# **6TL0D2XVNZ** 21-04632

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override    |                           |             |                  |                    |          |                            |                      |  |  |
|-----------------------------|---------------------------|-------------|------------------|--------------------|----------|----------------------------|----------------------|--|--|
|                             | Primary Crash [           | Document#   | Agency<br>21-046 | Crash Number       |          | Officer/Deputy<br>SCHLOUGH |                      |  |  |
| Crash Date                  | Crash Time                | Crash Time  |                  | Date Arrived       |          | Time Arrived               |                      |  |  |
| 05/28/2021                  | 07:25 AM                  |             | 05/28/2021       |                    | 07:29 AM |                            |                      |  |  |
| Date Notified<br>05/28/2021 | Time Notified 07:27 AM    |             |                  | Total Units<br>02  |          | Total Kille                | ed                   |  |  |
| On Emergency                | Hit and Run               | Lane Closu  | ure              | <b>₩</b> Work Zone | Trailer  | or Towed                   | Reporting  Threshold |  |  |
| Government Property         | Active So                 | hool Zone   | School<br>NO     | Bus Related        | Tags     |                            |                      |  |  |
| <b>▼</b> Reportable         | Crash Type<br>DT4000 (STA | NDARD CRASH | 1)               |                    | Amendo   | d                          | Secondary<br>Crash   |  |  |
| escription                  | •                         |             |                  |                    |          |                            |                      |  |  |
|                             | STH 78                    | U1          | U2               | DRAWING NOT TO     | <b>Φ</b> | Photos By  Additional Info | ormation             |  |  |

