WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | | | | 20-12681 DEPUTY I | | | | | |
|-------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------|---------------|------------|--------------------|--------------|----------------------------------|----------------------|--|--|
| N N | Crash Date 10/31/2020 | Crash Time 07:02 PM | 07:02 PM | | I | | Time Arrived 07:15 PM | | | |
| 96 | Date Notified | Time Notified | | 1 | | | Total Injured Total Killed 01 00 | | | |
| <u> </u> | 10/31/2020 | 07:03 PM | Г | 02 | 02 | | 00 | 1 | | |
| .0C | On Emergency Hit | and Run | Lane Closu | | Work Zone | | or Towed | Reporting Threshold | | |
| 6TL0CBQ6NC | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | | | |
| • | Reportable | Crash Type DT4000 (STA | NDARD CRASH | l) | | Amend | led | Secondary Crash | | |
| | Description | | | | | | | | | |
| | Diagram | į. | | | ı | | Reconstruction | on By | | |
| | | | | | | | | | | |
| | | cour | nty highway | BD | | | Photos By ZIBELL | | | |
| | | | | | | | A statistic medius | - v 4i- v. | | |
| | | | | | | | Additional Info | OTOS | | |
| | | | | | 000 | | | | | |
| | | | | | | | | | | |
| | | | L | ınit 2 | | | | | | |
| | | *************************************** | | | | | | | | |
| | N. Reedsburg RD | unit | | | N. Reedsbu | rg Rd | | | | |
| | | | 1 | | | | | | | |
| | 000 | | | | | <u> </u> | | | | |
| | | cou | nty highway | / BD | Not to S | cale | | | | |
| | l, a sworn law enforceme | | | | | | | | | |
| | UNIT 1 WAS TRAVELING EASTBOL AND COUNTY HIGHWAY BD. UNIT BD. UNIT 2 FAILED TO YIELD THE | 2 WAS TRAVELIN RIGHT AWAY OF | G WESTBOUND O | N N. REED | OSBURG ROAD AND WA | S ATTEMPTING | TO TURN LEFT | ONTO COUNTY HIGHWAY | | |
| | ROAD AND COUNTY HIGHWAY BD | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2020

| Location | | | | | | | | | | |
|------------------------------------------|------------|-------------------------------|--------|-------------------------------------------------------|--------------|----------------------------|-------------------------------------|--------------------------|--------------------|---------------|
| INTERSECTION | | | | | | Latitude | | | Longitud | de |
| ON CTHBD NB | | | | | | 43.53248 | 30756 | | -89.777 | 7820028 |
| AT N REEDSBURG | | | | | | X Coordin | ate | | Y Coord | linate |
| IN THE TOWN OF DIN SAUK COUNTY | ELTON | | | | | 275544.78125 4823698 | | | | |
| IN OAGN COON ! | | | | | | Structure 1 | | | | |
| | | | | | | NO STR | UCTURE | | | |
| Crash Scene | | | | | | | | | | |
| First Harmful Event | | _ | | | | 1 | nful Event Lo | cation | | |
| MOTOR VEH IN TR | ANSPOR | Γ | | | | ON ROA | | | | |
| Manner of Collision 02 - FRONT TO FRO | ONT | | | | | Light Cond | | | | |
| Road Surface Conditio | | | | | | Roadway | | | | |
| DRY | ,,,(5) | | | | | , todatia, | , 40101(0) | | | |
| Environment Factor(s) | | | | | | 1 | | | | |
| NONE | | | | | | NONE | | | | |
| Weather Condition(s) | | | | | | - | | | | |
| CLEAR | | | | | | | | | | |
| Animal Type | | | | | | Relation T | o Trafficwa | / | | |
| | | | | | | TRAFFICWAY - ON ROAD | | | | |
| Crash Classification - L PUBLIC PROPERTY | | | | | | 1 | Crash Classification - Jurisdiction | | | |
| Tribal Land | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | | |
| | | | | | | | NO CONTROL | | | |
| Within Interchange Are YES | | nction Location TERSECTION | | FOUR-V | | tion Type WAY INTERSECTION | | | | |
| Closure Type | • | | | Reas | ons for Clos | ure | | | | |
| LANE CLOSURE | | T | | | | | | | _ | |
| Date Initial Lane/Rd Clo 10/31/2020 | sed | Time Initial Lane/Rd Clos | sed | LAW | ENFORC | EMENT, T | OW TRUC | K, FIRE/EM | 5 | |
| Date All Lanes Open | | Time All Lanes Open | | l | Scene Clear | red | | ne Scene Clear | ed | |
| 10/31/2020 | | 07:42 PM | | 10/31 | 1/2020 | | 07 | 42 PM | | |
| Unit Summary | | | I) () | | | 1 161 / | | L= | | |
| Unit Status | | | - 1 | icle Opi LASS | erating As C | lassification | 1 | UnitType TRUCK | | |
| IN TRANSIT Vehicle Type | | | 150 | LASS | | | | Operating As | Endorse | ments |
| UTILITY TRUCK/PI | CKUP TR | uck | | | | | | Operating | , <u>L</u> 1100100 | THO THE |
| Total Occs | 1- | Train/Bus#Recorded | Tota | ıl#Cita | tions Issued | ł | Total Trail | ers | Total Haz | MatTypes |
| 2 | | | 0 | | | | 0 | | 0 | |
| Insurance? YES | | Direction Of Travel | | Pre | CrashTire | | Speed Lin | | Total Lan | es |
| Most Harmful Event: Co | | EASTBOUND | Spa | cial Fur | Mark | | 45 | Emergency i | 2 Motor Veh | icle I lse |
| MOTOR VEH IN TR | | | | | IAL FUNC | TION | | NOT APPL | | |
| Traffic Way | | | Traf | fic Con | trol | | | Traffic Contr | • | itive/Missing |
| TWO-WAY, NOT DI | VIDED | | | | SIGNAL | | | UNKNOWN | | |
| Surface Type | | | I | d Curva | | | | Road Grade | | |
| BLACKTOP (BITUN Truck Bus or HazMat | IINOUS) | | SIF | RAIGH | 1 | | | LEVEL | | |
| NO | | | | | | | | | | |
| Vehicle | | | | | | | | | | |
| License Plate Nu PG6599 | mber | | | te Type K - LIC | SHT TRUC | ж | St WI | Country of lss UNITED ST | | |
| Vehicle Identifica | tion Numbe | i | Ma | ke | | | Year | Model | | |
| る 1FTEW1EG3F | FD04610 | | FO | FORD | | | 2015 | F150 | | |

