# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override    | Primary Crash Document      | # Agenc                                 | y Crash Number<br><b>591</b> | Investigating Off DEPUTY C. G |                        |                     |
|-----------------------------|-----------------------------|---|------------------------------|-------------------------------|------------------------|---------------------|
| Drash Date<br>08/12/2021    | Crash Time<br>05:10 PM      | Date A<br>08/12                         |                              | Time Arrived<br>05:31 PM      |                        |                     |
| Date Notified<br>08/12/2021 | Time Notified 05:10 PM      | Total U                                 | Inits                        | Total Injured 00              | Total Killi            | ed                  |
| On Emergency                | Hit and Run Lar             | ne Closure                              | ☐ Work Zone                  | Trailer or                    | Towed                  | Reporting Threshold |
| Government Property         | Active School Zo            | ne Schoo                                | l Bus Related                | Tags                          |                        |                     |
| Reportable                  | Crash Type DT4000 (STANDARD | CRASH)                                  |                              | Amended                       |                        | Secondary<br>Crash  |
| escription   Diagram        |                             |   |                              | I Do                          | constructio            | on Rv               |
| N N                         |                             |   |                              | , Re                          | CONSTRUCTO             | я: Бу               |
|                             |                             |   |                              |                               |                        |                     |
| MATTE                       |                             |   |                              | Ph                            | otos By<br>GALLAG      | HFR                 |
| S K                         |                             |   |                              | 0.                            | OALLAG                 |                     |
| Not to scale / ខ            |                             |   |                              |                               |                        |                     |
| / [                         |                             |   |                              | Ad<br>Ph                      | ditional Info<br>IOTOS | ormation            |
|                             |                             |   |                              |                               |                        |                     |
| Moon Rd                     |                             |   |                              |                               |                        |                     |
|                             | ) >                         | *************************************** |                              |                               |                        |                     |
|                             |                             |   |                              |                               |                        |                     |
|                             |                             | *************************************** |                              |                               |                        |                     |
| A / a_                      |                             |   |                              |                               |                        |                     |
|                             |                             |   |                              |                               |                        |                     |
|                             | Y                           |   |                              |                               |                        |                     |
| [1]                         | T1                          |   |                              |                               |                        |                     |
|                             | Fern Oell D                 |   |                              |                               |                        |                     |
|                             |                             |   |                              |                               |                        |                     |
| 4                           | 2.                          |   |                              |                               |                        |                     |
|                             |                             |   |                              |                               |                        |                     |
|                             |                             |   |                              |                               |                        |                     |
|                             | *****                       |   |                              |                               |                        |                     |
|                             |                             |   |                              | 1                             |                        |                     |
|                             |                             |   |                              |                               |                        |                     |
|                             |                             |   |                              |                               |                        |                     |

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Crash Date 08/12/2021

|      | Location ===                     |                     |  |   |                           |               |  |                                  |
|------|----------------------------------|---------------------|--|---|---------------------------|---------------|--|----------------------------------|