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

Crash Date 05/28/2021

Crash Time 07:25 AM

| 10 | ocation ====   |   |  |                                    |                             |                           |               |   |            |  |  |
|----|--|---|--|------------------------------------|-----------------------------|---------------------------|---------------|---|------------|--|--|
| _  | N STH78 SB   |   |  |                                    |                             | Latitude                  |               |   | Longitud   | łe   |  |
|    | 57 FT N  |   |  |                                    |                             | 43.32719                  | 92529         |   | 1 -        | 926993   |  |
| O  | F GRUBERS GROVE RD   |   |  |                                    |                             | X Coordin                 |               |   | Y Coord    |  |  |
|    | THE TOWN OF SUMPTI   | ER                                      |  |                                    |                             | 278910.0                  |               |   | 480076     |  |  |
| IN | I SAUK COUNTY  |   |  |                                    |                             |                           |               |   |            |  |  |
|    |  |   |  |                                    | Structure Type NO STRUCTURE |                           |               |   |            |  |  |
| Cr | ash Scene  |   |  |                                    |                             | •                         |               |   |            |  |  |
| Fi | rst Harmful Event  |   |  |                                    |                             | FirstHarm                 | nful Event Lo | ocation   |            |  |  |
| М  | OTOR VEH IN TRANSPO  | RT                                      |  |                                    |                             | ON ROA                    | DWAY          |   |            |  |  |
| Ma | anner of Collision   |   |  |                                    |                             | Light Con-                | dition        |   |            |  |  |
| 03 | 3 - FRONT TO REAR  |   |  |                                    |                             | DAYLIG                    | НТ            |   |            |  |  |
| R  | oad Surface Condition(s)                                   |   |  |                                    |                             | Roadway                   | Factor(s)     |   |            |  |  |
| G  | RAVEL  |   |  |                                    |                             |                           |               |   |            |  |  |
| Er | nvironment Factor(s)                                       |   |  |                                    |                             | -                         |               |   |            |  |  |
| N  | ONE  |   |  |                                    |                             |                           |               | 1PS, WORK .<br>/MAINTENAI                           |            | LITY)  |  |
| W  | eather Condition(s)  |   |  |                                    |                             | 1                         |               |   |            | • /  |  |
|    | LOUDY  |   |  |                                    |                             |                           |               |   |            |  |  |
|    |  |   |  |                                    |                             |                           |               |   |            |  |  |
| Ar | nimal Type   |   |  |                                    |                             | 1                         | o Trafficwa   | •   |            |  |  |
|    |  |   |  |                                    |                             |                           | CWAY - OI     |   |            |  |  |
|    | rash Classification - Location  UBLIC PROPERTY             |   | Crash Classification - Jul NO SPECIAL JURISE |                                    |                             |                           |               |   |            |  |  |
|    | Tribal Land  |   |  |                                    | Access Control NO CONTROL   |                           |               | Special Study                                       |            | Special Study  |  |
|    |  |   |  |                                    |                             |                           | 1 ' '         |   |            |  |  |
| l  | Within Interchange Area NO  Junction Location NON-JUNCTION |   |  | Intersection Type NOT AN INTERSECT |                             |                           | CTION         |   |            |  |  |
|    | ork Zone Crash Location                                    |   |  | Work Zone Crash Type               |                             |                           |               |   |            |  |  |
|    | CTIVITY AREA   |   |  | INTERMIT                           |                             |                           | WORK          |   |            |  |  |
| N  | orkers Present<br>O  |   |  | Law Enforcement Present NO         |                             |                           |               |   |            |  |  |
| W  | ork Zone Speed Limit                                       |   | Advisory/Regula                              | tory Speed L                       | imit                        | Normal Posted Speed Limit |               |   |            |  |  |
| 55 | 5  |   | REGULATOR                                    | Υ                                  |                             | 55                        |               |   |            |  |  |
|    | nit Summary 💳  |   |  |                                    |                             |                           |               |   |            |  |  |
|    | nit Status   |   |  | Vehicle Op                         | erating As C                | lassification             | 1             | UnitType  |            |  |  |
|    | ITRANSIT   |   |  | D CLASS                            |                             |                           |               | AUTOMOE   | BILE       |  |  |
| l  | ehicle Type  |   |  |                                    | Operating As Endorsement    |                           |               | ments   |            |  |  |
| P. | ASSENGER CAR   |   |  |                                    |                             |                           |               |   |            |  |  |
| l  | otal Occs  | Train/Bus#R                             | ecorded                                      |                                    | tions Issued                | 0                         |               | ers   |            | otal HazMat Types  |  |
| 2  |  | 1                                       |  | 1                                  |                             |                           |               | 0   |            |  |  |
|    | surance?   | Direction Of T                          |  | Pre                                | CrashTire                   | •                         | Speed Lin     | nt  | Total Lane | es   |  |
|    | NKNOWN   | SOUTHBOU                                | טאנ  | 3                                  | Mark                        |                           | 55            |   | 2          |  |  |
|    | ostHarmfulEvent: Collision V<br>OTOR VEH IN TRANSPO        |   |  | Special Fur<br>NO SPEC             | iction<br>IAL FUNC          | TION                      |               | Emergency<br>NOT APPL                               |            |  |  |
|    | affic Way  |   |  | Traffic Con                        | trol                        |                           |               | Traffic Contr                                       | ollnopera  | tive/Missina   |  |
|    | WO-WAY, NOT DIVIDED  |   |  | NO CONT                            |                             |                           |               | Traffic Control Inoperative/Missing  NO  Road Grade |            |  |  |
| Sı | urface Type  |   |  | Road Curva                         | ature                       |                           |               |   |            |  |  |
| SI | LAG, GRAVEL, OR STON                                       | ΙE                                      |  | STRAIGH                            | T                           |                           |               | LEVEL   |            |  |  |
|    | ruck Bus or HazMat   |   |  | 1                                  |                             |                           |               | 1   |            |  |  |
| N  |  |   |  |                                    |                             |                           |               |   |            |  |  |
|    | Vehicle  |   |  |                                    |                             |                           |               |   |            |  |  |
|    | License Plate Number                                       | ano |  | Plate Type                         |                             |                           | St            | Country of Iss                                      | uance      | жительных поличиненнях поличеннях поличеннях поличеннях поличеннях поличеннях поличеннях поличеннях поличеннях |  |
|    | B2913VE  |   |  | AUT - AU                           | JTOMOBIL                    | LE                        | WI            | UNITED ST   | ATES       |  |  |
|    | Vehicle Identification Num                                 | nber                                    |  | Make                               |                             |                           | Year          | Model   |            |  |  |
|    | 4T1BE32K42U019359  | ŧ                                       |  | TOYOTA                             | L                           |                           | 2002          | CAMRY   |            |  |  |

