### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

ocument Number Override	Primary Crash	:	Agency Crash Number <b>20-12727</b>	DEPUTY C	Officer/Deputy :. FRANK	•
rash Date 1/02/2020	Crash Time 10:05 AM		Date Arrived 11/02/2020	Time Arrived	ł	
ate Notified 1/02/2020	Time Notified 10:54 AM		Total Units 02	Total Injured	Total Killi	ed
On Emergency	Hit and Run	Lane Closur	e Work Zon	e Trailer	or Towed	Reporting  Threshold
Government Property	Active S	-hi 7	School Bus Related NO	Tags		
Reportable	Crash Type DT4000 (ST	ANDARD CRASH)		Amend	led	Secondar Crash
escription 📥				l		
iagram					Reconstruction	n By
					Photos By	
			ı		Photos By 9198	
			Hwy 23	<b>1</b>		
				<b>**</b>	Additional Info	ormation
					NONE, PHO	1108
			523			
		Tree -				
		[ <del></del>	<del>-</del>			
		<u> </u>	2			
		55523	7 4 2	<b>***</b>		
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				i <sup>1</sup> i		
				Not to scale		
				Not to scale		
				Not to scale		

ON THE ABOVE DATE AND TIME UNITS 1 AND 2 WERE NORTHBOUND ON HWY 23. UNIT 1 WAS FOLLOWING UNIT 2. UNIT 2 TURNED LEFT INTO DRIVE AT \$5523. UNIT 1 ATTEMPTED TO PASS UNIT 2 AS UNIT 2 WAS TURNING LEFT. UNIT 1 AND 2 CONTACTED EACH OTHER. UNIT 2 CAME TO A REST JUST NORTH OF THE \$5523 DRIVE. UNIT 1 ENTERED THE WEST DITCH, STRUCK A TREE AND CAME TO A REST IN WEST DITCH. UNIT 1 OPERATOR STATED HE DID NOT OBSERVE UNIT 2 SIGNAL TO TURN LEFT. UNIT 1 OPERATOR STATED HE ATTEMPTED TO PASS ON THE LEFT AS HE DID NOT SEE A SIGNAL INDICATING A LEFT TURN BY UNIT 2. UNIT 1 OPERATOR STATED HE WOULD HAVE PASSED SAFELY ON THE RIGHT HAD HE SEEN A LEFT TURN SIGNAL. UNIT 2 OPERATOR STATED HE DID SIGNAL A LEFT TURN.

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

Crash Date 11/02/2020

	Location <b>—</b>								
ł	ON S5523 STH23 EB				Latitude			Longitud	de
	944 FT N				43.44397	79407		-90.035	830347
	OF MILL ST				X Coordin	ate		Y Coord	inate
	(FIRE \$5523)				254337.	125		481459	
	IN THE TOWN OF WEST	FIELD			Structure FIRE	Туре		•	
(	Crash Scene 📉								
1	First Harmful Event				FirstHarm	nful Event L	ocation		
	MOTOR VEH IN TRANSP	PORT			ON ROA	DWAY			
	Manner of Collision				Light Con-				
	07 - SIDESWIPE/SAME D	DIRECTION			DAYLIG				
	Road Surface Condition(s)  DRY				Roadway	Factor(s)			
	Environment Factor(s)								
	NONE				NONE				
					HOHE				
	Weather Condition(s)								
	CLEAR								
	Animal Type				l	o Trafficwa	-		
	Crash Classification - Location	n					Jurisdiction		
	PUBLIC PROPERTY				l		ISDICTION		
	TribalLand				Access C	ontrol			Special Study
	N. C.	T		Li	NO CON	TROL			
	Within Interchange Area	Junction Location NON-JUNCTION		Intersection	n⊤ype <b>!NTERSE</b>	CTION			
	NO	NON-SONCTION		INO I AIN		• •			
ļ	NO Unit Summary <b>■</b>	NON-SONC FOR		NOT AIL					
	Unit Summary Unit Status	NON-SONC FOR	Vehicle Ope				UnitType		
	Unit Summary Unit Status IN TRANSIT	NON-SONC FOR	Vehicle Ope				AUTOMO		
	Unit Summary Unit Status IN TRANSIT Vehicle Type	NON-SONC FION	1				1		ments
	Unit Summary Unit Status IN TRANSIT Vehicle Type PASSENGER CAR		D CLASS	I erating As C	lassification	3	AUTOMOI Operating A	s Endorse	
	Unit Summary Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs	Train/Bus#Recorded	D CLASS  Total#Citat	I erating As C	lassification	Total Trai	AUTOMOI Operating A	s Endorse Total Haz	ments Mat Types
	Unit Summary Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs	Train/Bus#Recorded	D CLASS  Total#Citat 0	I erating As C	lassification	Total Trai	AUTOMOI Operating A	s Endorse Total Haz 0	MatTypes
	Unit Summary Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs		Total#Citat 0	I erating As C	lassification	Total Trai	AUTOMOI Operating A	s Endorse Total Haz	MatTypes
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20-12727