|      | ON MOON RD                       |                     |  | Latitude  |                           |               | Longitud   | de                               |
|      | 65 FT E                          | 43.5607             | 46661                                      |   | -89.782828716             |               |  |                                  |
|      | OF FERN DELL RD                  | X Coordir           | X Coordinate                               |   | Y Coordinate              |               |  |                                  |
|      | IN THE TOWN OF DELTO             |                     | 275245.1875                                |   | 4826850.5                 |               |  |                                  |
|      | IN SAUK COUNTY                   | Structure           | Tyne                                       |   |                           |               |  |                                  |
|      |                                  | II                  | UCTURE                                     |   |                           |               |  |                                  |
|      | Crash Scene                      |                     |  |   |                           |               |  |                                  |
|      | First Harmful Event              |                     |  | First Harr  | nful Event l              | ocation       |  |                                  |
|      | MOTOR VEH IN TRANSF              | PORT                |  | ON ROA  |                           |               |  |                                  |
|      | Manner of Collision              |                     |  | LightCon  |                           |               |  |                                  |
|      | 01 - ANGLE                       |                     |  | DAYLIG  |                           |               |  |                                  |
|      | Road Surface Condition(s)        |                     |  |   | /Factor(s)                |               |  |                                  |
|      | DRY                              |                     |  | Kodaway   | ,, 40.01(3)               |               |  |                                  |
|      | Environment Factor(s)            |                     |  |   |                           |               |  |                                  |
|      | NONE                             |                     |  | NONE  |                           |               |  |                                  |
|      | Weather Condition(s)             |                     |  |   |                           |               |  |                                  |
|      | CLEAR                            |                     |  |   |                           |               |  |                                  |
|      | AnimalType                       |                     |  | I   | To Trafficw               | •             |  |                                  |
|      | Crash Classification - Locatio   |                     |  | CWAY - C  |                           |               |  |                                  |
|      | PUBLIC PROPERTY                  |                     |  | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                           |               |  |                                  |
|      | Tribal Land                      |                     |  | NO CONTROL  |                           | Special Study |  |                                  |
|      | Within Interchange Area          | Inte                | rsection Type                              |   |                           |               |  |                                  |
|      | NO                               | INTERSECTION-RELAT  |  | UNDABOUT  |                           |               |  |                                  |
|      | Unit Summary =                   |                     |  |   |                           |               |  |                                  |
|      | Unit Status                      |                     | Vehicle Operatin                           | g As Classification   | n                         | UnitType      |  |                                  |
|      | IN TRANSIT                       |                     | D CLASS                                    |   | AUTOMOBILE                |               |  |                                  |
| _    | Vehicle Type                     |                     |  |   | Operating As Endorsements |               |  | ments                            |
| 0    | PASSENGER CAR                    | ASSENGER CAR        |  |   |                           |               |  |                                  |
|      | Total Occs                       | Train/Bus#Recorded  | Total#Citations                            | ssued   | Total Tra                 | ilers         | TotalHaz   | Mat Types                        |
|      | 1                                |                     | 0  |   | 0                         |               | 0  |                                  |
|      | Insurance?                       | Direction Of Travel | Pre Cras                                   | hTire   | 35                        |               | TotalLan   | es                               |
| ⊢    | YES                              | SOUTHBOUND          | Mar Mar                                    | k   |                           |               | 2  |                                  |
| LINO | Most Harmful Event: Collision    | n With              | Special Function                           |   |                           |               | Emergency Motor Vehicle Use NOT APPLICABLE  Traffic Control Inoperative/Missing NO  Road Grade LEVEL |                                  |
| _    | MOTOR VEH IN TRANSF              | PORT                | NO SPECIAL I                               | FUNCTION  |                           |               |  |                                  |
|      | Traffic Way                      |                     | Traffic Control                            |   |                           |               |  |                                  |
