

6TL097RB4Z

20-10274

# Wisconsin Motor Vehicle Crash Report

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

6TL097RB4Z

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-01274</b>		Investigating Officer/Deputy <b>DEPUTY L. GJORGJIEV</b>	
Crash Date <b>08/20/2020</b>		Crash Time <b>05:13 PM</b>		Date Arrived <b>08/20/2020</b>		Time Arrived <b>05:33 PM</b>	
Date Notified <b>08/20/2020</b>		Time Notified <b>05:14 PM</b>		Total Units <b>02</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>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

**Location**

<b>ON LINN ST/ STH33 WB 16 FT W OF CONNIE RD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>		Latitude <b>43.47480183</b>	Longitude <b>-89.7639052</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control		
		X Coordinate <b>276456.2812</b>	Y Coordinate <b>4817254</b>	On Roadway Link ID# <b>4564247</b>	On Roadway Link Offset <b>359</b>		
		Override <input type="checkbox"/>	Tribal Land		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>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Environment Factor(s) <b>NONE</b>	
Roadway 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>INTERSECTION</b>		Intersection Type <b>T-INTERSECTION</b>

**Unit Summary**

<b>01</b>	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	
<b>UNIT</b>	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
<b>01</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

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01 UNIT INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>1</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>WIESE</b>		First Name <b>BREANNA</b>		Middle Initial <b>CATHERINE</b>	Suffix		
	Street Address <b>E11281 BIRNAM WOODS RD</b>		Street Address 2		PO Box			
	City <b>BARABOO</b>		State <b>WI</b>	Zip Code <b>53913</b>		Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>F</b>	Race <b>W</b>	Hair	Eyes	Height <b>505</b>	Weight <b>150</b>	Phone Number <b>(608) 432-1913 EXT.</b>
	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>		
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2027</b>			
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	<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 APPLICA</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>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>NOT DISTRACTED</b>							
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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								
01 UNIT 02	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>HILTON</b>		First Name <b>ROSS</b>		Middle Initial <b>GREGORY</b>	Suffix		
	Street Address <b>1008 7TH AVE E</b>		Street Address 2		PO Box			
	City <b>ASHLAND</b>		State <b>WI</b>	Zip Code <b>54806</b>		Country of Residence <b>UNITED STATES</b>		

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UNIT INDIVIDUAL	DOB		Sex <b>M</b>	Race <b>W</b>	Hair <b>BLOND</b>	Eyes <b>BLUE</b>	Height <b>602</b>	Weight <b>200</b>	Phone Number <b>(814) 386-7617 EXT.</b>	
	Driver's License Number				State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>				License Status <b>EXPIRED</b>			DL Expire Year <b>2020</b>		
	<b>Equipment</b>		On Duty Accident			Safety Equipment				
	Row <b>06 - UNKNOWN ROW</b>		Seat Position <b>10 - UNKNOWN S</b>			<b>RESTRAINT USE UNKNOWN</b>				
	Helmet Use				Helmet Compliance					
	Eye Protection				Tint Compliance					
	<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 APPLICA</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			
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #			Location		To/From School		
	Prior Action				Action					
	Distracted By Action									
	Distracted By Source				Action Other					
	<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</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									
	UNIT INDIVIDUAL	Role <b>PASSENGER</b>				Citations Issued <b>0</b>	<input type="checkbox"/> <b>Use Driver Address</b>		Individual Type <b>INDIVIDUAL</b>	
Last Name <b>DAVIDSON</b>				First Name <b>JOSEPH</b>			Middle Initial <b>GREGORY</b>	Suffix		
Street Address <b>707 CHAPPLE AVE</b>				Street Address 2			PO Box			
City <b>ASHLAND</b>				State <b>WI</b>	Zip Code <b>54806</b>		Country of Residence <b>UNITED STATES</b>			

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UNIT INDIVIDUAL	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>GREEN</b>	Height <b>604</b>	Weight <b>195</b>	Phone Number <b>(615) 686-0435 EXT.</b>	
	Driver's License Number			State <b>WI</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year <b>2028</b>		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Row <b>06 - UNKNOWN ROW</b>	Seat Position <b>10 - UNKNOWN S</b>		<b>RESTRAINT USE UNKNOWN</b>					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	<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 APPLICA</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				
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>							
	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>					
UNIT INDIVIDUAL	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								
	License Plate Number <b>735ZRP</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>KM8SC73D04U754050</b>					Year <b>2004</b>	Make <b>HYUNDAI</b>		
Model <b>SFE</b>			Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Color <b>BLU - BLUE</b>			
Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>									

