### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 6TL097RB5J | Document Number Override  Crash Date 12/23/2020  Date Notified 12/23/2020  |         | Primary Crash Document#  Crash Time 09:20 PM  Time Notified 09:52 PM |             | Agency Crash Number<br>20-14297<br>Date Arrived<br>12/23/2020<br>Total Units<br>01 |               | Investigating Officer/Deputy DEPUTY L. GJORGJIEV  Time Arrived 10:12 PM  Total Injured Total Killed 00 00 |                                   |                      |
|------------|--|---------|--|-------------|--|---------------|---|-----------------------------------|----------------------|
| 397        | On Emergency   | Hit     | and Run  | Lane Clo    | sure   | Work Zone     | Trailer   | or Towed                          | Reporting  Threshold |
| Ĭ          | Government Property  | <b></b> | Active S   | School Zone |  | l Bus Related | Tags  |                                   | Imesnou              |
| w.         | Reportable   |         | Crash Type<br>DT4000 (ST   | ANDARD CRAS |  |               | Amend   | ed                                | Secondary  Crash     |
|            | Description <b>=</b>   |         |  |             |  |               |   |                                   |                      |
|            | not to scale  hwy 78  Umit  Um |         |  |             |  |               |   | Photos By 7  Additional In PHOTOS |                      |

UNIT 1 WAS SOUTHBOUND ON HWY 78 APPROACHING INSPIRATION DR. UNIT 1 CROSSED THE CENTERLINE AND RAN OFF THE ROADWAY TO THE LEFT. UNIT 1 ENTERED THE DITCH AND STRUCK MULTIPLE TREES AND BRUSH. THE DRIVER HAD LEFT THE SCENE PRIOR TO OFFICERS ARRIVAL. FOLLOW UP WAS CONDUCTED WITH THE DRIVER ON THE FOLLOWING DAY, HE CLAIMED HE WAS NOT INJURED. THE DRIVER SAID HE LOOKED DOWN TO CHANGE A SONG. HE SAID WHEN HE LOOKED UP HE SAW A VEHICLE PASSING HIM. HE BELIEVED THE VEHICLE HAD CROSSED THE CENTERLINE SO HE SWERVED TO AVOID IT. HE SAID HIS PASSENGER SIDE TIRES CAUGHT THE GRAVEL SO HE SWERVED TO THE OTHER SIDE. HE SAID HE OVER CORRECTED WHICH CAUSED HIM TO LOOSE CONTROL AND RAN OFF THE ROADWAY TO THE LEFT.

