WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 6TL0CX0Q7P | e Primary Crash | Primary Crash Document# Crash Time 06:05 AM | | Agency Crash Number 21-01170 Date Arrived | | DEPUTY I. HANSON | | | |
|--|---|---|--------------|--|-------------------------------|--------------------------------|--|--|--|
| Crash Date 02/09/2021 Date Notified | | | | ed 21 | Time Arrived 06:35 AM | | | | |
| | Time Notified 06:07 AM | | Total Unit | 3 | Total Injured | Total Kille | ed | | |
| 02/09/2021 On Emergency Government Property | Hit and Run | Lane Clos | ' | Work Zone | | or Towed | Reporting Threshold | | |
| Government Property | Active Se | chool Zone | School Bu | is Related | Tags | | · · · · · · · · · · · · · · · · · · · | | |
| Reportable | Crash Type DT4000 (ST/ | ANDARD CRASH | | | Amend | ed | Secondary Crash | | |
| Description = | | | | | Jaconson P | | `````````````````````````````````````` | | |
| Diagram | | | | | | Reconstructio | in By | | |
| | | | | not scal | e | Photos By | | | |
| | | , | | | | Additional Info | ormation | | |
| | | 2 | | | | | | | |
| | Kı | ennedy Road | | | | | | | |
| | | 2 | | | | | | | |
| ✓ I, a sworn law enfo | | | | | | | | | |
| UNIT 1 WAS EAST ON KEN CENTER OF THE ROAD. W OTHER THAN THE MIRROR DRIVER WINDOW AFTER T UNIT 2 I WOULD ADD THIS | HEN BOTH VEHICLES P. IS ON EACH UNIT. UNIT THE COLLISION AND PU | ASSED EACH OTHE 2 CONTACTED ME THER HANDS OVE | ER THE DRIN | ERS SIDE SIDE MIRRO TER THE CRASH AND | ORS HIT EACH O INFORMED ME | THER. I DID NO THE OTHER OF | OT OBSERVE ANY DAMAGE PERATOR CAME TO HER | | |

Wisconsin Motor Vehicle Crash Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/09/2021

| Ī | _OC | ation === | | - | | | | | | |
|---------------------|---|---|--------------------------------|------------|--|---|-----------------------------|---------------|-------------------------------------|---------------|
| - | 487 | KENNEDY RD FT N | | | | Latitude 43.1807 | 09839 | | Longitud | de 0669556 |
| | IN T | PARTRIDGE COVE RI HE TOWN OF SPRIN AUK COUNTY | | | | | X Coordinate 242314.0625 | | Y Coordinate 4785764.5 | |
| | IN S | AUR COUNTY | | | Structure Type | | | | | |
| (| Cra: | sh Scene 💻 | | | | | | | | |
| Ī | First | Harmful Event | | | | FirstHarm | nful Event L | ocation | | |
| | MO | FOR VEH IN TRANSP | ORT | | | ON ROA | DWAY | | | |
| Ì | Man | ner of Collision | | | | Light Con | dition | | | |
| l | 06 - SIDESWIPE/OPPOSITE DIRECTION | | | | | DAYLIG | | | | |
| | Road | d Surface Condition(s) | | | | Roadway | Factor(s) | | | |
| | SNC | | | | | | | | | |
| ĺ | | ronment Factor(s) | | | |] | | | | |
| | NON | | | | | NONE | | | | |
| | Wea | ther Condition(s) | | | | | | | | |
| | CLE | AR | | | | | | | | |
| | AnimalType | | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | |
| Ì | Crash Classification - Location PUBLIC PROPERTY | | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | | |
| | Tribal Land | | | | Access Control NO CONTROL | | | | | Special Study |
| | With | in Interchange Area | Junction Location NON-JUNCTION | | Intersection NOT AN | on Type INTERSE | CTION | | | • |
| i | Jnii | Summary = | | | | | | | | |
| Ť | | Status | | Vehicle Op | erating As C | lassification | 1 | UnitType | | |
| | | RANSIT | | D CLASS | D CLASS | | | AUTOMOBILE | | |
| | | cle Type SENGER CAR | | | | | | Operating A | As Endorse | ments |
| • | Tota 1 | lOccs | Train/Bus#Recorded | Total#Cita | Total#Citations Issued 0 | | Total Traile | | ers Total HazMat Types 0 | |
| Ì | Insu | rance? | Direction Of Travel | Pre | CrashTire | Speed Lin | | mit Total Lan | | es |
| - 1 | YES | | EASTBOUND | | Mark Mark | | 45 | | 2 | |
