## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| ument Number Override  | Primary Crash [           | Document#           | Agency <b>21-008</b> | Crash Number<br><b>79</b> | Investigating DEPUTY A. |                         | /                   |  |
|------------------------|---------------------------|---------------------|----------------------|---------------------------|-------------------------|-------------------------|---------------------|--|
| h Date                 | Crash Time                |                     | Date Arrived         |                           | Time Arrived            |                         |                     |  |
| 30/2021                | 07:20 PM                  |                     | 01/30/2              | 2021                      | 07:22 PM                |                         |                     |  |
| Notified<br>80/2021    | Time Notified 07:21 PM    |                     | Total Un             | nits                      | Total Injured <b>00</b> | Total Kill              | ed                  |  |
| On Emergency Hit       | and Run                   | Lane Close          |                      | Work Zone                 | Trailer                 | or Towed                | Reporting Threshold |  |
| Government<br>Property | Active So                 | chool Zone          | School i             | Bus Related               | Tags                    |                         |                     |  |
| Reportable             | Crash Type<br>DT4000 (STA | ANDARD CRASH        | l)                   |                           | Amende                  | d                       | Secondary<br>Crash  |  |
| cription               |                           |                     |                      |                           |                         |                         |                     |  |
| ram                    |                           |                     |                      |                           |                         | Reconstruction          | on By               |  |
|                        | W F                       | <sup>o</sup> ine St |                      |                           |                         |                         |                     |  |
| not to scale           |                           |                     |                      |                           |                         | Photos By               |                     |  |
|                        |                           |                     |                      | 000                       | -                       | Additional Info<br>NONE | ormation            |  |
|                        |                           |                     |                      |                           |                         |                         |                     |  |
|                        |                           |                     |                      |                           |                         |                         |                     |  |
|                        |                           |                     | T                    | <u></u>                   |                         |                         |                     |  |
|                        | U2                        |                     |                      | T UR                      | ·····                   |                         |                     |  |
| Linn St OOO            |                           |                     |                      |                           |                         |                         |                     |  |
|                        |                           |                     | u1                   |                           |                         |                         |                     |  |
|                        |                           |                     | u1   u2              |                           |                         |                         |                     |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/30/2021

|          | Location <b>—</b>  |   |                             |   |   |              |               |   |   |  |
|----------|--|---|-----------------------------|---|---|--------------|---------------|---|---|--|
|          | INTERSECTION   |   |                             |   | Latitude  |              |               | Longitud  | te  |  |
|          | ON STH33 EB  |   |                             |   | 43.4747   | 74079        |               | -89.768   | 778563                                    |  |
|          | AT STH136 EB   |   | X Coordin                   | ate   |   | Y Coord      | inate         |   |   |  |
|          | IN THE VILLAGE OF WE IN SAUK COUNTY  | SI BARABUU  |                             |   | 276062.0  | 03125        |               | 481726  | 4817264                                   |  |
|          |  |   | Structure Type NO STRUCTURE |   |   |              |               |   |   |  |
|          | Crash Scene  |   |                             |   |   |              |               |   |   |  |
