### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override  Crash Date 08/07/2021  Date Notified 08/07/2021		Primary Crash Document#  Crash Time 05:16 PM  Time Notified 05:16 PM		Agency Crash Number 21-07424  Date Arrived 08/07/2021  Total Units 02		Investigating Officer/Deputy DEPUTY S. MESSNER Time Arrived 05:22 PM		
1PTLN									
							Total Injured 01	Total Killed 00	
00.	On Emergency Hi		t and Run 🔽 Lane Closu		ure Work Zone		Trailer or Towed		Reporting  Threshold
eTL	Government Property		Active School Zone		School Bus Related NO		Tags		
	Reportable Crash Type DT4000 (STANDARD			NDARD CRASH	)		Amended Secondary Crash		
	Description =								
	Diagram						To.		Dec

# Reconstruction By US 12 Not to scale Photos By DEP. S. MESSNER Additional Information **PHOTOS** Unit 2 Point of impact Jrit. Southbound Northbound

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

ON SATURDAY, 8/8/2021, AT APPROXIMATELY 5:16 PM, UNIT 1, A YELLOW 2016 INTERNATIONAL STRAIGHT TRUCK, BEARING WISCONSIN REGISTRATION PLATE #40042X, WAS BEING DRIVEN BY ALBERT L SMITH JR. UNIT 1 WAS SOUTHBOUND ON US 12 IN ITS DESIGNATED LANE WHEN A STORM BEGAN RAINING HEAVILY. UNIT 2, A RED 2015 TOYOTA RAV4 BEARING WISCONSIN REGISTRATION PLATE #403KEA, WAS BEING DRIVEN BY KATHLEEN K. LA MASNEY. UNIT 2 WAS NORTHBOUND, CROSSED OVER THE CENTER LINE INTO THE SOUTHBOUND LANE. UNIT 1 ATTEMPTED TO AVOID UNIT 2 AND ATTEMPTED TO SWERVE RIGHT UNIT 2 STRUCK UNIT 1 BEHIND THE CAB AREA. UNIT 1 CAME TO A REST IN THE SOUTHBOUND LANE. UNIT 2 SPUN COUNTER CLOCKWISE AND CAME TO A REST. DRIVER FOR UNIT 1 WAS UNINJURED. DRIVER 1 ADVISED HE SAW UNIT 2 ENTER THE NORTHBOUND LANES AS IF IT WAS PASSING OTHER VEHICLES. DRIVER 2 ADVISED THAT SHE WAS BLOWN INTO THE SOUTHBOUND LANES. DURING THIS TIME THE WIND WAS COMING FROM THE WEST WITH HEAVY RAIN. DRIVER FOR UNIT 2 HAD POSSIBLE INJURIES AND WAS TRANSPORTED BY SAUK PRAIRIE AMBULANCE TO SAUK PRAIRIE HOSPITAL. BOTH UNITS WERE REMOVED BY BILL'S TOWING. WITNESS, MICHAEL MILLER, OBSERVED UNIT 2 CROSS THE CENTER LINE AND STRIKE UNIT 1, CONFIRMING THE DRIVER OF UNIT 1'S NARRATIVE.