6TL0CBQ6NC

20-12681

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2020

| | | | | _ | | | | | |
|------------|----------|------------------------------|----------------------|------------|----------------------------------|--------------------------------|--|--|--|
| | | Color | | | dy Style | Bus Use | | | |
| | | BLK - BLACK | | PK | - PICKUP | | | | |
| | Ш | Initial Contact Point | | Vel | nicle Damage | | | | |
| | ថ | 12 - FRONT | | | DIGUT FRONT CORNER AS DIG | UT OUR FRONT AA I FET FRONT | | | |
| | Ī | Extent Of Damage | | | - RIGHT FRONT CORNER, 02 - RIG | HI SIDE FRONT, 11 - LEFT FRONT | | | |
| – | VEHICL | DISABLING DAMAGE | | 100 | RNER, 12 - FRONT | | | | |
| | | Towed Due To Damage | | Vel | nicle Removed By | | | | |
| | | TOWED DUE TO DISABL | ING DAMAGE | | AIGS TOWING | | | | |
| | | What Driver Was Doing | | _ | nicle Factors | | | | |
| | | GOING STRAIGHT | | '- | 11016 1 401015 | | | | |
| | | | | l BO | DY, DOORS, TIRES, WHEELS, WIN | DOWS WIND SHIELD | | | |
| | | Driver Prior Action Other | | 50 | 101, 000KG, 11KEG, 11KEEEG, 11KE | DOTTO THIRD STREED | | | |
| | | | | | | | | | |
| | | Driver Actions | 1011 | | | | | | |
| | Щ | NO CONTRIBUTING ACT | IUN | | | | | | |
| | EHIC | | | | | | | | |
| 15 | I | | | | | | | | |
| _ | 3 | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | | Owner Address | | | | |
| l_ | | PAUL ALLEN CLARK | | | W8252 BRIDLE PATH | | | | |
| 2 | 5 | (920) 342-1222 | | | LAKE MILLS, WI 53551 , US | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | sequence on events | | (8)))(8))) | | | | | |
| | 5 | Event MOTOR VEH IN TRANSP | ORT | | | | | | |
| | | MOTOR VEH HE TRARGE | OK I | | | | | | |
| | 8 | Event | | | | | | | |
| | 9 | | | | | | | | |
| | es. | Event | | | | | | | |
| | 8 | | | | | | | | |
| | | Event | | | | | | | |
| | 2 | | | | | | | | |
| | | | | | | | | | |
| <u>□</u> | | | | | | | | | |
| N | | Insurance Company | | | ndividu al | | | | |
| – | | AMERICAN-FAMILY-INS- | CO | | PAUL CLARK | | | | |
| | | Individual | | | | | | | |
| | | Driver | | | Ditations Issued | Sex | | | |
| | | PAUL ALLEN CLARK | | - 10 |) | MALE | | | |
| | ₹ | (920) 342-1222 | | | Date of Birth | Race | | | |
| ١. | 8 | | | 1 | Sale of Billi | WHITE | | | |
| ı≒ | | A 1.1 | | - | 2 2 2 | | | | |
| 3 | | Address W8252 BRIDLE PATH | | li | Driver License Number | | | | |
| | Z | LAKE MILLS, WI 53551 , | US | 3 | STATE: WISCONSIN COUNTRY: UNI | TED STATES | | | |
| | | · · | | | | | | | |
| | | | | \perp | | | | | |
| | ٠. | On Duty fety Equipment | y Crash | 8 | Safety Equipment | | | | |
| | Jai | | | | | | | | |
| | | Row | Seat Position | ; | SHOULDER & LAP BELT | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | |
| | | HelmetUse | • | 1 | Helmet Compliance | | | | |
| | | | | | | | | | |
| | | Eye Protection | | - - | Fint Compliance | | | | |
| | | | | | • | | | | |
| | | Injury S | everity | - 1 | Airbag | | | | |
| 2 | 8 | Injury _{Possi} | BLE INJURY | | DEPLOYED-COMBINATION | | | | |
| | | Ejected | Ejection Path | Т. | | Trapped/Extricated | | | |
| | | NOT EJECTED | NOT EJECTED/NOT AP | Pi io | ARI F | NOT TRAPPED | | | |
| | | Medical Transport | ATTENED I EDITO I AL | | | EMS Run# | | | |
| l | | NOT TRANSPORTED | | 1 | EMS Agency Identifier | EWO KUN# | | | |
| | | INGI IKANSPUKIED | | - 1 | | I . | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2020

| | | Hospital | | | Date of Death | | Time of Death | | | | | |
|------|------------|------------------------------------------------------|--------------------------|-------------------|-----------------------------------------|-------------------|-------------------------|----------------|--|--|--|--|
| | | Distracted By UNKN | ted By Source OWN | • | | | | | | | | |
| | | Distracted By Action UNKNOWN | | | | | | | | | | |
| | | Non Motorist Striking | Unit# | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| | AL | | | | | | | | | | | |
| TIND | INDIVIDUAL | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | | |
| | | Drug & Alcohol NO | ted Alcohol U | se | 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 | | | | | | |
| 10 | 8 | Drug Type | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | | |
| | | Individual | | | | | | | | | | |
| | | Passenger JERRY DEAN MC CROSSEN (715) 316-8153 | | | Citations issued 0 | | Sex MALE | | | | | |
| _ | DIVIDUAL | | | | Date of Birth | | Race WHITE | | | | | |
| EN S | | Address 9330 COUNTY ROAD Z | | | Driver License Number | | | | | | | |
| | Z | NEKOOSA, WI 54457 , U | s | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | Sai | l On Dub fety Equi<i>pm</i>ent | / Crash | | Safety Equipment | | | | | | | |
| | | Row | SeatPo | | SHOULDER & LAP BELT | | | | | | | |
| | | 01 - FRONT ROW HelmetUse | 09 - Ri | GHI | Helmet Compliance | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | |
| ٦ | 8 | Injury S | everity | | Airbag | | | | | | | |
| | • | Injury NO AF Ejected | PARENT IN Ejection Pa | | DEPLOYED-COMBIN | IATION | Trapped/Extricated | | | | | |
| | | NOT EJECTED Medical Transport | NOT EJE | CTED/NOT APPL | ICABLE EMS Agency Identifier | | NOT TRAPPED EMS Run# | | | | | |
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | | | | | |
| | | | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2020