| 1        | First Harmful Event  |   |                             |   | Eiret Harm  | nful Event L | ocation       |   |   |  |
|          |  | SHIFTING CARGO OR AN  | YTHING SET IN               | мотю  | ON ROA  |              | ocadon        |   |   |  |
|          | Manner of Collision  |   |                             |   |   | dition       |               |   |   |  |
|          |  |   |                             |   |   | GHTED        |               |   |   |  |
|          | Road Surface Condition(s)  |   |                             |   | Roadway   | Factor(s)    |               |   |   |  |
|          | SNOW, SLUSH  |   |                             |   |   |              |               |   |   |  |
|          | Environment Factor(s)  |   |                             |   | -   |              |               |   |   |  |
|          | WEATHER CONDITIONS   | 3   |                             |   | NONE  |              |               |   |   |  |
|          | Weather Condition(s)   |   |                             |   | -   |              |               |   |   |  |
|          | SNOW   |   |                             |   |   |              |               |   |   |  |
|          |  |   |                             |   |   |              |               |   |   |  |
|          | AnimalType   |   |                             |   | Relation To Trafficway TRAFFICWAY - ON ROAD   |              |               |   |   |  |
|          | Crash Classification - Locatio   | מר  |                             |   |   |              | Jurisdiction  |   |   |  |
|          | PUBLIC PROPERTY  | ,,,   |                             |   | 1   |              | ISDICTION     |   |   |  |
|          | Tribal Land  |   |                             |   | Access C  |              |               |   | Special Study                             |  |
|          |  |   |                             |   | FULL CONTROL  |              |               |   |   |  |
|          | Within Interchange Area Junction Location Intersection NO INTERSECTION FOUR-WA |   |                             |   | on Type<br><b>/AY INTE</b> F  | RSECTION     | j             |   |   |  |
|          |  |   |                             | 1.001.11  | 7 (7 (1 T - 1   |              | •             |   |   |  |
|          | Unit Summary   Unit Status   |   | Vehicle On                  | erating As C  | lassification   |              | UnitType      |   |   |  |
|          | IN TRANSIT   |   | D CLASS                     | _   | AUTOMOBILE  |              |               |   |   |  |
| _        | Vehicle Type   |   |                             |   | Operating As Endorsements   |              |               | ments   |   |  |
| 01       | PASSENGER CAR  |   |                             |   |   |              |               |   |   |  |
|          | Total Occs   | Train/Bus#Recorded  | l l                         | tions Issued  | ł   | Total Trai   | lers          | l   | Mat Types                                 |  |
|          | 1  | Direction Of Treesel  | 1                           |   |   | 0            | - 14          | 0   |   |  |
|          | Insurance? YES   | Direction Of Travel  NORTHBOUND   | Pre                         | Pre CrashTire   |   |              |               | TotalLan  | es  |  |
| ON       | Most Harmful Event: Collision  |   |                             |   | Mark 30 6 Decial Function Emergency Moto  |              |               | _   | tor Vehicle Use                           |  |
| C        | MOTOR VEH IN TRANSF  |   |                             | NO SPECIAL FUNCTION Traffic Control TRAFFIC SIGNAL Road Curvature |   | CTION        |               | NOT APPLICABLE  Traffic Control Inoperative/Missing  NO  Road Grade |   |  |
|          | Traffic Way  |   | Traffic Con                 |   |   |              |               |   |   |  |
|          | TWO-WAY, NOT DIVIDE  | D   |                             |   |   |              |               |   |   |  |
|          | Surface Type   | 110)  | l l                         |   |   |              |               |   |   |  |
|          | BLACKTOP (BITUMINO) Truck Bus or HazMat  | US)   | STRAIGH                     | HT LEVEL  |   |              |               |   |   |  |
|          | NO   |   |                             |   |   |              |               |   |   |  |
|          | Vehicle  | SECURE RESERVE DE RESERVE DE SECURE |                             |   | SCHOOL |              |               |   | SISTS SISTS SISTS SISTS SISTS SISTS SISTS |  |
|          | License Plate Number   |   | Plate Type                  | •   |   | St           | Country of Is | suance  |   |  |
|          | ABZ9123  | AUT - AL  | JTOMOBIL                    | .E  | WI  | l l          |               |   |   |  |
| 5        | Vehicle Identification N   |   | Make                        |   |   | Year         | Model         |   |   |  |
| <b>-</b> | JF2GPAGC6D22110  | 652   | SUBARU                      |   | 2013 CROSSTREK Bus Use  |              |               |   |   |  |