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21-04632

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/28/2021

Crash Time 07:25 AM

|       |            | Color WH: - WHITE                       |                                  | Body Style 4D - 4DR                       | Bus Use                        |  |  |  |  |
|-------|------------|---|----------------------------------|---|--------------------------------|--|--|--|--|
|       | ш          | Initial Contact Point                   |                                  | Vehicle Damage                            |                                |  |  |  |  |
| ╘     | ō          | 12 - FRONT                              |                                  |   |                                |  |  |  |  |
| INN   | VEHICLE    | Extent Of Damage FUNCTIONAL DAMAGE      |                                  | 12 - FRONT                                |                                |  |  |  |  |
|       | 7          | Towed Due To Damage                     |                                  | Vehicle Removed By                        |                                |  |  |  |  |
|       |            | NOT TOWED                               |                                  | OPERATOR  Vehicle Factors  NOT APPLICABLE |                                |  |  |  |  |
|       |            | What Driver Was Doing<br>GOING STRAIGHT |                                  |   |                                |  |  |  |  |
|       |            | Driver Prior Action Other               |                                  |   |                                |  |  |  |  |
|       |            |   |                                  |   |                                |  |  |  |  |
|       | ш          | Driver Actions FOLLOWING TOO CLOS       | E                                |   |                                |  |  |  |  |
| ╘     | VEHICLE    |   |                                  |   |                                |  |  |  |  |
| TIN N | I          |   |                                  |   |                                |  |  |  |  |
|       | >          |   |                                  |   |                                |  |  |  |  |
|       |            | Owner Name                              |                                  | Owner Address                             |                                |  |  |  |  |
| 2     | 5          | AMANDA D BARTZ<br>(608) 402-5589        |                                  | W8553 COUNTY ROAD >                       |                                |  |  |  |  |
|       |            |   |                                  |   |                                |  |  |  |  |
|       |            | Sequence Of Events                      |                                  |   |                                |  |  |  |  |
|       | 5          | Event MOTOR VEH IN TRANSPORT            |                                  |   |                                |  |  |  |  |
|       | 77         | Event                                   |                                  |   |                                |  |  |  |  |
|       | 80         | Event                                   |                                  |   |                                |  |  |  |  |
|       |            | Event                                   |                                  |   |                                |  |  |  |  |
|       | 2          |   |                                  |   |                                |  |  |  |  |
|       |            |   |                                  |   |                                |  |  |  |  |
|       |            | Driver<br>BIANCA LYNN BARTZ             |                                  | Citations Issued                          | Sex<br>FEMALE                  |  |  |  |  |
|       | 3          | (608) 477-3673                          |                                  | Date of Birth                             | Race<br>WHITE                  |  |  |  |  |
|       | INDIVIDUAL | Address                                 |                                  | Driver License Number                     |                                |  |  |  |  |
| 5     | 9          | W8553 COUNTY ROAD >                     |                                  | STATE: WISCONSIN COUNTRY: UNITED STATES   |                                |  |  |  |  |
|       |            | PORTAGE, WI 53901 , U                   | 3                                | O'ALE. MOCORDIA COORTEN, ORTED STATES     |                                |  |  |  |  |
|       |            | [<br>On Dut                             | y Crash                          | Safety Equipment                          |                                |  |  |  |  |
|       | 991        | ety Equipment                           | 1                                |   |                                |  |  |  |  |
|       |            | Row<br>01 - FRONT ROW                   | SeatPosition<br>07 - LEFT        | SHOULDER & LAP BELT                       |                                |  |  |  |  |
|       |            | HeimetUse                               |                                  | Helmet Compliance                         |                                |  |  |  |  |
|       |            | Eye Protection                          |                                  | Tint Compliance                           | Tint Compliance                |  |  |  |  |
|       |            |   | -                                |   |                                |  |  |  |  |
| 2     | 8          | Injury <sub>NO A</sub>                  | Severity PPARENT INJURY          | Airbag NON DEPLOYED                       |                                |  |  |  |  |
|       |            | Ejected NOT EJECTED                     | Ejection Path NOT EJECTED/NOT AP | DELICABLE                                 | Trapped/Extricated NOT TRAPPED |  |  |  |  |
|       |            | Medical Transport                       | HOT EVECTED/NOT AP               | EMS Agency Identifier                     | EMS Run#                       |  |  |  |  |
|       |            | NOT TRANSPORTED                         |                                  |   |                                |  |  |  |  |
|       |            | Hospital                                |                                  | Date of Death                             | Time of Death                  |  |  |  |  |
|       |            |   |                                  | 1   |                                |  |  |  |  |

