6TL0DBC3BZ 21-01354

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overrid | | | | | | | | |
|----------------------------------------|---------------------------|---------------|-----------------------------|------------------|-------------------------------------------------------------------------|----------------------|--|--|
| | e Primary Crash E | | ency Crash Number -01354 | | Investigating Officer/Deputy DEPUTY C. GALLAGHER Time Arrived 05:46 PM | | | |
| Crash Date 02/15/2021 | Crash Time 05:18 PM | | te Arrived /15/2021 | | | | | |
| Date Notified 02/15/2021 On Emergency | Time Notified 05:18 PM | To 02 | tal Units | Total Injured 00 | Total Kille | lled | | |
| On Emergency | Hit and Run | Lane Closure | ☐ Work Zone | Trailer or | Towed | Reporting Threshold | | |
| Government Property | Active Sc | chool Zone Sc | hool Bus Related) | Tags | | | | |
| Reportable | Crash Type DT4000 (STA | ANDARD CRASH) | | Amended | | Secondary Crash | | |
| Description = | | | | | | | | |
| not to scale | CTH H | 1 2 | | Ad | otos By EPUTY C d | GALLAGHER | | |

DITCH.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/15/2021

| | Location — | | | | | | | | | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|-----------------|---------------------------------------------------------------------------------------------|------------------------------------------|----------------|----------|
| - { | ON CTHHH NB | - | | La | atitude | | | Longitud | e | |
| | 1032 FT N | | | 4: | 3.63733 | 1559 | | -89.932 | 595552 | |
| | OF TOWN HALL RD IN THE TOWN OF DELLO | X | Coordina | te | | Y Coord | | | | |
| | IN SAUK COUNTY | ALK. | | | 263449.25 4835773 | | | 3 | | |
| | | | | | tructure T | | | | | |
| (| Crash Scene | | | | | | | | | |
| 1 | First Harmful Event | | | Fi | irst Harmf | ulEventLo | cation | | | \neg |
| | MOTOR VEH IN TRANSP | ORT | | 0 | N ROAD | WAY | | | | |
| | Manner of Collision | | | Li | ight Condi | ition | | | | |
| | 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | | | | | | | | |
| | Road Surface Condition(s) | | | R | loadway F | actor(s) | | | | |
| | SNOW, SLUSH, ICE | | | | | | | | | |
| ŀ | Environment Factor(s) | | | | | | | | | |
| | NONE | | | N | IONE | | | | | |
| | Weather Condition(s) | | | | | | | | | |
| | | | | | | | | | | |
| | CLEAR | | | | | | | | | |
| | Animal Type | | | | | Trafficway | | | | |
| | | | | | | 40 - YAW | | | | _ |
| | Crash Classification - Location PUBLIC PROPERTY | ı, | | I . | | sification | Jurisdiction SDICTION | | | |
| | Tribal Land | | | | ccess Co | | SDICTION | | Special Study | - |
| | | | | N | IO CONT | | | | Special Study | |
| | Within Interchange Area NO | Junction Location NON-JUNCTION | | NOT AN IN | | TION | | | | |
| i | Unit Summary = | | | | | | | | | |
| | Unit Status | | Vehicle Oper | rating As Clas | sification | | UnitType | | | |
| | IN TRANSIT | | D CLASS | | | | AUTOMOBILE | | | |
| 10 | Vehicle Type | | | | | | Operating As Endorsements | | | |
| _ | PASSENGER CAR | Train/Bus#Recorded | 17.1802.0 | | | Total Traile | | Tatalillasi | Mark T | _ |
| | Total Occs | rain/Bus#Recorded | Total#Citatio | ons issued | | 0 | ers | 0 | Mat Types | |
| | Insurance? | Direction Of Travel | | | | | 14 | | | \dashv |
| _ | | | | L T: | | Speed Lim | E . | Totall and | 2 5 | |
| = | YES | NORTHBOUND | | CrashTire Mark | | Speed Lim 55 | R. | Total Lane | 95 | |
| = | YES Most Harmful Event: Collision | | SpecialFund | Mark ction | | • | Emergency | 2 Motor Veh | | |
| 5 | | With | SpecialFund | Mark | | • | | 2 Motor Veh | | |
| בֿ בֿ | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way | With | Special Fund NO SPECIA Traffic Contro | Mark ction AL FUNCTIO | | • | Emergency NOT APPL Traffic Cont | 2 Motor Veh ICABLE | icle Use | |
| ์ | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED | With | Special Func NO SPECIA Traffic Contro | Mark ction AL FUNCTIO ol ROL | | • | Emergency NOT APPL Traffic Cont | 2 Motor Veh ICABLE | icle Use | |