|      | TWO-WAY, NOT DIVIDE              | D                   | YIELD SIGN                                 |   |                           |               |  |                                  |
|      | Surface Type                     |                     | Road Curvature                             |   |                           |               |  |                                  |
|      | BLACKTOP (BITUMINOL              | US)                 | STRAIGHT                                   |   |                           |               |  |                                  |
|      | Truck Bus or HazMat              |                     |  |   |                           |               |  |                                  |
|      | NO                               |                     |  |   |                           |               |  |                                  |
|      | Vehicle                          |                     |  |   |                           |               |  |                                  |
|      | License Plate Number             |                     | Plate Type                                 |   | St                        | Country of Is | suance   |                                  |
|      | AKR2777                          | AUT - AUTON         | MOBILE                                     | l l   |                           | UNITED STATES |  |                                  |
| _    | Vehicle Identification N         | umber               | Make                                       |   | Year                      | Model         |  |                                  |
| 5    | 5 1C3CDFAH0DD240                 | DODGE               |  | 2013  | DART                      |               |  |                                  |
|      |                                  |                     |  | 2010  |                           | Bus Use       |  |                                  |
|      | Color                            |                     | Body Style                                 |   | 1 ' '                     |               |  |                                  |
|      | Color<br>BLU - BLUE              |                     | Body Style  4D - 4DR                       |   |                           | Bus 03e       |  |                                  |
|      | BLU - BLUE                       |                     | 1 .  | •   |                           | Bus Ose       |  |                                  |
| ⊨    | BLU - BLUE                       | CORNER              | 4D - 4DR<br>Vehicle Damage                 | RONT CORNE  | R, 09 - LE                |               |  | 7 8 9 10 11                      |
| UNIT | BLU - BLUE Initial Contact Point | CORNER              | 4D - 4DR<br>Vehicle Damage<br>01 - RIGHT F |   |                           | FT SIDE       | NT   | 7 8 9 10 11<br>6 12<br>5 4 3 2 1 |

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Crash Date 08/12/2021

|       |              | Towed Due To Damage   | WO DAMA OF  | Vehicle Removed By   |                       |   |  |  |
|-------|--------------|---|---|--|-----------------------|---|--|--|
|       |              | TOWED DUE TO DISABLII What Driver Was Doing   | NG DAMAGE   | CRAIGS TOWING  Vehicle Factors   |                       |   |  |  |
|       |              | LEAVING A PARKED POS  | ITION   | Versicle Factors   |                       |   |  |  |
|       |              | Driver Prior Action Other   |   | NOT APPLICABLE   |                       |   |  |  |
|       |              | Driver Actions  |   |  |                       |   |  |  |
|       | Н            | FAILED TO YIELD RIGHT-  | OF-WAY  |  |                       |   |  |  |
| ¥     | ≌            |   |   |  |                       |   |  |  |
| 🗕     | VEHICL       |   |   |  |                       |   |  |  |
|       |              |   |   |  |                       |   |  |  |
|       |              | OwnerName<br>HOLLY FABER  |   | Owner Address<br>112 THOMAS RD   |                       |   |  |  |
| 2     | 5            | (608) 495-0146  |   | REEDSBURG, WI  | 53959 , <b>US</b>     |   |  |  |
|       |              |   |   |  |                       |   |  |  |
|       |              | Sequence Of Events  |   |  |                       |   |  |  |
|       | 6            | Event<br>MOTOR VEH IN TRANSPO   | ORT   |  |                       |   |  |  |
|       | 62           | Event   |   |  |                       |   |  |  |
|       |              | Event   |   |  |                       |   |  |  |
|       | 03           |   |   |  |                       |   |  |  |
|       | 4            | Event   |   |  |                       |   |  |  |
| _     |              | Policy Holder   |   |  |                       |   |  |  |
| L N   |              | Insurance Company   |   | Individual   |                       |   |  |  |
| — ;   |              | MADISON-MUTUAL-INSU   | RANCE-CO  | HOLLY FABER  |                       |   |  |  |
|       |              |   |   |  |                       |   |  |  |
|       |              | individual  |   | remembers of the first of the f | <del></del>           |   |  |  |
|       |              | Driver<br>HOLLY FABER   |   | Citations Issued   | Sex<br>FEMALE         |   |  |  |
|       |              | Driver  |   | Citations Issued   | Sex                   |   |  |  |
|       |              | Driver<br>HOLLY FABER<br>(608) 495-0146   |   | Citations Issued  0  Date of Birth   | Sex<br>FEMALE         |   |  |  |
| UNIT  |              | Driver<br>HOLLY FABER<br>(608) 495-0146<br>Address<br>112 THOMAS RD   |   | Citations Issued  Date of Birth  Driver License Number   | Sex<br>FEMALE<br>Race |   |  |  |
| LINIT | INDIVIDUAL   | Driver<br>HOLLY FABER<br>(608) 495-0146   | US  | Citations Issued  0  Date of Birth   | Sex<br>FEMALE<br>Race |   |  |  |
| TINO  |              | Driver<br>HOLLY FABER<br>(608) 495-0146<br>Address<br>112 THOMAS RD<br>REEDSBURG, WI 53959,   |   | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN  | Sex<br>FEMALE<br>Race |   |  |  |