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

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| Location <b>—</b>  |                             |                            |  |                 |   |                   |                                     |                      |            |
|--|-----------------------------|----------------------------|--|-----------------|---|-------------------|-------------------------------------|----------------------|------------|
| ON STH78 SB  |                             |                            |  |                 | Latitude                                    |                   | Longitude                           |                      |            |
| 157 FT N<br>OF INSPIRATION DR  |                             |                            |  |                 |   |                   |                                     |                      | 9801812    |
| IN THE TOWN OF MERRIMAC IN SAUK COUNTY   |                             |                            |  |                 |   | X Coordinate      |                                     |                      |            |
|  | Structure Type NO STRUCTURE |                            |  |                 |   |                   |                                     |                      |            |
| Crash Scene  |                             |                            |  |                 |   |                   |                                     |                      |            |
| First Harmful Event  |                             |                            |  |                 | First Harn                                  | nful Event L      | ocation                             |                      |            |
| DITCH  |                             |                            |  |                 |   | DER LEFT          |                                     |                      |            |
| Manner of Collision  |                             | Light Condition            |  |                 |   |                   |                                     |                      |            |
| 00 - NO COLLISION W/VE   | HICLE IN TRANSPORT          |                            |  |                 | DARK/UNLIT                                  |                   |                                     |                      |            |
| Road Surface Condition(s)  |                             |                            |  |                 | Roadway                                     | Factor(s)         |                                     |                      |            |
| DRY  |                             |                            |  |                 |   |                   |                                     |                      |            |
| Environment Factor(s)  |                             |                            |  |                 | 1   |                   |                                     |                      |            |
| NONE   |                             |                            |  |                 | NONE  |                   |                                     |                      |            |
| Weather Condition(s)   |                             |                            |  |                 | ł   |                   |                                     |                      |            |
| CLEAR  |                             |                            |  |                 |   |                   |                                     |                      |            |
|  |                             |                            |  |                 | 510.5                                       |                   |                                     |                      |            |
| AnimalType   |                             |                            |  |                 | Relation To Trafficway TRAFFICWAY - ON ROAD |                   |                                     |                      |            |
| Crash Classification - Location  |                             |                            |  |                 | Crash Classification - Jurisdiction         |                   |                                     |                      |            |
| PUBLIC PROPERTY  |                             |                            |  |                 | NO SPECIAL JURISDICTION                     |                   |                                     |                      |            |
| TribalLand   |                             |                            |  |                 | Access Control Special Study NO CONTROL     |                   |                                     |                      |            |
| Within Interchange Area  | Junction Location           |                            |  | Intersection    | on Type                                     |                   |                                     |                      |            |
| NO   | NON-JUNCTION                |                            |  | NOT AN          | INTERSECTION                                |                   |                                     |                      |            |
| Closure Type   |                             |                            | Reaso                                      | ons for Closi   | sure  |                   |                                     |                      |            |
| LANE CLOSURE   |                             |                            |  |                 |   |                   |                                     |                      |            |
| Date Initial Lane/Rd Closed         Time Initial Lane/Rd Closed         TOW TRUCK           12/23/2020         10:37 PM         Time All Lanes Open         Date Scene Clear |                             |                            |  |                 | Tax a six                                   |                   |                                     |                      |            |
| Date All Lanes Open<br>12/23/2020  |                             | I I                        |  |                 | I   | ime Scene Cleared |                                     |                      |            |
|  | 11:16 PM                    |                            | 12/23                                      | 3/2020          |   |                   | . er FWI                            |                      |            |
| Unit Summary  Unit Status  |                             | I Vah                      | icle On                                    | oratina As C    | laccification                               |                   | UnitType                            |                      |            |
| IN TRANSIT   |                             |                            | Vehicle Operating As Classifica<br>D CLASS |                 | iassilication:                              | ,                 |                                     | rype<br>FOMOBILE     |            |
| Vehicle Type   |                             |                            |  |                 | Operating As End                            |                   |                                     | Endorsements         |            |
| PASSENGER CAR  |                             |                            |  |                 |   |                   |                                     |                      |            |
| Total Occs   | Train/Bus#Recorded          | - 1                        | ıl#Citat                                   | tions Issued    |   | Total Trail       | lers                                |                      | zMat Types |
| 1  | Direction Of Travel         | 2                          |  |                 | 0<br>Speed Lim                              |                   | 14                                  | 0<br>nit Total Lanes |            |
| Insurance? Direction Of Travel YES SOUTHBOUND  |                             |                            | Pre CrashTire Mark                         |                 |   | 55                |                                     | 2                    |            |
| Most Harmful Event: Collision  |                             | Spe                        | Special Function                           |                 |   | * *               |                                     | y Motor Vehicle Use  |            |
| TREE   |                             | O SPECIAL FUNCTION         |  |                 | NOT APPLICABLE                              |                   |                                     |                      |            |
| 1  |                             |                            |  | Traffic Control |   |                   | Traffic Control Inoperative/Missing |                      |            |
| TWO-WAY, NOT DIVIDED   |                             | NO CONTROL                 |  |                 | NO<br>Bood Cyndo                            |                   |                                     |                      |            |
| Surface Type   |                             | Road Curvature<br>STRAIGHT |  |                 | Road Grade<br>LEVEL                         |                   |                                     |                      |            |
| BLACKTOP (BITUMINOU  Truck Bus or HazMat   |                             | 318                        | HIGH                                       | •               |   |                   | LEVEL                               |                      |            |
| NO   |                             |                            |  |                 |   |                   |                                     |                      |            |
| Vehicle  |                             |                            |  |                 |   |                   |                                     |                      |            |
| License Plate Number   |                             | Pla                        | ite Туре                                   | ł               |   | St                | Country of Is:                      | suance               |            |
| AFG7776  |                             |                            |  | JTOMOBIL        | LE WI UNITED STATES                         |                   |                                     |                      |            |
| Vehicle Identification Nu  |                             |                            | Make                                       |                 |   | Year              | Model                               |                      |            |
| <b>៦</b>   1LNHM82W53Y6432   | 91                          | LIN                        | NCOLN                                      | ł               |   | 2003              | TOWN CAF                            | ₹S                   |            |

