### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|             | Document Number Override    | Primary Crash E           | 1 -                                  |    | Crash Number<br>382 | 1 .                   | Investigating Officer/Deputy DEPUTY I. GALVAN |                      |  |
|-------------|-----------------------------|---------------------------|--------------------------------------|----|---------------------|-----------------------|---|----------------------|--|
| 33          | Crash Date<br>06/28/2021    | Crash Time<br>06:03 PM    |                                      |    | rived<br>2021       | Time Arrived 06:10 PM |   |                      |  |
| XQX         | Date Notified<br>06/28/2021 | Time Notified 06:05 PM    |                                      |    | nits                | Total Injured 01      | 1 , 1   |                      |  |
| X60-        | On Emergency                | Hit and Run               | Lane Closu                           | re | ☐ Work Zone         | Trailer or            | Towed   | Reporting  Threshold |  |
| <b>6T</b> L | Government Property         | Active Sc                 | Active School Zone                   |    | Bus Related         | Tags                  |   |                      |  |
|             | <b>∨</b> Reportable         | Crash Type<br>DT4000 (STA | rash Type<br>0T4000 (STANDARD CRASH) |    |                     | Amended               |   | Secondary  Crash     |  |

### Description



, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 TRAVELING NORTHBOUND ON ISHNALA ROAD NEAR FIRE NUMBER \$1761. UNIT 1 CLAIMS TO HAVE MOVED TO THE RIGHT OF HIS LANE OVER THE FOG LINE DUE TO A VEHICLE TRAVELING CLOSE TO THE CENTER LINE TRAVELING SOUTH BOUND. UNIT 1 CREST THE HILL THEN PROCEEDED DOWN HILL AND STRUCK A PEDESTRIAN UNIT 2. UNIT 2 PEDESTRIAN TRANSPORTED TO ST. CLARE HOSPITAL VIA DELL/DELTON AMBULANCE SERVICE. UNIT 1 WAS RELEASED TO RESCUE PARTY.

