Birth Race  Address  Address  Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment O1 - FRONT ROW O1 - FRONT ROW O1 - FRONT ROW O1 - FRONT ROW Eye Protection  NONE USED - VEHICLE OCCUPANT O1 - FRONT ROW UNKNOWN  Helmet Use Eye Protection  Tint Compliance  Eye Protection  Tint Compliance  Eye Protection  Eye Protection  Find Compliance  Eye Protection  Tint Compliance |    |     |                           |                          |             |                      |                 |                    |                |
| Event  |    | 02  | Lvent                     |                          |             |                      |                 |                    |                |
| Event  |    |     | Event                     |                          |             |                      |                 |                    |                |
| Policy Holder Insurance Company USAA-CASUALTY-INS-CO Individual  OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT Date of Birth Race  Address  Address  On Duty Crash Safety Equipment  Frame On Duty Crash Safety Equipment Not - FRONT ROW O1 - FRONT ROW Helmet Use Eye Protection  Injury Severity NO APPARENT INJURY UNKNOWN UNKNOWN UNKNOWN  Distracted By Distracted By Distracted By Source  Distracted By Distracted By Source  INDIVIDUAL  Sex MALE Date of Birth Race  Safety NALE  Sex MALE Date of Birth Race  NALE  NALE  NALE  NALE  NALE  NALE  NALE  NOT COUNTRY: UNITED STATES  Safety Equipment NONE USED - VEHICLE OCCUPANT  Injury Severity NO APPARENT INJURY UNKNOWN UNKNOWN  UNKNOWN  Lipicton Path UNKNOWN  Distracted By Distracted By Source  Distracted By Distracted By Source  Striking Linit # Lipication   |    | 03  | 273                       |                          |             |                      |                 |                    |                |
| Policy Holder Insurance Company USAA-CASUALTY-INS-CO Individual  OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  Address  On MALE Date of Birth Race  On Duty Crash  Safety Equipment Row 01 - FRONT ROW 01 - FRONT ROW O1 - FRONT ROW Injury Helmet Use Eye Protection  Injury NO APPARENT INJURY  Injury NO APPARENT INJURY  Injury Severity UNKNOWN Medical Transport NOT TRANSPORTED Hospital  Distracted By Distracted By Distracted By Source  Striking Unit # U location  Striking Unit # U location  Striking Unit # U location  |    | _   | Event                     |                          |             |                      |                 |                    |                |
| Insurance Company USAA-CASUALTY-INS-CO Individual  OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  OTHER TRANSPORTED  Injury Severity  NO APPARENT INJURY  Ejected UNKNOWN  Injury Severity In |    | 6   |                           |                          |             |                      |                 |                    |                |
| Insurance Company USAA-CASUALTY-INS-CO Individual  OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  OTHER TRANSPORTED  Injury Severity  NO APPARENT INJURY  Ejected UNKNOWN  Injury Severity In | ╻  |     | Policy Holder             |                          |             |                      |                 |                    |                |
| Individual   OCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT   O  | Į₩ |     |                           |                          |             | INDIVIDUAL           |                 |                    |                |
| CCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  O  O  O  O  Address  Citations Issued O  MALE  Date of Birth  Race  Address  Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  NONE USED - VEHICLE OCCUPANT  O1 - FRONT ROW O1 - FRONT RO | ⊃  |     |                           | -co                      |             | -                    |                 |                    |                |
| CCCUPANT OF MOTOR VEHICLE NOT IN TRANSPORT  O  O  O  O  Address  Citations Issued O  MALE  Date of Birth  Race  Address  Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  NONE USED - VEHICLE OCCUPANT  O1 - FRONT ROW O1 - FRONT RO |    |     | Individual                |                          |             |                      |                 |                    |                |
| Address  Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  Row 01 - FRONT ROW 07 - LEFT  Helmet Compliance  Eye Protection  Injury Severity NO APPARENT INJURY  Ejected UNKNOWN  Medical Transport NOT TRANSPORTED  Hospital  Distracted By Distracted By Source  Striking Unit # Licention  On Duty Crash  Safety Equipment  NONE USED - VEHICLE OCCUPANT  NONE USED - VEHICLE OCCUPANT  Trapped/Extricated UNKNOWN  Trapped/Extricated UNKNOWN  Ejected UNKNOWN  Distracted By Source  Distracted By Source  Striking Unit # Licention  |    |     |                           | EHICLE NOT I             | N TRANSPORT | Citations Issued     | Sex             |                    |                |
| Safety Equipment  Row  |    | _   |                           |                          |             | 0                    |                 |                    |                |
| Safety Equipment  Row  |    | 4   |                           |                          |             | Date of Birth        | Race            |                    |                |
| Safety Equipment  Row  | ⊨  | ₫   |                           |                          |             |                      |                 |                    |                |
| Safety Equipment  Row  | 5  | ≥   | Address                   |                          |             | Driver License Numb  | oer             |                    |                |