5

UNIT

9

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|          |                           | Color                                  |                                       | Body Style  | Bus Use                        |  |  |  |  |
|----------|---------------------------|--|---------------------------------------|---|--------------------------------|--|--|--|--|
|          |                           | WHI - WHITE                            |                                       | 4D - 4DR  |                                |  |  |  |  |
|          |                           | Initial Contact Point                  |                                       | Vehicle Damage  |                                |  |  |  |  |
| _        |                           | 00 - NON-COLLISION                     |                                       | 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - |                                |  |  |  |  |
| UNIT     | 2                         |  |                                       |   |                                |  |  |  |  |
| 5        | VEHICLE                   | Extent Of Damage                       |                                       | LEFT SIDE FRONT, 11 - LEFT FRONT  | CORNER, 12 - FRON 1, 14 -      |  |  |  |  |
|          | 3                         | DISABLING DAMAGE                       |                                       | UNDERCARRIAGE   |                                |  |  |  |  |
|          |                           | Towed Due To Damage                    |                                       | Vehicle Removed By  |                                |  |  |  |  |
|          |                           | TOWED DUE TO DISABLIN                  | G DAMAGE                              | EVERETTS TOWING   |                                |  |  |  |  |
|          |                           | What Driver Was Doing                  |                                       | Vehicle Factors   |                                |  |  |  |  |
|          |                           | ĭ                                      |                                       | versione: actors  |                                |  |  |  |  |
|          |                           | GOING STRAIGHT                         |                                       | NOT APPLICABLE  |                                |  |  |  |  |
|          |                           | Driver Prior Action Other              |                                       | NOTAFFLICABLE   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           | Driver Actions                         |                                       |   |                                |  |  |  |  |
|          | ш                         | FAILURE TO CONTROL, UN                 | IKNOWN                                |   |                                |  |  |  |  |
| <b>—</b> | VEHICLE                   |  |                                       |   |                                |  |  |  |  |
| N        | ¥                         |  |                                       |   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           | OwnerName                              |                                       | Owner Address   |                                |  |  |  |  |
|          |                           | AUGUST JASON BEGALSK                   | E                                     | 501 ALBAN LN<br>PRAIRIE DU SAC, WI 53578 , US                           |                                |  |  |  |  |
| 5        | 5                         | (608) 370-3412                         |                                       |   |                                |  |  |  |  |
| _        |                           |  |                                       |   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           | Sequence Of Events                     |                                       |   |                                |  |  |  |  |
|          |                           | Event                                  | ( <u> </u>                            |   |                                |  |  |  |  |
|          | 5                         | CROSS CENTERLINE                       |                                       |   |                                |  |  |  |  |
|          |                           | Event                                  |                                       |   |                                |  |  |  |  |
|          | 8                         | Event RUN OFF ROADWAY LEFT             |                                       |   |                                |  |  |  |  |
|          | O NOR OLL MONDAM EER I    |  |                                       |   |                                |  |  |  |  |
|          | co.                       | Event                                  |                                       |   |                                |  |  |  |  |
|          | 8                         | DITCH                                  |                                       |   |                                |  |  |  |  |
| Event    |                           |  |                                       |   |                                |  |  |  |  |
| TREE     |                           |  |                                       |   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
| =        |                           | Policy Holder                          |                                       |   |                                |  |  |  |  |
| N        |                           | Insurance Company                      |                                       | Individual  |                                |  |  |  |  |
| _        | STATE-FARM-GENERAL-INS-CO |  |                                       | AUGUST BEGALSKE   |                                |  |  |  |  |
|          |                           | Individual                             |                                       |   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           | Driver                                 | _                                     | Citations Issued  | Sex                            |  |  |  |  |
|          | 4                         | AUGUST JASON BEGALSK<br>(608) 370-3412 | <b>E</b>                              | 2   | MALE                           |  |  |  |  |
|          |                           | (008) 370-3412                         |                                       | Date of Birth   | Race                           |  |  |  |  |
| ⊨        | DUA                       |  |                                       |   | WHITE                          |  |  |  |  |
| Ž        |                           | Address                                |                                       | Driver License Number   |                                |  |  |  |  |
| $\neg$   |                           | 501 ALBAN LN                           |                                       |   |                                |  |  |  |  |
|          |                           | PRAIRIE DU SAC, WI 53578               | , US                                  | STATE: WISCONSIN COUNTRY: UNITED STATES                                 |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           | On Duty C                              | rash                                  | Safety Equipment  |                                |  |  |  |  |
|          | ञवा                       | fety Equipment                         |                                       | SHOULDER & LAP BELT   |                                |  |  |  |  |
|          |                           | Row                                    | Seat Position                         |   |                                |  |  |  |  |
|          |                           | 01 - FRONT ROW                         | 07 - LEFT                             |   |                                |  |  |  |  |
|          |                           | Helmet Use                             |                                       | Helmet Compliance   |                                |  |  |  |  |
|          |                           | 1 icilitet Occ                         |                                       | i iomios compilance   |                                |  |  |  |  |
|          |                           |  |                                       |   |                                |  |  |  |  |
|          |                           | F B                                    |                                       |   |                                |  |  |  |  |
|          |                           | Eye Protection                         |                                       | TintCompliance  |                                |  |  |  |  |
|          |                           |  |                                       | ·   |                                |  |  |  |  |
| Ξ        | 10                        | injury Sevi                            | erity                                 | Tint Compliance Airbag  |                                |  |  |  |  |
| 10       | 100                       |  | erity<br>ARENT INJURY                 | ·   |                                |  |  |  |  |
| ы        | 100                       | Injury Sev                             | erity<br>ARENT INJURY<br>jection Path | Airbag  | Trapped/Extricated             |  |  |  |  |
| ы        | 100                       | Injury Sevi                            | ARENT INJURY                          | Airbag NON DEPLOYED   | Trapped/Extricated NOT TRAPPED |  |  |  |  |
| ۶        | 001                       | Injury Seving No APP                   | ARENT INJURY<br>jection Path          | Airbag NON DEPLOYED PLICABLE  | NOT TRAPPED                    |  |  |  |  |
| 04       | 001                       | Injury Sevi                            | ARENT INJURY<br>jection Path          | Airbag NON DEPLOYED   | 1                              |  |  |  |  |