Crash Date 08/07/2021
Crash Time 05:16 PM

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 08/07/2021

Crash Time 05:16 PM

Location ===									
ON USH12 EB				Latitude			Longitud	de	
0.44 MI N				43.29940	64245		-89.759	9012335	
OF USH12 EB				X Coordin	nate		Y Coord	 linate	
IN THE TOWN OF PRAIRI	E DU SAC			276207,40625 4797767.5					
IN SAUK COUNTY				Structure Type					
				1	UCTURE				
Crash Scene									
First Harmful Event				T Eiret Harn	nful Event Lo	ncation			
MOTOR VEH IN TRANSPO	ORT			ON ROA		70811011			
Manner of Collision				Light Con					
02 - FRONT TO FRONT				DAYLIG					
Road Surface Condition(s)				Roadway					
WET				rodundy	, 40.0.(0)				
Environment Factor(s)				1					
WEATHER CONDITIONS				NONE					
Weather Condition(s)				1					
RAIN									
Animal Type				Relation 7	To Trafficwa	v			
				TRAFFIC	CWAY - O	N ROAD			
Crash Classification - Location				Crash Cla	ssification -	Jurisdiction			
PUBLIC PROPERTY				NO SPE	NO SPECIAL JURISDICTION				
TribalLand			Access Control NO CONTROL					Special Study	
Within Interchange Area	Junction Location		Intersecti	tion Type					
NO	NON-JUNCTION		NOT AN INTERSECTION						
Closure Type		Re	Reasons for Closure						
FULL CLOSURE									
Date Initial Lane/Rd Closed 08/07/2021	Time Initial Lane/Rd Close 05:16 PM	d LA	W ENFORC	CEMENT, TOW TRUCK, FIRE/EMS					
Date All Lanes Open	Time All Lanes Open	Da	Date Scene Cleared			Time Scene Cleared			
08/07/2021	06:16 PM	08	08/07/2021			06:16 PM			
Unit Summary -	•	,							
Unit Status		Vehicle (	Operating As C	Classification	3	UnitType			
IN TRANSIT		D CLAS	D CLASS			TRUCK			
Vehicle Type							Operating As Endorsements		
STRAIGHT TRUCK (INSE	RT TRUCK)								
Total Occs	Train/Bus#Recorded	Total#C	itations Issued	i	Total Trail 0	ers	Total Haz	MatTypes	
Insurance?	Direction Of Travel		re CrashTire		Speed Lin	nit	TotalLan	es	
YES	EASTBOUND		Mark	,	55		2		
Most Harmful Event: Collision	 With	Special F			1	Emergency	Motor Veh	icle Use	
MOTOR VEH IN TRANSPO	ORT	NO SPI	ECIAL FUNC	TION		NOT APPLICABLE			
Traffic Way		Traffic C	affic Control			Traffic Control Inoperative/Missing		itive/Missing	
TWO-WAY, NOT DIVIDED	NO CO	NO CONTROL				NO			
Surface Type	Road Cu	rvature		Road Gr		rade			
BLACKTOP (BITUMINOUS) STRAIGHT						LEVEL			
Truck Bus or HazMat		•							
Vehicle License Plate Number		Plate Ty	·no		St	Country of Is	Ellance		
40042X		1 -	/pe APPORTION	VED.	WI	UNITED ST			
Vehicle Identification Nu	mher	Make			Year	Model			
5 1HTMMMML2GH209		INTERNATIONAL		2016	STRAIGHT				

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#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/07/2021

Crash Time 05:16 PM

	***************************************	Color		Bod	y Style		Bus Use			
		YEL - YELLOW		1	- 2DR					
		Initial Contact Point V			Vehicle Damage					
_		09 - LEFT SIDE MIDDLE	1	7 8 9 10 11						
N	2			06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE				6 12		
5	VEHICLE	Extent Of Damage					EFISIDE	5 4 3 2 1		
	5	DISABLING DAMAGE			FRONT, 14 - UNDERCARRIAGE					
		Towed Due To Damage		Veh	Vehicle Removed By					
		TOWED DUE TO DISABLE	NG DAMAGE	BILLS TOWING						
		What Driver Was Doing		Veh	icle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other		NO.	T APPLICABLE					
		Driver Actions								
	ш	NO CONTRIBUTING ACT	ON							
_	EHICLE									
N	2									
$\neg$										
	3									
		Owner Name			Owner Address					
_		URSA MAJOR CORPORATION			6925 S 6TH ST # 100 OAK CREEK, WI 53154 , US					
2	5									
		Sequence Of Events								
		Event								
	5	MOTOR VEH IN TRANSPO	RT							
	8	Event								
	8	Event								
	9									
		Event								
	2									
		Policy Holder								
╘				nemonana	1.001.001.001.001.001.001.001.001.001.					
N		Insurance Company	CO OF CONNECTICUE		rganization/Company	OBATION				
_		TRAVELERS-INDEMNITY-	CO-OF-CONNECTICOT	_ U	RSA MAJOR CORF	ORATION				
		Individual								
		Driver	ненопиновиновиненовиновиновиновиновиновиновиновиновинови	arrestration arrest	itations issued	Sex		ianenanenanenanenanenanenanenanen		
		ALBERT L SMITH JR				MALE				
	₹				ate of Birth	Race				
	D A				ate of Sital	WHITE				
늘	5	A J J			Drivert icense Number					
Š	ā	Address 5211 BYRNE ROAD			AND					
	NON	FITCHBURG, WI 53575 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
			•	<u> </u>						
	Ça	On Duty fety Equipment	Crash	S	afety Equipment					
	~~				SHOULDER & LAP BELT					
		Row	Seat Position	S						
		01 - FRONT ROW	07 - LEFT							
		HelmetUse			Helmet Compliance					
		Eye Protection		T	int Compliance					
_		Injury Se	verity	A	irbag					
2	8	<b>Injury</b> no api	PARENT INJURY	N	ON DEPLOYED					
		Ejected	Ejection Path				Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP	PLIC	ABŁE		NOT TRAPPED			
		Medical Transport			MS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		-	me udeney menning		=mo stona			
	*HHE	HOWEVE WILLIAM		- 1			I			

