## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Primary Crash Document#	Agency Crash Number 21-07457	Investigating Officer/De DEPUTY A. MEEKE	
78	Crash Date 08/08/2021	Crash Time 02:23 PM	Date Arrived 08/08/2021	Time Arrived 02:47 PM	
6   LUD94282	Date Notified 08/08/2021	Time Notified 02:26 PM	Total Units 04	Total Injured Total	Killed
	On Emergency Hit	and Run Lane Closu		Trailer or Tower	Reporting  Threshold
٥	Government Property	Active School Zone	School Bus Related NO	Tags	
	Reportable	Crash Type DT4000 (STANDARD CRASH	)	Amended	Secondary  Crash
Į	Description				
	Diagram 2	drawing not to scale		Photos By	·
	3 190/94			NONE	Information
•	ALL UNITS WERE TRAVELING EAS ENDED. UNITS #3 AND #4 REPORT	nt officer, agree that I have no T BOUND. UNIT #2 REPORTED THE ED BEING REAR ENDED. UNIT #1 S THE SIDE OF THE ROAD. UNIT #1 WA	TRAFFIC CAME TO A STOP QUIC AID HE WAS EAST BOUND, TRAF	CKLY AND SHE ABLE TO BRE FFIC CAME TO A STOP AS H	E LOOKED AT A CAMPER AND

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

Crash Date 08/08/2021

	Location <b>—</b>								
-	ON 1H90 EB				Latitude			Longitu	
	0.28 MI W				43.54858	82382		-89.669	9930426
	OF VAN HOOSEN RD IN THE TOWN OF FAIRF	BELD			X Coordin	ate		Y Coord	dinate
	IN SAUK COUNTY	1ELD			284320.3	34375		482520	00.5
					Structure	Туре		•	
(	Crash Scene								
1	First Harmful Event				FirstHarm	nful Event Lo	cation		
	MOTOR VEH IN TRANSF	PORT		ON ROADWAY Light Condition					
Ì	Manner of Collision								
	03 - FRONT TO REAR				DAYLIG	HT			
İ	Road Surface Condition(s)				Roadway Factor(s)				
	DRY				_				
	Environment Factor(s)								
	NONE				BACKUP DUE TO REGULAR CONGESTION			TION	
ľ	Weather Condition(s)				1				
	CLOUDY, RAIN								
ŀ	Animal Type				Relation To Trafficway				
	O				TRAFFICWAY - ON ROAD				
	Crash Classification - Location -	on		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
•	Tribal Land		Access Control NO CONTROL			Special Study			
	Within Interchange Area	Junction Location		Intersection					
	NO	NON-JUNCTION		NOT AN	INTERSE	CTION			
١	Unit Summary 🗨								
	Unit Status			erating As C	lassification	1	UnitType		
	IN TRANSIT		D CLASS		AUTOMOBILE				
-	Vehicle Type	N. F			Operating As Endorsements			ments	
	(SPORT) UTILITY VEHIC	Train/Bus#Recorded	T-1-1#0%-	42 1	1	Total Traile		TatalUa	TMat Turas
	Total Occs 03	rain/Bus#Recorded	0	tions Issued	t	0	ers	0	zMat Types
ŀ	Insurance?	Direction Of Travel	Pro	CrashTire		Speed Lim	nit	TotalLar	 1es
.	YES	EASTBOUND		Mark	,	70		04	
	Most Harmful Event: Collision	n With	Special Fur				Emergency		
<b>'</b>	MOTOR VEH IN TRANS	PORT		IAL FUNC	TION		NOT APP		
	Traffic Way		Traffic Con					rol Inopera	ative/Missing
	DIVIDED HWY W/O TRAI	FFIC BARRIER	NO CONT				NO		
	Surface Type	1101	Road Curva				Road Grade	•	
	BLACKTOP (BITUMINO) Truck Bus or HazMat		STRAIGH				LEVEL		
	NO								
0.0000000000000000000000000000000000000	Vehicle	KOCKBOOK OCKBOOK OCKBOOK O	K	eren erenen	*******	*****			ESISTERIS ERECENTERIS ESISTESISTE
0.000	License Plate Number		Plate Type	)		St	Country of Is	suance	
0	AJH7601		AUT - AU	JTOMOBIL	.E	WI	UNITED ST	TATES	
0.0000000000000000000000000000000000000	Vehicle Identification N	lumber	Make			Year	Model		
20000000	る IGNEK13R0VJ4224	486	CHEVRO	LET		1997	TAHOE		
-0-000	Color BLK - BLACK		Body Style	ORT UTILI	TY VEHIC	l F	Bus Use		
00000000	Initial Contact Point		Vehicle Da					<u> </u>	
200000000				··-g-					7 8 9 10 11
;	2 Extent Of Damage		12 - FRC	12 - FRONT					6 12
•	12 - FRONT Extent Of Damage MINOR DAMAGE								5 4 3 2 1

