WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override					ng Officer/Deputy A. KULAS				
ZD	Crash Date 10/22/2021	Crash Time 05:04 PM	Date A:		Time Arrived 05:11 PM					
LOCIONZE	Date Notified 10/22/2021	Time Notified 05:04 PM	Total U 02	nits	Total Injured	Total Kille	d			
UC	On Emergency Hit	and Run Lane Clos	ure	☐ Work Zone	Trailer	or Towed	Reporting Threshold			
0 I L	Government Property	Active School Zone	School NO	Bus Related	Tags					
	Reportable	Crash Type DT4000 (STANDARD CRASH)		Amend	ed	Secondary Crash			
	Description					1				
		Y 12 N RAM				Photos By A KULAS Additional Info NONE, PHO				
	\$d	nt officer, agree that I have no				IN THE OUTS	IDE LANE AND LINIT 2			
	UNITS 1 AND 2 WERE ON THE HY 13 ON RAMP TO EAST 1 90/94. UNITS 1 AND 2 WERE SIDE BY SIDE WITH UNIT 1 BEING IN THE OUTSIDE LANE AND UNIT 2 BEING IN THE INSIDE LANE. AS THE ON RAMP MERGED FROM 2 LANES TO 1 LANE BOTH DRIVERS FAILED TO YIELD TO THE OTHER. UNITS 1 AND 2 COLLIDED CAUSING VERY MINOR DAMAGE TO UNITS 1 DRIVER SIDE MIRROR AND MINOR DAMAGE TO THE SIDE OF UNIT 2.									

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Crash Date 10/22/2021

Location										
ON RAMP IH90 EB					Latitude			Longita	ıde	
0.27 MI N					43.62172	26663		-89.80	5163183	
OF IH90 EB)E: TON				X Coordin	ate		Y Coor	dinate	
IN THE TOWN OF I	JELIUN				273670.0	09375		48336	584	
					Structure Type NO STRUCTURE					
Crash Scene										
					I = 1	- 1	.,			
First Harmful Event MOTOR VEH IN TR	ANCOO	DT			ON ROA	nful Event Lo	ocation			
Manner of Collision	ANSFU	K I								
07 - SIDESWIPE/SA	MEDIR	ECTION			Light Condition DAYLIGHT					
Road Surface Condition		LOTION			Roadway Factor(s)					
DRY	11(3)				, addition, addition,					
Environment Factor(s)					-					
NONE					NONE					
Weather Condition(s)					\neg					
CLEAR										
Animal Type	Animal Type					Relation To Trafficway				
						CWAY - OI	N ROAD			
Crash Classification - L PUBLIC PROPERT			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION							
Tribal Land					Access Co				Special Study	
Mild in Indone In a control of the c						IROL				
Within Interchange Area Junction Location Interset YES ENTRANCE RAMP NOT A					INTERSE	CTION				
Unit Summary										
Unit Status			Vehicle Or	perating As C	lassification	1	UnitType			
IN TRANSIT			D CLASS	_	Jassification		AUTOMOBILE			
Vehicle Type							Operating As Endorsements			
PASSENGER CAR							'			
Total Occs		Train/Bus#Recorded	Total#Cita	ations Issued	ł	Total Trail	ers	TotalHa	zMatTypes	
4			0			0		0		
Insurance?		Direction Of Travel	Pre	CrashTire)	Speed Lin	nit	TotalLa	nes	
YES		SOUTHBOUND		Mark		70		2		
Most Harmful Event: C	ollision W	ith	Special Fu		=:0:	•	Emergency			
MOTOR VEH IN TR	ANSPO	RT		CIAL FUNC	HON		NOT APP			
Traffic Way			Traffic Cor					rol Inoper	ative/Missing	
ONE-WAY TRAFFIC	<i>;</i>		NO CON				NO Bood Cond			
Surface Type BLACKTOP (BITUM	MINOHE:	1	Road Curv STRAIGH				Road Grade	;		
Truck Bus or HazMat		,	STRAIGE	• • •			LEVEL			
NO										
Vehicle										
License Plate Nu	mber		Plate Typ		- Louis Bandella	St	Country of Is		AND	
ALY4641		UTOMOBIL	.E	WI	UNITED ST	TATES				
Vehicle Identifica	Make DODGE			Year	Model					
						2016	DART			
Color SIL - SILVER (ALUMINUM)				le R			Bus Use			
				4D - 4DR Vehicle Damage			1			
0 10 - LEFT SIDE FRONT			1						7 8 9 10 11	
O MALEEL I SID	E FRON	<u> </u>							5 77	
Initial Contact Po 10 - LEFT SIDI Extent Of Damag MINOR DAMA	je	<u> </u>	10 - LEI	FT SIDE FF	RONT				5 4 3 2 1	