| Row O1 - FRONT ROW O7 - LEFT  Helmet Use  Eye Protection  Injury Severity NO APPARENT INJURY  Ejected UNKNOWN  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By  Seat Position  NONE USED - VEHICLE OCCUPANT  Helmet Compliance  UNKNOWN  Ejected UNKNOWN  Ejected UNKNOWN  EMS Agency Identifier  EMS Run #  Date of Death  Distracted By Action  |    | Ż   |                           |                          |             | STATE: WISCON        | SIN COUNTRY: UN | NITED STATES       |                |
| Row O1 - FRONT ROW O7 - LEFT  Helmet Use  Eye Protection  Injury Severity NO APPARENT INJURY  Ejected UNKNOWN  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By  Seat Position  NONE USED - VEHICLE OCCUPANT  Helmet Compliance  UNKNOWN  Ejected UNKNOWN  Ejected UNKNOWN  EMS Agency Identifier  EMS Run #  Date of Death  Distracted By Action  |    |     |                           |                          |             |                      |                 |                    |                |
| Row O1 - FRONT ROW O7 - LEFT  Helmet Use  Eye Protection  Injury Severity NO APPARENT INJURY  Ejected UNKNOWN  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By  Seat Position  NONE USED - VEHICLE OCCUPANT  Helmet Compliance  UNKNOWN  Ejected UNKNOWN  Ejected UNKNOWN  EMS Agency Identifier  EMS Run #  Date of Death  Distracted By Action  |    |     | L On Γ                    | Outy Crash               |             | Safety Equipment     |                 |                    |                |
| O1 - FRONT ROW   O7 - LEFT   Helmet Use   Helmet Compliance  |    | Sat | fety Equipment            | aty O.do                 |             | Odlety Equipment     |                 |                    |                |
| O1 - FRONT ROW   |    |     | Row                       | Seat P                   | osition     | NONE USED - VE       | HICLE OCCUPAN   | IT                 |                |
| Eye Protection  Tint Compliance  Injury Severity NO APPARENT INJURY  Ejected UNKNOWN  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By  Striking Unit # Location   |    |     |                           |                          |             |                      |                 |                    |                |
| Injury Severity NO APPARENT INJURY    Ejected  |    |     | Helmet Use                | <u> </u>                 |             | Helmet Compliance    |                 |                    |                |
| Injury Severity NO APPARENT INJURY    Ejected  |    |     |                           |                          |             |                      |                 |                    |                |
| Striking Unit #   Location   |    |     | Eye Protection            |                          |             | Tint Compliance      |                 |                    |                |
| Striking Unit #   Location   |    | ٥.  | Unium                     | , Soverity               |             | Airbag               |                 |                    |                |
| Ejection Path UNKNOWN UNKNOWN  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By Source  Striking Unit # Location  Trapped/Extricated UNKNOWN  EMS Agency Identifier EMS Run #  Time of Death  Time of Death   | 05 | 9   | Injury                    | y Severity<br>ΔΡΡΔRFNT I | IN II IRY   |                      |                 |                    |                |
| UNKNOWN  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By Source  Striking Unit # Location  |    |     |                           |                          |             | Onthorn              |                 | Trapped/Extricated |                |
| Medical Transport NOT TRANSPORTED Hospital Date of Death Time of Death  Distracted By Distracted By Source  Striking Unit # Location   |    |     | •                         |                          |             |                      |                 |                    |                |
| Hospital Date of Death Time of Death  Distracted By Distracted By Source  Distracted By Action  Striking Unit # Location   |    |     |                           |                          |             | EMS Agency Identifie | er              |                    |                |
| Distracted By Source  Distracted By Action  Striking Unit # Location   |    |     | NOT TRANSPORTED           |                          |             |                      |                 |                    |                |
| Distracted By Distracted By Action Striking Unit # Location  |    |     | Hospital                  |                          |             | Date of Death        |                 | Time of Death      |                |
| Distracted By Distracted By Action Striking Unit # Location  |    |     |                           |                          |             |                      |                 |                    |                |
| Distracted By Action  Striking Unit # Location   |    |     | Distracted By             | acted By Sourc           | е           |                      |                 |                    |                |
| Striking Unit # Location   |    |     | -                         |                          |             |                      |                 |                    |                |
| Non Motorist Striking Unit # Location  |    |     | וואנום by Action          |                          |             |                      |                 |                    |                |
| Non Motorist   |    |     | Strik                     | ina Unit#                | Location    |                      |                 |                    |                |
|  |    |     | Non Motorist              | 5 - "                    |             |                      |                 |                    |                |