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OWNER				
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
	H	OTHER CONTRIBUTING A	CTION					
N	≌							
$\neg$	VEHICLE							
		OwnerName		Owner Address				
2	5	GAGE ROBERT HEINSON (262) 902-7540		8425 STATE ROA				
0		(202) 002-10-10			,			
		Sequence Of Events						
	5	MOTOR VEH IN TRANSPO	RT					
	8	Event						
		Event						
	8							
	3	Event						
		l Policy Holder						
N		Insurance Company		Individual				
⋾		PROGRESSIVE-MUTUAL-I	NS-CO-(ATTN:-AUTO-U	I				
		Individual						
		Driver		Citations Issued	Sex			
		<u>CONTROL OF THE PROPERTY OF TH</u>		Citations issued  0	Sex MALE			
<b>-</b>		Driver		Citations Issued	Sex			
TINI		Driver GAGE ROBERT HEINSON Address		Citations issued  0	Sex MALE Race WHITE			
LINIT		Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38	<b>9</b>	Citations issued  0  Date of Birth  Driver License Numbe	Sex MALE Race WHITE			
TINO	INDIVIDUAL	Driver GAGE ROBERT HEINSON Address	<b>S</b>	Citations issued  0  Date of Birth	Sex MALE Race WHITE			
TINO		Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108, U		Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI	Sex MALE Race WHITE			
TINO	INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38		Citations issued  0  Date of Birth  Driver License Numbe	Sex MALE Race WHITE			
TINO	INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108, U  Cety Equipment Row	Crash Seat Position	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI	Sex MALE Race WHITE N COUNTRY: UNI			
TINO	INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108, U  Fety Equipment Row 01 - FRONT ROW	Crash	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP	Sex MALE Race WHITE N COUNTRY: UNI			
TINO	INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108, U  Cety Equipment Row	Crash Seat Position	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment	Sex MALE Race WHITE N COUNTRY: UNI			
LIND	INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108, U  Fety Equipment Row 01 - FRONT ROW	Crash Seat Position	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP	Sex MALE Race WHITE N COUNTRY: UNI			
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108, U  Cety Equipment  Row 01 - FRONT ROW  Heimet Use  Eye Protection	Seat Position 07 - LEFT	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	Sex MALE Race WHITE N COUNTRY: UNI			
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108, U  On Duty C  ety Equipment  Row 01 - FRONT ROW  Heimet Use  Eye Protection	Seat Position 07 - LEFT	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag	Sex MALE Race WHITE N COUNTRY: UNI			
	INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , U  Pety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO APP	Seat Position 07 - LEFT	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	Sex MALE Race WHITE N COUNTRY: UNI			
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , U  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Ejected Egected  Injury Ejected E	Seat Position 07 - LEFT	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE N COUNTRY: UNI	TED STATES		
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , U  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury NO APP. Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  verity  ARENT INJURY  Ejection Path	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE N COUNTRY: UNI BELT	TED STATES		
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , U  Pety Equipment Row 01 - FRONT ROW Heimet Use Eye Protection  Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT  verity  ARENT INJURY  Ejection Path	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Sex MALE Race WHITE N COUNTRY: UNI BELT	Trapped/Extricated NOT TRAPPED EMS Run#		
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , U  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury NO APP. Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  verity  ARENT INJURY  Ejection Path	Citations issued 0 Date of Birth Driver License Numbe STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE N COUNTRY: UNI BELT	Trapped/Extricated NOT TRAPPED		
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , U  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Verity ARENT INJURY Ejection Path NOT EJECTED/NOT APP	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED  PLICABLE EMS Agency Identifier Date of Death	Sex MALE Race WHITE N COUNTRY: UNI BELT	Trapped/Extricated NOT TRAPPED EMS Run#		
	g INDIVIDUAL	Driver GAGE ROBERT HEINSON  Address 8425 STATE ROAD 38 CALEDONIA, WI 53108 , U  CONTROL ON DUTY OF THE PROPERTY OF THE PROPERT	Seat Position 07 - LEFT  Verity ARENT INJURY Ejection Path NOT EJECTED/NOT APP	Citations issued 0 Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED  PLICABLE EMS Agency Identifier Date of Death	Sex MALE Race WHITE N COUNTRY: UNI BELT	Trapped/Extricated NOT TRAPPED EMS Run#		

