6TL0D7W143 21-00887

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overric | le Primary Crash [| Document# | Agency Crash Nur | mber | Investigating Off DEPUTY K. M | | | |
|-----------------------------|---------------------------|--------------|--|-------------------------|--|---------------|---------------------|--|
| Orash Date 01/30/2021 | Crash Time 09:41 PM | I | Date Arrived 01/30/2021 Total Units 01 Desure Work Zone School Bus Related NO | | Time Arrived 10:08 PM | | | |
| Date Notified 01/30/2021 | Time Notified 09:41 PM | | | | Total Injured 00 Total Kille 00 Trailer or Towed | | Reporting Threshold | |
| On Emergency | Hit and Run | Lane Closur | | | | | | |
| Government Property | Active So | hool Zone | | | Tags | | | |
| Reportable | Crash Type DT4000 (STA | NDARD CRASH) | | Amended Secondary Crash | | | | |
| escription = | | | | | | | | |
| Diagram | | | | | Re | constructior | n Ву | |
| | | | | | | | | |
| | | | | | Ph | otos By | | |
| | | | | | | | | |
| | | | | | Ad | ditional Info | rmation | |
| | | | | | NO | NE | iiiiaaois | |
| | | | | | | | | |
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| | | | | | | | | |
| | orcement officer, agr | 41411 | | | | | | |
| | | | added any C III | 2 data in thic | roport | | | |

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Crash Date 01/30/2021

Crash Time 09:41 PM

| | Location === | | | | | | | | | | |
|------|---|--------------------------------------|---|---|---|-------------------------------------|--|---|--|--|--|
| | ON CTHWD SB | | | Latitude | | | Longitude | | | | |
| | 18 FT W OF D AND W RD | | | | 43.591209765 | | -89.968798838 | | | | |
| | | | | | X Coordinate | | Y Coordinate | | | | |
| | IN THE TOWN OF WINFI | 26034 | 5.625 | | 4830754 | | | | | | |
| | IN OAGR GOORT | IN SAUK COUNTY | | | | | Structure Type | | | | |
| | | NO ST | NO STRUCTURE | | | | | | | | |
| | Crash Scene | | | | | | | | | | |
| | FirstHarmfulEvent | | | FirstHa | ırmful Event l | _ocation | | | | | |
| | DITCH | | | ROAD | SIDE | | | | | | |
| | Manner of Collision | | | Light C | Light Condition | | | | | | |
| | 00 - NO COLLISION W/V | EHICLE IN TRANSPORT | | DARK | /UNLIT | | | | | | |
| | Road Surface Condition(s) | | | Roadw | Roadway Factor(s) | | | | | | |
| | snow | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | | |
| | WEATHER CONDITIONS | 3 | | ROAD ETC) | SURFACE | CONDITION | (WET, ICY, SNOW, SLUSH | , | | | |
| | Weather Condition(s) | | | | | | | | | | |
| | SNOW, BLOWING SNOV | v | | | | | | | | | |
| | Animal Type | I | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | | | | | |
| | Crash Classification & coats | nn | | | | | | | | | |
| | Crash Classification - Location PUBLIC PROPERTY | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | | | |
| | Tribal Land | | I | Access Control Special Study NO CONTROL | | | | | | | |
| | | | | | ction Type | | | | | | |
| | Unit Summary = | | | | | | | | | | |
| | Unit Status | | Vehicle Ope | rating As Classificat | ion | UnitType | | | | | |
| | IN TRANSIT | | D CLASS | | AUTOMOBILE | | | | | | |
| 7 | Vehicle Type | | • | | Operating As Endorsements | | | | | | |
| 0 | PASSENGER CAR | | | | | | | | | | |
| | Total Occs Train/Bus#Recorded | | Total#Citati | ons Issued | | | Total HazMat Types | | | | |
| | 1 | | 2 | | 0 Speed L | | 0 | | | | |
| _ | Insurance? Direction Of Travel YES SOUTHBOUND | | | Pre CrashTire Mark | | ımıt | TotalLanes 2 | | | | |
| L | Most Harmful Event: Collision | | Mark 55 Special Function | | | Emergency Motor Vehicle Use | | | | | |
| ⊃ | | | | NO SPECIAL FUNCTION | | NOT APPLICABLE | | | | | |
| | Traffic Way Tra | | | rol | | Traffic Control Inoperative/Missing | | | | | |
| | <u>"</u> | | | IO CONTROL | | NO | | | | | |
| | | | | oad Curvature | | Road Grade | | | | | |
| | BLACKTOP (BITUMINO | , | | | | DOWNHILL | | | | | |
| | Truck Bus or HazMat NO | | | | | | | | | | |
| | Vehicle | SISSESSISSESSISSESSISSESSISSESSISSES | | | | | SIS GSISISISISISISISISISISISISISISISISIS | | | | |
| | License Plate Number | | Plate Type | | St | Country of Is | suance | | | | |
| | AJH6422 | | 1 | TOMOBILE | WI | UNITED S | TATES | | | | |
| | Vehicle Identification N | Make | Make | | Model | | | | | | |
| | る 1FAHP3FN8BW115 | FORD | FORD 2011 | | FOCUS | | | | | | |
| | Color | Body Style | Body Style Bus Use | | | | | | | | |
| | | | | SD - SEDAN | | | | | | | |
| | BLK - BLACK | | | | | | | | | | |
| _ | BLK - BLACK | | SD - SED/ Vehicle Dar | | | | | | | | |
| UNIT | BLK - BLACK | | | mage | | | | | | | |