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		Towed Due To Damage		Vehicle Rer	noved By						
		NOT TOWED		OWNER							
		What Driver Was Doing		Vehicle Fac	ctors						
		OVERTAKE RIGHT		NOT APP	LICABLE						
		Driver Prior Action Other		101 7411	LIVADLL						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	ON								
5	ы	Owner Name SAVANA MAY GARDNER (608) 477-2593		Owner Address 304 LYNN AVE BARABOO, WI 53913 , US							
		Sequence Of Events									
	5	Event MOTOR VEH IN TRANSPO									
	8	Event									
	3 80	Event									
	3	Event									
_		Policy Holder									
INN		Insurance Company		Individua	d						
_		PROGRESSIVE-CASUALT	Y-INS-CO	SAVAN	A GARDNER						
		Individual		Citations							
	_	SAVANA MAY GARDNER				Sex FEMALE					
⊨	400	(608) 477-2593		Date of B	Birth	Race WHITE					
ENO.	INDIVIDUAL	Address 304 LYNN AVE BARABOO, WI 53913 , US	3	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
	e.	fety Equipment	Crash	Safety Ed	quipment						
	"		la ia w		DER & LAP E	EIT					
		Row 01 - FRONT ROW	SeatPosition 07 - LEFT			,					
		Helmet Use		Helmet C	Compliance						
		Eye Protection		TintCom	pliance						
۶	8		PARENT INJURY	Airbag NON DE	EPLOYED						
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A		PLICABLE			Trapped/Extricated NOT TRAPPED				
		Medical Transport		EMSAge	ency identifier		EMS Run#				
		NOT TRANSPORTED Hospital	Date of Death Time of Death								
		Distracta	ed By Source								
		Distracted By									
		Distracted By Action									

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		Non Motorist	Unit#	Location						
		Prior Action								
		Action								
	3									
TNO.	INDIVIDUAL									
_	2									
		Action Other						To/From School		
	i	Drug & Alcohol NO	ted Alcohol (Jse	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	3			
٤	ş	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual				danananananananananana				
	_	Passenger ASHA M URBEN			Citations Issued 0	Sex FEMALE				
 -	3	(608) 477-2593			Date of Birth	Race WHITE				
N N	INDIMIDUA	Address 304 LYNN AVE	_		Driver License Number					
		BARABOO, WI 53913 , U	S							
	Sai	On Duty (ety:Equipment	Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP I	BELT				
		HelmetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	005	Injury S Injury NO AP	everity PARENT I	NJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Pa		LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	I		EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By	ted By Source	9	1		1			
		Distracted By Action								
		Striking Non Motorist	Unit#	Location						

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Crash Date 10/22/2021

ı										
		Prior Action								
TINO	INDIVIDUAL	Action								
		Action Other						To/From School		
	,	Suspect	ed Alcohol t	jse	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN		Alcohol restrype	•		Aconorrestresus			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
2	002	Drug Type		'						
		Individual Condition								
		APPEARED NORMAL								
		\$11,511,2(11(\$\f\$\)\(\f\$\\\\\\\\\\			Loberteerle	Le-				
		Passenger NIVEAH S GLADDEN			Citations Issued 0	Sex FEMALE				
	INDIVIDUA	(608) 477-2593			Date of Birth	Race WHITE				
Ę		Address			Driver License Number					
_		304 LYNN AVE BARABOO, WI 53913 , US	3							
		On Duty ety Equipment	Crash		Safety Equipment					
	Sai	Row	SeatPo	osition	SHOULDER & LAP I	BELT				
		02 - SECOND ROW Helmet Use	09 - Ri	GHT	11-2					
					Helmet Compliance					
		Eye Protection			Tint Compliance					
2	8	Injury Se	verity	NJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa	ith	L		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL			NOT TRAPPED			
		NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By	d By Source	9	I		I .			
		Distracted By Action								
			Imit #	1 acation						
		Non Motorist	unit#	Location						
I		PriorAction								