| | | :HarmfulEvent:Collision FOR VEH IN TRANSP | | | Special Function NO SPECIAL FUNCTION | | | | cy Motor Vehicle Use PLICABLE | |
| I | | ic Way | | | Traffic Control | | | | Traffic Control Inoperative/Missing | |
| ļ | | D-WAY, NOT DIVIDED ace Type | | NO CONT | | | | NO Bood Credo | | |
| | | cktop (Bituminou | JS) | I | Road Curvature Road Grade STRAIGHT LEVEL | | | | | |
| Ī | Truc NO | k Bus or HazMat | | | | | | | | |
| 0,00,00 | 1 | Vehicle | | | | | | | | |
| mpangangan | | License Plate Number | | Plate Type | <u> </u> | | St | Country of Is | suance | |
| (melinelineline) | | AKN4836 | | 1 | JTOMOBIL | .E | WI | 1 | | |
| Amphiphiphin | _ | Vehicle Identification Nu | umber | Make | | | Year | 1 | | |
| | 9 | 1C4BJWKGXFL6621 | 159 | JEEP | | | 2015 | | | |
| or Amelican Company | | Color RED - RED | | Body Style | e ORT UTILI' | TY VEHIC | LE | Bus Use | | |
| 9990 | | Initial Contact Point | | | | | _ | I | | |
| | | 10 - LEFT SIDE FRONT | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/09/2021

| | | | - | | | | | |
|---------------|-----------------|---|---|---|--|--|--|--|
| _ | VEHICLE | | | Vehicle Damage | | | | |
| L N N | 2 | Extent Of Damage | | 10 - LEFT SIDE FRONT | | | | |
| \supset | ů | MINOR DAMAGE | | 10 - 221 3152 12014 | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | |
| | | NOT TOWED | | OWNER | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | |
| | | GOING STRAIGHT | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | |
| | | | | | | | | |
| | | Driver Actions NO CONTRIBUTING ACTIO | M | | | | | |
| _ | VEHICLE | NO CONTRIBUTING ACTIO | 14 | | | | | |
| N | 2 | | | | | | | |
| \neg | W | | | | | | | |
| | | | | | | | | |
| | | OwnerName | | Owner Address | | | | |
| _ | | MARJORIE A STANKE | | 29798 CTH TB | | | | |
| 2 | 5 | (608) 647-6252 | | LONE ROCK, WI 53556 , US | | | | |
| | | | | | | | | |
| | | Sequence Of Events | | | alestestestestestestestestestestestesteste | | | |
| | 5 | Event MOTOR VEH IN TRANSPOR | 9 T | | | | | |
| | | WIGTOR VER IN TRANSPOR | X1 | | | | | |
| | 8 | Event | | | | | | |
| | | | | | | | | |
| | 69 | Event | | | | | | |
| | | Event | | | | | | |
| | 2 | Event | | | | | | |
| | | Policy Holder | | | | | | |
| N | | Insurance Company | | Individual | | | | |
| 5 | | AMERICAN-FAMILY-INS-CO | 5 | MARJORIE STANKE | | | | |
| | | | | | | | | |
| | | Driver | | Citations ssued | Sex | | | |
| | | MARJORIE A STANKE | | 0 | FEMALE | | | |
| | ₫ | (608) 647-6252 | 2003022 | | Race | | | |
| ⊢ | ō | | | Date of Birth | | | | |
| Z | Address Address | | | Date of Britis | WHITE | | | |
| $\overline{}$ | 2 | Address | | Driver License Number | | | | |
| _ | NDIVIDUAL | 29798 CTH TB | s | Driver License Number | WHITE | | | |
| - | ŽQ. | | s | | WHITE | | | |
| D | | 29798 CTH TB LONE ROCK, WI 53556 , U | | Driver License Number STATE: WISCONSIN COUNTRY: UNI | WHITE | | | |
| - | 2 | 29798 CTH TB LONE ROCK, WI 53556 , U | | Driver License Number | WHITE | | | |
| - | 2 | 29798 CTH TB LONE ROCK, WI 53556 , UI On Duty C | irash | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment | WHITE | | | |
| | 2 | 29798 CTH TB LONE ROCK, WI 53556 , U | | Driver License Number STATE: WISCONSIN COUNTRY: UNI | WHITE | | | |
| ם | 2 | 29798 CTH TB LONE ROCK, WI 53556 , U On Duty C fety:Equipment | rash Seat Position | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment | WHITE | | | |
| | 2 | 29798 CTH TB LONE ROCK, WI 53556 , UI fety Equipment Row 01 - FRONT ROW | rash Seat Position | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT | WHITE | | | |