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

		Non Motorist	Unit#	Location						
		Prior Action		1						
		Action								
	j									
TINO	INDIVIDUAL									
בֿ	20									
	ź									
		Action Other						To/From School		
		Suspec	ted Alcohol L	Jse	Suspected Drug Use					
	1	Drug & Alcohol NO		I North of Toronto	NO		I Nicola I Tana Dana da			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	•			
2	9	Drug Type		•						
		Individual Condition								
		APPEARED NORMAL								
		  ndividual								
		Passenger	ZEMOVI		Citations Issued	Sex				
	IAL	SARA ĚLIZABETH KUBISZEWSKI			0 Date of Birth	FEMALE Race				
TNO	M	Address			Driver License Number	WHITE				
_	INDIVIDUAL	10055 S MCGRAW DR OAK CREEK, WI 53154 ,	US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	ety Equipment On Duty	Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP I	BELT				
		HelmetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
۶	<b>3</b> 005	Injury Se I <b>njury</b> NO AP	everity	N. II. IBV	Airbag					
_	9	Ejected	Ejection Pa	ıth.	NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED  Medical Transport	NOT EJE	CTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
					Date of Death		, and or Death			
		Distracted By	ed By Source	e						
		Distracted By Action								
		Non Motorist Striking	Unit#	Location						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

		Prior Action									
İ		Action									
	NDIVIDUAL										
l <u>⊢</u>	ä										
EN S	፭										
	불										
		Action Other						To/From School			
		Suspec	ted Alcohol U	ise	Suspected Drug Use						
	1	Drug & Alcohol NO	ica / nochare	,,,,	NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results				
		Drug Test Given		Drug Test Type		Drug Test Results	<u> </u> 3				
		TEST NOT GIVEN									
2	80	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		AFFEARED NORMAL									
		ndividual									
		Passenger JORDON J KERNAN ERIC	KSON		Citations issued  0	Sex MALE					
	3	(715) 225-7656			Date of Birth	Race WHITE					
EN S		Address			Driver License Numbe						
>	INDIVIDUAL	1608 BEVERLY HILLS DR EAU CLAIRE, WI 54701,									
		End denite, morror,	00								
		On Duty	Crash		Safety Equipment						
	341	ety Equipment	SeatPo	-161	SHOULDER & LAP	REI T					
		02 - SECOND ROW	07 - LE		SHOULDER & LAP BELT						
		Helmet Use	•		Helmet Compliance						
		Eye Protection			Tint Compliance						
		injury Se	ovorih:		Airbag						
2	88	<i>Injury</i> NO AP	PARENT I	NJURY	NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport	MOI EVE	CTED/NOT AFF	EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED									
		Hospital			Date of Death		Time of Death				
		Distracted By	ed By Source	<del>)</del>	1		1				
		Distracted By Action									
		Non Motorist	Unit#	Location							
		Prior Action									