| :        | Color<br>WHI - WHITE   |   | Body Style                  |   |   |              |               |   |   |  |
|          | Initial Contact Point  |   | Vehicle Da                  |   |   |              |               |   |   |  |
|          |  |   |                             | -   |   |              |               |   |   |  |
|          | 12 - FRONT Extent Of Damage FUNCTIONAL DAM                                     |   | 01 - RIGI                   | HT FRONT  | CORNER  | t, 11 - LEF  | T FRONT C     | ORNER,  | 12 - FRONT                                |  |
|          | FUNCTIONAL DAM   | AGE   |                             |   |   |              |               |   |   |  |

## 6TL0CTJN13

21-00879

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/30/2021

|      | ************ | Towed Due To Damage   |   | Vehicle Removed By  |  |  |  |  |
|------|--------------|---|---|---|--|--|--|--|
|      |              | NOT TOWED   |   | OPERATOR  |  |  |  |  |
|      |              | What Driver Was Doing   |   | Vehicle Factors   |  |  |  |  |
|      |              | GOING STRAIGHT  |   |   |  |  |  |  |
|      |              | Driver Prior Action Other   |   | NOT APPLICABLE  |  |  |  |  |
| LIND | VEHICLE      | Driver Actions<br>SPEED TOO FAST/COND   |   |   |  |  |  |  |
| 5    | ъ            | Owner Name<br>JANIS L SCHLIECKAU<br>(608) 495-3330  |   | Owner Address<br>1020 CONNIE RD # 203<br>BARABOO, WI 53913, US  |  |  |  |  |
|      |              | l<br>Seguence Of Events   |   | I   |  |  |  |  |
|      | 5            | Event   |   |   |  |  |  |  |
|      | •            | MOTOR VEH IN TRANSPO  |   |   |  |  |  |  |
|      | 8            | Event   |   |   |  |  |  |  |
|      | 8            | Event   |   |   |  |  |  |  |
|      | 3            | Event   |   |   |  |  |  |  |
| _    |              | Policy Holder   |   |   |  |  |  |  |
| Ħ    |              | Insurance Company AMERICAN-FAMILY-INS-CO  |   | Individual JANIS SCHLIECKAU   |  |  |  |  |
|      |              |   |   |   |  |  |  |  |
|      |              |   |   |   |  |  |  |  |
|      |              | individual  |   |   | Tsav   |  |  |  |
|      |              | Driver<br>JARDON THOMAS SCHLIE  |   | Citations ssued   | Sex<br>MALE  |  |  |  |
| -    |              | Driver  |   | Citations Issued  | Sex  |  |  |  |
| TINO | INDIVIDUAL   | Driver<br>JARDON THOMAS SCHLIE  | ECKAU   | Citations Issued 1  | Sex<br>MALE<br>Race<br>WHITE                                 |  |  |  |
| LINO | INDIVIDUAL   | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US   | ECKAU   | Citations Issued  1 Date of Birth  Driver License Number  | Sex<br>MALE<br>Race<br>WHITE                                 |  |  |  |
| LINO | INDIVIDUAL   | Driver<br>JARDON THOMAS SCHLIE<br>(608) 495-3330<br>Address<br>1020 CONNIE RD # 203<br>BARABOO, WI 53913, US  | ECKAU<br>G<br>Crash   | Citations Issued  1  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE                                 |  |  |  |
| HNO  | INDIVIDUAL   | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US   | ECKAU   | Citations Issued  1  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY   | Sex<br>MALE<br>Race<br>WHITE                                 |  |  |  |
| LIND | INDIVIDUAL   | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  City Equipment  Row  | Crash Seat Position   | Citations Issued  1  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE                                 |  |  |  |
| TIND | INDIVIDUAL   | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Fety Equipment  Row 01 - FRONT ROW   | Crash Seat Position   | Citations Issued  1  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  | Sex<br>MALE<br>Race<br>WHITE                                 |  |  |  |
|      | INDIVIDUAL   | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection   | Crash Seat Position 07 - LEFT   | Citations Issued  1  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance   | Sex<br>MALE<br>Race<br>WHITE                                 |  |  |  |
|      | S INDIVIDUAL | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Service No APF  Ejected  | Crash  Seat Position 07 - LEFT  Verity PARENT INJURY Ejection Path                    | Citations Issued  1  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  Trapped/Extricated                      |  |  |  |
|      | S INDIVIDUAL | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Service No APE Ejected NOT EJECTED   | Crash  Seat Position 07 - LEFT  Verity PARENT INJURY                                  | Citations Issued 1 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED   | Sex MALE Race WHITE  Trapped/Extricated NOT TRAPPED          |  |  |  |
|      | S INDIVIDUAL | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Service No APF  Ejected  | Crash  Seat Position 07 - LEFT  Verity PARENT INJURY Ejection Path                    | Citations Issued  1  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  Trapped/Extricated                      |  |  |  |