| ח | 2 | 29798 CTH TB LONE ROCK, WI 53556 , UI fety Equipment Row 01 - FRONT ROW | rash Seat Position | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT | WHITE | | | |
| | N Sai | 29798 CTH TB LONE ROCK, WI 53556 , UI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | SeatPosition 07 - LEFT | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | WHITE | | | |
| | N Sai | 29798 CTH TB LONE ROCK, WI 53556 , Ui fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev | Seat Position 07 - LEFT | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag | WHITE | | | |
| | 2 | 29798 CTH TB LONE ROCK, WI 53556 , UI fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev | Seat Position 07 - LEFT erity ARENT INJURY | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | TED STATES | | | |
| | N Sai | 29798 CTH TB LONE ROCK, WI 53556 , UI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP | erity ARENT INJURY Ejection Path | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | TED STATES Ted States | | | |
| | N Sai | 29798 CTH TB LONE ROCK, WI 53556 , UI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP | Seat Position 07 - LEFT erity ARENT INJURY | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Trapped/Extricated NOT TRAPPED | | | |
| | N Sai | 29798 CTH TB LONE ROCK, WI 53556 , UI Fety-Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED | erity ARENT INJURY Ejection Path | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Trapped/Extricated | | | |
| | N Sai | 29798 CTH TB LONE ROCK, WI 53556 , UI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport | erity ARENT INJURY Ejection Path | Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Trapped/Extricated NOT TRAPPED | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/09/2021

| ı | | | | | | | | | | |
|------|------------|--|--|-------------------|---------------------------------|--------------------------------------|------------|--|--|----------------|
| | | Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |
| | | Non Motorist | Striking Unit# | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| | Ψ | Action | | | | | | | | |
| TINO | INDIVIDUAL | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School |
| | i | Drug & Alcohol | Suspected Alcohol t NO | Jse | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | • | | | Alcohol Tes | t Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Te | st Results | | | |
| 10 | 100 | Drug Type | | | | | | | | |
| | | Individual Condition | idividual Condition | | | | | | | |
| | | APPEARED NORM | IAL | | | | | | | |
| • | Uni | t Summary = | | | | | | | | |
| | | Status | | V | ehicle Operating As Class | ification | | UnitType | | |
| | | RANSIT | | D | CLASS | | | TRUCK | | |
| 05 | UTI | icle Type LITY TRUCK/PICKU | | | | | | Operating As Endorsements | | |
| | 2 | lOccs | Train/Bus#Re | 0 | otal#Citations Issued | C | | | Total HazN | |
| 5 | YES | results in the second of the s | | | Pre CrashTire Speed Lir Mark 45 | | • | 2 | | |
| N | | | larmful Event: Collision With DR VEH IN TRANSPORT | | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | | fic Way D-WAY, NOT DIVIDE | ĒD | | Traffic Control NO CONTROL | | | Traffic Control Inoperative/Missing NO | | |
| | | ace Type ACKTOP (BITUMINC | NI ION | | Road Curvature | | | Road Grade | | |
| | | k Bus or HazMat | 703) | | TRAIGHT | | | LEVEL | | |
| | NO | | | | | | | | | |
| | , | Vehicle | | | | | | | | |
| | | License Plate Number MU8151 | r | I | Plate Type LTK - LIGHT TRUCK | | | Country of Issuance UNITED STATES | | |
| 7 | A. | Vehicle Identification I | Number | | Vlake | Y | 'ear | Model | | |
| 05 | 20 | 1FTFW1ET7DKD5 | 8241 | | FORD | 2 | | F150 | | |