| TINO  | INDIVIDUAL   | Driver<br>HOLLY FABER<br>(608) 495-0146<br>Address<br>112 THOMAS RD   |   | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN  | Sex<br>FEMALE<br>Race |   |  |  |
| TIND  | INDIVIDUAL   | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  On Duty Row   | Crash  Seat Position  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN  | Sex<br>FEMALE<br>Race |   |  |  |
| INU   | INDIVIDUAL   | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  On Duty  Row 01 - FRONT ROW   | Crash   | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN Safety Equipment SHOULDER & LAP  | Sex<br>FEMALE<br>Race |   |  |  |
| UNIT  | INDIVIDUAL   | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  On Duty  Row 01 - FRONT ROW  Helmet Use   | Crash  Seat Position  | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN  | Sex<br>FEMALE<br>Race |   |  |  |
| TNO   | INDIVIDUAL   | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  On Duty  Row 01 - FRONT ROW   | Crash  Seat Position  | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN Safety Equipment SHOULDER & LAP  | Sex<br>FEMALE<br>Race |   |  |  |
|       | g INDIVIDUAL | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  On Duty  Pety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection   | Crash  Seat Position  07 - LEFT   | Citations Issued  0  Date of Birth  Driver License Number  STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance   | Sex<br>FEMALE<br>Race |   |  |  |
|       | INDIVIDUAL   | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  Perfy Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Se NO APE   | Crash  Seat Position 07 - LEFT  verity  PARENT INJURY                           | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance   | Sex<br>FEMALE<br>Race | TED STATES                              |  |  |
|       | g INDIVIDUAL | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  Perfy Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Se NO APP  | Crash  Seat Position  07 - LEFT   | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED   | Sex<br>FEMALE<br>Race |   |  |  |
|       | g INDIVIDUAL | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Se NO APF Ejected NOT EJECTED Medical Transport   | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path                     | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED   | Sex<br>FEMALE<br>Race | TED STATES                              |  |  |
|       | g INDIVIDUAL | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  On Duty  Pety Equipment  Row 01 - FRONT ROW HelmetUse Eye Protection  Injury Se NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED  | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path                     | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP  Heimet Compliance Tint Compliance Airbag NON DEPLOYED  PLICABLE EMS Agency Identifier  | Sex<br>FEMALE<br>Race | Trapped/Extricated NOT TRAPPED EMS Run# |  |  |
|       | g INDIVIDUAL | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Se NO APF Ejected NOT EJECTED Medical Transport   | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path                     | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN  Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED   | Sex<br>FEMALE<br>Race | Trapped/Extricated                      |  |  |
|       | g INDIVIDUAL | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Se NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path NOT EJECTED/NOT API | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death   | Sex<br>FEMALE<br>Race | Trapped/Extricated NOT TRAPPED EMS Run# |  |  |
|       | g INDIVIDUAL | Driver HOLLY FABER (608) 495-0146  Address 112 THOMAS RD REEDSBURG, WI 53959 ,  On Duty  Off Duty  On | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path NOT EJECTED/NOT API | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN  Safety Equipment  SHOULDER & LAP  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identifier  Date of Death   | Sex<br>FEMALE<br>Race | Trapped/Extricated NOT TRAPPED EMS Run# |  |  |

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

| Ì            |            |   | 4.31.3 1 134 <del>44</del>    | 1 2               |  |           |              |                                   |                         |                   |
|--------------|------------|---|-------------------------------|-------------------|--|-----------|--------------|-----------------------------------|-------------------------|-------------------|
|              |            | Non Motorist                              | triking Unit#                 | Location          |  |           |              |                                   |                         |                   |
|              |            | Prior Action                              |                               | l                 |  |           |              |                                   |                         |                   |
| <u> </u><br> |            | Action                                    |                               |                   |  |           |              |                                   |                         |                   |
|              | J          |   |                               |                   |  |           |              |                                   |                         |                   |
| ⊨            | INDIVIDUAL |   |                               |                   |  |           |              |                                   |                         |                   |
| UNIT         |            |   |                               |                   |  |           |              |                                   |                         |                   |
|              | 2          |   |                               |                   |  |           |              |                                   |                         |                   |
|              |            |   |                               |                   |  |           |              |                                   |                         |                   |