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

Crash Date 08/08/2021

LINO	INDIVIDUAL	Action										
		Action Other								To/From School		
	1	Drug & Alcohol No	pected Alcohol U		Suspected Drug Use NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Tes	tResults				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug T	est Results					
5	003	Drug Type										
		Individual Condition										
		APPEARED NORMAL										
	Unit	t Summary										
	Unit Status IN TRANSIT				Vehicle Operating As Classification D CLASS			Unit Type <b>AUTOMOI</b>	BILE			
05		cle Type	<b>I</b>				Operating A	s Endors	ements			
0	_	ORT) UTILITY VEHICLE	Train/Bus#Re				Total Traile		T-4-111-	-NA-4T		
	04	lOccs		0	0 0		0		0	zMat Types		
⊨	YES		Direction Of Tra		Mark 70		Speed Lim	04				
LINO	MO.	tHarmfulEvent: Collision Wi FOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
		fic Way <b>DED HWY W/O TRAFFI</b> t	C BARRIER	"	raffic Control  O CONTROL			Traffic Control Inoperative/Missing NO				
		ace Type (CKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade				
	Truc	k Bus or HazMat	•		, and the second							
	NO.	Vehicle										
		License Plate Number			Plate Type		St	Country of Is	suance			
		CK53090			AUT - AUTOMOBILE		IL	UNITED ST				
05	02	Vehicle Identification Numb 5LM5J7XC8MGL10138			∕lake LINCOLN	- 1	I	Model AVIATOR				
		Color BLK - BLACK		I	Body Style JT - SPORT UTILITY V	/EHICL		Bus Use				
_	Щ	Initial Contact Point  06 - REAR		\	/ehicle Damage					7 8 9 10 11		
TINO	VEHICL	Extent Of Damage MINOR DAMAGE			06 - REAR					6 12 5 4 3 2 1		
		Towed Due To Damage NOT TOWED		I	/ehicle Removed By DPERATOR							
		What Driver Was Doing GOING STRAIGHT										

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Crash Date 08/08/2021

					Vehicle F	actors			
		Driver Prior Action Other			NOT AP	PLICABLE			
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTI	ON	'					
05	02	OwnerName STACEY A ORZEL (219) 742-2951			3285	er Address 54 WEATHERV EMOOR, IL 60			
		L Sequence Of Events							
	5	Event MOTOR VEH IN TRANSPO	ORT	***************************************		***************************************	***************************************	***************************************	
	ឌ	Event							
	8	Event							
	8	Event							
⊨		Policy Holder							
EN C		Insurance Company ALLSTATE-INS-CO			Individ: STAC	ual EY ORZEL			
		Driver SAMANTHA J SALATO			Citation 0	ns Issued	Sex FEMALE		
_	N N	(708) 214-7228		Date of	f Birth	Race			
LIND	NDMIDUA	Address 2337 TRAILSIDE LN WAUCONDA, IL 60084 , t	JS		Drivert icense Number  STATE: ILLINOIS COUNTRY: UNITED STATES				
	Sai	I On Duty    On Duty	Crash		Safety	Equipment			
		Row 01 - FRONT ROW	SeatPosi 07 - LEF		знои	LDER & LAP E	BELT		
		Helmet Use			Helmet	Compliance			
		Eye Protection			TintCo	mpliance			
05	ğ	Injury Se Injury NO AP	PARENT INJ		Airbag NON I	DEPLOYED			
		Ejected NOT EJECTED	Ejection Path	TED/NOT APF				Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED				gency identifier		EMS Run#	
		Hospital			Date of	Death		Time of Death	
		Distracted By NOT APPLICABLE (NOT DIST			ACTED)				
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Location						

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Crash Date 08/08/2021

		Prior Action								
İ		Action								
	4									
LND	NDIVIDUA									
ź										
	=									
		Action Other						To/From School		
								10/210/1130/100/		
	1	Drug & Alcohol NO	ted Alcohol t	Jse	Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type	9		Alcohol Test Results			
		TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN		Drug Test Type	⇒ Drug Test Resu		<u> </u>			
<b>.</b> .	_	Drug Type								
8	8	Diag type								
		Individual Condition								
		APPEARED NORMAL								
		l Individual								
		Passenger STACEY A ORZEL			Citations Issued  0	Sex FEMALE				
	INDIVIDUA	(219) 742-2951			Date of Birth	Race				
S		Address			Driver License Number					
		32854 WEATHERVANE L LAKEMOOR, IL 60051 , I			STATE: ILLINOIS O	OUNTRY: UNITE	D STATES			
		0-0-1	Cunnin		Sefety Equipment					
	Sai	On Dut fety Equipment	Crasn		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	902	Injury S	everity		Airbag					
02	8	ITIJUTY NO AF	PARENT I		NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED	-	CTED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By	ed By Sourc	<del>0</del>						
		Distracted By Action								
		Non Motorist	UNIT#	Location						
l	asam)	PriorAction								