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| | | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG | | Vehicle Removed By STEVES AUTO SERVICE | | | | | |
|------|--------------|--|---|---|---|--|--|--|--|
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | NEGOTIATING CURVE | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| UNIT | VEHICLE | Driver Actions FAILURE TO CONTROL | | | | | | | |
| | 16 | OwnerName ANNIE KATHLEEN HENKL (715) 935-2262 | E | Owner Address 1419 MCLEAN AVE TOMAH, WI 54660 , US | | | | | |
| | | Sequence Of Events | | | | | | | |
| | 10 | Event EMBANKMENT | | | | | | | |
| | 8 | Event DITCH | | | | | | | |
| | 63 | Event | | | | | | | |
| | 75 | Event | | | | | | | |
| _ | | Policy-Holder | | | | | | | |
| IN | | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual ANNIE HENKLE | | | | | |
| | 20050332333 | | | | | | | | |
| | | Individual | | | | | | | |
| | | Driver | _ | Citations issued | Sex | | | | |
| | | Driver ANNIE KATHLEEN HENKL | | Citations issued 0 | Sex FEMALE | | | | |
| Ħ | | Driver ANNIE KATHLEEN HENKL (715) 935-2262 | | Citations Issued 0 Date of Birth | Sex | | | | |
| TINO | INDIVIDUAL | Driver ANNIE KATHLEEN HENKL | | Citations issued 0 | Sex FEMALE Race WHITE | | | | |
| INO | INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US | E | Citations Issued 0 Date of Birth Driver License Number | Sex FEMALE Race WHITE | | | | |
| LIND | INDIVIDUAL | Address 1419 MCLEAN AVE TOMAH, WI 54660 , US Carter of the control of the contro | E Crash | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN' Safety Equipment | Sex FEMALE Race WHITE TRY: UNITED STATES | | | | |
| HNU | INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US On Duty (Party Equipment Row 01 - FRONT ROW | E | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment RESTRAINT USE UNKNOW | Sex FEMALE Race WHITE TRY: UNITED STATES | | | | |
| LIND | INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US On Duty (Pety Equipment Row 01 - FRONT ROW Helmet Use | Crash Seat Position | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN' Safety Equipment | Sex FEMALE Race WHITE TRY: UNITED STATES | | | | |
| LIND | INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US On Duty (Party Equipment Row 01 - FRONT ROW | Crash Seat Position | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment RESTRAINT USE UNKNOW | Sex FEMALE Race WHITE TRY: UNITED STATES | | | | |
| | INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , 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 COUN Safety Equipment RESTRAINT USE UNKNOW Heimet Compliance | Sex FEMALE Race WHITE TRY: UNITED STATES | | | | |
| | S INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Set NO APP | Crash Seat Position 07 - LEFT verity PARENT INJURY Ejection Path | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment RESTRAINT USE UNKNOW Heimet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race WHITE TRY: UNITED STATES /N Trapped/Extricated | | | | |
| | S INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Set NO APP Ejected NOT EJECTED Medical Transport | Crash Seat Position 07 - LEFT verity PARENT INJURY | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment RESTRAINT USE UNKNOW Heimet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race WHITE TRY: UNITED STATES | | | | |
| | S INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ser 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 COUN Safety Equipment RESTRAINT USE UNKNOW Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED | | | | |
| | S INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ser NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment RESTRAINT USE UNKNOW Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death | Sex FEMALE Race WHITE TRY: UNITED STATES IN Trapped/Extricated NOT TRAPPED EMS Run# | | | | |
| | S INDIVIDUAL | Driver ANNIE KATHLEEN HENKL (715) 935-2262 Address 1419 MCLEAN AVE TOMAH, WI 54660 , US On Duty G On Duty G | Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment RESTRAINT USE UNKNOW Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death | Sex FEMALE Race WHITE TRY: UNITED STATES IN Trapped/Extricated NOT TRAPPED EMS Run# | | | | |

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Crash Time 09:41 PM

| | _ | | | | | | | | |
|------------|---|--|-----------------------------|---|------------------------------|----------------------|----------------|--|--|
| | Non Motorist | Striking Unit# | Location | | | | | | |
| | Prior Action | | | | | | | | |
| UNIT | Action | | | | | | | | |
| ON | Action Other | | | | | | To/From School | | |
| 1 | Drug & Alcohol | Suspected Alco YES | hol Use | Suspected Drug Use YES | | · | | | |
| | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | | | |
| | TEST GIVEN | | BLOOD | | | PENDING | | | |
| | Drug Test Given TEST GIVEN | | Drug Test Type BLOOD | | Drug Test Results PENDING | | | | |
| ₽ 2 | Drug Type | | | | | | | | |
| | Individual Condition | | | | | | | | |
| | UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | | | | | | | |
| • | Violations | ************************************** | | *************************************** | | *********** | | | |
| 5 | UTC Number BG111209 | Issue To? | Statute Number 346.63(1)(a) | Description OPERATING WHILE | UNDER THE INF | FLUENCE | | | |
| 8 | UTC Number BG111209 | Issue To? | Statute Number 346.57(2) | Description FAILURE TO KEEP \ | /EHICLE UNDER | CONTROL | | | |