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UNIT VEHICLE	01	Extent Of Damage <b>MINOR DAMAGE</b>		Vehicle Damage <b>09 - LEFT SIDE MIDDLE</b>			
	01	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors			
	01	Vehicle Removed By <b>OPERATOR</b>		<b>NOT APPLICABLE</b>			
	01	What Driver Was Doing <b>LEFT TURN</b>		Driver Prior Action Other	Bus Use		
	01	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>					
	01	<input type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address		
	01	Organization Type <b>INDIVIDUAL</b>		Company Name			
	01	Last Name <b>WIESE</b>		First Name <b>JULIA</b>	Middle <b>A</b>	Suffix	Date of Birth
	01	Street Address <b>E11281 BIRNAM WOODS RD</b>		Street Address2		PO Box	
	01	City <b>BARABOO</b>		St <b>WI</b>	Zip Code <b>53913</b>	Country of Residence <b>UNITED STATES</b>	
01	Telephone Number <b>(608) 844-9932 EXT.</b>						
01	Event <b>LEFT TURN</b>						
02	Event <b>MOTOR VEH IN TRANSPORT</b>						
03	Event						
04	Event						
01	01	UTC Number <b>BB957486</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>		
01	01	Insurance Company <b>USAA-GENERAL-INDEMNITY-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver		
HOL	01	Organization Type <b>INDIVIDUAL</b>	Last Name <b>WIESE</b>	First Name <b>BREANNA</b>	Policy Holder Company		

### 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>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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>35</b>	Total Lanes <b>4</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

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02	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>WICK</b>		First Name <b>GERALD</b>		Middle Initial <b>P</b>	Suffix	
04	Street Address <b>1124 20TH ST</b>		Street Address 2		PO Box		
	City <b>BARABOO</b>		State <b>WI</b>	Zip Code <b>53913</b>	Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair	Eyes	Height <b>511</b>	
	Driver's License Number		State <b>WI</b>	License Jurisdiction <b>STATE</b>	Weight <b>242</b>	Phone Number <b>(608) 844-0639 EXT.</b>	
04	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2021</b>		
	<b>Equipment</b>	On Duty Accident		Safety Equipment			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance				
	<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 APPLICA</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		
	04	<b>Non Motorist</b>	Striking Unit #		Location		To/From School
Prior Action		Action					
Distracted By Action <b>NOT DISTRACTED</b>							
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</b>					
Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>					
04	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						
	License Plate Number <b>202RDS</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
Vehicle Identification Number <b>4T1BK3EK9AU605591</b>			Year <b>2010</b>	Make <b>TOYOTA</b>			
Model <b>CAMRY</b>		Body Style <b>SD - SEDAN</b>		Color <b>RED - RED</b>			
Initial Contact Point <b>12 - FRONT</b>							

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UNIT VEHICLE	02	Extent Of Damage <b>MINOR DAMAGE</b>		Vehicle Damage <b>12 - FRONT</b>		
	02	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors		
		Vehicle Removed By <b>OPERATOR</b>		<b>NOT APPLICABLE</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other	Bus Use	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type <b>INDIVIDUAL</b>		Company Name		
		Last Name <b>WICK</b>	First Name <b>GERALD</b>	Middle <b>P</b>	Suffix	Date of Birth
		Street Address <b>1124 20TH ST</b>		Street Address2	PO Box	
		City <b>BARABOO</b>	St <b>WI</b>	Zip Code <b>53913</b>	Country of Residence <b>UNITED STATES</b>	
	Telephone Number <b>(608) 844-0639 EXT.</b>					
	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT HOL	02	Insurance Company <b>ALLSTATE-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>WICK</b>	First Name <b>GERALD</b>	Policy Holder Company	

Witness

WITN ESS 01	Individual <b>MICHAEL EUGENE COMPTON</b> (608) 642-1729	Address <b>8547 SAND HILL RD</b> <b>PLATTEVILLE, WI 53818 , US</b>	Date of Birth