| | | Distracted By | racted By Source | 9 | | | | | | |
|------|-----------|------------------------------------------------|------------------|------------------|-------------------------------|------------|--------------------------|---------------------------------------------|-------------|----------------|
| | | Distracted By Action | | | | | | | | |
| | | • | | | | | | | | |
| | | Non Motorist Strik | king Unit# | Location | | | | | | |
| | | Prior Action | | • | | | | | | |
| | | Action | | | | | | | | |
| | ٦ | | | | | | | | | |
| UNIT | NDWINUAL | | | | | | | | | |
| Ś | | | | | | | | | | |
| | IN | | | | | | | | | |
| | | A - 45 - m O4h - m | | | | | | | | T- /5 O-b |
| | | Action Other | | | | | | | | To/From School |
| | I | Drug & Alcohol NO | pected Alcohol (| Jse | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Typ | e | | | Alcohol Tes | t Results | |
| | | Drug Test Given | | Drug Test Type | | Drug Te | est Results | | | |
| | ~ | TEŠT NOT GIVEN Drug Type | | | | | | | | |
| 01 | 005 | Diag Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | |
| 1 | Uni | t Summary | | | | | | | | |
| | | Status | | | Vehicle Operating As Class | sification | | UnitType | | |
| | | RANSIT | | | D CLASS | | | TRUCK | | |
| 05 | | cle Type LITY TRUCK/PICKUP T | RUCK | | | | | Operating A | \s Endorsen | nents |
| | Tota 3 | lOccs | Train/Bus#Re | | Total # Citations Issued | | Total Traile 0 | ers | Total Hazñ | //atTypes |
| | Insu | rance? | Direction Of Tr | avel | Pre CrashTire | | Speed Lim | nit | TotalLane | s |
| TNU | YES | ; t Harmful Event: Collision W | WESTBOUN | | Mark Special Function | | 45 | Emergency | 2 | clo i leo |
| 5 | | TOR VEH IN TRANSPO | | | NO SPECIAL FUNCTION | ON | | NOT APP | | cie Ose |
| | | ic Way D-WAY, NOT DIVIDED | | | Fraffic Control | | | Traffic Control Inoperative/Missing UNKNOWN | | |
| | Surfa | асе Туре | | \$ | Road Curvature | | | Road Grade | | |
| | | k CKTOP (BITUMINOUS) k Bus or HazMat |) | | STRAIGHT | | | LEVEL | | |
| | NO | | | | | | | | | |
| | 1 | Vehicle | | | | | a. T | | | |
| | | License Plate Number SU5864 | | | Plate Type LTK - LIGHT TRUCK | | St WI | Country of Is | | |
| ~ | ~ | Vehicle Identification Num | ber | | Make | + | Year | Model | | |
| 05 | 02 | 1FTRX14W25FB21298 | 3 | | FORD | : | 2005 | F150 | | |
| | | Color RED - RED | | | Body Style PK - PICKUP | | | Bus Use | | |
| • | (#1)#65 | Initial Contact Point | A)T | | | | | | | |
| | | 02 - RIGHT SIDE FROM | i gri | | | | | | | |