| 5 | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type | With PORT | Special Func NO SPECIA Traffic Contro NO CONTR | Mark ction AL FUNCTIO ol ROL | | • | Emergency NOT APPI Traffic Cont NO Road Grade | 2 Motor Veh ICABLE | icle Use | |
| 5 | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU | With PORT | Special Func NO SPECIA Traffic Contro | Mark ction AL FUNCTIO ol ROL | | • | Emergency NOT APPL Traffic Cont | 2 Motor Veh ICABLE | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type | With PORT | Special Func NO SPECIA Traffic Contro NO CONTR | Mark ction AL FUNCTIO ol ROL | | • | Emergency NOT APPI Traffic Cont NO Road Grade | 2 Motor Veh ICABLE | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat | With PORT | Special Func NO SPECIA Traffic Contro NO CONTR | Mark ction AL FUNCTIO ol ROL | | • | Emergency NOT APPI Traffic Cont NO Road Grade | 2 Motor Veh ICABLE | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat NO Vehicle License Plate Number | With PORT | Special Func NO SPECIA Traffic Contro NO CONTR | Mark ction AL FUNCTIO ol ROL | ON | 55 55 | Emergency NOT APPI Traffic Cont NO Road Grade | 2 Motor Veh LICABLE rol Inopera | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat NO Vehicle License Plate Number AGA5711 | D With PORT | Special Func NO SPECIA Traffic Control NO CONTR Road Curvat CURVE LE | Mark ction AL FUNCTIO ol ROL | ON | 55 St WI | Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of is: | Motor Veh | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number AGA5711 Vehicle Identification No | With PORT D US) | Special Func NO SPECIA Traffic Control NO CONTR Road Curvat CURVE LE | Mark ction AL FUNCTIO ol ROL ture FT | ON | St Wil Year | Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of is: UNITED ST | Motor Veh | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat NO Vehicle License Plate Number AGA5711 Vehicle Identification Nu 1G4HP54K51417151 | With PORT D US) | Special Fund NO SPECIAL Traffic Control NO CONTROL Road Curvat CURVE LE Plate Type AUT - AUT Make BUICK | Mark ction AL FUNCTIO ol ROL ture FT | ON | 55 St WI | Emergency NOT APPL Traffic Cont NO Road Grade LEVEL Country of Is: UNITED ST Model LESABRE | Motor Veh | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat NO Vehicle License Plate Number AGA5711 Vehicle Identification Nu 1G4HP54K51417151 | With PORT D US) | Special Fund NO SPECIAL Traffic Control NO CONTROL Road Curvat CURVE LE Plate Type AUT - AUT Make BUICK Body Style | Mark ction AL FUNCTIO ol ROL ture FT | ON | St Wil Year | Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of is: UNITED ST | Motor Veh | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number AGA5711 Vehicle Identification Nu 1G4HP54K51417151 Color BGE - BEIGE | With PORT D US) | Special Fund NO SPECIAL Traffic Control NO CONTROL Road Curvat CURVE LE Plate Type AUT - AUT Make BUICK | Mark ction AL FUNCTIO ol ROL ture FT | ON | St Wil Year | Emergency NOT APPL Traffic Cont NO Road Grade LEVEL Country of Is: UNITED ST Model LESABRE | Motor Veh | icle Use | |
| | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number AGA5711 Vehicle Identification Not 1G4HP54K51417151 Color BGE - BEIGE Initial Contact Point | D With PORT D US) umber 117 | Special Fund NO SPECIAL Traffic Control NO CONTROL Road Curvat CURVE LE Plate Type AUT - AUT Make BUICK Body Style 4D - 4DR | Mark ction AL FUNCTIO ol ROL ture FT | ON | St Wil Year | Emergency NOT APPL Traffic Cont NO Road Grade LEVEL Country of Is: UNITED ST Model LESABRE | Motor Veh | icle Use | |
| ONI ONI ONI | Most Harmful Event: Collision MOTOR VEH IN TRANSP Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat NO Vehicle License Plate Number AGA5711 Vehicle Identification Nu 1G4HP54K51417151 Color BGE - BEIGE Initial Contact Point | D With PORT D US) umber 117 | Special Fund NO SPECIAL Traffic Control NO CONTROL Road Curvat CURVE LE Plate Type AUT - AUT Make BUICK Body Style 4D - 4DR | Mark ction AL FUNCTIO ol ROL ture FT TOMOBILE | ON | St Wil Year | Emergency NOT APPL Traffic Cont NO Road Grade LEVEL Country of Is: UNITED ST Model LESABRE | Motor Veh | icle Use | |