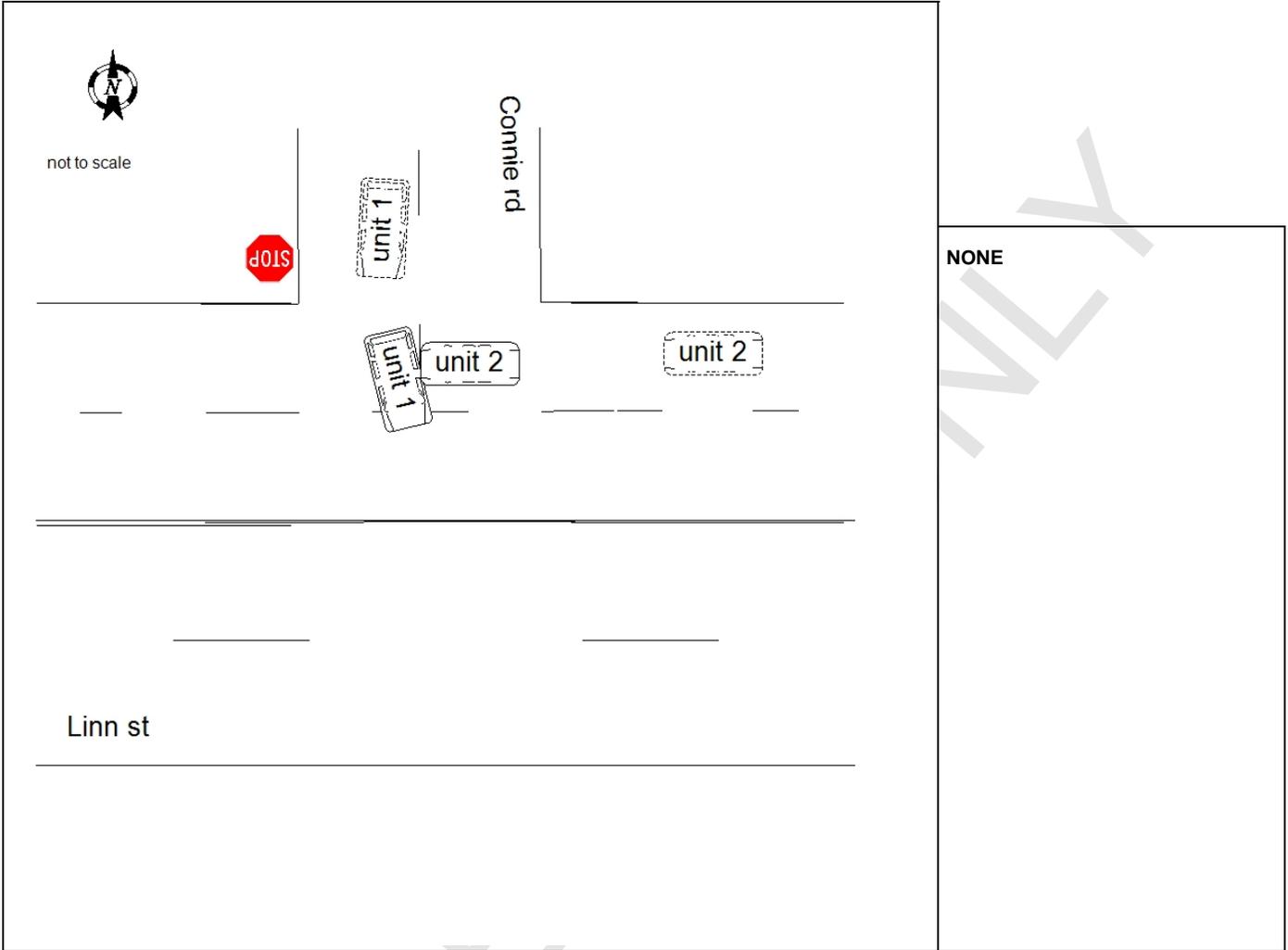
Description

Diagram

Reconstruction By
Photos By

Additional Information

Wisconsin Motor Vehicle  
Crash Report



Narrative

UNIT 1 WAS STOPPED ON CONNIE RD, WAITING TO ENTER LINN ST. THE DRIVER OF UNIT 1 SAID SHE SAW UNIT 2 APPROACHING THE INTERSECTION. SHE SAID UNIT 2 HAD THE RIGHT BLINKER ON WHICH IS WHY SHE BELIEVED THAT UNIT 2 WOULD BE TURNING RIGHT ONTO CONNIE RD. UNIT 1 THEN PROCEEDED TO GO FORWARD AT WHICH POINT UNIT 2 STRUCK UNIT 1. THE DRIVER OF UNIT 2 WAS DRIVING WESTBOUND ON LINN ST. HE SAID HE DID NOT INTEND TO TURN ONTO CONNIE AND DID NOT HAVE THE RIGHT BLINKER ON. HE SAID UNIT 1 PULLED OUT IN FRONT OF HIM AS HE CAME TO THE INTERSECTION AND HE DID NOT HAVE ENOUGH TIME TO STOP. THE WITNESS STATED THEY SAW UNIT 1 PULL OUT IN FRONT OF UNIT 2, AT WHICH POINT UNIT 2 STRUCK UNIT 1. THE WITNESS SAID THEY DID NOT SEE IF THE RIGHT BLINKER OF UNIT 2 WAS ON OR OFF. BOTH VEHICLES WERE REMOVED BY THE DRIVERS.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>GJORGJIEV</b>	Officer First Name <b>LJUPCHO</b>	Officer Middle Name	Suffix
DOT Officer ID <b>9188</b>		DNR Officer ID	Officer Badge Number <b>9188</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	

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1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895**

Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>	
Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>

OFFICE USE ONLY