6TL0CBQ6NC

20-12681

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | l ve | Vehicle Damage | | | | | |
|--------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|--|--|--|
| INN | VEHICLE | Extent Of Damage DISABLING DAMAGE | | - RIGHT FRONT CORNER, 02 - RIGH DDLE, 12 - FRONT | HT SIDE FRONT, 03 - RIGHT SIDE | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAM | I . | hicle Removed By RAIGS TOWING | | | | | |
| | | What Driver Was Doing | Ve | hicle Factors | | | | | |
| | | LEFT TURN | | | | | | | |
| | | Driver Prior Action Other | BC | DDY, DOORS, BRAKES, STEERING, | TIRES, WHEELS | | | | |
| UNIT | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | |
| 03 | 02 | Owner Name LAURYNDA R GAFFNEY (608) 963-6248 | | Owner Address 218 LINN ST BARABOO, WI 53913, US | | | | | |
| | | Sequence:Of/Events | Section | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSPORT | | | | | | | |
| | 02 | Event LEFT TURN | | | | | | | |
| | 8 | Event | | | | | | | |
| | 8 | Event Event | | | | | | | |
| TIN N | ener | Palieu Halder | | | | | | | |
| ⋾ | | Policy Holder Insurance Company GEICO-CASUALTY-CO | | Individual ZACHARY GAFFNEY | | | | | |
| ⋾ | | Insurance Company GEICO-CASUALTY-CO | | Individual ZACHARY GAFFNEY | | | | | |
| ב ו | | Insurance Company GEICO-CASUALTY-CO Individual Driver | | Individual ZACHARY GAFFNEY | Sex | | | | |
| ī | | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY | | Individual ZACHARY GAFFNEY Citations issued | Sex MALE | | | | |
| | | Insurance Company GEICO-CASUALTY-CO Individual Driver | | Individual ZACHARY GAFFNEY Citations issued | Sex | | | | |
| | | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 | | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth | Sex MALE Race | | | | |
| U TINU | | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY | | Individual ZACHARY GAFFNEY Citations issued | Sex MALE Race WHITE | | | | |
| | INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST | | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number | Sex MALE Race WHITE | | | | |
| | INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row Seat | | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI | Sex MALE Race WHITE | | | | |
| | INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row Seat | Position | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment | Sex MALE Race WHITE | | | | |
| | INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Seat | Position | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT | Sex MALE Race WHITE | | | | |
| TNU | S INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Severity | Position | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | Sex MALE Race WHITE | | | | |
| TNU | INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury NO APPARENT | Position | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance | Sex MALE Race WHITE TED STATES | | | | |
| TNU | S INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury NO APPARENT Ejected Figure GEICO-CASUALTY-CO Individual Driver Injury I | Position | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBINATION | Sex MALE Race WHITE | | | | |
| TNU | S INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row | Position LEFT TINJURY Path JECTED/NOT APPLK | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBINATION | Sex MALE Race WHITE TED STATES | | | | |
| TNU | S INDIVIDUAL | Insurance Company GEICO-CASUALTY-CO Individual Driver ZACHARY DALE GAFFNEY (608) 963-6248 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Severity NO APPARENT Ejected NOT EJECTED Injury Severity NO APPARENT | Position LEFT TINJURY Path JECTED/NOT APPLK | Individual ZACHARY GAFFNEY Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBINATION CABLE | Sex MALE Race WHITE TED STATES Trapped/Extricated NOT TRAPPED | | | | |

Crash Date 10/31/2020 Crash Time 07:02 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2020