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TINO	INDIVIDUAL	Action						
		Action Other						To/From School
	1	Drug & Alcohol NO	ected Alcol	hol Use	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3	
05	900	Drug Type						
		Individual Condition						
	J	Passenger KAHRSTEN A GEARY (708) 214-7228				Sex FEMALE		
╘	3				Date of Birth	Race WHITE		
TIND	NDWIDUAL	Address 2337 TRAILSIDE LN WAUCONDA, IL 60084	, us		Driver License Number	·		
	Sai	ety Equipment	uty Crash		Safety Equipment			
		Row 02 - SECOND ROW		at Position - <b>LEFT</b>	SHOULDER & LAP	BELT		
		HelmetUse	•		Helmet Compliance			
		Eye Protection			TintCompliance			
05	98	<b>Injury</b> NO A		IT INJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection NOT E	n Path EJECTED/NOT APPL			Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run#	
		Hospital			Date of Death		Time of Death	
		Distracted By	acted By So	ource				
		Distracted By Action						
	Non Motorist Striking Unit# Location							
		Prior Action						

Crash Date 08/08/2021
Crash Time 02:23 PM

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Crash Date 08/08/2021

LIND	INDIVIDUAL	Action								
		Action Other						To/From School		
	1	Drug & Alcohol NO	ted Alcohol U		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Drug Test Results	Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug TestType						
05	900	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger			Citations Issued Sex					
	7	KORHÝN V GEARY (708) 214-7228	(708) 214-7228			FEMALE				
<u>.</u>	8				Date of Birth	Race WHITE				
TIND	INDIVIDUAL	Address 2337 TRAILSIDE LN WAUCONDA, IL 60084 , I	JS		Driver License Number					
	Sai	Cn Duty Tety Equipment	Crash		Safety Equipment					
		Row 02 - SECOND ROW	Seat Pos 09 - RIO		SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
05	8	Injury S Injury NO AP	everity	V	Airbag NON DEPLOYED					
		Ejected	Ejection Pat	th	1		Trapped/Extricated			
		NOT EJECTED  Medical Transport	NOT EJEC	CTED/NOT APPL	.ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#			
		NOT TRANSPORTED			Enongency demand		Live stells			
		Hospital			Date of Death		Time of Death			
		Distracted By	ed By Source	,						
		Distracted By Action								
		Non Motorist	Unit#	Location						
		Prior Action								

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Crash Date 08/08/2021

UNIT	NDIVIDUAL	Action								
		Action Other								To/From School
	1	Drug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	ype			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	•	Drug 1	Test Results	3		
02	200	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		t Summary								
		Status <b>'RANSIT</b>			Vehicle Operating As Class D CLASS	ification		Unit Type AUTOMOI	BILE	
03		icle Type SSENGER CAR					Operating A	s Endorser	ments	
	Tota	Il Occs	Train/Bus#Re	corded	Total # Citations Issued Total Traile 0 0		ers	Total Hazi	Mat Types	
_	Insu YES	rance?	Direction Of Tra EASTBOUND		Pre CrashTire  Mark		Speed Lin	nit	Total Lane	es
TNU		t Harmful Event: Collision W TOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTIO	N		NOT APPI		icle Use
		fic Way DED HWY W/O TRAFFI	C BARRIER		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing		
		ace Type ACKTOP (BITUMINOUS)	ı		Road Curvature STRAIGHT			Road Grade LEVEL		
	Truc	k Bus or HazMat						1		
		Vehicle				evevev.	cececece			
		License Plate Number BRS173			Plate Type AUT - AUTOMOBILE		St MN	Country of Is UNITED ST		
03	63	Vehicle Identification Numb 1G1ZB5E17BF344143	oer		Make CHEVROLET		Year 2011	Model MALIBU		
		Color GRY - GRAY			Body Style SD - SEDAN			Bus Use		
_	GRY - GRAY  Initial Contact Point			Vehicle Damage					7 8 9 10 11	
HNO	Initial Contact Point  O			06 - REAR, 12 - FRON	T				6 12 5 4 3 2 1	
	Towed Due To Damage NOT TOWED			Vehicle Removed By  OPERATOR						
		What Driver Was Doing GOING STRAIGHT			Vehicle Factors					
	GOING STRAIGHT  Driver Prior Action Other			NOT APPLICABLE						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