|      | S INDIVIDUAL | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Tety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Service No APF Ejected NOT EJECTED Medical Transport                              | Crash  Seat Position 07 - LEFT  Verity PARENT INJURY Ejection Path                    | Citations Issued 1 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED   | Sex MALE Race WHITE  Trapped/Extricated NOT TRAPPED          |  |  |  |
|      | S INDIVIDUAL | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Service NO APF  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital | Crash  Seat Position 07 - LEFT  Verity PARENT INJURY Ejaction Path NOT EJECTED/NOT AP | Citations Issued 1 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death | Sex MALE Race WHITE  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |  |
|      | S INDIVIDUAL | Driver JARDON THOMAS SCHLIE (608) 495-3330  Address 1020 CONNIE RD # 203 BARABOO, WI 53913 , US  Pety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection  Injury Se NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital            | Crash  Seat Position 07 - LEFT  Verity PARENT INJURY Ejaction Path NOT EJECTED/NOT AP | Citations Issued 1 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death | Sex MALE Race WHITE  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/30/2021

|          |                               | Non Motorist  | Striking Unit#                         | Location               |  |                   |   |   |
|----------|-------------------------------|---|--|------------------------|--|-------------------|---|---|
|          |                               | Prior Action  |  |                        |  |                   |   |   |
| ļ        |                               |   |  |                        |  |                   |   |   |
|          |                               | Action  |  |                        |  |                   |   |   |
|          | 7                             |   |  |                        |  |                   |   |   |
| E        | 8                             |   |  |                        |  |                   |   |   |
| UNIT     | INDIVIDUAL                    |   |  |                        |  |                   |   |   |
|          | Z                             |   |  |                        |  |                   |   |   |
|          |                               |   |  |                        |  |                   |   |   |
|          |                               | Action Other  |  |                        |  |                   |   | To/From School                                  |
|          |                               |   |  |                        |  |                   |   |   |
|          | I                             | Drug & Alcohol  | Suspected Alcohol (<br>NO              | Jse                    | Suspected Drug Use<br>NO   |                   |   |   |
|          |                               | Alcohol Test Given TEST NOT GIVEN   |  | Alcohol Test Type      |  |                   | Alcohol Test R  | esults  |
|          |                               | Drug Test Given<br>TEST NOT GIVEN   |  | Drug Test Type         |  | Drug Test Results |   |   |
| 10       | 00<br>T                       | Drug Type   |  |                        |  |                   |   |   |
|          |                               | Individual Condition  |  |                        |  |                   |   |   |
|          |                               | APPEARED NORM   | 141                                    |                        |  |                   |   |   |
|          |                               | ATTEARED NORW   | , A.                                   |                        |  |                   |   |   |
|          | •                             | Violations  | ************************************** | **********             |  |                   | **********  |   |
|          | 0.1                           | UTC Number<br>BG021236  | Issue To?   Sta<br>  001   340         | tute Number<br>6.57(3) | Description DRIVING TOO FAST   | FOR CONDITIO      | NS  |   |
| ı        | Uni                           | t Summary ■   |  |                        |  |                   |   |   |
|          | Unit                          | Status  |  | I .                    | ehicle Operating As Classi   | fication          | UnitType  | _   |
| ١        |                               | TRANSIT<br>icle Type  |  | ט                      | CLASS  |                   | AUTOMOBIL<br>Operating As E   |   |
| 02       |                               | ORT) UTILITY VEHI   | CLE                                    |                        |  |                   |   |   |
|          | Tota<br>1                     | lOccs   | Train/Bus#Re                           | ecorded To             | otal#Citations  ssued  | Total Trail       | ers T   | otal HazMat Types                               |
|          |                               | rance?  | Direction Of Tr                        |                        |  |                   | ١,٠   |   |
| Ħ        | YES                           |   |  | avel                   | Pre CrashTire  | Speed Lin         | nit T   | otalLanes                                       |