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|            | Distracted By NOT                   | acted By Source<br>* APPLICABLE (NOT DISTE | RACTED)                  |                  |                      |                |  |  |
|------------|-------------------------------------|--|--------------------------|------------------|----------------------|----------------|--|--|
|            | Distracted By Action NOT DISTRACTED |  |                          |                  |                      |                |  |  |
|            | Non Motorist                        | ng Unit# Location                          |                          |                  |                      |                |  |  |
|            | Prior Action                        | 1  |                          |                  |                      |                |  |  |
|            | Action                              |  |                          |                  |                      |                |  |  |
| ą          |                                     |  |                          |                  |                      |                |  |  |
| UNIT       |                                     |  |                          |                  |                      |                |  |  |
| 5 2        |                                     |  |                          |                  |                      |                |  |  |
| <b>=</b>   |                                     |  |                          |                  |                      |                |  |  |
|            | Action Other                        |  |                          |                  |                      | To/From School |  |  |
|            |                                     | and Alaskallia                             | I O                      |                  |                      |                |  |  |
|            | Drug & Alcohol No                   | pacted Alcohol Use                         | Suspected Drug Use<br>NO |                  |                      |                |  |  |
|            | Alcohol Test Given TEST NOT GIVEN   | Alcohol Test T                             | ype                      |                  | Alcohol Test Results |                |  |  |
|            | Drug Test Given<br>TEST NOT GIVEN   | Drug Test Type                             | e                        | Drug Test Result | 3                    |                |  |  |
| 2 Z        | Drug Type                           |  |                          |                  |                      |                |  |  |
| 2 <b>E</b> |                                     |  |                          |                  |                      |                |  |  |
|            | Individual Condition                |  |                          |                  |                      |                |  |  |
|            | APPEARED NORMAL                     |  |                          |                  |                      |                |  |  |
|            |                                     |  |                          |                  |                      |                |  |  |
|            | Passenger<br>TEARRA M BARTZ         |  | Citations Issued  0      |                  | Sex<br>FEMALE        |                |  |  |
| UNIT       | (608) 477-3673                      |  | Date of Birth Race WHITE |                  |                      |                |  |  |
|            | Address<br>W8553 COUNTY ROAD        | ı X  | Driver License Numbe     | er               |                      |                |  |  |
| Z          | PORTAGE, WI 53901 ,                 |  |                          |                  |                      |                |  |  |
|            | On D                                | euty Crash                                 | Safety Equipment         |                  |                      |                |  |  |
| s.         | afety Equipment                     |  |                          |                  |                      |                |  |  |
|            | Row<br>01 - FRONT ROW               | Seat Position<br>09 - RIGHT                | SHOULDER & LAF           | SELI             |                      |                |  |  |
|            | HelmetUse                           |  | Helmet Compliance        |                  |                      |                |  |  |
|            | Eye Protection                      |  | Tint Compliance          |                  |                      |                |  |  |
| و<br>20    | Injur                               | y Severity                                 | Airbag                   |                  |                      |                |  |  |
| 0 6        | Ejected                             | APPARENT INJURY  Ejection Path             | NON DEPLOYED             |                  | Trapped/Extricated   |                |  |  |
|            | NOT EJECTED                         | NOT EJECTED/NOT AF                         |                          |                  | NOT TRAPPED          |                |  |  |
|            | Medical Transport NOT TRANSPORTED   |  | EMS Agency Identifie     | rī .             | EMS Run#             |                |  |  |
|            | Hospital                            |  | Date of Death            |                  | Time of Death        |                |  |  |
|            | Distracted By Distr                 | acted By Source                            |                          |                  | 1                    |                |  |  |