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/28/2021

|    | Location <b></b>   |  |  |  |                                     |  |   |  |                            |  |
|----|--|--|--|--|-------------------------------------|--|---|--|----------------------------|--|
|    | ON S1761 ISHNALA RD  |  |  |  | Latitude                            |  |   | Longitud   | Longitude                  |  |
|    | 670 FT S   |  |  |  | 43.580764136                        |  |   | -89.797  | 092435                     |  |
|    | OF ALCAN DR<br>(FIRE S1761)  |  |  |  | X Coordin                           | ate                                    |   | Y Coord  | inate                      |  |
|    |  |  |  |  | 274168                              |  |   | 482911   | 2.5                        |  |
|    | IN THE TOWN OF DELTO   | ON   |  |  | Structure 7                         | Гуре                                   |   |  |                            |  |
|    | IN SAUK COUNTY   |  |  |  | FIRE                                |  |   |  |                            |  |
|    | Crash Scene  |  |  |  | l                                   |  |   |  |                            |  |
| 1  |  |  |  |  | I =                                 |  |   |  |                            |  |
|    | First Harmful Event  |  |  |  | FirstHarmful Event Location         |  |   |  |                            |  |
|    | PEDESTRIAN  Manner of Collision  |  |  |  |                                     | ROADSIDE                               |   |  |                            |  |
|    | 00 - NO COLLISION W/VI   |  |  | Light Condition  DAYLIGHT  |                                     |  |   |  |                            |  |
|    |  |  |  |  |                                     |  |   |  |                            |  |
|    | Road Surface Condition(s)  |  |  |  | Roadway                             | ractor(s)                              |   |  |                            |  |
|    | DRY  |  |  |  |                                     |  |   |  |                            |  |
|    | Environment Factor(s)  |  |  |  | 1                                   |  |   |  |                            |  |
|    | NONE   |  |  |  |                                     |  |   |  |                            |  |
|    |  |  |  |  | NONE                                |  |   |  |                            |  |
|    | Weather Condition(s)   |  |  |  |                                     |  |   |  |                            |  |
|    | CLEAR  | CLEAR  |  |  |                                     |  |   |  |                            |  |
|    | Animal Type  |  |  |  | Relation T                          | o Trafficwa                            | av  |  |                            |  |
|    | · · · · · · · · · · · · · · · · · · ·  |  |  |  |                                     | TRAFFICWAY - NOT ON ROAD               |   |  |                            |  |
|    | Crash Classification - Location  | n  |  |  | Crash Classification - Jurisdiction |  |   |  |                            |  |
|    | PUBLIC PROPERTY  |  |  |  | NO SPE                              | NO SPECIAL JURISDICTION                |   |  |                            |  |
|    | Tribal Land  |  |  |  | Access Control                      |  | Special Study   |  |                            |  |
|    |  |  |  | Intersection   |                                     | TROL                                   |   |  | , ,                        |  |
|    | Within Interchange Area  | Junction Location  |  |  |                                     | on Type                                |   |  |                            |  |
|    | NO NON-JUNCTION  |  |  | l l  |                                     | INTERSECTION                           |   |  |                            |  |
|    |  |  |  | 1101 711   | III I LIVOL                         | CHON                                   |   |  |                            |  |
|    | Init Summany   |  |  | INOT AR  | INTEROL                             | CHON                                   |   |  |                            |  |
|    | Unit Summary  Unit Status  | 1  | Vehicle One  |  |                                     |  | I I Init Type   |  |                            |  |
|    | Unit Status  |  | Vehicle Ope  |  |                                     |  | Unit Type   | BILE   |                            |  |
|    | Unit Status IN TRANSIT   |  | Vehicle Ope  |  |                                     |  | AUTOMO  |  | ments                      |  |
| 10 | Unit Status  |  | 1  |  |                                     |  | 1   |  | ments                      |  |
| 10 | Unit Status IN TRANSIT Vehicle Type  | Train/Bus#Recorded                                       | D CLASS  | erating As C   | lassification                       |  | AUTOMO Operating A  | ks Endorsei  |                            |  |