WISCONSIN MOTOR VEHICLE CRASH REPORT SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 11/02/2020

		Towed Due To Damage TOWED DUE TO DISABL	INC DAMACE	Vehicle Removed By WAGNERS		
		What Driver Was Doing	ING DAWAGE	Vehicle Factors		
		OVERTAKE LEFT		7 CHOIC I GOLDIS		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions IMPROPER OVERTAKING	G / PASSING I FET			
  -		IMI KOI EK OTEKTAMIK	o / I Additio EE/ I			
N N	Ĭ					
-	VEHICLE					
		OwnerName LUCAS LEE JOHNSON		Owner Address 729 E 2ND ST		
2	5	(608) 475-4258		RICHLAND CENTER, W	53581 , US	
		Sequence Of Events		1		200000000000000000000000000000000000000
	5	Event MOTOR VEH IN TRANSP		00-200-200-200-200-200-200-200-200-200-		<u> </u>
	9					
	8	Event TREE				
	3	Event				
	03					
	7	Event				
╘		Policy Holder				
IN S		Insurance Company PROGRESSIVE-ADVANC	ED-INSURANCE-CO	Individual LUCAS JOHNSON		
		7777 1776 187 Harrison		I		
		ndividual Driver		Citations   ssued	Sex	
		Driver LUCAS LEE JOHNSON				
		Driver	Erronalduraninkan salahan	Citations ssued	Sex MALE Race	
		Driver LUCAS LEE JOHNSON (608) 475-4258		Citations Issued  O  Date of Birth	Sex MALE	
UNIT		Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST		Citations Issued  Date of Birth  Driver License Number	Sex MALE Race WHITE	
	INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258		Citations Issued  O  Date of Birth	Sex MALE Race WHITE	
		Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI	53581 , <b>US</b>	Citations Issued  Date of Birth  Driver License Number	Sex MALE Race WHITE	
	INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI		Citations Issued  Date of Birth  Driver License Number	Sex MALE Race WHITE	
	INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI	53581 , <b>US</b> y Crash	Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COU	Sex MALE Race WHITE	
	INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI	53581 , <b>US</b>	Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COU	Sex MALE Race WHITE	
	INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI	53581 , US y Crash Seat Position	Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COU	Sex MALE Race WHITE	
	INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI  Fety Equipment Row 01 - FRONT ROW  Helmet Use	53581 , US y Crash Seat Position	Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COU  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance	Sex MALE Race WHITE	
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TNU	S INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection	53581 , US y Crash Seat Position 07 - LEFT	Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COU  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance	Sex MALE Race WHITE	
TNU	INDIVIDUAL	Driver LUCAS LEE JOHNSON (608) 475-4258  Address 729 E 2ND ST RICHLAND CENTER, WI  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AF	53581 , US  y Crash  Seat Position 07 - LEFT	Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COU  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance	Sex MALE  Race WHITE  NTRY: UNITED STATES	
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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2020

1			1 11 11 11							
		Non Motorist	ing Unit#	Location						
		Prior Action								
<u> </u> 		Action								
	4									
Е	INDIVIDUAL									
UNIT	3									
	Z									
		Action Other								To/From School
	1	Drug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test F	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug T	est Results			
01	100	Drug Type								
	٥									
		Individual Condition								
		APPEARED NORMAL								
		t Summary 💳								
		Status <b>FRANSIT</b>		I .	ehicle Operating As Classi CLASS	itication		Unit Type TRUCK		
02		icle Type LITY TRUCK/PICKUP T	BUCK					Operating As	Endorsem	nents
	Tota	IOccs	Train/Bus#Re	1 '	otal#CitationsIssued		Total Traile	II.	Fotal HazN	Mat Types
	6 Insu	rance?	Direction Of Tra	avel 0	Pre CrashTire	- 1	0 Speed Lim	it T	) Γotal Lane:	s
Ħ	YES	3	NORTHBOU	D D	Mark		45	2	_	
TINO		tHarmfulEvent: Collision W TOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		fic Way O-WAY, NOT DIVIDED			raffic Control O CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type ACKTOP (BITUMINOUS)	<b>1</b>	I .	oad Curvature TRAIGHT			Road Grade LEVEL		
		k Bus or HazMat	•		THE STATE OF THE S					
	NO.									
		Vehicle License Plate Number		T	Plate Type	T	St	Country of Issu	ance	
		NG1473		L	LTK - LIGHT TRUCK		WI	UNITED STA		
05	8	Vehicle Identification Numi 1C6RR7FT9GS249118		1	Vake RAM		I .	Model 1500		
		Color		£	Body Style			Bus Use		
	Щ	BLK - BLACK Initial Contact Point			PK - PICKUP /ehicle Damage					
UNIT		11 - LEFT FRONT COF	RNER		01 - RIGHT FRONT CO	RNER	10 - LFF	T SIDE FRON	IT. 11 - I	EFT FRONT
5	VEHIC	Extent Of Damage DISABLING DAMAGE			CORNER, 12 - FRONT				,	
		Towed Due To Damage TOWED DUE TO DISA	BLING DAMA		/ehicle Removed By REEDSBURG SALVAG	Ε				
	· · · · · · · · · · · · · · · · · · ·									