INN	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION					
03	03	Owner Name TESS ALEXANDRA VOSS	SEN	Owner Address 15832 COBBLECREST DR KIMBALL, MN 55353 9650, US				
		Sequence Of Events						
		Event					1010	
	5	MOTOR VEH IN TRANSPO	ORT					
	05	Event						
	63	Event						
	8	Event						
		Policy/Holder						
E N		Insurance Company		la di data al				
5		STATE-FARM-GENERAL-	INS-CO	Individual TESS VOSSEN				
			-1110-00	TEGG VOGGEN				
		Individual						
		Driver ALEXANDER PHILIP HAR	TED	Citations Issued	Sex			
	4	ALEXANDER PHILIP HAR	IEK	0	MALE			
⊢	INDIVIDUAL			Date of Birth	Race			
N N	2	Address		Driver License Numb	per		_	
_	Z	6880 MEADOWBROOK B SAINT LOUIS PARK, MN !		STATE: MINNESC	TA COUNTRY: UN	ITED STATES		
		·	,					
	Sai	On Duty ety Equipment	Crash	Safety Equipment				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance			_	
		Eye Protection		Tint Compliance			_	
		Injury Se	ouesite	Airbag			_	
03	800	Injury NO AP	PARENT INJURY	NON DEPLOYED				
		Ejected	Ejection Path	•		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT API			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie	∋ĭ	EMS Run#		
		Hospital		Date of Death		Time of Death		
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	ACTED)				
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Unit# Location					
		Prior Action						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

TINO	INDIVIDUAL	Action								
		Action Other						To/From School		
	1	Drug & Alcohol NO	cted Alcohol C	Jse	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				
8	800	Drug Type								
		Individual Condition								
		APPEARED NORMAL	APPEARED NORMAL							
		Individual								
		Passenger TESS ALEXANDRA VOSSEN  Address 15832 COBBLECREST DR KIMBALL, MN 55353 9650, US			Citations issued	itations issued Sex				
	₹				Date of Birth	Race				
⊨	0									
TINO	INDIVIDUAL				Driver License Number STATE: MINNESOTA	A COUNTRY: UN	ITED STATES			
	Sai	On Dut ety Equipment	y Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po 09 - Ri		SHOULDER & LAP	BELT				
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
03	600	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED					
		Ejected NOT EJECTED	NOT EJE	ith CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By	ted By Source	e			•			
		Distracted By Action								
		Non Motorist	Unit#	Location						
		Prior Action								

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

LIND	INDIVIDUAL	Action Other								To/From School
	1	Drug & Alcohol NO	pected Alcohol U	Jse Alcohol Test Ty	Suspected Drug Use			Alcohol Tes	t Possilts	
		TEST NOT GIVEN		Alcohol restry	γρ <del>e</del>			Alcoholies	(IVesuits	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	}	Drug <sup>2</sup>	Test Results	<u> </u>		
03	600	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Uni	t Summary								
		Status			Vehicle Operating As Class	ification		UnitType		
	IN T	TRANSIT			D CLASS			AUTOMOBILE		
04		icle Type				Operating A	s Endorse	ments		
Ó	PAS	SSENGER CAR								
	Tota	Il Occs	Train/Bus#Re	corded	Total#Citations Issued TotalTraile 0		0			
⊨	Insu YES	urance? Direction Of Travel S EASTBOUND			Pre CrashTire  Mark		Speed Limit 70		TotalLanes 04	
LNO	MO.	t Harmful Event: Collision Wi TOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		fic Way IDED HWY W/O TRAFFI	C BARRIER		Traffic Control NO CONTROL			Traffic Cont	rol Inopera	itive/Missing
		ace Type ACKTOP (BITUMINOUS)	)		Road Curvature STRAIGHT			Road Grade LEVEL		
	Truc <b>NO</b>	k Bus or HazMat						1		
		Vehicle			I Distanting		St	Country of	-Juane-	
		License Plate Number CQ89519			Plate Type AUT - AUTOMOBILE		IL.	Country of Issuance UNITED STATES		
94	8	Vehicle Identification Numb 5NPDH4AE1DH234667			Make HYUNDAI		Year 2013	Model SONATA		
		Color SIL - SILVER (ALUMIN	IUM)		Body Style 4D - 4DR			Bus Use		
_	Щ	Initial Contact Point			Vehicle Damage					7 8 9 10 11
<b>HNO</b>	VEHICLE	06 - REAR Extent Of Damage MINOR DAMAGE			06 - REAR, 12 - FRONT					6 T2 S 2 1
		Towed Due To Damage NOT TOWED			Vehicle Removed By  OWNER					
		What Driver Was Doing			Vehicle Factors					
		GOING STRAIGHT  Driver Prior Action Other			NOT APPLICABLE					
		1			1					