|              |            | Action Other                              |                               |                   |  |           |              |                                   |                         | To/From School    |
|              |            | ∣ s                                       | uspected Alcohol t            | Jse               | Suspected Drug Use                           |           |              |                                   |                         |                   |
|              | l          | Drug & Alcohol N                          | 0                             |                   | NO   |           |              |                                   |                         |                   |
|              |            | Alcohol Test Given TEST NOT GIVEN         |                               | Alcohol Test Type | •  |           |              | Alcohol Test                      | Results                 |                   |
|              |            | Drug Test Given TEST NOT GIVEN            |                               | Drug Test Type    |  | Drug T    | est Results  |                                   |                         |                   |
| _            | _          | Drug Type                                 |                               |                   |  |           |              |                                   |                         |                   |
| 01           | 9          | Diag Type                                 |                               |                   |  |           |              |                                   |                         |                   |
|              |            | Individual Condition                      |                               |                   |  |           |              |                                   |                         |                   |
|              |            | APPEARED NORMA                            | .L                            |                   |  |           |              |                                   |                         |                   |
|              |            |   |                               |                   |  |           |              |                                   |                         |                   |
|              |            | t Summary   Status                        |                               | ΙV                | ehicle Operating As Class                    | ification |              | UnitType                          |                         |                   |
|              |            | RANSIT                                    |                               | 1                 | CLASS  |           |              | TRUCK                             |                         |                   |
| 05           |            | cle Type<br>LITY TRUCK/PICKUP             | TRUCK                         |                   |  |           |              | Operating As                      | Endorsen                | nents             |
|              | Tota<br>1  | lOccs                                     | Train/Bus#Re                  | ecorded T         | otal#Citations Issued                        |           | Total Traile |                                   | Total HazN<br>0         | Mat Types         |
|              |            | rance?                                    | Direction Of Tr               | -                 | Pre CrashTire                                |           | Speed Lim    | I .                               | Total Lane              | es                |
| UNIT         | YES        | ;<br>tHarmful Event: Collision            | WESTBOUN                      |                   | Mark pecial Function                         |           | 35           | Emergency N                       | <b>2</b><br>Motor Vehic | cle Use           |
| )            |            | TOR VEH IN TRANSP                         | ORT                           |                   | O SPECIAL FUNCTIO                            | N         |              | NOT APPL                          | ICABLE                  |                   |
|              |            | ic Way<br>D-WAY, NOT DIVIDED              | )                             | _ ·               | raffic Control<br>TELD SIGN                  |           |              | Traffic Contro                    | ol inoperati            | ive/Missing       |
|              | Surf       | асе Туре                                  |                               | R                 | load Curvature                               |           |              | Road Grade                        |                         |                   |
|              |            | k Bus or HazMat                           | <b>(S)</b>                    |                   | CURVE LEFT                                   |           |              | LEVEL                             |                         |                   |
|              | NO         |   |                               |                   |  |           |              |                                   |                         |                   |
|              | 1          | Vehicle                                   |                               |                   |  |           | A            |                                   |                         |                   |
|              |            | License Plate Number JZ5972               |                               |                   | Plate Type St  LTK - LIGHT TRUCK WI          |           |              | Country of Issuance UNITED STATES |                         |                   |
| 02           | 8          |   | Vehicle Identification Number |                   |  | - 1       | Year         | Model                             |                         |                   |
|              | 0          | 1C6RR7KT9KS5320<br>Color                  | <u> </u>                      |                   | RAM<br>Body Style                            |           | 2019         | 1500 CLASS<br>Bus Use             | <u> </u>                |                   |