#### 6TL0D5DXW3

20-12727

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		What Driver Was Doing LEFT TURN		\	/ehicle Factors			
		Driver Prior Action Other			NOT APPLICABLE			
		Biver Filorrodes Guizi						
		Driver Actions		·				
┖	VEHICLE	IMPROPER TURN						
	O T							
_	VE							
		OwnerName AMANDA L SCHELL			Owner Address S5523 STATE ROAD 2	3		
8	8	(608) 415-3261			LOGANVILLE, WI 5394			
		Sequence Of Events						
	8	Event MOTOR VEH IN TRANSP	ORT					
		Event						
	8	_ rem						
	63	Event						
	0	F						
	8	Event						
ᆫ		Policy Holder						
N		Insurance Company			Individual			
>		GARRISON-PROPERTY-	AND-CASL	ALTY-INSURA	RYAN SCHELL			
		Individual						
		Driver RYAN A SCHELL			Citations Issued	Sex MAL	<b>-</b>	
	₹	(608) 963-1804			Date of Birth	Race	<b>-</b>	
l⊨	ă					WHIT	ΓE	
E N	INDIVIDUAL	Address S5523 STATE ROAD 23			Driver License Number	•		
	Z	LOGANVILLE, WI 53943	, US		STATE: WISCONSIN CO	UNTRY: UNITED S	TATES	
	٠.	On Duty Fety Equipment	Crash		Safety Equipment			
	<i>34</i> 1				CHOULDED & LAB BELL			
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BEL	•		
		HelmetUse	1		Helmet Compliance			
		Eye Protection			Tint Compliance			
	Q	Injury S	everity		Airbag			
8	200	<b>Injury</b> no af			NON DEPLOYED			
		Ejected	Ejection Pa	ith CTED/NOT APPL	ICAB! E		ed/Extricated TRAPPED	
		NOT EJECTED  Medical Transport	MOLENE	CTED/NOT AFFE	EMS Agency Identifier		Run#	
		NOT TRANSPORTED			zarongonoy adminis	2	. (417)	
		Hospital			Date of Death	Time	of Death	
		Di-1	and Du Caura					
		Distracted By NOT A	ed By Sourc PPLICABL	.E (NOT DISTRA	CTED)			
		Distracted By Action						
		NOT DISTRACTED	4 1 16 -24	I t e				
		Non Motorist	Unit#	Location				
	STATE OF STATE	presentativi (1911) del 1910 d		1				

Crash Date 11/02/2020 Crash Time 10:05 AM

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2020

ı								
		Prior Action						
TIND	INDIVIDUAL	Action Other						To/From School
	1	Drug & Alcohol No	ed Alcohol t		Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
8	005	Drug Type		I				
		Individual Condition  APPEARED NORMAL						
		ndividual						
		Passenger QUINTON L SOLTIS			Citations Issued  0		Sex MALE	
_	)UA	(608) 963-1804			Date of Birth		Race WHITE	
TIND	INDINIDUA	Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943,	US		Driver License Number			
	Saf	On Duty ety Equipment	Crash		Safety Equipment			
		Row 01 - FRONT ROW	Seat Po 08 - M		SHOULDER & LAP E	BELT		
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
05	8	Injury Se Injury NO API	verity PARENT I	NJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPL	.ICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#	
		Hospital			Date of Death		Time of Death	
		Distracte	d By Source	÷				
		Distracted By Distracted By Action						
		•	1	I a a a sia w				
		Non Motorist Prior Action	onit#	Location				
	STATE STATE OF THE PARTY.							

