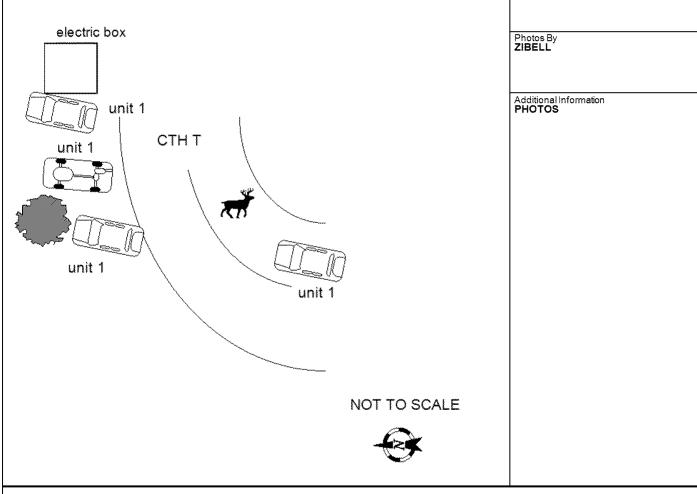
### WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913

1	00103		Oltriol		. 0111			DAIN	(608) 356-4895
	Document Number Override 6TL0CBQ6PG	Primary Crash I	Document#	Agenc <b>21-06</b>	y Crash Number 183	Investigating DEPUTY B	Officer/Deputy	4	
<u>ک</u>	Crash Date 07/06/2021	Crash Time 02:49 AM Time Notified 02:50 AM		Date Arrived 07/06/2021 Total Units 01		Time Arrived 03:07 AM			
77	Date Notified 07/06/2021					Total Injured Total Killed		led	d
PIEUCCZ/SK	On Emergency Hi	t and Run	Lane Close	ıre	Work Zone	Trailer	or Towed		Reporting Threshold
_ _ 0	Government Property	Active School Zone		School Bus Related Tag		Tags	Tags		
	<b>▼</b> Reportable	Crash Type DT4000 (STA	ANDARD CRASH	1)		<b></b> Amend	ed		Secondary Crash
	Description								
	Diagram						Reconstruction	on By	
	electric box						Photos By <b>ZIBELL</b> Additional Inf	ormation	
	The same of the sa						A Gamonai III	0.11100011	



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

ON 7/06/2021 UNIT 1 WAS TRAVELING EASTBOUND ON CTH T. UNIT 1 WAS TRAVELING AROUND A CORNER WHEN A DEER CAME OUT ON THE ROAD. UNIT 1 CROSSED CENTER LINE. UNIT 1 TRAVELED INTO DITCH HITTING TREE. UNIT 1 ROLLED OVER ONCE AND CAME TO A REST FACING NORTH.

UPDATE CHANGE OF SEQUENCE

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/06/2021

L	4! - ·-								
	cation				Latitude			1, 5,	
0.8	N CTHT EB B1 MI E F GILLEM RD		-		94071		Longitude -89.70310748		
IN	THE TOWN OF FAIRF SAUK COUNTY				X Coordinate 281695.5		Y Coordinate 4826987.5		
				Structure Type NO STRUCTURE					
Cr	ash Scene 🛚 💳								
Fir	st Harmful Event				FirstHarm	nful Event L	ocation		
TF	REE			SHOULDER LEFT					
Ma	anner of Collision		Light Con-	dition					
00	- NO COLLISION W/V	EHICLE IN TRANSPORT			DARK/U	NLIT			
Ro	ad Surface Condition(s)				Roadway	Factor(s)			
DF	RY								
En	vironment Factor(s)								
NO	ONE				NONE				
We	eather Condition(s)				1				
CI	-EAR								
An	imal Type			Relation To Trafficway TRAFFICWAY - NOT ON ROAD					
	ash Classification - Locatio JBLIC PROPERTY				Crash Classification - Jurisdiction  NO SPECIAL JURISDICTION  Access Control Special Study				
	balLand							Special Study	
''					NO CONTROL			opeoid otady	
Wi NC	thin Interchange Area O	Junction Location NON-JUNCTION		Intersection Type NOT AN INTERSECTION					
Un	it Summary 💻								
	nit Status		Vehicle Op	erating As C	lassification	1	UnitType		
IN	TRANSIT		D CLASS	D CLASS				AUTOMOBILE Operating As Endorsements	
	hicle Type ASSENGER CAR		·						
То	tal Occs	Train/Bus#Recorded	Total#Cita	itions Issued	ł	Total Trail	lers	TotalHaz	zMat Types
3			0			0	0		
	surance?	Direction Of Travel	Pre	CrashTire	Speed Limi		2		es
YE	ES .	EASTBOUND	***************************************	Mark					
	ost Harmful Event: Collision <b>REE</b>	n With		Special Function NO SPECIAL FUNCT				Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED			Traffic Control NO CONTROL		Traffic (		Control Inoperative/Missing	
Su	иfасе Туре		Road Curv	Road Curvature		Road Gra		ade	
	BLACKTOP (BITUMINOUS)			CURVE RIGHT HILLCREST					
NC NC	uck Bus or HazMat D								
	Vehicle			Plate Type AUT - AUTOMOBILE Make TOYOTA			Country of Issuance UNITED STATES Model CAMRY		
	License Plate Number		1 "			St WI			
	AKF6560  Vehicle Identification N	. maha y				Year			
5	4T1BE46K98U7660					2008			
	Color BLK - BLACK			Body Style SD - SEDAN		ı	Bus Use		
	Initial Contact Point			*			<u> </u>		
	12 - FRONT								