5 of 6

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SHOREWOOD HILLS POLICE DEPARTM 810 SHOREWOOD BOULEVARD MADISON, WI 53705 (608) 267-1110

Crash Date 03/17/2024

Crash Time 05:40 PM

| ı        |            |                      |                   |                    |                   |                      |                |
|----------|------------|----------------------|-------------------|--------------------|-------------------|----------------------|----------------|
|          |            | Prior Action         |                   |                    |                   |                      |                |
| ļ        |            | A C                  |                   |                    |                   |                      |                |
|          |            | Action               |                   |                    |                   |                      |                |
|          |            |                      |                   |                    |                   |                      |                |
|          | A          |                      |                   |                    |                   |                      |                |
| <b> </b> | Ď.         |                      |                   |                    |                   |                      |                |
| LNO      | 10         |                      |                   |                    |                   |                      |                |
| ∣⊃       | INDIVIDUAL |                      |                   |                    |                   |                      |                |
|          | Ä          |                      |                   |                    |                   |                      |                |
|          | _          |                      |                   |                    |                   |                      |                |
|          |            |                      |                   |                    |                   |                      |                |
| ł        |            | Action Other         |                   |                    |                   |                      | To/From School |
|          |            |                      |                   |                    |                   |                      |                |
| ŀ        |            | Suspected Alcohol I  | Jse               | Suspected Drug Use |                   |                      |                |
|          | L          | Drug & Alcohol NO    |                   | NO                 |                   |                      |                |
|          |            | Alcohol Test Given   | Alcohol Test Type |                    |                   | Alcohol Test Results |                |
|          |            | TEST NOT GIVEN       |                   |                    |                   |                      |                |
| İ        |            | Drug Test Given      | Drug Test Type    |                    | Drug Test Results | i                    |                |
|          |            | TEŠT NOT GIVEN       |                   |                    |                   |                      |                |
| 05       | 002        | Drug Type            | •                 |                    | •                 |                      |                |
| 0        | 0          |                      |                   |                    |                   |                      |                |
|          |            |                      |                   |                    |                   |                      |                |
|          |            | Individual Condition |                   |                    |                   |                      |                |
|          |            | APPEARED NORMAL      |                   |                    |                   |                      |                |
|          |            | ALL ENLED HORMAL     |                   |                    |                   |                      |                |
| ı        |            |                      |                   |                    |                   |                      |                |