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

	\$2000 \$2000	Driver Actions	201				
	Ш	NO CONTRIBUTING ACT	ION				
H	E E						
5	I						
_							
		OwnerName		Owner Address			
		COURTNEY M MILLER		618 S MASON S	ST		
9	2	(815) 681-8799		SHEFFIELD, IL	61361 , US		
		Sequence Of Events					
	5	Event MOTOR VEH IN TRANSP	IORT				
	9	MOTOR VEH IN TRANSF	OKI				
	8	Event					
	•						
		Event					
	8						
		Event					
	8	270111					
		Policy Holder					
NN		Insurance Company		Individual			
_		COUNTRY-PREFERRED-	INSURANCE-CO	COURTNEY MILL	.ER		
		Individual					
		Driver		Citations Issued	Sex		
		COURTNEY M MILLER		0	FEMALE		
	4	(815) 681-8799		Date of Birth	Race		
	7			Date of Billin	WHITE		
Ž	INDIVIDUA	Address		Duly and Japanes Mysest			
5	ā	618 S MASON ST		Driver License Numb	ber		
	Z	SHEFFIELD, IL 61361 , L	JS	STATE: ILLINOIS COUNTRY: UNITED STATES			
				1			
	33111H	1					
		On Dut	y Crash	Safety Equipment			
	Sa	On Dut fety Equipment	y Crash				
	Sa	fety Equipment Row	Seat Position	Safety Equipment SHOULDER & LA	P BELT		
	Sa	fety Equipment	- 		P BELT		
	Sa	fety Equipment Row	Seat Position		P BELT		
	Sa	Row 01 - FRONT ROW	Seat Position	SHOULDER & LA	P BELT		
	Sa	Row 01 - FRONT ROW	Seat Position	SHOULDER & LA	P BELT		
		Row 01 - FRONT ROW HeimetUse	Seat Position	SHOULDER & LA Helmet Compliance Tint Compliance	IP BELT		
4		Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & LA	IP BELT		
04		Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & LA Helmet Compliance Tint Compliance			
04		Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & LA Helmet Compliance Tint Compliance Airbag		Trapped/Extricated	
04		Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S	Seat Position 07 - LEFT Severity PPARENT INJURY	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED		Trapped/Extricated NOT TRAPPED	
04		Row 01 - FRONT ROW HelmetUse Eye Protection Injury S Injury NO AF Ejected NOT EJECTED	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED		NOT TRAPPED	
04		Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S NO AF	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED			
04		Row 01 - FRONT ROW HelmetUse Eye Protection Injury Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identifi		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW Helmet Use Eye Protection Injury S NO AF Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED		NOT TRAPPED	
04		Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW HelmetUse Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By NOT A	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW HelmetUse Eye Protection Injury S Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By Action NOT DISTRACTED Striking	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW HelmetUse Eye Protection Injury S Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By Action	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW HelmetUse  Eye Protection  Injury S NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By Action NOT DISTRACTED  Non Motorist	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	
04		Row 01 - FRONT ROW HelmetUse Eye Protection Injury S Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By Action NOT DISTRACTED Striking	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PPLICABLE  EMS Agency Identifi  Date of Death		NOT TRAPPED EMS Run#	

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

TIND	INDIVIDUAL	Action							
		Action Other						To/From School	
	1	Drug & Alcohol NO	cted Alcohol C	Jse	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol TestResu∦s		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
24	010	Drug Type		I		I.			
		Individual Condition							
		APPEARED NORMAL							
		Individual							
		Passenger ADDELYNN C MILLER			Citations Issued	Sex			
	Ħ	(815) 681-8799		Date of Birth	FEMALE Race				
⊨	₫					WHITE			
TIND	INDIVIDUA	Address 618 S MASON ST SHEFFIELD, IL 61361 , US			Driver License Number				
	Sai	On Dut	y Crash		Safety Equipment				
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP I	BELT			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
9	ш	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED				
		Ejected NOT EJECTED	NOT EJE	ith CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By	ted By Source	÷	•		-		
		Distracted By Action							
		Non Motorist	Unit#	Location					
		Prior Action							