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

		Action						
	NDIVIDUAL							
LIND	₫							
5	2							
	2							
		Action Other						To/From School
					10 10 11			
	1	Drug & Alcohol NO	ected Alcohol	Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type	<u> </u> 		Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3	
_	673	Drug Type						
2	8							
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED HORMAL						
		Individual						
		Passenger PEYTON R BRANDT			Citations Issued	Sex		
	4	(608) 477-2593			0 Date of Birth	MALE Race		
⊨	ŏ					WHITE		
LNN	INDIVIDUAL	Address 304 LYNN AVE			Driver License Number			
	Z	BARABOO, WI 53913 ,	US					
	Sai	fety Equipment	uty Crash		Safety Equipment			
		Row	SeatP	osition	SHOULDER & LAP	BELT		
		02 - SECOND ROW	07 - L					
		Helmet Use	•		Helmet Compliance			
		Eye Protection			Tint Compliance			
		_,			, moon plane			
2	₹	Injury NO A	Severity	IN ILIBY	Airbag			
		Ejected	Ejection P		NON DEPLOYED		Trapped/Extricated	
		NOT EJECTED	1 -	ECTED/NOT APPL	LICABLE		NOT TRAPPED	
		Medical Transport	1		EMS Agency Identifier		EMS Run#	
		NOT TRANSPORTED Hospital			Date of Death		Time of Death	
		1100 p. wai					111100100111	
		Distracted By Distra	acted By Source	ce .			•	
		Distracted By Action						
		Transfer by reason						
		Non Motorist	ng Unit#	Location				
		Prior Action						
		A COMPLEX SAMPLEMENT						

Crash Date 10/22/2021 Crash Time 05:04 PM

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Crash Date 10/22/2021

LINO	INDIVIDUAL	Action Action Other								To/From School
										10/2101113011001
	1	Drug & Alcohol NO	pected Alcohol U	İse	Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	/ре			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	1	Drug 1	Test Result	<u> </u> 		
5	604	Drug Type		1						
		Individual Condition								
		APPEARED NORMAL								
	Hni	t Summary ===								
		Status ——			Vehicle Operating As Class	ification		UnitType		
		RANSIT			D CLASS			TRUCK		
~.		icle Type						Operating A	s Endorse	ments
02		LITY TRUCK/PICKUP TI	RUCK					'		
	Tota 4	I Occs	Train/Bus#Re	corded	Total # Citations Issued Total Traile 0			lers	Total Haz	zMat Types
_	Insu YES	rance?	Direction Of Tra		Pre CrashTire Mark		Speed Lir	nit	Total Lan	es
LNO		tHarmfulEvent: Collision Wi TOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTION	N	•	NOT APPI		
		fic Way E-WAY TRAFFIC			Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type ACKTOP (BITUMINOUS)			Road Curvature STRAIGHT			Road Grade		
		k Bus or HazMat			- MAIOIN					
	NO									
	1	Vehicle · · · · · · · · · · · · · · · · · · ·								
		License Plate Number EA1711			Plate Type LTK - LIGHT TRUCK		St WI	Country of Is		
03	02	Vehicle Identification Numb 1C6SRFBT9KN515214			Make RAM		Year 2019	Model 1500		
	Color BLU - BLUE				Body Style PK - PICKUP			Bus Use		
	Щ	Initial Contact Point			Vehicle Damage			l		7 8 9 10 11
LNO	03 - RIGHT SIDE MIDDLE Extent Of Damage MINOR DAMAGE			03 - RIGHT SIDE MIDE	DLE				6 12 5 4 3 2 1	
	>	MINOR DAMAGE Towed Due To Damage	Vehicle Removed By					たられた 1995年 (1-1-1-1-1) (1895年) (1-1-1-1-1-1) (1895年) (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
					OWNER					
					Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other			NOT APPLICABLE					

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Crash Date 10/22/2021

LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	TION						
05	02	Owner Name TAD W CLARK (608) 393-7901			Owner Address W1712 DEES RI LYNDON STATE	ON, WI 53944 , US			
		Sequence Of Events							
	5	Event MOTOR VEH IN TRANSF						3313163131631631631631633031631633031631633	
	02	Event							
	63	Event							
	8	Event							
⊨		Policy Holder							
N		Insurance Company		_	Individual				
_		PROGRESSIVE-CASUAL	TY-INS-C	3	TAD CLARK				
		ndividual							
		Driver TAD W CLARK		Citations Issued	Sex				
	#	(608) 393-7901			0	MALE			
⊨	훕				Date of Birth	Race WHITE			
TNO	INDIMIDUA	Address W1712 DEES RD LYNDON STATION, Wt 53	3944 , US		STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Du	y Crash		Safety Equipment				
		Row	Seat	Position	SHOULDER & LAI	PBELT			
		01 - FRONT ROW	07 - 1						
		HelmetUse			Helmet Compliance				
		Eye Protection			Tint Compliance				
05	98	Injury _{NO AI}			Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection F	Path ECTED/NOT APPI	ICARI E		Trapped/Extricated NOT TRAPPED		
		Medical Transport	40120	LOTEDATO LACT	EMS Agency Identifie	er	EMS Run#		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Distracted By NOT	ted By Sour APPLICAE	ce LE (NOT DISTRA	CTED)		•		
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Unit#	Location					
		Prior Action							