Crash Date 05/28/2021 Crash Time 07:25 AM

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Crash Date 05/28/2021

Crash Time 07:25 AM

|      |            | Distracted By Action                          |                  |                           |                                       |                           |  |                 |                |
|------|------------|---|------------------|---------------------------|---------------------------------------|---------------------------|--|-----------------|----------------|
|      |            | Non Motorist                                  | Striking Unit#   | Location                  |                                       |                           |  |                 |                |
|      |            | Prior Action                                  |                  | •                         |                                       |                           |  |                 |                |
| TINO | INDIVIDUAL | Action  |                  |                           |                                       |                           |  |                 |                |
|      |            | Action Other                                  |                  |                           |                                       |                           |  |                 | To/From School |
|      | L          | Drug & Alcohol                                | Suspected Alco   | hol Use                   | Suspected Drug Use                    |                           |  |                 |                |
|      |            | Alcohol Test Given TEST NOT GIVEN             |                  | Alcohol Test Typ          | e                                     |                           | Alcohol Tes                                | st Results      |                |
|      |            | Drug Test Given TEST NOT GIVEN                |                  | Drug Test Type            |                                       | Drug Test Resul           | ts   |                 |                |
| 5    | 005        | Drug Type                                     |                  |                           |                                       |                           |  |                 |                |
|      |            | Individual Condition                          |                  |                           |                                       |                           |  |                 |                |
|      |            | APPEARED NORMAL                               |                  |                           |                                       |                           |  |                 |                |
|      | 1          | Violations                                    |                  | **********                |                                       | ********                  | *******                                    | **********      |                |
|      | 0.1        | UTC Number<br><b>BG024584</b>                 | Issue To?<br>001 | Statute Number 346.14(1m) | Description AUTOMOBILE FOL            | LOWING TOO C              | LOSELY                                     |                 |                |
|      | Unit       | t Summary                                     |                  |                           |                                       |                           |  |                 |                |
|      | IN T       | Status<br>RANSIT                              |                  |                           | /ehicle Operating As Class<br>D CLASS | sification                | Unit Type AUTOMOI                          | BILE            |                |
| 02   |            | cle Type<br>SENGER CAR                        |                  |                           |                                       | Operating As Endorsements |  |                 |                |
|      | Tota<br>1  | lOccs   |                  | 0                         | otal#Citations Issued                 | Total Tra 0               |  | Total HazM<br>0 |                |
| ⊨    |            | Insurance? Direction Of Travel YES SOUTHBOUND |                  |                           | Pre CrashTire Speed Lin Mark 55       |                           | 2  |                 |                |
| LNO  | MO         | tHarmfulEvent: Collision TOR VEH IN TRANS     |                  |                           | Special Function NO SPECIAL FUNCTION  | ON                        | Emergency Motor Vehicle Use NOT APPLICABLE |                 |                |
|      | TWO        | ic Way<br>D-WAY, NOT DIVIDI                   | ED               | <b>f</b> or               | raffic Control OCONTROL               |                           | NO   | trol Inoperativ | ve/Missing     |
|      |            | ace Type<br>.G. GRAVEL, OR S1                 | CONF             | 1                         | Road Curvature<br>STRAIGHT            |                           | Road Grade<br>LEVEL                        |                 |                |
|      |            | k Bus or HazMat                               |                  | <u> </u>                  |                                       |                           |  |                 |                |
|      | 1          | Vehicle                                       |                  |                           |                                       |                           |  |                 |                |
|      |            |   | r                | T                         | Plate Type                            | St                        | Country of Is                              | suance          |                |
|      |            | 996XLN  |                  |                           | AUT - AUTOMOBILE                      | WI                        | UNITED ST                                  | TATES           |                |
|      |            |   |                  |                           |                                       | ar Model                  |  |                 |                |
| 05   | 02         | Vehicle Identification 1FAHP35N78W17          |                  | 1                         | Make<br>FORD                          | Year<br>2008              | FOCUS                                      |                 |                |