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital			Date of Death		Time of Death			
		Distracted By NO	racted By Source T APPLICABLI	E (NOT DISTRA	(CTED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist	ing Unit#	Location						
		Prior Action								
		Action								
<u></u>	MAL									
LIND	NDWIDUAL									
	INI									
		Action Other								To/From School
		Sus	pected Alcohol U	SA	Suspected Drug Use					
	1	Drug & Alcohol No	pected Alcohol C		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		Alcohol Test Results		:Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type Drug Test Resu		est Results	lts			
2	001	Drug Type				•				
	Individual Condition									
		APPEARED NORMAL								
	Uni	t Summary								
		Status 'RANSIT			/ehicle Operating As Class D CLASS	sification		Unit Type AUTOMOE	BILE	
05		cle Type ORT) UTILITY VEHICLE						Operating A	s Endorsem	ents
		lOccs	Train/Bus#Red	I '	Total#Citations Issued Total 0 0			Trailers Total Haz		latTypes
_	Insu	Insurance? Direction Of Travel			Tic Clushine   ·		Speed Lim	nit	Total Lanes	3
LINO		t Harmful Event: Collision Wi		Special Function NO SPECIAL FUNCTION			Emergency NOT APPL		ile Use	
	Traffic Way				Traffic Control			Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED Surface Type			F	NO CONTROL  Road Curvature			NO Road Grade		
	BLACKTOP (BITUMINOUS)  Truck Bus or HazMat				STRAIGHT LEVEL					
	NO	N 300 07 1702N/OC								
	1	Vehicle License Plate Number		S C C C C C C C C C C C C C C C C C C C	Oleta Tues		C+ T	Country of les	anco	
		403KEA			Plate Type St WI			Country of Issuance UNITED STATES		
05	02	Vehicle Identification Numl JTMRFREV2FJ036788		1	Make TOYOTA		Year 2015	Model RAV4		
	Color RED - RED				Body Style 4D - 4DR			Bus Use		