| 10 | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR  | Train/Bus#Recorded                                       | 1  | erating As C   | lassification                       |  | AUTOMO Operating A  | ks Endorsei  | ments<br>Mat Types         |  |
| 10 | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs   | Train/Bus#Recorded  Direction Of Travel                  | D CLASS  Total#Citat 0   | erating As C   | lassification                       | TotalTra                               | AUTOMO Operating A  | s Endorsei<br>Total Haz                                  | MatTypes                   |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1   |  | Total#Citat  | erating As C   | lassification                       | TotalTra                               | AUTOMO Operating A  | Total Haz  | MatTypes                   |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance?  | Direction Of Travel NORTHBOUND                           | Total#Citat  | erating As C tions Issued CrashTire Mark   | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A  | Total Haz  Total Lane  Total Lane                        | Mat Types<br>es            |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES  | Direction Of Travel NORTHBOUND                           | Total#Citat 0 Pre SpecialFur   | erating As C tions Issued CrashTire Mark   | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A  | Total Haz  0 Total Lane 2                                | Mat Types<br>es            |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision  | Direction Of Travel NORTHBOUND                           | Total#Citat 0 Pre SpecialFur   | erating As C tions Issued CrashTire Mark nction IAL FUNC   | lassification                       | TotalTra 0 SpeedLi                     | AUTOMOI Operating A illers mit Emergency  | Total Haz  0 Total Lane 2 Motor Veh                      | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN   | Direction Of Travel NORTHBOUND                           | Total # Citat 0 Pre Special Fur NO SPEC  | erating As C tions Issued Crash Tire Mark nction IAL FUNC  | lassification                       | TotalTra 0 SpeedLi                     | AUTOMOI Operating A illers mit Emergency NOT APP  | Total Haz  0 Total Lane 2 Motor Veh                      | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way   | Direction Of Travel NORTHBOUND                           | Total # Citat 0 Pre Special Fur NO SPEC Traffic Conf   | erating As C tions Issued Crash Tire Mark nection IAL FUNC                                       | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A illers mit Emergency NOT APP Traffic Conf  | Total Haz  0 Total Lane 2 Motor Veh LICABLE              | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED  | Direction Of Travel NORTHBOUND  With                     | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont   | erating As C tions Issued CrashTire Mark nection IAL FUNC trol ROL ature                         | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A illers  mit  Emergency NOT APP  Traffic Cont   | Total Haz  0 Total Lane 2 Motor Veh LICABLE              | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type   | Direction Of Travel NORTHBOUND  With                     | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve  | erating As C tions Issued CrashTire Mark nection IAL FUNC trol ROL ature                         | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A illers  mit  Emergency NOT APP  Traffic Cont NO  Road Grade  | Total Haz  0 Total Lane 2 Motor Veh LICABLE              | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOL   | Direction Of Travel NORTHBOUND  With                     | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve  | erating As C tions Issued CrashTire Mark nection IAL FUNC trol ROL ature                         | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A illers  mit  Emergency NOT APP  Traffic Cont NO  Road Grade  | Total Haz  0 Total Lane 2 Motor Veh LICABLE              | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOL) Truck Bus or HazMat  | Direction Of Travel NORTHBOUND  With                     | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve  | erating As C tions Issued CrashTire Mark nection IAL FUNC trol ROL ature                         | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A illers  mit  Emergency NOT APP  Traffic Cont NO  Road Grade  | Total Haz  0 Total Lane 2 Motor Veh LICABLE              | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOL Truck Bus or HazMat NO  | Direction Of Travel NORTHBOUND  With                     | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve  | erating As C  tions Issued  Crash Tire Mark  nction IAL FUNC  trol ROL  ature T                  | lassification                       | TotalTra 0 SpeedLi                     | AUTOMO Operating A illers  mit  