|          |                               |   | EASTBOUN                               | D [                    | Pre CrashTire<br>Mark  | Speed Lin<br>25   | 5   |   |
| 5        |                               | S<br>tHarmfulEvent: Collision<br>TOR VEH IN TRANS   | EASTBOUNI<br>on With                   | D S                    |  | 25                | 5   | otor Vehicle Use                                |
|          | MO'<br>Traft                  | t Harmful Event: Collisio   | EASTBOUNI<br>on With<br>SPORT          | D SIN                  | Mark Decial Function   | 25                | Emergency Mo  | otor Vehicle Use                                |
|          | Traff TW(                     | t Harmful Event: Collision<br>TOR VEH IN TRANS<br>fic Way<br>D-WAY, NOT DIVIDE<br>ace Type  | EASTBOUNI<br>DON With<br>SPORT         | D S<br>N<br>Ti<br>T:   | Mark pecial Function O SPECIAL FUNCTION raffic Control RAFFIC SIGNAL pad Curvature   | 25                | Emergency Monor APPLIC Traffic Control NO Road Grade  | otor Vehicle Use                                |
|          | Traff TWC Surfa               | tHarmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMING  | EASTBOUNI<br>DON With<br>SPORT         | D S<br>N<br>Ti<br>T:   | Mark pecial Function O SPECIAL FUNCTION affic Control RAFFIC SIGNAL  | 25                | Emergency M<br>NOT APPLIC<br>Traffic Control<br>NO  | otor Vehicle Use                                |
|          | Traff TWC Surfa               | t Harmful Event: Collision<br>TOR VEH IN TRANS<br>fic Way<br>D-WAY, NOT DIVIDE<br>ace Type  | EASTBOUNI<br>DON With<br>SPORT         | D S<br>N<br>Ti<br>T:   | Mark pecial Function O SPECIAL FUNCTION raffic Control RAFFIC SIGNAL pad Curvature   | 25                | Emergency Monor APPLIC Traffic Control NO Road Grade  | otor Vehicle Use                                |
|          | MOTTRAFFE Surfa BLA Truc      | t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMING tk Bus or HazMat  | EASTBOUNI DON With SPORT ED DUS)       | D SIN                  | Mark pecial Function O SPECIAL FUNCTION affic Control RAFFIC SIGNAL pad Curvature TRAIGHT  | 25<br>N           | Emergency Monor APPLIC Traffic Control NO Road Grade  | otor Vehicle Use                                |
|          | MOTTRAFFE Surfa BLA Truc      | t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMING tk Bus or HazMat  Vehicle License Plate Number  | EASTBOUNI DON With SPORT ED DUS)       | D                      | Mark pecial Function O SPECIAL FUNCTION raffic Control RAFFIC SIGNAL pad Curvature TRAIGHT   | 25<br>N           | Emergency Monor APPLIC Traffic Control NO Road Grade LEVEL Country of Issue                       | otor Vehicle Use CABLE Inoperative/Missing ance |
| <u>5</u> | MOTTANT TWO Surfi BLA Truc NO | t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMING tk Bus or HazMat  | EASTBOUNI DON With SPORT  ED  DUS)     | D S N N Ti T: R S      | Mark pecial Function O SPECIAL FUNCTION affic Control RAFFIC SIGNAL pad Curvature TRAIGHT  | 25<br>N           | Emergency Monor APPLIC Traffic Control NO Road Grade LEVEL  | otor Vehicle Use CABLE Inoperative/Missing ance |
|          | MOTTRAFFE Surfa BLA Truc      | t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMINO Ek Bus or HazMat  Vehicle License Plate Number 281ZGB Vehicle Identification 5J6RM4H70GL124 | EASTBOUNI DON With SPORT  ED  DUS)     | D SINN Ti T: RS        | Mark pecial Function O SPECIAL FUNCTION PARTIC CONTROL PARTIC SIGNAL PAR | 25<br>N           | Emergency Monor APPLIC Traffic Control NO Road Grade LEVEL  Country of Issue UNITED STA Model CRV | otor Vehicle Use CABLE Inoperative/Missing ance |
| <u>5</u> | MOTTANT TWO Surfi BLA Truc NO | t Harmful Event: Collision TOR VEH IN TRANS fic Way D-WAY, NOT DIVIDE ace Type ACKTOP (BITUMING the Bus or HazMat  Vehicle License Plate Number 281ZGB  Vehicle Identification              | EASTBOUNI DON With SPORT  ED  DUS)     | D SINN TITE R S        | Mark pecial Function O SPECIAL FUNCTION Paffic Control RAFFIC SIGNAL pad Curvature TRAIGHT  Plate Type AUT - AUTOMOBILE  | St Wi Year 2016   | Emergency Monor APPLIC Traffic Control NO Road Grade LEVEL  Country of Issue UNITED STA Model     | otor Vehicle Use CABLE Inoperative/Missing ance |

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21-00879

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| l        | Ш               |  |  | Vehicle Damage   |   |  |  |  |
|----------|-----------------|--|--|--|---|--|--|--|
| ⊨        | ಠ               |  |  |  |   |  |  |  |
| HNU      | VEHIC           | Extent Of Damage   |  | 02 - RIGHT SIDE FRONT, 03 - RIGHT S  | SIDE MIDDLE, 04 - RIGHT SIDE REAR   |  |  |  |
| _        | Щ               | FUNCTIONAL DAMAGE  |  |  |   |  |  |  |
|          |                 | Towed Due To Damage  |  | Vehicle Removed By   |   |  |  |  |
|          |                 | NOT TOWED  |  | OPERATOR   |   |  |  |  |
|          |                 | What Driver Was Doing  |  | Vehicle Factors  |   |  |  |  |
|          |                 | GOING STRAIGHT   |  | To more a detaile  |   |  |  |  |
|          |                 | Driver Prior Action Other  |  | NOT APPLICABLE   |   |  |  |  |