### 6TL0CCZ7SK

21-06183

WISCONSIN MOTOR VEHICLE CRASH REPORT SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 07/06/2021

	ш		]	Vehicle Damage					
HN.	VEHICL	Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIG 11 - LEFT FRONT CORNER, 12 - FROM	HT SIDE FRONT, 04 - RIGHT SIDE REAR, ≹T				
		Towed Due To Damage TOWED DUE TO DISABLIN	IG DAMAGE	Vehicle Removed By BLYSTONES TOWING					
		What Driver Was Doing		Vehicle Factors					
		NEGOTIATING CURVE							
		Driver Prior Action Other		NOT APPLICABLE					
	ш	Driver Actions NO CONTRIBUTING ACTION							
⊨	VEHICLE								
	Ξ								
	5								
		Owner Name		Owner Address					
_		CARL D VOGT		220 W ONEIDA ST					
2	5			PORTAGE, WI 53901 , US					
		Sequence Of Events							
	5	Event NON DOMESTICATED ANIMAL (ALIVE)							
	8	Event TREE							
	8	Event OVERTURN/ROLLOVER							
	8	Event							
Ę		Policy Holder		Individual					
INN		Insurance Company 1ST-AUTO-&-CASUALTY-II	NS-CO	Individual CARL VOGT					
TINO		Insurance Company 1ST-AUTO-&-CASUALTY-II Individual		Individual CARŁ VOGT					
TINO		Insurance Company 1ST-AUTO-&-CASUALTY-II		Individual CARŁ VOGT  Citations Issued	Sex				
TIND		Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver		Individual CARL VOGT  Citations Issued 0					
		Insurance Company 1ST-AUTO-&-CASUALTY-II ndividual Driver CHRISTOPHER EDWARD N		Individual CARŁ VOGT  Citations Issued	Sex MALE				
UNT UNIT		Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD IV (262) 327-0409  Address		Individual CARL VOGT  Citations Issued 0	Sex MALE Race				
		Insurance Company 1ST-AUTO-&-CASUALTY-II  ndividual  Driver CHRISTOPHER EDWARD N (262) 327-0409		Individual CARL VOGT  Citations issued 0  Date of Birth	Sex MALE Race HISPANIC				
	INDIVIDUAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD N (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US	/ARTINEZ	Individual CARŁ VOGT  Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI	Sex MALE Race HISPANIC				
	INDIVIDUAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD N (262) 327-0409  Address 527 W CONANT ST	/ARTINEZ	Individual CARŁ VOGT  Citations Issued 0 Date of Birth  Driver License Number	Sex MALE Race HISPANIC				
	INDIVIDUAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD N (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US	/ARTINEZ	Individual CARŁ VOGT  Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI	Sex MALE Race HISPANIC				
	INDIVIDUAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD IV (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Tety Equipment Row	ARTINEZ  Crash  Seat Position	Individual CARŁ VOGT  Citations Issued 0 Date of Birth  Driver License Number  STATE: WISCONSIN COUNTRY: UNI  Safety Equipment	Sex MALE Race HISPANIC				
	INDIVIDUAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD IV (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment  Row 01 - FRONT ROW	ARTINEZ  Crash  Seat Position	Individual CARŁ VOGT  Citations issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment  SHOULDER & LAP BELT	Sex MALE Race HISPANIC				
TNU	INDIMIDNAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD IV (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection	Crash Seat Position 07 - LEFT	Individual CARL VOGT  Citations issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance	Sex MALE Race HISPANIC				
	INDIVIDUAL	Insurance Company 1ST-AUTO-&-CASUAL TY-II Individual Driver CHRISTOPHER EDWARD M (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev SUSPEC	Crash  Seat Position 07 - LEFT	Individual CARL VOGT  Citations issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance	Sex MALE Race HISPANIC  TED STATES				
TNU	INDIMIDNAL	Insurance Company 1ST-AUTO-&-CASUAL TY-II Individual Driver CHRISTOPHER EDWARD M (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev SUSPEC Ejected	Crash Seat Position 07 - LEFT	Individual CARŁ VOGT  Citations Issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-COMBINATION	Sex MALE Race HISPANIC  TED STATES				
TNU	INDIMIDNAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD IV (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US  For Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev SUSPEC Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT	Individual CARŁ VOGT  Citations Issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-COMBINATION	Sex MALE Race HISPANIC  TED STATES				
TNU	INDIMIDNAL	Insurance Company 1ST-AUTO-&-CASUALTY-II Individual Driver CHRISTOPHER EDWARD M (262) 327-0409  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev SUSPEC Ejected NOT EJECTED	Seat Position 07 - LEFT	Individual CARŁ VOGT  Citations Issued 0 Date of Birth  Driver License Number STATE: WISCONSIN COUNTRY: UNI  Safety Equipment SHOULDER & LAP BELT  Heimet Compliance  Tint Compliance  Airbag DEPLOYED-COMBINATION	Sex MALE Race HISPANIC  TED STATES  Trapped/Extricated NOT TRAPPED				