Emergency NOT APP  Traffic Cont NO  Road Grade  | Total Haz  0 Total Lane 2 Motor Veh LICABLE trol Inopera | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOL Truck Bus or HazMat NO Vehicle  | Direction Of Travel NORTHBOUND  With                     | Total# Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve STRAIGH   | erating As C  tions Issued  Crash Tire Mark  nction IAL FUNC  trol ROL  ature T                  | TION                                | TotalTra 0 Speed Li 35                 | AUTOMO Operating A illers mit  Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL   | Total Haz 0 Total Lane 2 Motor Veh LICABLE trol Inopera  | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOL Truck Bus or HazMat NO  Vehicle License Plate Number AHU8957 Vehicle Identification No  | Direction Of Travel NORTHBOUND  With  D  USS)            | Total# Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve STRAIGH   | erating As C  tions Issued  Crash Tire Mark nction IAL FUNC  trol ROL ature T                    | TION                                | TotalTra 0 Speed Li 35                 | AUTOMO Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL  | Total Haz 0 Total Lane 2 Motor Veh LICABLE trol Inopera  | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat NO  Vehicle License Plate Number AHU8957  | Direction Of Travel NORTHBOUND  With  D  USS)            | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve STRAIGH  Plate Type AUT - AU Make  | erating As C  tions Issued  Crash Tire Mark nction IAL FUNC  trol ROL ature T                    | TION                                | TotalTra 0 Speed Li 35                 | AUTOMOI Operating A illers  mit  Emergency NOT APP Traffic Confi NO Road Grade DOWNHIL  Country of Is UNITED S                      | Total Haz  0 Total Lane 2 Motor Veh LICABLE trol Inopera | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOL Truck Bus or HazMat NO  Vehicle License Plate Number AHU8957 Vehicle Identification No  | Direction Of Travel NORTHBOUND  With  D  USS)            | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve STRAIGH  Plate Type AUT - AU Make  | erating As C  tions Issued  CrashTire Mark notion IAL FUNC  trol ROL ature T                     | TION                                | Total Tra 0 Speed Li 35 St WI Year     | AUTOMOI Operating A illers  mit  Emergency NOT APP Traffic Confi NO Road Grade DOWNHIL  Country of Is UNITED ST                     | Total Haz  0 Total Lane 2 Motor Veh LICABLE trol Inopera | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU Truck Bus or HazMat NO  Vehicle License Plate Number AHU8957 Vehicle Identification No 5XYPGDA35GG0898  | Direction Of Travel NORTHBOUND  With  D  USS)            | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make KIA MOT                                | erating As C  tions Issued  CrashTire Mark metion IAL FUNC  trol ROL ature T                     | TION                                | Total Tra 0 Speed Li 35 St WI Year     | AUTOMO Operating A  illers  mit  Emergency NOT APP  Traffic Conf NO Road Grade DOWNHIL  Country of Is UNITED ST  Model SORENTO      | Total Haz  0 Total Lane 2 Motor Veh LICABLE trol Inopera | MatTypes<br>es<br>icle Use |  |
|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO  Vehicle License Plate Number AHU8957 Vehicle Identification No 5XYPGDA35GG0896 Color TAN - TAN Initial Contact Point                 | Direction Of Travel NORTHBOUND  With  D  US)             | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make KIA MOT Body Style                     | erating As C  tions Issued  CrashTire Mark notion IAL FUNC  trol ROL ature T                     | TION                                | Total Tra 0 Speed Li 35 St WI Year     | AUTOMO Operating A  illers  mit  Emergency NOT APP  Traffic Conf NO Road Grade DOWNHIL  Country of Is UNITED ST  Model SORENTO      | Total Haz  0 Total Lane 2 Motor Veh LICABLE trol Inopera | MatTypes<br>es<br>icle Use |  |
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|    | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision PEDESTRIAN Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO  Vehicle License Plate Number AHU8957 Vehicle Identification No 5XYPGDA35GG0896 Color TAN - TAN Initial Contact Point                 | Direction Of Travel NORTHBOUND  With  D  US)  Umber  031 | Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve STRAIGH  Plate Type AUT - AU Make KIA MOT Body Style 4D - 4DR Vehicle Da | erating As C  tions Issued  CrashTire Mark nction IAL FUNC  trol ROL ature T  JTOMOBIL  CORS COR | TION  E PORAT                       | TotalTra 0 Speed Li 35 St WI Year 2016 | AUTOMO Operating A  illers  mit  Emergency NOT APP  Traffic Conf NO Road Grade DOWNHIL  Country of Is UNITED ST  Model SORENTO      | Total Haz  O Total Lane 2 Motor Veh LICABLE trol Inopera | MatTypes<br>es<br>icle Use |  |
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#### 6TL09XQZ33