|          |                 | Driver Phot Action Other   |  | 110 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1  |   |  |  |  |
|          |                 | Deliver Antique  |  |  |   |  |  |  |
|          |                 | Driver Actions NO CONTRIBUTING ACTION  | าม   |  |   |  |  |  |
| ۱.       | VEHICLE         | NO CONTRIBOTING ACTIO  | 7N   |  |   |  |  |  |
| ۱≒       | <u>o</u>        |  |  |  |   |  |  |  |
| 통        | 1               |  |  |  |   |  |  |  |
|          | 5               |  |  |  |   |  |  |  |
|          |                 |  |  |  |   |  |  |  |
|          |                 | OwnerName  |  | Owner Address  |   |  |  |  |
| ۱        |                 | DEBRA E JOHNSEN  |  | 217 8TH ST   |   |  |  |  |
| 8        | 8               | (608) 963-9345   |  | BARABOO, WI 53913 , US   |   |  |  |  |
|          |                 |  |  |  |   |  |  |  |
|          |                 |  |  |  |   |  |  |  |
|          |                 | Sequence Of Events   |  |  |   |  |  |  |
|          | 5               | Event<br>MOTOR VEH IN TRANSPO  | ₽Τ   |  |   |  |  |  |
|          |                 | MOTOR VEH IN TRANSPO   | K1   |  |   |  |  |  |
|          | es.             | Event  |  |  |   |  |  |  |
|          | 8               |  |  |  |   |  |  |  |
|          |                 | Event  |  |  |   |  |  |  |
|          |                 |  |  |  |   |  |  |  |
|          | 8               | Final  |  |  |   |  |  |  |
|          |                 | Event  |  |  |   |  |  |  |
|          | 2               | Event  |  |  |   |  |  |  |
|          | 2               |  |  |  |   |  |  |  |
| E        | 2               | Policy Holder  |  |  |   |  |  |  |
| INI      | 2               | Policy Holder<br>Insurance Company   |  | Individu <b>al</b>   |   |  |  |  |
| UNIT     | 2               | Policy Holder  |  | Individual  DEBRA JOHNSEN  |   |  |  |  |
| UNIT     | 70              | Policy Holder Insurance Company PEKIN-INS-CO   |  | DEBRA JOHNSEN  |   |  |  |  |
| TINN     | 70              | Policy Holder Insurance Company PEKIN-INS-CO Individual  |  | DEBRA JOHNSEN  | T Sev   |  |  |  |
| UNIT     | 70              | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver   |  | DEBRA JOHNSEN  Citations Issued  | Sex   |  |  |  |
| TINN     | 70              | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN   |  | DEBRA JOHNSEN  Citations issued 0  | Sex<br>FEMALE   |  |  |  |
|          | 70              | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver   |  | DEBRA JOHNSEN  Citations Issued  | Sex FEMALE Race   |  |  |  |
|          | 70              | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  |  | Citations issued  O  Date of Birth   | Sex<br>FEMALE   |  |  |  |
|          | 70              | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345 Address  |  | DEBRA JOHNSEN  Citations issued 0  | Sex FEMALE Race   |  |  |  |
| UNT UNIT | NDIVIDUAL 04    | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST  |  | Citations Issued  O  Date of Birth  Driver License Number  | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | 70              | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345 Address  |  | Citations issued  O  Date of Birth   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | NDIVIDUAL 04    | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST  |  | Citations Issued  O  Date of Birth  Driver License Number  | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US   |  | Citations Issued  O  Date of Birth  Driver License Number  | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US   |  | Citations Issued  O  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53813 , US   | Crash  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Tety Equipment Row   | Crash<br>Seat Position   | Citations Issued  O  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  fety Equipment  Row 01 - FRONT ROW   | Crash  | Citations issued  O Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Tety Equipment Row   | Crash<br>Seat Position   | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use   | Crash<br>Seat Position   | Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  fety Equipment  Row 01 - FRONT ROW   | Crash<br>Seat Position   | Citations issued  O Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT   | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  On Duty 0  Toty Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  | Crash Seat Position 07 - LEFT  | Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
| TNU      | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection   | Crash  Seat Position  07 - LEFT                                      | Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  | Sex<br>FEMALE<br>Race<br>WHITE  |  |  |  |
|          | INDIVIDUAL 04   | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Ser   | Crash  Seat Position 07 - LEFT  verity PARENT INJURY                 | Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  | Sex FEMALE Race WHITE  TED STATES   |  |  |  |