| | | Distracted By NOT | cted By Source APPLICABLE | (NOT DISTRAC | CTED) | | | | |
|-----|------------|------------------------------------------------|------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|--|
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | Non Motorist | g Unit# | Location | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | 3 | | | | | | | | |
| LNN | INDIVIDUAL | | | | | | | | |
| _ ; | 2 | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | 1 | Drug & Alcohol NO | cted Alcohol Us | e | Suspected Drug Use | | | <u> </u> | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | | |
| | | TEST NOT GIVEN Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | 3 | | |
| 22 | 2 | Drug Type | | | | | | | |
| 0 | 8 | | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| | | | | | Citations Issued | | | | |
| | _ | Passenger JACOB J GAFFNEY (608) 963-6248 | | | 0 | Sex MALE | | | |
| ь | | (000) 000 0240 | | | Date of Birth | | Race WHITE | | |
| S E | INDINIDUAL | Address 218 LINN ST | | | Driver License Number | | | | |
| | | BARABOO, WI 53913 , I | JS | | | | | | |
| | Sal | On Du ety Equipment | ty Crash | | Safety Equipment | | | | |
| | | Row | SeatPos | | SHOULDER & LAP I | BELT | | | |
| | | 01 - FRONT ROW HelmetUse | 09 - RIG | НТ | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| ~ | 7 | Injury Severity | | | Airbag | | | | |
| 3 | 3 | Injury NO A | PPARENT IN | | DEPLOYED-COMBI | NATION | Trapped/Extricated | | |
| | | NOT EJECTED | 1 - | TED/NOT APPL | | | NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier | | EMS Run# | | |
| | | Hospital | | | Date of Death | | Time of Death | | |
| | | Distracted By Distract | cted By Source | | I | | I | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Distracted By Action | | | | | | | | | |
|----------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|-----------------------------------------|--|--|--|
| | | Striking U | nit# | Location | | | | | | | |
| | | Non Motorist | | | | | | | | | |
| | | Prior Action | | | | | | | | | |
| İ | | Action | | | | | | | | | |
| | 4 | | | | | | | | | | |
| | INDIVIDUA | | | | | | | | | | |
| N N | M | | | | | | | | | | |
| - | 2 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | |
| | | | | | | | | , , , , , , , , , , , , , , , , , , , , | | | |
| | 1 | Drug & Alcohol NO | | | Suspected Drug Use | | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | <u> </u> | | Alcohol Test Results | | | | |
| | | TEST NOT GIVEN | | | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | | |
| 8 | 004 | Drug Type | | | | | | | | | |
| ີ | 0 | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | | | | | | | | | | | |
| l | | le dissistant | | | | | | | | | |
| | | Individual Passenger | | | Citations Issued | | Sex | | | | |
| | | Passenger NOLAN J CAVAZOS | | | Citations issued 0 | | Sex MALE | | | | |
| _ | | Passenger | USUSUSUSUSUSUS | <u>ALBERTAL BERTALE</u> | Citations Issued | | Sex | | | | |
| TN | | Passenger NOLAN J CAVAZOS (608) 581-0320 | | | Citations issued 0 | | Sex MALE Race | | | | |
| TNU | INDIVIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 | | | Otations issued Date of Birth | | Sex MALE Race | | | | |
| TNU | | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST | | | Otations issued Date of Birth | | Sex MALE Race | | | | |
| TNU | INDIVIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US | | | Otations issued Date of Birth | | Sex MALE Race | | | | |
| TNU | INDIVIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US Cety Equipment | Crash | | Oitations Issued Date of Birth Driver License Number | | Sex MALE Race | | | | |