21-05882

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|         |              | Towed Due To Damage   |   | Vehicle Removed By   |  |  |  |
|---------|--------------|---|---|--|--|--|--|
|         |              | NOT TOWED   |   | THIRD PARTY  |  |  |  |
|         |              | What Driver Was Doing GOING STRAIGHT  |   | Vehicle Factors  |  |  |  |
|         |              | Driver Prior Action Other   |   | NOT APPLICABLE   |  |  |  |
|         |              | Driver Prior Action Curer   |   |  |  |  |  |
|         |              | Driver Actions  |   |  |  |  |  |
|         | щ            | LOOKED BUT DID NOT S  | EE  |  |  |  |  |
| ╘       | ಠ            |   |   |  |  |  |  |
| INN     | VEHICLE      |   |   |  |  |  |  |
|         | Ž.           |   |   |  |  |  |  |
|         |              |   |   | In all   |  |  |  |
|         |              | OwnerName GLEN E SCHROEDER  |   | Owner Address<br>S7559 USH 12 LT C9  |  |  |  |
| 2       | 5            | (608) 402-3735  |   | NORTH FREEDOM, WI 53   | 951 , <b>US</b>  |  |  |
|         |              |   |   |  |  |  |  |
|         |              | Sequence Of Events  |   |  |  | 02-02-02-02-02-02-02-02-02-02-02-02-02-0 |  |
|         |              | Event   |   | 013103310131013101310131013101310131013  | ***************************************  |  |  |
|         | 8            | PEDESTRIAN  |   |  |  |  |  |
|         | 8            | Event   |   |  |  |  |  |
|         |              | F   |   |  |  |  |  |
|         | 03           | Event   |   |  |  |  |  |
|         |              | Event   |   |  |  |  |  |
|         | 4            | 2.0   |   |  |  |  |  |
|         |              | Policy Holder   |   |  |  |  |  |
| UNIT    |              | Insurance Company STATE-FARM-GENERAL-INS-CO   |   | Individual DANIEL KAISER   |  |  |  |
| _       |              |   |   |  |  |  |  |
| -       |              | OTATE TAKE  | -INS-CO   | DANIEL KAISER  |  |  |  |
| 1       |              | ridividual  |   |  |  |  |  |
| 1       |              | ndividual<br>Driver   | -INS-CO   |  | Sex  |  |  |
| 1       |              | Individual Driver DANIEL ALAN KAISER  |   | Citations issued<br>0  | Sex<br>MALE  |  |  |
|         |              | ndividual<br>Driver   |   | Citations Issued   | Sex<br>MALE<br>Race  |  |  |
|         |              | ndivictual  Driver  DANIEL ALAN KAISER  (608) 477-9876  |   | Citations Issued  O  Date of Birth   | Sex<br>MALE  |  |  |
| ) LINIT |              | Individual Driver DANIEL ALAN KAISER  |   | Citations Issued  0  Date of Birth  Driver License Number  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | Driver DANIEL ALAN KAISER (608) 477-9876  Address   |   | Citations Issued  O  Date of Birth   | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         |              | Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE  |   | Citations Issued  0  Date of Birth  Driver License Number  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  | 3965 , US   | Citations Issued  0  Date of Birth  Driver License Number  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | ndividual  Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5   | 3965 , US<br>y Crash  | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | ndividual  Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5   | 3965 , US<br>y Crash<br>Seat Position   | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | Individual Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Ety Equipment  Row 01 - FRONT ROW  | 3965 , US<br>y Crash  | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | ndividual  Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5   | 3965 , US<br>y Crash<br>Seat Position   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | Individual Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Ety Equipment  Row 01 - FRONT ROW  | 3965 , US<br>y Crash<br>Seat Position   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
|         | INDIVIDUAL   | Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  ety Equipment  Row 01 - FRONT ROW  Helmet Use   | Seat Position 07 - LEFT   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNT  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
| UNIT    | g INDIVIDUAL | Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Ety Equipment  Row 01 - FRONT ROW  Helmet Use  Injury S   | Seat Position 07 - LEFT   | Citations Issued  0 Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  | Sex<br>MALE<br>Race<br>WHITE   |  |  |
| UNIT    | INDIVIDUAL   | Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Pety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AF  | Seat Position 07 - LEFT   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUNT  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  | Sex MALE Race WHITE  TRY: UNITED STATES  |  |  |
| UNIT    | g INDIVIDUAL | Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Ety Equipment  Row 01 - FRONT ROW  Helmet Use  Injury S   | Seat Position 07 - LEFT   | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  TRY: UNITED STATES  Trapped/Extricated                      |  |  |
| UNIT    | g INDIVIDUAL | Individual Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AP  | Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path                    | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | Sex MALE Race WHITE  TRY: UNITED STATES  |  |  |
| UNIT    | g INDIVIDUAL | Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  ety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection  Injury S NO AF  Ejected NOT EJECTED  | Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path                    | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED   | Sex MALE Race WHITE  TRY: UNITED STATES  Trapped/Extricated NOT TRAPPED          |  |  |
| UNIT    | g INDIVIDUAL | Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Ety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AP  Ejected NOT EJECTED Medical Transport   | Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path                    | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED   | Sex MALE Race WHITE  TRY: UNITED STATES  Trapped/Extricated NOT TRAPPED          |  |  |
| UNIT    | g INDIVIDUAL | Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Ety Equipment  Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S NO AF  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED Hospital  | Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier                | Sex MALE Race WHITE  TRY: UNITED STATES  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |
| UNIT    | g INDIVIDUAL | Driver DANIEL ALAN KAISER (608) 477-9876  Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  ety Equipment  Row 01 - FRONT ROW Heimet Use  Eye Protection  Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death | Sex MALE Race WHITE  TRY: UNITED STATES  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |
| UNIT    | g INDIVIDUAL | Address 631 E LAKE AVE WISCONSIN DELLS, WI 5  Ety Equipment  Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S NO AF  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED Hospital  | Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Citations Issued  Date of Birth  Driver License Number  STATE: WISCONSIN COUN'  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death | Sex MALE Race WHITE  TRY: UNITED STATES  Trapped/Extricated NOT TRAPPED EMS Run# |  |  |