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LIND	INDIVIDUAL	Action								
		Action Other						To/From School		
	1	Drug & Alcohol NO	pected Alcohol	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				
07	900	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
	1	Passenger ELIZABETH ANN CLAF	₹K		Citations Issued 0 Date of Birth	Sex FEMALE				
⊨	100		Address			Race WHITE				
TINO	INDIVIDUAL	Address W1712 DEES RD LYNDON STATION, WI	53944 , US		Driver License Numbe STATE: WISCONSI		TED STATES			
1		1			Safety Equipment					
	Saf	on E ety Equipment	Juty Crash		Safety Equipment					
	Sai	ety Equipment Row 01 - FRONT ROW	SeatP	Position RIGHT	Safety Equipment SHOULDER & LAP	BELT				
	Sal	ety Equipment Row	SeatP			BELT				
		Row 01 - FRONT ROW	SeatP		SHOULDER & LAP	BELT				
02		Row 01 - FRONT ROW Helmet Use Eye Protection	Seat P 09 - F	RIGHT	SHOULDER & LAP	BELT				
02		ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Seat P 09 - F	INJURY	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	BELT	Trapped/Extricated NOT TRAPPED			
02		Eye Protection Ejected NOT EJECTED Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO	Seat P 09 - F	INJURY Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED					
02		ety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury NO Ejected NOT EJECTED	Seat P 09 - F	INJURY Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED		NOT TRAPPED			
02		ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat P 09 - F	INJURY Path ECTED/NOT APPL	Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#			
02		ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat P 09 - F y Severity APPARENT Ejection P NOT EJE	INJURY Path ECTED/NOT APPL	Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#			
02		ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Distracted By Action	Seat P 09 - F y Severity APPARENT Ejection P NOT EJE	INJURY Path ECTED/NOT APPL	Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#			

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UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	ı	Drug & Alcohol NO	ted Alcohol U	ise	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		
8	900	Drug Type		I		I.		
		Individual Condition						
		APPEARED NORMAL						
		Individual						
		Passenger			Citations Issued	Sex		
		KADIN W CLARK			0	MALE		
	₹	(608) 393-7901			Date of Birth	Race		
ا _ ا	7				Date of Siter	WHITE		
TINO	INDIVIDUAL	Address W1712 DEES RD LYNDON STATION, WI 53	944 , US		Driver License Number			
	Sai	On Duty lety Equipment	Crash		Safety Equipment			
		Row 02 - SECOND ROW	SeatPo 07 - LE		SHOULDER & LAP	BELT		
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
05	700	Injury S Injury NO AF	PARENT IN		Airbag NON DEPLOYED		I	
		Ejected NOT EJECTED	Ejection Par NOT EJEC	m CTED/NOT APPL			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	•				
		Distracted By Action						
		Non Motorist	Unit#	Location				
		Prior Action						

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TINO	INDIVIDUAL	Action						
		Action Other						To/From School
	1	Drug & Alcohol NO	ted Alcohol U	Jse	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		
62	200	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
	INDIVIDUAL	Passenger HALEY A CLARK (608) 393-7901			Citations issued 0	Sex FEMALE		
E					Date of Birth	Race WHITE		
TIND	NON	Address W1712 DEES RD LYNDON STATION, WI 53	944 , US		Driver License Number			
	Sai	On Duty lety Equipment	/ Crash		Safety Equipment			
		Row 02 - SECOND ROW	SeatPo 09 - Ri		SHOULDER & LAP I	BELT		
		Helmet Use	•		Helmet Compliance			
		Eye Protection			Tint Compliance			
8	800	Injury S Injury NO AP	PARENT I		Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED	
		MedicalTransport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#	
		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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LIND	INDIVIDUAL	Action					
		Action Other Suspected Alcohol C		Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	008	Drug Type					
		Individual Condition					
		APPEARED NORMAL					