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

Crash Date 02/15/2021

| | | | | _ | | | |
|----------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------|--|
| | | Towed Due To Damage | | Vehicle Removed By | | | |
| | | NOT TOWED | | STEVES AUTO SERVICE | | | |
| | | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | |
| | | Diver From Action Care | | | | | |
| | | Driver Actions | | 1 | | | |
| | щ | SPEED TOO FAST/COND | | | | | |
| | Ö | | | | | | |
| N N | VEHICLE | | | | | | |
| | 5 | | | | | | |
| | | OwnerName | | Owner Address | | | |
| | | OwnerName JEFFREY A HOFFMAN | | 130 CIRCLE DR | | | |
| 2 | 5 | (608) 432-2161 | | LYNDON STATION, WI 539 | 44 , US | | |
| | | | | | | | |
| | | Sequence Of Events | | 1 | | | |
| | 5 | Event DITCH | <u> </u> | ************************************** | | ************* | |
| | 9 | | | | | | |
| | 8 | Event | | | | | |
| | | Event | | | | | |
| | 03 | | | | | | |
| | 40 | Event | | | | | |
| | 0 | | | | | | |
| <u> </u> | | Policy Holder | | | | | |
| NS NS | | Insurance Company | | Individual | | | |
| - | | AMERICAN-FAMILY-INS- | 30 | JEFFREY HOFFMAN | | | |
| | | | | | | | |
| | | ndividual | <u>Unio di Divinio di Companio d</u> | | | | |
| | | Driver | | Citations Issued | Sex | | |
| | | | | Citations issued | Sex FEMALE | | |
| - | | Driver ASHLEY OKSANA HOFFA | | Citations Issued | Sex | | |
| JNIT | | Driver ASHLEY OKSANA HOFFN (608) 432-2161 Address | | Citations issued | Sex FEMALE Race | | |
| UNIT | | Driver ASHLEY OKSANA HOFFN (608) 432-2161 Address 130 CIRCLE DR | /AN | Citations Issued 1 Date of Birth Driver License Number | Sex FEMALE Race WHITE | | |
| UNIT | INDIVIDUAL | Driver ASHLEY OKSANA HOFFN (608) 432-2161 Address | /AN | Citations Issued 1 Date of Birth | Sex FEMALE Race WHITE | | |
| TINO | | Driver ASHLEY OKSANA HOFFN (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 | MAN 944 , US | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT | Sex FEMALE Race WHITE | | |
| UNIT | INDIVIDUAL | Driver ASHLEY OKSANA HOFFN (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 | MAN 944 , US | Citations Issued 1 Date of Birth Driver License Number | Sex FEMALE Race WHITE | | |
| UNIT | INDIVIDUAL | Address 130 CIRCLE DR LYNDON STATION, WI 539 | MAN 944 , US / Crash | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment | Sex FEMALE Race WHITE | | |
| TINO | INDIVIDUAL | Driver ASHLEY OKSANA HOFFN (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 | MAN 944 , US | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT | Sex FEMALE Race WHITE | | |
| TINO | INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 53: Fety Equipment Row | MAN 944 , US Crash Seat Position | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment | Sex FEMALE Race WHITE | | |
| UNIT | INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use | MAN 944 , US Crash Seat Position | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Heimet Compliance | Sex FEMALE Race WHITE | | |
| TINO | INDIVIDUAL | Address 130 CIRCLE DR LYNDON STATION, WI 539 Fety Equipment Row 01 - FRONT ROW | MAN 944 , US Crash Seat Position | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT | Sex FEMALE Race WHITE | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 On Duty ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | MAN 944 , US Crash Seat Position 07 - LEFT | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | Sex FEMALE Race WHITE | | |
| | INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | 944 , US Crash Seat Position 07 - LEFT | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Heimet Compliance | Sex FEMALE Race WHITE | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | MAN 944 , US Crash Seat Position 07 - LEFT | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag | Sex FEMALE Race WHITE | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 53: Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury NO AP Ejected NOT EJECTED | MAN 944 , US Crash Seat Position 07 - LEFT evenity PARENT INJURY | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race WHITE RY: UNITED STATES Trapped/Extricated NOT TRAPPED | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 53: Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport | PARENT INJURY Ejection Path | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race WHITE RY: UNITED STATES Trapped/Extricated | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 53: Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED | PARENT INJURY Ejection Path | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier | Sex FEMALE Race WHITE RY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run# | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 53: Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport | PARENT INJURY Ejection Path | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex FEMALE Race WHITE RY: UNITED STATES Trapped/Extricated NOT TRAPPED | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 53: Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | PARENT INJURY Ejection Path NOT EJECTED/NOT AF | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death | Sex FEMALE Race WHITE RY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run# | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 538 EXAMPLE OF THE PROPERTY OF THE PROPER | PARENT INJURY Ejection Path NOT EJECTED/NOT AF | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death | Sex FEMALE Race WHITE RY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run# | | |
| | gs INDIVIDUAL | Driver ASHLEY OKSANA HOFFM (608) 432-2161 Address 130 CIRCLE DR LYNDON STATION, WI 53: Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | PARENT INJURY Ejection Path NOT EJECTED/NOT AF | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death | Sex FEMALE Race WHITE RY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run# | | |