Crash Date 06/28/2021
Crash Time 06:03 PM

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/28/2021

|          |   | Non Motorist                          | ing Unit#        | Location              |                                      |  |  |                     |                |
|----------|---|---------------------------------------|------------------|-----------------------|--------------------------------------|--|--|---------------------|----------------|
|          |   | Prior Action                          |                  |                       |                                      |  |  |                     |                |
| TINO     | INDIVIDUAL  | Action                                |                  |                       |                                      |  |  |                     |                |
|          |   | Action Other                          |                  |                       |                                      |  |  |                     | To/From School |
|          | L   | Drug & Alcohol NO                     | pected Alcohol U | lse                   | Suspected Drug Use                   |  |  |                     |                |
|          |   | Alcohol Test Given TEST NOT GIVEN     |                  | Alcohol Test Type     |                                      |  | Alcohol Tes                                | st Results          |                |
|          |   | Drug Test Given TEST NOT GIVEN        |                  | Drug Test Type        |                                      | Drug TestResul                         | s  |                     |                |
| 0        | 100   | Drug Type                             |                  | 1                     |                                      |  |  |                     |                |
|          |   | Individual Condition  APPEARED NORMAL |                  |                       |                                      |  |  |                     |                |
|          | Unit  | t Summary 💳                           |                  |                       |                                      |  |  |                     |                |
|          | Unit  | Status<br>RANSIT                      |                  |                       | ehicle Operating As Class<br>CLASS   | ification                              | Unit Type PEDESTR                          | IIAN                |                |
| 05       |   | icle Type<br>DESTRIAN                 |                  |                       |                                      |  | Operating As Endorsements                  |                     | ents           |
|          | Total Occs Train/Bus#Recorded                             |                                       | corded To        | otal#Citations Issued | Total Tra                            | lers                                   | Total HazN                                 | latTypes            |                |
| <b>—</b> | Insui<br><b>NO</b>  | rance?                                | Direction Of Tra | · · · · ·             | Pre CrashTire<br>Mark                | Speed Li<br>35                         | mit  | Total Lanes         | 3              |
| TINO     | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT |                                       |                  |                       | Special Function NO SPECIAL FUNCTION |  | Emergency Motor Vehicle Use NOT APPLICABLE |                     |                |
|          |   | -                                     |                  |                       | affic Control O CONTROL              | Traffic Control Inoperative/Missing NO |  |                     |                |
|          |   | urface Type<br>BLACKTOP (BITUMINOUS)  |                  |                       | Road Curvature<br>STRAIGHT           |  |  | Road Grade DOWNHILL |                |
|          |   | k Bus or HazMat                       |                  | L                     |                                      |  |  |                     |                |
|          |   | Sequence Of Even                      | ts               |                       |                                      |  |  |                     |                |
|          | 01  | Event<br>MOTOR VEH IN TRAN            |                  |                       |                                      |  |  |                     |                |
|          | 02  | Event                                 |                  |                       |                                      |  |  |                     |                |
|          | 03  | Event                                 |                  |                       |                                      |  |  |                     |                |
|          | 04  | Event                                 |                  |                       |                                      |  |  |                     |                |
|          |   | ndividual                             |                  |                       | Citations Issued                     |  | Sex  |                     |                |
|          |   |                                       |                  |                       | 0                                    |  | MALE                                       |                     |                |