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

		r							
		Action							
	7								
⊨	NDIVIDUAL								
Ę	×								
_	9								
		Action Other						To/From School	
		Suspec	ted Alcohol U	Jse	Suspected Drug Use				
	1	Drug & Alcohol No			NO				
		Alcohol Test Given		Alcohol Test Type	•		Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN		Biog restrype		Diag (estivesals			
8	Ξ	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		i Individual							
		Passenger			Citations issued Sex				
	7	WARRÉN A MILLER (815) 681-8799		0	MALE				
_	INDIVIDUAL				Date of Birth	Race WHITE			
FNS	3	Address 618 S MASON ST SHEFFIELD, IL 61361 , US			Driver License Numb	er			
_	Z								
		On Duty	Crash		Safety Equipment				
	341	fety Equipment			SHOULDER & LAI	D DEL T			
		Row 02 - SECOND ROW	SeatPo		SHOOLDER & LA	PELI			
		Helmet Use			Helmet Compliance				
		Eye Protection			TintCompliance				
9	0.12	Injury Se	eventy PARENT II	NJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Pa	ıth.	ICARI E		Trapped/Extricated		
		NOT EJECTED  Medical Transport	MOLESE	CTED/NOT APPL	.ICABLE EMS Agency Identifie	er .	NOT TRAPPED EMS Run#		
		NOT TRANSPORTED				•			
		Hospital			Date of Death		Time of Death		
		Distracted By	ed By Source	<del></del>	l				
		Distracted By Action							
				14 0					
		Non Motorist	unit#	Location					
		Prior Action							
	4000000	ı							

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

LIND	INDIVIDUAL	Action								
		Action Other					To/From School			
	1	Drug & Alcohol NO	ted Alcohol Use	Suspected Drug Use NO	1					
		AlcoholTestGiven TEST NOT GIVEN	Alcohol Test	Туре		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	Drug Test Ty	уре	Drug Test Results					
94	012	Drug Type								
		Individual Condition								
		APPEARED NORMAL	APPEARED NORMAL							
		Individual								
		250150100000000000000000000000000000000								
		Passenger WESTON S MILLER		Citations Issued	1					
		(815) 681-8799		0	- 1					
	5	(,		Date of Birth	Race WHITE	Kace   WHITE				
╘	9									
IND	INDIVIDUAL	Address 618 S MASON ST SHEFFIELD, IL 61361 , US		Driver License Numb	per					
	Sai	On Duty ety Equipment	Crash	Safety Equipment						
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	SHOULDER & LA	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance	Heimet Compliance					
		Eye Protection		Tint Compliance	TintCompliance					
9	013	Injury So	everity PARENT INJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT A	APPLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifi	er	EMS Run#					
		Hospital		Date of Death		Time of Death				
		Distracted By	ed By Source	l						
		Distracted By Action								
	THEFT									
		Non Motorist	Unit# Location							

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

TIND	NOMPUAL	Action					
		Action Other		_			To/From School
	Ì	Drug & Alcohol NO	ted Alcohol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Typ	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug TestType		Drug Test Results	<u> </u>	
2	013	Drug Type	<b>'</b>		<u>'</u>		
		Individual Condition					
		APPEARED NORMAL					
		Individual					
		Passenger WAYLON C MILLER (815) 681-8799		Citations Issued Sex  0 MALE			
	3			Date of Birth	Race WHITE		
FNO	9	Address		Driver License Numbe			
5	INDIVIDUAL	618 S MASON ST SHEFFIELD, IL 61361 , U	S	Diver Econse Numbe	'		
	Sai	On Duty fety Equipment	Crash	Safety Equipment			
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP	BELT		
		Helmet Use		Heimet Compliance			
		Eye Protection		TintCompliance			
8	214	Injury Se Injury NO AP	everity PARENT INJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	
		Hospital		Date of Death		Time of Death	
		Distracted By	ed By Source			1	
		Distracted By Action					
		Non Motorist	Unit# Location				
		Prior Action					

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/08/2021

		Action					
UNIT	INDIVIDUAL						
5	INDIV						
							T
		Action Other					To/From School
	1	Orug & Alcohol NO	Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
04	014	Drug Type					
		Individual Condition					
		APPEARED NORMAL					