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

| | | Non Motorist | Striking Unit# | Location | | | | | | | |
|------|------------|-----------------------------------------|----------------|--------------------------|-------------------------------------|-----------------------------------------|-----------|----------------------------|---------------------|-----------------|----------------|
| | | Prior Action | | | | | | | | | |
| | | Action | | | | | | | | | |
| | ¥ | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| | = | | | | | | | | | | |
| | | Action Other | | | | | | | | T | o/From School |
| | | | Suspected Alco | aholi leo | | Suspected Drug Use | | | | | |
| | ı | Drug & Alcohol | NO NO | | | NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test T | ype | | | | Alcohol Tes | t Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | 9 | | Drug | Test Results | | | |
| 01 | 100 | Drug Type | | | | | <u> </u> | | | | |
| | 0 | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORM | TAL | | | | | | | | |
| | | Violations | ********* | *********** | 61616 | *************************************** | erererere | | ***** | KKKKKKKKKKKKK | ************** |
| | 5 | UTC Number BG112718 | Issue To? | Statute Number 346.57(3) | | Description DRIVING TOO FAST | FOR | CONDITIO | NS | | |
| | Uni | Summary • | | | | | | | | | |
| | | Status | | | V | ehicle Operating As Class | ificatio | n | UnitType | | |
| | IN T | RANSIT | | | D | CLASS | | | TRUCK | | |
| 05 | | cle Type LITY TRUCK/PICKU | JP TRUCK | | | | | | Operating A | s Endorsemen | ts |
| | Tota | lOccs | Train/Bus | #Recorded | T (| otal#Citations Issued | | Total Traile | ers | Total HazMat | Types |
| | | rance? | Direction | Of Travel | ۲ | Pre CrashTire | | Speed Lim | it | TotalLanes | |
| ¥ | YES | | SOUTHE | BOUND | | Mark | | 55 | _ | 2 | |
| Ś | DIT | t Harmful Event: Collisio C H | on With | | | pecial Function O SPECIAL FUNCTIO | N | | NOT APP | Motor Vehicle | Use |
| | | ic Way D-WAY, NOT DIVIDI | ED | | 1 | affic Control O CONTROL | | | Traffic Cont | rol Inoperative | /Missing |
| | | асе Туре | | | _ | oad Curvature | | | Road Grade | - | |
| | | CKTOP (BITUMING | OUS) | | С | URVE RIGHT | | | LEVEL | | |
| | NO NO | k Bus or HazMat | | | | | | | | | |
| | 1 | Vehicle | | | | | | Tai | | | |
| | | License Plate Number LA5484 | r | | Plate Type St LTK - LIGHT TRUCK WI | | 1 1 | Country of Is UNITED ST | | | |
| 02 | 02 | Vehicle Identification | | | - 1 | //ake | | Year | Model | | |
| ر ا | 0 | 1FTFX1EFXFKE27 Color | (11 | | | ORD Body Style | | 2015 | F150 Bus Use | | |
| | | GLD - GOLD | | | | PK - PICKUP | | | _us Us c | | |
| • | | Initial Contact Point | | | T | | | • | | | |
| | | 12 - FRONT | | | - | | | | | | |