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

⊨	NDIVIDUAL	Action						
TINO	INDIVI							
		Action Other						To/From School
	1	Drug & Alcohol NO	cted Alcohol	Use	Suspected Drug Use NO			•
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3	
05	800	Drug Type		1				
		Individual Condition						
		APPEARED NORMAL						
		ndividual					<del>e nanananananananananananan</del>	
		Passenger AMANDA SCHELL (608) 415-3261			Citations Issued  0		Sex FEMALE	
⊨	<u>8</u>	(008) 415-3201			Date of Birth		Race WHITE	
LIND	INDIVIDUA	Address \$5523 STATE ROAD 23 LOGANVILLE, WI 53943	, US		Driver License Number			
	Sai	િ On Du <b>ety Equipment</b>	ty Crash		Safety Equipment			
		Row 01 - FRONT ROW		Position RIGHT	SHOULDER & LAP E	BELT		
		Helmet Use	<u> </u>		Helmet Compliance			
		Eye Protection			Tint Compliance			
05	8	Injury 8 Injury NO Al	Severity PPARENT	INJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection F NOT EJ	ath ECTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#	
		Hospital			Date of Death		Time of Death	
		Distracted By	ted By Sour	ce				
		Distracted By Action						
		Non Motorist	g Unit#	Location				
		Prior Action						

Crash Date 11/02/2020 Crash Time 10:05 AM

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2020

							. ,
TIND	INDIVIDUAL	Action					
		Action Other					To/From School
	1	Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	8	Drug Type					
•	8						
		Individual Condition					
		APPEARED NORMAL					
		Individual Passenger		Citations ssued		Sex	
	_	SILAS R SCHELL (608) 963-1804		0		MALE	
  -	3	(000) 200-1004		Date of Birth		Race WHITE	
TIND	INDIVIDUAL	Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943	, US	Driver License Number			
	Sal	On Dut fety Equipment	y Cr <b>a</b> sh	Safety Equipment			
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	CHILD RESTRAINT	SYSTEM - FORV	VARD FACING	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
8	2002	Injury S Injury NO AF	PPARENT INJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL	.ICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	
		Hospital		Date of Death		Time of Death	
		Distracted By	ted By Source	<u> </u>			
		Distracted By Action					
		Non Motorist	Unit# Location				
		Prior Action	I				

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2020

							. ,
LIND	INDIVIDUAL	Action					
		Action Other					To/From School
	1	Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	<u></u>		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
~	2	Drug Type					
05	005						
		Individual Condition					
		APPEARED NORMAL					
		Individual					
		Passenger BRIDGETTE A SCHELL		Citations Issued  0		Sex FEMALE	
_	ЭUA	(608) 963-1804		Date of Birth		Race WHITE	
TINO	INDIVIDUAL	Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943	, US	Driver License Number			
	Saf	On Dut fety: Equipment	y Crash	Safety Equipment			
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	SHOULDER & LAP I	BELT		
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
05	900	Injury S	Severity PPARENT INJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL	LICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	
		Hospital		Date of Death		Time of Death	
		Distracted By	eted By Source				
		Distracted By Action					
		Non Motorist	Unit# Location				
		Prior Action	I				
		1					

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2020

								(,
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
		Suspe	cted Alcohol	Use	Suspected Drug Use			
	1	Drug & Alcohol No			NO			
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
62	98	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
		Individual						
		Passenger RAVEN R SOLTIS	81081218108121810812181	onemonemonemonemonemo	Citations Issued		Sex	enanenanenanenanenanenane
	₹	(608) 963-1804			O Date of Birth		FEMALE Race	
⊨	置						WHITE	
UNIT	INDIVIDUA	Address S5523 STATE ROAD 23 LOGANVILLE, WI 53943	, us		Driver License Number			
	Sai	On Dul	y Crash		Safety Equipment			
		Row 02 - SECOND ROW	Seat Po		SHOULDER & LAP I	BELT		
		Helmet Use	•		Helmet Compliance			
		Eye Protection			Tint Compliance			
8	8	injury s injury no Al	Severity PPARENT I	NJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Pa	ath ECTED/NOT APPL	LICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#	
		Hospital			Date of Death		Time of Death	
		Distracted By	ted By Sourc	ce Control	1			
		Distracted By Action						
		Non Motorist	g Unit#	Location				
		Prior Action						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2020

LIND	INDIVIDUAL	Action					
		Action Other  Suspected Alcohol Suspected Alcohol Suspected Alcohol NO  Alcohol Test Given TEST NOT GIVEN	Jse Alcohol Test Type	Suspected Drug Use <b>NO</b>		Alcohol Test Results	To/From School
02	2002	Drug Test Given TEST NOT GIVEN Drug Type	Drug Test Type		Drug Test Results	1	
		Individual Condition  APPEARED NORMAL					