| | | Color BLU - BLUE | | | Body Style PK - PICKUP | | | Bus Use | | |
| | | Initial Contact Point 10 - LEFT SIDE FR | RONT | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| ı | | | - | | |
|-------------|---|---|---|---|--|
| I∟ | Ш | | | Vehicle Damage | |
| ¥ | <u>₽</u> | Extent Of Damage | | 10 - LEFT SIDE FRONT | |
| ו⊃ו | VEHICL | MINOR DAMAGE | | 10 - 12: 1 0:02 : ::0::1 | |
| | | Towed Due To Damage | | Vehicle Removed By | |
| | | NOT TOWED | | OWNER | |
| | | What Driver Was Doing | | Vehicle Factors | |
| | | GOING STRAIGHT | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | |
| | | Disease (| | | |
| | 10.1 | Driver Actions NO CONTRIBUTING ACTION | N | | |
| | Ħ | | • | | |
| \frac{1}{2} | VEHICLE | | | | |
| _ | Щ | | | | |
| | | | | | |
| | | OwnerName | | Owner Address | |
| 8 | 05 | MELISSA A SCHNEIDER (806) 559-7149 | | S7559 US HIGHWAY 12 # P-15 NORTH FREEDOM, WI 53951 , US | |
| • | | (000) 000-1 140 | | ttotti i tteesom, tti oooo i , oo | |
| | | | | | |
| | | Sequence Of Events | | | |
| | 5 | MOTOR VEH IN TRANSPOR | ₹Т | | |
| | | Event | | | |
| | 02 | | | | |
| | 63 | Event | | | |
| | 83 | | | | |
| | 8 | Event | | | |
| | | | | | |
| l⊨ | | Policy Holder | | | |
| N N | | Insurance Company STATE-FARM-GENERAL-IN | e co | Individual MELISSA SCHNEIDER | |
| | | SIAIE-FARM-GENERAL-M | | MELIOOM OUTHERDER | |
| | 200030000000000000000000000000000000000 | | | | |
| | | Individual | | I Chiling to the second | 15 |
| ı | | Driver | | Citations issued | Sex |
| | | | | 0 | FEMALE |
| _ | | Driver MELISSA A SCHNEIDER | | | |
| TN | | Driver MELISSA A SCHNEIDER | | 0 | FEMALE Race |
| TNO. | DNIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- | .15 | O Date of Birth Driver License Number | Race WHITE |
| TNO | | Driver MELISSA A SCHNEIDER (806) 559-7149 Address | .15 | 0 Date of Birth | Race WHITE |
| TNU | DNIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 | .15 i1 , US | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI | Race WHITE |
| TNU | INDIMIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 | .15 i1 , US | O Date of Birth Driver License Number | Race WHITE |
| TNU | INDIMIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 | -15 51 , US | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment | Race WHITE |
| TNU | INDIMIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Cety Equipment Row | -15 51 , US rash Seat Position | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI | Race WHITE |
| TNU | INDIMIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 | -15 51 , US | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment | Race WHITE |
| TNU | INDIMIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW | -15 51 , US rash Seat Position | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT | Race WHITE |
| TNU | INDIMIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW | -15 51 , US rash Seat Position | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT | Race WHITE |
| TNU | g INDIVIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | -15 in , US rash Seat Position 07 - LEFT | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | Race WHITE |
| | g INDIVIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | 15 if , US rash Seat Position 07 - LEFT | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance | Race WHITE |
| 02 UNT | INDIMIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve | -15 -15 -17 -18 -19 -19 -19 -19 -19 -19 -19 -19 -19 -19 | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance | Race WHITE TED STATES |