|              |            | RED - RED                                 |                               |                   | PK - PICKUP                                  |           |              |                                   |                         |                   |
| E            | H          | Initial Contact Point 03 - RIGHT SIDE MII | DDLE                          |                   | Vehicle Damage                               |           |              |                                   |                         | 7 8 9 10 11       |
| NNI          | VEHICLE    | Extent Of Damage                          |                               |                   | 02 - RIGHT SIDE FROM<br>04 - RIGHT SIDE REAL |           | - RIGHT S    | SIDE MIDDLE                       | <u>i</u> ,              | 6 12<br>5 4 3 2 1 |
|              | 5          | Towed Due To Damage                       |                               | ,                 | Vehicle Removed By                           |           |              |                                   |                         |                   |
|              |            | NOT TOWED                                 |                               |                   | OWNER  |           |              |                                   |                         |                   |

Crash Date 08/12/2021
Crash Time 05:10 PM

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Crash Date 08/12/2021

|           |           | What Driver Was Doing                               |                   | \   | /ehicle Factors                         |                |                    |  |  |  |
|-----------|-----------|---|-------------------|---|---|----------------|--------------------|--|--|--|
|           |           | NEGOTIATING CURVE                                   |                   |   |   |                |                    |  |  |  |
|           |           | Driver Prior Action Other                           |                   | 1   | NOT APPLICABLE                          |                |                    |  |  |  |
|           |           | Driver Astions                                      |                   |   |   |                |                    |  |  |  |
|           | 111       | Driver Actions NO CONTRIBUTING ACT                  | ION               |   |   |                |                    |  |  |  |
| <b>—</b>  | VEHICLE   |   |                   |   |   |                |                    |  |  |  |
| N         | Ĭ         |   |                   |   |   |                |                    |  |  |  |
| _         | Щ         |   |                   |   |   |                |                    |  |  |  |
|           |           |   |                   |   |   |                |                    |  |  |  |
|           |           | OwnerName JOHN GREGORY FUNMA                        | VED               |   | Owner Address<br>106 WHITLOCK S         | TABTO          |                    |  |  |  |
| 05        | 8         | (608) 434-8899                                      | NEK               |   | LAKE DELTON, V                          |                |                    |  |  |  |
| _         |           | ,   |                   |   |   | ·              |                    |  |  |  |
|           |           | l<br>Sequence Of Events                             |                   |   |   |                |                    |  |  |  |
|           |           | Event   |                   |   |   |                |                    |  |  |  |
|           | 5         | MOTOR VEH IN TRANSP                                 | ORT               |   |   |                |                    |  |  |  |
|           | 8         | Event   |                   |   |   |                |                    |  |  |  |
|           | 9         |   |                   |   |   |                |                    |  |  |  |
|           | 8         | Event   |                   |   |   |                |                    |  |  |  |
|           |           | Event   |                   |   |   |                |                    |  |  |  |
|           | 8         |   |                   |   |   |                |                    |  |  |  |
| _         |           | Policy Holder                                       |                   |   |   |                |                    |  |  |  |
| INN       |           | Insurance Company                                   |                   |   | Individual                              |                |                    |  |  |  |
| $\supset$ |           | HOMETOWN COMMUNIT                                   | Y INSURAI         | NCE LLC   | JOHN FUNMAKER                           |                |                    |  |  |  |
|           |           | Individual  |                   |   |   |                |                    |  |  |  |
|           |           | Driver JOHN GREGORY FUNMAKER (608) 434-8899 Address |                   | ienement en | Citations Issued Sex                    |                |                    |  |  |  |
|           | 4         |   |                   |   | 0                                       | MALE           |                    |  |  |  |
|           | INDIVIDUA |   |                   | Date of Birth                                   | Race                                    |                |                    |  |  |  |
| LNO       | 3         |   |                   |   | Driver License Numbe                    | <u> </u>       |                    |  |  |  |
| ⊃         | ₫         | 106 WHITLOCK ST APT 2                               |                   |   | STATE: WISCONSIN COUNTRY: UNITED STATES |                |                    |  |  |  |
|           |           | LAKE DELTON, WI 53940                               | , US              |   | STATE: WISCONSI                         | N COUNTRY: UNI | TED STATES         |  |  |  |
|           |           |   |                   |   |   |                |                    |  |  |  |
|           | Sai       | ety Equipment On Duty                               | Crash             |   | Safety Equipment                        |                |                    |  |  |  |