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/06/2021

	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
		Distracted By Action NOT DISTRACTED										
		Non Motorist	Jnit# Location									
		Prior Action	•									
		Action										
	NDIVIDUAL											
N N	MD											
	2											
							T					
		Action Other				To/From School						
		Drug & Alcohol NO	ed Alcohol Use	Suspected Drug Use NO								
		AlcoholTestGiven TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results						
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3						
2	8	Drug Type										
		Individual Condition										
		APPEARED NORMAL										
		Individual										
		Passenger IVAN GRANT HOLLENBERGER		Citations issued  0		Sex MALE						
<u>.</u>	INDIVIDUA	(262) 473-9968				Race WHITE						
	置	Address E12693 COUNTY ROAD U		Driver License Number								
	=	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sai	On Duty Crash fety Equipment		Safety Equipment								
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT								
		HelmetUse 09 - Right		Helmet Compliance								
		Eye Protection		Tint Compliance								
2	805	Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-COMBINATION								
		Ejected	Ejection Path NOT EJECTED/NOT APPL	Trapped/Extri								
		Medical Transport	NOT EDECTEDATOT ATT			EMS Run#						
		NOT TRANSPORTED Hospital		Date of Death		Time of Death						
		Distracted By Distracte	d By Source									

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

		Distracted By Action							
		Striking Ui	nit#	Location					
		Prior Action							
		Action							
	M								
TIND	INDIVIDUAL								
>	9								
	=								
		Action Other						To/From School	
			-( A ! I I		10				
	1	Drug & Alcohol NO	d Alcohol U	5 <del>e</del>	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			
_	2	TEST NOT GIVEN Drug Type							
2	002	- · · · · · · · · · · ·							
		Individual Condition							
		APPEARED NORMAL							
		l Individual							
		Passenger BROOKE MARIE STEINGRAEBER			Citations sued	and the second control of the second control	F		
		BROOKE MARIE STEINGRA	AEBER				Sex FEMALE		
	UAL	BROOKE MARIE STEINGRA (608) 207-2147	AEBER		0 Date of Birth		FEMALE Race		
<b>L</b> N	MDUAL	BROOKE MARIE STEINGRA (608) 207-2147	AEBER		0		FEMALE		
TNO	INDIVIDUAL	BROOKE MARIE STEINGRA (608) 207-2147	AEBER		0 Date of Birth		Race WHITE		
TNU	INDIVIDUAL	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST	AEBER		Date of Birth Driver License Number		Race WHITE		
TNU		Address 527 W CONANT ST PORTAGE, WI 53901 , US			Date of Birth Driver License Number		Race WHITE		
UNT		Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment	Crash Seat Po		Date of Birth Driver License Number STATE: WISCONSIN	N COUNTRY: UNI	Race WHITE		
TNU		Address 527 W CONANT ST PORTAGE, WI 53901 , US  [ety Equipment]	Crash		Date of Birth Driver License Number STATE: WISCONSIN	N COUNTRY: UNI	Race WHITE		
TNU		Address 527 W CONANT ST PORTAGE, WI 53901 , US  ety Equipment  Row 01 - FRONT ROW  Helmet Use	Crash Seat Po		Date of Birth  Drivert icense Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Heimet Compliance	N COUNTRY: UNI	Race WHITE		
TNU	Sai	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Cety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection	Seat Por 09 - Ric		Date of Birth Drivert icense Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP  Helmet Compliance  Tint Compliance	N COUNTRY: UNI	Race WHITE		