| TNU      | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Ser   | Crash  Seat Position  07 - LEFT                                      | Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  | Sex FEMALE Race WHITE  TED STATES  Trapped/Extricated                       |  |  |  |
| TNU      | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Service Roy No APP Ejected                                       | Crash  Seat Position 07 - LEFT  verity PARENT INJURY                 | Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE                                  | Sex FEMALE Race WHITE  TED STATES   |  |  |  |
| TNU      | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Service Roy No APP Ejected                                       | Crash  Seat Position 07 - LEFT  Verity  PARENT INJURY  Ejection Path | Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE                                  | Sex FEMALE Race WHITE  TED STATES  Trapped/Extricated                       |  |  |  |
| TNU      | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sety NO APP  Ejected NOT EJECTED                                 | Crash  Seat Position 07 - LEFT  Verity  PARENT INJURY  Ejection Path | Citations issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE                                    | Sex FEMALE Race WHITE  STATES  Trapped/Extricated NOT TRAPPED               |  |  |  |
| TNU      | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53813 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Ser NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED | Crash  Seat Position 07 - LEFT  Verity  PARENT INJURY  Ejection Path | Citations issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE                                    | Sex FEMALE Race WHITE  STATES  Trapped/Extricated NOT TRAPPED               |  |  |  |
| TNU      | S INDIVIDUAL 04 | Policy Holder Insurance Company PEKIN-INS-CO Individual Driver DEBRA E JOHNSEN (608) 963-9345  Address 217 8TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sety NO APP Ejected NOT EJECTED Medical Transport                | Crash  Seat Position 07 - LEFT  Verity  PARENT INJURY  Ejection Path | Citations issued  O Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  PLICABLE  EMS Agency Identifier | Sex FEMALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED  EMS Run# |  |  |  |

Crash Date 01/30/2021 Crash Time 07:20 PM

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/30/2021

| - Confession (confession (conf |           | Distracted By Source NOT APPLICABLE | e<br>.E (NOT DISTRAC | CTED)                 |                   |                      |                |
|--|-----------|-------------------------------------|----------------------|-----------------------|-------------------|----------------------|----------------|
|  |           | Distracted By Action NOT DISTRACTED |                      |                       |                   |                      |                |
| 27220  |           | Non Motorist Striking Unit#         | Location             |                       |                   |                      |                |
| 200000000000000000000000000000000000000  |           | Prior Action                        |                      |                       |                   |                      |                |
|  |           | Action                              |                      |                       |                   |                      |                |
|  | ML        |                                     |                      |                       |                   |                      |                |
| UNIT   |           |                                     |                      |                       |                   |                      |                |
| ר  | NOWINGNAL |                                     |                      |                       |                   |                      |                |
|  | _         |                                     |                      |                       |                   |                      |                |
|  |           | Action Other                        |                      |                       |                   |                      | To/From School |
|  | L         | Drug & Alcohol NO                   | Jse                  | Suspected Drug Use NO |                   |                      |                |
|  |           | Alcohol Test Given TEST NOT GIVEN   | Alcohol Test Type    |                       |                   | Alcohol Test Results |                |
|  |           | Drug Test Given<br>TEST NOT GIVEN   | Drug Test Type       |                       | Drug Test Results |                      |                |
| 05   | 005       | Drug Type                           |                      |                       |                   |                      |                |
|  |           | Individual Condition                |                      |                       |                   |                      |                |
|  |           | APPEARED NORMAL                     |                      |                       |                   |                      |                |