Crash Date 08/07/2021
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		Initial Contact Point		Vehicle Damage							
E	VEHICLE	11 - LEFT FRONT CORNER		01 - RIGHT FRONT CORNER, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT			7 8 9 10 11				
UNIT	Ŧ	Extent Of Damage					6 12				
<b>–</b>	Ш	DISABLING DAMAGE		CORNER, 12 - FRONT, 14 - UNDERCARRIAGE							
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLING	G DAMAGE	BILLS TOWING							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions Control of the Contro									
	ш	SPEED TOO FAST/COND, FAILED TO KEEP IN DESIGNATED LANE									
<b>—</b>	#										
IND	¥										
<b>-</b>	VEHICLE										
9											
		OwnerName		Owner Address							
8	62	KATHLEEN K LA MASNEY		510 5TH ST BARABOO, WI 53913 , US							
0	9										
1											
		Sequence Of Events			enaenaenaenaenaenaenaenaenaen						
		Event		***************************************							
0.00	5	CROSS CENTERLINE	CROSS CENTERLINE								
		Event									
	8	MOTOR VEH IN TRANSPORT									
		Event Control of the									
9	63	Litane									
)		Front .									
	8	Event									
Ĭ		Insurance Company		Individual							
LIND											
UNIT		Insurance Company CINCINNATI-INS-CO,-THE		Individual KATHLEEN LA N	/ASNEY						
TINO		Insurance Company CINCINNATI-INS-CO,-THE Individual		Individual KATHLEEN LA N	MASNEY						
IINO		Insurance Company CINCINNATI-INS-CO,-THE		Individual KATHLEEN LA II Citations Issued	MASNEY Sex						
TINO		Insurance Company CINCINNATI-INS-CO,-THE Individual Driver		Individual KATHLEEN LA II Citations Issued 0	MASNEY Sex FEMALE						
		Insurance Company CINCINNATI-INS-CO,-THE Individual Driver		Individual KATHLEEN LA II Citations Issued	MASNEY Sex						
		Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY		Individual KATHLEEN LA IN Citations Issued 0 Date of Birth	Sex FEMALE Race WHITE						
TNU TNU		Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY Address		Individual KATHLEEN LA II Citations Issued 0	Sex FEMALE Race WHITE						
	NDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST		Individual KATHLEEN LA IN Citations Issued  Date of Birth Driver License Num	Sex FEMALE Race WHITE						
		Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY Address		Individual KATHLEEN LA IN Citations Issued  Date of Birth Driver License Num	Sex FEMALE Race WHITE						
	NDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US		Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON	Sex FEMALE Race WHITE						
	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE INDIVIDUAL Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US		Individual KATHLEEN LA IN Citations Issued  Date of Birth Driver License Num	Sex FEMALE Race WHITE						
	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US		Individual KATHLEEN LA IN Citations Issued  Date of Birth Driver License Num STATE: WISCON  Safety Equipment	Sex FEMALE Race WHITE ber SIN COUNTRY: UNITE						
_	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE INDIVIDUAL Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US		Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON	Sex FEMALE Race WHITE ber SIN COUNTRY: UNITE						
_	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Tety Equipment	rash	Individual KATHLEEN LA IN Citations Issued O Date of Birth Driver License Num STATE: WISCON Safety Equipment	Sex FEMALE Race WHITE ber SIN COUNTRY: UNITE						
	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  ofty Equipment Row	rash  Seat Position	Individual KATHLEEN LA IN Citations Issued O Date of Birth Driver License Num STATE: WISCON Safety Equipment	Sex FEMALE Race WHITE  BEIN COUNTRY: UNITE						
_	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW	rash  Seat Position	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex FEMALE Race WHITE  BEIN COUNTRY: UNITE						
_	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW	rash  Seat Position	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex FEMALE Race WHITE  BEIN COUNTRY: UNITE						
_	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW  Helmet Use	rash  Seat Position	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex FEMALE Race WHITE  BEIN COUNTRY: UNITE						
TNO	individual.	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection	rash  Seat Position  07 - LEFT	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON Safety Equipment SHOULDER & LA	Sex FEMALE Race WHITE  BEIN COUNTRY: UNITE						
TNO	INDIVIDUAL	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection	rash  Seat Position  07 - LEFT	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON  Safety Equipment SHOULDER & LA Heimet Compliance	Sex FEMALE Race WHITE ber SIN COUNTRY: UNITE						
TNO	individual.	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  City Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Seve SUSPEC	rash Seat Position 07 - LEFT	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON  Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag	Sex FEMALE Race WHITE  BET SIN COUNTRY: UNITE						
TNO	individual.	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Seve SUSPEC: Ejected  Eincluss  Injury Seve SUSPEC:	rash  Seat Position  07 - LEFT  erity TED MINOR INJURY	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON  Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE	Sex FEMALE Race WHITE  BELT  T	D STATES					
TNO	individual.	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Seve SUSPEC: Ejected  Eincluss  Injury Seve SUSPEC:	rash  Seat Position 07 - LEFT  erity TED MINOR INJURY jection Path	Individual KATHLEEN LA IN Citations Issued O Date of Birth Driver License Num STATE: WISCON  Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE	Sex FEMALE Race WHITE  BIN COUNTRY: UNITE  AP BELT  T	D STATES					
TNO	individual.	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Seve SUSPECTED NOT EJECTED	rash  Seat Position 07 - LEFT  erity TED MINOR INJURY jection Path	Individual KATHLEEN LA IN Citations Issued 0 Date of Birth Driver License Num STATE: WISCON  Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE	Sex FEMALE Race WHITE  BIN COUNTRY: UNITE  AP BELT  T	D STATES  rapped/Extricated					
TNO	individual.	Insurance Company CINCINNATI-INS-CO,-THE Individual Driver KATHLEEN K LA MASNEY  Address 510 5TH ST BARABOO, WI 53913 , US  Cety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Seve SUSPECT Ejected NOT EJECTED Medical Transport	rash  Seat Position 07 - LEFT  erity TED MINOR INJURY jection Path	Individual KATHLEEN LA IN Citations Issued O Date of Birth Driver License Num STATE: WISCON  Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE PLICABLE EMS Agency Identif	Sex FEMALE Race WHITE  Der SIN COUNTRY: UNITE  AP BELT  T N	D STATES  rapped/Extricated					

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Crash Date 08/07/2021

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		Distracted By	Distracted By Source NOT APPLICABLE	e .E (NOT DISTRA	CTED)			
		Distracted By Action NOT DISTRACTED	)					
		Non Motorist	Striking Unit#	Location				
		Prior Action						
		Action						
UNIT	INDIVIDUAL							
Ś	NON							
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alcohol ( NO	jse	Suspected Drug Use NO			•
		AlcoholTestGiven TEST NOT GIVEN		AlcoholTestType	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results			
05	88	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					
	Wit	ness -						
01	Indiv	ridual HAEL DAVID MILLE	ER .		Address E11793 GALL RD BARABOO, WI 53913	116		Date of Birth
WITN					DANABOO, 191 33813	, 03		