|           |           |   |                   | -142  | SHOULDER & LAP                          | REIT           |                    |  |  |  |
|           |           | Row<br>01 - FRONT ROW                               | SeatPo<br>07 - LE |   | מוסטבטבווים באו                         | 5221           |                    |  |  |  |
|           |           | HelmetUse   |                   |   | Helmet Compliance                       |                |                    |  |  |  |
|           |           |   |                   |   |   |                |                    |  |  |  |
|           |           | Eye Protection                                      |                   |   | TintCompliance                          |                |                    |  |  |  |
|           |           | laiver  | Injury Severity   |   |   | Aishan         |                    |  |  |  |
| 05        | 88        | injuny <sub>NO AP</sub>                             | PARENT II         | JURY  | Airbag NON DEPLOYED                     |                |                    |  |  |  |
|           |           | Ejected   | Ejection Pa       |   | 111011011111111111111111111111111111111 |                | Trapped/Extricated |  |  |  |
|           |           | NOT EJECTED   | NOT EJE           | CTED/NOT APPL                                   | ICABLE                                  |                | NOT TRAPPED        |  |  |  |
|           |           | Medical Transport                                   |                   |   | EMS Agency Identifier                   |                | EMS Run#           |  |  |  |
|           |           | NOT TRANSPORTED                                     |                   |   |   |                |                    |  |  |  |
|           |           | Hospital  |                   |   | Date of Death                           |                | Time of Death      |  |  |  |
|           |           | Distract  | ed By Source      | <b>.</b>  | L                                       |                | 1                  |  |  |  |
|           |           | Distracted By NOT A                                 | PPLICABL          | E (NOT DISTRA                                   | CTED)                                   |                |                    |  |  |  |
|           |           | Distracted By Action                                |                   |   |   |                |                    |  |  |  |
|           |           | NOT DISTRACTED                                      | 11111             | 11  |   |                |                    |  |  |  |
|           |           | Non Motorist  | unit#             | Location  |   |                |                    |  |  |  |
|           |           | INON WOTORIST                                       |                   |   |   |                |                    |  |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/12/2021

|              |         | Prior Action                   |                   |                          |                   |                      |                |
|--------------|---------|--------------------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
|              |         | Action                         |                   |                          |                   |                      |                |
|              | ı       |                                |                   |                          |                   |                      |                |
|              | M       |                                |                   |                          |                   |                      |                |
| LIND         | ₫       |                                |                   |                          |                   |                      |                |
| <del>5</del> | NDWDUAL |                                |                   |                          |                   |                      |                |
|              | 2       |                                |                   |                          |                   |                      |                |
|              |         |                                |                   |                          |                   |                      |                |
|              |         | Action Other                   |                   |                          |                   |                      | To/From School |
|              |         |                                |                   |                          |                   |                      |                |
|              | 1       | Orug & Alcohol NO              | Jse               | Suspected Drug Use<br>NO |                   |                      |                |
|              |         | Alcohol Test Given             | Alcohol Test Type |                          |                   | Alcohol Test Results |                |
|              |         | TEST NOT GIVEN                 | Drug Test Type    |                          | Dwg Taat Daayle   |                      |                |
|              |         | Drug Test Given TEST NOT GIVEN | Diug restrype     |                          | Drug Test Results |                      |                |
| 05           | 002     | Drug Type                      | •                 |                          |                   |                      |                |
|              | 0       |                                |                   |                          |                   |                      |                |
|              |         | Individual Condition           |                   |                          |                   |                      |                |
|              |         | APPEARED NORMAL                |                   |                          |                   |                      |                |
|              |         |                                |                   |                          |                   |                      |                |