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

|        | Ш            | Initial Contact Point  | 1   | Vehicle Damage  |  |  |  |  |  |
|--------|--------------|--|---|---|--|--|--|--|--|
| =      | ರ            | 07 - LEFT REAR CORNER  |   |   |  |  |  |  |  |
| UNIT   | Ī            | Extent Of Damage   |   | 7 - LEFT REAR CORNER  |  |  |  |  |  |
| _      | VEHICLE      | FUNCTIONAL DAMAGE  |   |   |  |  |  |  |  |
|        |              | Towed Due To Damage  | 1   | Vehicle Removed By  |  |  |  |  |  |
|        |              | NOT TOWED  |   | OPERATOR  |  |  |  |  |  |
|        |              | What Driver Was Doing  | 1   | /ehicle Factors   |  |  |  |  |  |
|        |              | GOING STRAIGHT   |   |   |  |  |  |  |  |
|        |              | Driver Prior Action Other  |   | NOT APPLICABLE  |  |  |  |  |  |
|        |              | Dilver Filor Action Other  |   |   |  |  |  |  |  |
|        |              | Driver Actions   |   |   |  |  |  |  |  |
|        | n.           | NO CONTRIBUTING ACTIO  | N   |   |  |  |  |  |  |
| _      |              |  |   |   |  |  |  |  |  |
| INI    | =            |  |   |   |  |  |  |  |  |
| $\neg$ | VEHICLE      |  |   |   |  |  |  |  |  |
|        | 7            |  |   |   |  |  |  |  |  |
|        |              |  |   | To the  |  |  |  |  |  |
|        |              | OwnerName  AARON PATRICK KENEALY   | ,   | Owner Address N3151A CEDAR PARK RD  |  |  |  |  |  |
| 07     | 8            | (920) 763-7269   |   | MERRIMAC, WI 53561 , US   |  |  |  |  |  |
| 0      |              | (,   |   |   |  |  |  |  |  |
|        |              |  |   |   |  |  |  |  |  |
|        |              | Sequence Of Events   |   |   |  |  |  |  |  |
|        | 5            | Event  | <b>3</b> T  |   |  |  |  |  |  |
|        | 9            | MOTOR VEH IN TRANSPOR  | <b>(1</b>   |   |  |  |  |  |  |
|        | 8            | Event  |   |   |  |  |  |  |  |
|        | •            |  |   |   |  |  |  |  |  |
|        | en.          | Event  |   |   |  |  |  |  |  |
|        | 8            |  |   |   |  |  |  |  |  |
|        | 2011/19/20   | Event  |   |   |  |  |  |  |  |
|        | •            |  |   |   |  |  |  |  |  |
|        | 8            |  |   |   |  |  |  |  |  |
| _      |              |  |   |   |  |  |  |  |  |
| ¥      |              | Policy Holder  |   | T Individual  |  |  |  |  |  |
| UNIT   |              | Policy Holder<br>Insurance Company   |   | Individual AARON KENEALY  |  |  |  |  |  |
| INI    |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO   |   | AARON KENEALY   |  |  |  |  |  |
| TINO   |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO   |   | AARON KENEALY   |  |  |  |  |  |
| INI    |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver   |   | AARON KENEALY  Citations issued   | Sex  |  |  |  |  |
| LINN   |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY   |   | AARON KENEALY  Citations issued 0   | Sex<br>MALE  |  |  |  |  |
| LIND   |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver   |   | AARON KENEALY  Citations issued   | Sex MALE Race  |  |  |  |  |
|        |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  |   | AARON KENEALY  Citations Issued  Date of Birth  | Sex<br>MALE  |  |  |  |  |
|        |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address   |   | AARON KENEALY  Citations issued 0   | Sex MALE Race  |  |  |  |  |
| UNT    | NDIVIDUAL    | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD  |   | Citations Issued  O  Date of Birth  Driver License Number   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        |              | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address   |   | AARON KENEALY  Citations Issued  Date of Birth  | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | NDIVIDUAL    | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561, US   | ,   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  | ,   | Citations Issued  O  Date of Birth  Driver License Number   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561, US   | ,   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment Row  | rash  | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment  Row 01 - FRONT ROW  | rash  | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment Row  | rash  | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561, US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  | rash  | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
|        | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment  Row 01 - FRONT ROW  | rash  Seat Position   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
| TNO    | g INDIVIDUAL | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  | rash Seat Position 07 - LEFT                                | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
| TNO    | g INDIVIDUAL | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection   | rash  Seat Position 07 - LEFT                               | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Airbag   | Sex<br>MALE<br>Race<br>WHITE   |  |  |  |  |
| TNO    | INDIVIDUAL   | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Tety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury POSSIBL   | rash  Seat Position 07 - LEFT  erity LE INJURY              | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance   | Sex MALE Race WHITE  TED STATES  |  |  |  |  |
| TNO    | g INDIVIDUAL | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Tety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Several Possible Ejected  Ejected                               | rash  Seat Position 07 - LEFT  erity E iNJURY ijection Path | Citations Issued  O Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  TED STATES  Trapped/Extricated                      |  |  |  |  |
| TNO    | g INDIVIDUAL | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Tety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury POSSIBL Ejected NOT EJECTED  Injury                             | rash  Seat Position 07 - LEFT  erity LE INJURY              | Citations issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED          |  |  |  |  |
| TNO    | g INDIVIDUAL | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Several Possible NOT EJECTED Medical Transport                  | rash  Seat Position 07 - LEFT  erity E iNJURY ijection Path | Citations Issued  O Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  TED STATES  Trapped/Extricated                      |  |  |  |  |
| TNO    | g INDIVIDUAL | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sevented Because Row NOT EJECTED Not Recomply Row NOT TRANSPORTED | rash  Seat Position 07 - LEFT  erity E iNJURY ijection Path | AARON KENEALY  Citations Issued 0  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  LICABLE  EMS Agency Identifier | Sex MALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |  |  |
| TNO    | g INDIVIDUAL | Policy Holder Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver AARON PATRICK KENEALY (920) 763-7269  Address N3151A CEDAR PARK RD MERRIMAC, WI 53561 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Several Possible NOT EJECTED Medical Transport                  | rash  Seat Position 07 - LEFT  erity E iNJURY ijection Path | Citations issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED          |  |  |  |  |