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Crash Date 12/23/2020

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|      |  | Hospital   |   |                                 | Date of Death                  |                   | Time of Death        |   |  |  |  |  |
|------|--|--|---|---------------------------------|--------------------------------|-------------------|----------------------|---|--|--|--|--|
|      | Distracted By Source OTHER ELECTRONIC DEVICE |  |   |                                 |                                |                   |                      |   |  |  |  |  |
|      |  | Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) |   |                                 |                                |                   |                      |   |  |  |  |  |
|      |  | Non Motorist   | Striking Unit#                              | Location                        |                                |                   |                      |   |  |  |  |  |
|      |  | Prior Action   |   | ·                               |                                |                   |                      |   |  |  |  |  |
|      |  | Action   |   |                                 |                                |                   |                      |   |  |  |  |  |
|      | UAL  |  |   |                                 |                                |                   |                      |   |  |  |  |  |
| UNIT | NDWIDUAL                                     |  |   |                                 |                                |                   |                      |   |  |  |  |  |
| _    | IND  |  |   |                                 |                                |                   |                      |   |  |  |  |  |
|      |  |  |   |                                 |                                |                   |                      |   |  |  |  |  |
|      |  | Action Other   |   |                                 |                                |                   |                      | To/From School                          |  |  |  |  |
|      | Ĺ  | Orug & Alcohol   | Suspected 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 | •                    |   |  |  |  |  |
| 01   | 001  | Drug Type  |   |                                 |                                |                   |                      |   |  |  |  |  |
|      |  | Individual Condition   |   |                                 |                                |                   |                      |   |  |  |  |  |
|      |  | NOT OBSERVED   |   |                                 |                                |                   |                      |   |  |  |  |  |
|      | ,  | <b>Violations</b>  | YSISISISISISISISISIS                        |                                 | ****************               |                   | SOCOSOCOCOCOCOCOCO   | SISISISISISISISIS SISISISISISISISISISIS |  |  |  |  |
|      | 01   | UTC Number<br>BB957556   | Issue To?<br>001                            | Statute Number 346.70(1)        | Description FAILURE OF OPERA   | ATOR TO NOTIF     | Y POLICE OF ACCID    | ENT                                     |  |  |  |  |
|      | 02   | UTC Number<br><b>BB957557</b>                                  | Issue To?                                   | Statute Number <b>346.57(2)</b> | Description<br>FAILURE TO KEEP | VEHICLE UNDER     | R CONTROL            |   |  |  |  |  |
| 1    |  |  |   |                                 | L                              |                   |                      |   |  |  |  |  |