#### 6TL09XQZ33

21-05882

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/28/2021

|              | Address S1722 WHITE BIRCH DR WISCONSIN DELLS, WI 53965 , US  On Duty Crash Row 98 - NOT APPLICABLE Helmet Use | Safety Equipment                | MBER<br>NSIN COUNTRY: UNITE | Race<br>VHITE<br>ED STATES |                      |  |
|--------------|---|---------------------------------|-----------------------------|----------------------------|----------------------|--|
| Sé           | S1722 WHITE BIRCH DR WISCONSIN DELLS, WI 53965 , US  Ety Equipment  Row Seat Po 98 - NOT APPLICABLE           | STATE: WISCO Safety Equipment   | NSIN COUNTRY: UNITE         | D STATES                   |                      |  |
| Sé           | On Duty Crash On Duty Crash Row P8 - NOT APPLICABLE   | Safety Equipment                |                             | D STATES                   |                      |  |
|              | Row Seat Po<br>98 - NOT APPLICABLE  |                                 |                             |                            |                      |  |
|              | Row Seat Po<br>98 - NOT APPLICABLE  | osition REFLECTIVE C            |                             |                            |                      |  |
|              | 98 - NOT APPLICABLE   | osition REFLECTIVE C            |                             |                            |                      |  |
|              | Helmet Use  |                                 |                             | (CRPACK, ETC)              |                      |  |
|              |   | Helmet Compliano                | e                           |                            |                      |  |
| MAIN.        | Eye Protection  | Tint Compliance                 |                             |                            |                      |  |
| 20 <b>20</b> | Injury Severity POSSIBLE INJUR  | Airbag RY NOT APPLICAE          | ti F                        |                            |                      |  |
|              | Ejected Ejection Pa   |                                 |                             | rapped/Extricated          |                      |  |
|              |   | CTED/NOT APPLICABLE             |                             | OT APPLICABLE              |                      |  |
|              | Medical Transport<br>EMS GROUND   | EMS Agency Iden<br>6000123      | tifier E                    | MS Run#                    |                      |  |
|              | Hospital  | Date of Death                   | 7                           | ime of Death               |                      |  |
|              | ST CLARE'S HOSPITAL   | Date of Octain                  | ľ                           | inc or beaut               |                      |  |
|              | Distracted By Distracted By Source  | e                               |                             |                            |                      |  |
|              | Distracted By Action  |                                 |                             |                            |                      |  |
|              | Non Motorist 01   | Location<br>SHOULDER / ROADSIDE |                             |                            |                      |  |
|              | Prior Action ADJACENT TO ROADWAY (E.G., SHOULDER, MEDIAN)   |                                 |                             |                            |                      |  |
|              | Action  |                                 |                             |                            |                      |  |
| UNIT         | WALKING FACING TRAFFIC  |                                 |                             |                            |                      |  |
| 1000         | Action Other  |                                 |                             |                            | To/From School<br>NO |  |
|              |   | Use Suspected Drug U            | se                          |                            |                      |  |
|              | rug & Alcohol NO  | NO                              |                             | dcohol Test Results        |                      |  |
|              | rug & Alcohol NO Alcohol TestGiven  | Alcohol Test Type               | Α                           | GCONOL: 451 L/42 UNS       |                      |  |
|              | rug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN  Drug Test Given  |                                 | Drug Test Results           |                            |                      |  |
| 2            | rug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN                           | Alcohol Test Type               |                             |                            |                      |  |
| 02<br>062    | rug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN  Drug Test Given  | Alcohol Test Type               |                             | (CONO)   451 (A20)         |                      |  |
| 0.2<br>00.2  | rug & Alcohol NO  Alcohol Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN                           | Alcohol Test Type               |                             |                            |                      |  |
|              | rug & Alcohol No  |                                 | T.                          | Joobol Test Passive        |                      |  |

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/28/2021

|                   | Witness                                     |   |               |  |  |  |  |
|-------------------|---|---|---------------|--|--|--|--|
| MITN 01<br>ESS 01 | Individual TABATHA A REDLICH (920) 350-2068 | Address<br>\$1722 WHITE BIRCH DR<br>WISCONSIN DELLS, WI 53965, US | Date of Birth |  |  |  |  |