| TNU | INDIVIDUAL | Pessenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, Wt 53913 , US Fety Equipment Row 02 - SECOND ROW | | ition | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP | | Sex MALE Race | | | | |
| UNT | INDIVIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US ety Equipment Row | Crash Seat Pos | ition | Date of Birth Driver License Number Safety Equipment | | Sex MALE Race | | | | |
| TNO | INDIVIDUAL | Pessenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, Wt 53913 , US Fety Equipment Row 02 - SECOND ROW | Crash Seat Pos | ition | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP | | Sex MALE Race | | | | |
| | g INDWIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US ety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection | Crash Seat Pos 07 - LEF | ition | Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance | | Sex MALE Race | | | | |
| 02 UNT | INDIVIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US ety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection | Crash Seat Pos 07 - LEF | ition T | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Heimet Compliance | BELT | Sex MALE Race | | | | |
| | g INDWIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP | Seat Posi 07 - LEF verity ARENT IN | ition -T | Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-COMBI | BELT | Sex MALE Race WHITE | | | | |
| | g INDWIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO APP Ejected NOT EJECTED | Seat Posi 07 - LEF verity ARENT IN | ition :T | Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBI | BELT | Sex MALE Race WHITE Trapped/Extricated NOT TRAPPED | | | | |
| | g INDWIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev Injury NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED | Seat Posi 07 - LEF verity ARENT IN | ition -T | Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-COMBI LICABLE EMS Agency Identifier | BELT | Sex MALE Race WHITE Trapped/Extricated NOT TRAPPED EMS Run# | | | | |
| | g INDWIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport | Seat Posi 07 - LEF verity ARENT IN | ition -T | Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBI | BELT | Sex MALE Race WHITE Trapped/Extricated NOT TRAPPED | | | | |
| | g INDWIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Posi 07 - LEF verity ARENT IN | ition -T | Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-COMBI LICABLE EMS Agency Identifier | BELT | Sex MALE Race WHITE Trapped/Extricated NOT TRAPPED EMS Run# | | | | |
| | g INDWIDUAL | Passenger NOLAN J CAVAZOS (608) 581-0320 Address 218 LINN ST BARABOO, WI 53913 , US Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Posi 07 - LEF verity ARENT IN. Ejection Path | ition -T | Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-COMBI LICABLE EMS Agency Identifier | BELT | Sex MALE Race WHITE Trapped/Extricated NOT TRAPPED EMS Run# | | | | |

Crash Time 07:02 PM

Crash Date 10/31/2020

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2020

| | | Non Motorist | Striking Unit# | Location | | | | | | | |
|------|------|-----------------------------------|----------------------|--------------------------|------------------------------|-------------------|----------------------|-----------------|--|--|--|
| | | Prior Action | | | | | | | | | |
| LIND | | Action | | | | | | | | | |
| _ | | Astista Other | | | | | | To Trans Calact | | | |
| | | Action Other | | | | | | To/From School | | | |
| | L |)rug & Alcohol | Suspected Alco NO | hol 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 | 9002 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORM | IAL | | | | | | | | |
| | Ì | /iolations | ********** | | | | | | | | |
| , | 5 | UTC Number BF694159 | Issue To? 003 | Statute Number 346.18(2) | Description FAIL/YIELD WHILE | MAKING LEFT T | URN | | | | |