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

Crash Date 02/15/2021

| | | | T | /ehicle Damage | |
|------------|----------|--------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|
| | | | | | |
| UNIT | ¥. | Extent Of Damage | | 12 - FRONT | |
| _ | VEHIC | MINOR DAMAGE | | | |
| | | Towed Due To Damage | | Vehicle Removed By | |
| | | TOWED DUE TO DISABLING | | STEVES AUTO SERVICE | |
| | | What Driver Was Doing | | Vehicle Factors | |
| | | GOING STRAIGHT | | Vernole i detero | |
| | | Driver Prior Action Other | | NOT APPLICABLE | |
| | | Diver Flior Action Curei | | | |
| | | Driver Actions | | | |
| | m | NO CONTRIBUTING ACTIO | N | | |
| | = | | | | |
| N | ¥ | | | | |
| _ | VEHICLE | | | | |
| | | | | | |
| | | Owner Name | | Owner Address | |
| | | JACOB SCOTT CLISCH | | 2378 DORIS RD | |
| 8 | 8 | (608) 547-2123 | | REEDSBURG, WI 53959 , US | |
| | | | | | |
| | | | | | |
| | | Sequence Of Events | | | |
| | 5 | DITCH | | | |
| | | Event | | | |
| | 8 | E464# | | | |
| | | Event | | | |
| | 63 | EAGUE | | | |
| | | Event | | | |
| | 8 | E464# | | | |
| | | | | | |
| | | Policy Holder | | <u>apananan kanakan kanak</u> | |
| UNIT | | Insurance Company | e co | Individual | |
| _ | | STATE-FARM-GENERAL-IN | 3-00 | JACOB CLISCH | |
| | | Individual | | | |
| | | Driver | | Citations Issued | Sex |
| | 4 | JACOB SCOTT CLISCH (608) 547-2123 | | 0 | MALE |
| | DIVIDUA | (000) 047 2 120 | | Date of Birth | Race WHITE |
| TNO TNO | <u>a</u> | | | | While |
| 5 | 8 | Address 2378 DORIS RD | | Driver License Number | |
| | | REEDSBURG, WI 53959 , U | s | STATE: WISCONSIN COUNTRY: UNI | TED STATES |
| | | , | - | | |
| | | | | | |
| | Saf | On Duty Ci ety: Equipment | rasn | Safety Equipment | |
| | | | 1 | CHOSSIDED STABBELT | |
| | | Row 01 - FRONT ROW | Seat Position | SHOULDER & LAP BELT | |
| | | | 07 - LEFT | 11.1.40 5 | |
| | | HelmetUse | | Helmet Compliance | |
| | | Eye Protection | | TintCompliance | |
| | | Lyer rotection | | тик соприавсе | |
| | N | Injury Seve | erity | Airbag | |
| 05 | 00 | Injury NO APPA | ARENT INJURY | NON DEPLOYED | |
| | | | jection Path | 1 | Trapped/Extricated |
| | | 1 - | OT EJECTED/NOT APPL | ICABLE | NOT TRAPPED |
| | | | | ENC A | 5110 Dun# |
| | | Medical Transport | | EMS Agency Identifier | EMS Run# |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency identifier | EMS Kun# |
| | | • | | Date of Death | Time of Death |

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

Crash Date 02/15/2021

| | | Distracted By So | ource | | | | |
|------|---------|-------------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Distracted By NOT APPLICA | ABLE (NOT DISTRAC | CTED) | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | |
| | | Striking Unit# | Location | | | | |
| | | Non Motorist | | | | | |
| 200 | | Prior Action Prior Action | • | | | | |
| | | A 42 | | | | | |
| Ì | | Action | | | | | |
| | 4 | | | | | | |
| L | NOWEVAL | | | | | | |
| UNIT | 3 | | | | | | |
| - | 9 | | | | | | |
| | = | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | Suspected Alco | hol Use | Suspected Drug Use | | | |
| | 1 | Drug & Alcohol NO | | NO | | | |
| | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN Drug Test Given | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | Diug restrype | | Diag restresuls | • | |
| 02 | 000 | Drug Type | | | l | | |
| 0 | ŏ | | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | AL LANED HOUMAL | | | | | |