| | g INDIVIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seven NO APPA Ejected Eigen Eigen No APPA | 15 if , US rash Seat Position 07 - LEFT | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Race WHITE |
| | g INDIVIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seven NO APPA Ejected Eigen Eigen No APPA | AFENT INJURY | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Race WHITE TED STATES Trapped/Extricated |
| | g INDIVIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APPA Ejected NOT EJECTED | AFENT INJURY | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED | Race WHITE TED STATES Trapped/Extricated NOT TRAPPED |
| | g INDIVIDUAL | Driver MELISSA A SCHNEIDER (806) 559-7149 Address S7559 US HIGHWAY 12 # P- NORTH FREEDOM, WI 5395 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve NO APPA Ejected NOT EJECTED Medical Transport | AFENT INJURY | Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED | Race WHITE TED STATES Trapped/Extricated NOT TRAPPED |

Crash Date 02/09/2021
Crash Time 06:05 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/09/2021

| | | Distracted By NOT A | ted By Source APPLICABLE | (NOT DISTRAC | CTED) | | | | | |
|---|----------------|-------------------------------------|-----------------------------|-------------------|---|-------------------|-------------------------|----------------|--|--|
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |
| | | Non Motorist | Unit# | Location | | | | | | |
| | | Prior Action | ' | | | | | | | |
| | | Action | | | | | | | | |
| | 4 | | | | | | | | | |
| LNS I | | | | | | | | | | |
| - | INDIVIDUAL | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | | Suspe | cted Alcohol Use | 0 | Suspected Drug Use | | | | | |
| | ı | Drug & Alcohol NO | | | NO | | I | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | \$ | | | |
| 02 | 8 | Drug Type | L | | | 1 | | | | |
| | | ndividual Condition | | | | | | | | |
| 3500000 | | APPEARED NORMAL | | | | | | | | |
| | | Individua | | | | | | | | |
| | | Passenger | | | Citations Issued | | Sex | | | |
| | 7 | KAYLA ANN PALMER (608) 495-5041 | | | | | FEMALE Race | | | |
| E | | | | | WHITE | | | | | |
| | | Address 358 S OAK ST | | | Driver License Number | | | | | |
| | | LONE ROCK, WI 53556 , US | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | on Dut ety Equipment | y Crash | | Safety Equipment | | | | | |
| | <i>,</i> , , , | Row | SeatPosi | ition | SHOULDER & LAP BELT | | | | | |
| | | 01 - FRONT ROW Helmet Use | 09 - RIG | | Helmet Compliance | | | | | |
| | | | | | | | | | | |
| 500000000000000000000000000000000000000 | | Eye Protection | | | Tint Compliance | | | | | |
| 02 | 3 | Injury S | Severity | JURY | Airbag NON DEPLOYED | | | | | |
| | | Ejected | Ejection Path | | l | | Trapped/Extricated | | | |
| | | NOT EJECTED Medical Transport | MOLEJEC | TED/NOT APPL | EMS Agency Identifier | | NOT TRAPPED EMS Run# | | | |
| | | NOT TRANSPORTED | | | D-11-16D-11 | | Time of Decile | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | Distracted By Distract | ted By Source | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/09/2021

| | Distracted By Action | | | | | |
|------|-----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | Non Motorist Striking Unit# | Location | | | | |
| | Prior Action | | | | | |
| UNIT | Action | | | | | |
| | Action Other | | | | | To/From School |
| | Drug & Alcohol NO | cohol Use | Suspected Drug Use NO | | | |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | • | | Alcohol Test Results | |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 02 | Drug Type | · | | | | |
| | Individual Condition | | | | | |
| | APPEARED NORMAL | | | | | |