Crash Date 05/28/2021 Crash Time 07:25 AM

# **6TL0D2XVNZ** 21-04632

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/28/2021

Crash Time 07:25 AM

|           |            | Distracted By Sou                   | urce              |                          |                   |                      |                |
|-----------|------------|-------------------------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
| (1100)000 |            | Distracted By NOT APPLICA           | BLE (NOT DISTRAC  | CTED)                    |                   |                      |                |
|           |            | Distracted By Action NOT DISTRACTED |                   |                          |                   |                      |                |
|           |            | Striking Unit#                      | Location          |                          |                   |                      |                |
|           |            | Non Motorist                        | 200430,7          |                          |                   |                      |                |
|           |            | Prior Action Prior Action           |                   |                          |                   |                      |                |
|           |            |                                     |                   |                          |                   |                      |                |
|           |            | Action                              |                   |                          |                   |                      |                |
|           | 4          |                                     |                   |                          |                   |                      |                |
| _         | INDIWIDUAL |                                     |                   |                          |                   |                      |                |
| UNIT      |            |                                     |                   |                          |                   |                      |                |
| <u> </u>  | ā          |                                     |                   |                          |                   |                      |                |
|           | H          |                                     |                   |                          |                   |                      |                |
|           |            |                                     |                   |                          |                   |                      |                |
|           |            | Action Other                        |                   |                          |                   |                      | To/From School |
|           |            |                                     | 111               |                          |                   |                      |                |
|           | I          | Drug & Alcohol NO                   | ol Use            | Suspected Drug Use<br>NO |                   |                      |                |
|           |            | Alcohol Test Given                  | Alcohol Test Type |                          |                   | Alcohol Test Results |                |
|           |            | TEST NOT GIVEN                      | David To at Town  |                          | I =               |                      |                |
|           |            | Drug Test Given TEST NOT GIVEN      | Drug Test Type    |                          | Drug Test Results |                      |                |
| 05        | 003        | Drug Type                           |                   |                          |                   |                      |                |
| )         | 0          |                                     |                   |                          |                   |                      |                |
|           |            | Individual Condition                |                   |                          |                   |                      |                |
|           |            | APPEARED NORMAL                     |                   |                          |                   |                      |                |
|           |            | AL I EARLES HORMAL                  |                   |                          |                   |                      |                |