UNIT UNIT		BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  On Duty C  ety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection	Seat Pool 09 - Rid	GHT	Date of Birth  Drivert icense Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Heimet Compliance	N COUNTRY: UNI	Race WHITE		
	Sai	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sev POSSIBI Ejected  E	Seat Por 09 - RIO rerity LE INJUR	Y th	Date of Birth Drivert icense Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-COMBI	N COUNTRY: UNI	Race WHITE  TED STATES  Trapped/Extricated		
	Sai	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sev POSSIBLE Ejected NOT EJECTED Medical Transport	Seat Por 09 - RIO rerity LE INJUR	ү	Date of Birth Drivert icense Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-COMBI	N COUNTRY: UNI	Race WHITE		
	Sai	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev POSSIBI Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Por 09 - RIO rerity LE INJUR	Y th	Date of Birth Drivert icense Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP  Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBI	N COUNTRY: UNI	FEMALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run#		
	Sai	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Sev POSSIBI Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Por 09 - RIO erity LE INJUR Ejection Pat	Y th CTED/NOT APPL	Date of Birth  Drivert icense Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance  Tint Compliance  Airbag  DEPLOYED-COMBI	N COUNTRY: UNI	Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED		
	Sai	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection  Injury POSSIBI  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By	Seat Por 09 - RIO rerity LE INJUR	Y th CTED/NOT APPL	Date of Birth Drivert icense Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP  Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBI	N COUNTRY: UNI	FEMALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run#		
	Sai	BROOKE MARIE STEINGRA (608) 207-2147  Address 527 W CONANT ST PORTAGE, WI 53901 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sev POSSIBI Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Por 09 - RIO erity LE INJUR Ejection Pat	Y th CTED/NOT APPL	Date of Birth Drivert icense Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP  Heimet Compliance Tint Compliance Airbag DEPLOYED-COMBI	N COUNTRY: UNI	FEMALE Race WHITE  TED STATES  Trapped/Extricated NOT TRAPPED EMS Run#		

Crash Date 07/06/2021

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/06/2021

								(000) 000 4000	
		Non Motor	Striking Unit#	Location					
		Prior Action							
TINO	INDIVIDUAL	Action							
		Action Other						To/From School	
	L	Drug & Alcol	Suspected Alcohol to NO	Jse	Suspected Drug Use NO				
		Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results		
		Drug Test Given TEST NOT GIV	'EN	Drug Test Type		Drug Test Results			
70	003	Drug Type							
		Individual Condition							
		APPEARED NO							
		perty Owne							
PROP 01	(800	ernment MMS/COLUMBIA )) 831-8629			Address 401 E LAKE ST FRIENDSHIP, WI 5393	4 , US			
	Fixe	ed Objects S	truck						
	9	Striking Unit 01	Struck Object OTHER FIXED OBJE	ECT		SHARISH SHARISH SHARISH SHARISH SHARISH		Damage Tag Number 37976	