WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash E	Ocument#	Agency 21-116	Crash Number 116	Investigatin DEPUTY		
Crash Date 12/03/2021	Crash Time 05:53 PM		Date Ar		Time Arrive	‡	
Date Notified 12/03/2021	Time Notified 05:56 PM		Total U		Total Injured	t Tota	al Killed
On Emergency	lit and Run	Lane Closs	ure	☐ Work Zone	Traile	or Towe	Reporting Threshold
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	ied	Secondary Crash
escription ====							
Diagram		01)— — {	01	02	Photos B Additiona	
				Not	to scale		

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

Crash Date 12/03/2021

	Location —								
	ON CTHP WB			Latitude			Long		
	80 FT E OF CTHH WB			43.5925	556485		-89.9	10090505	
	IN THE TOWN OF DELLO	ONA			X Coordinate Y Coordinate 265090.28125 4830736				
	IN SAUK COUNTY			265090			4830	736	
				Structure NO STF	NUCTURE				
	Crash Scene								
	First Harmful Event			FirstHan	mful Event L	ocation			
	MOTOR VEH IN TRANSF	PORT		ON ROA	ADWAY				
	Manner of Collision			Light Cor					
	01 - ANGLE			DARK/L					
	Road Surface Condition(s) DRY	Roadwa	y Factor(s)						
	Environment Factor(s)								
	NONE			NONE					
	Weather Condition(s)								
	CLEAR								
	Animal Type			I	To Trafficwa	-			
	O				CWAY - C				
	Crash Classification - Location PUBLIC PROPERTY	n		I		-Jurisdiction			
	Tribal Land			Access	Control			Special Study	
					L CONTR	OL			
	Within Interchange Area NO	Junction Location INTERSECTION		Intersection Type T-INTERSECTION	N				
	Unit Summary =								
	Unit Status		1	erating As Classificatio	n	UnitType			
	IN TRANSIT		D CLASS		AUTOMOBILE				
5	Vehicle Type PASSENGER VAN					Operating A	Operating As Endorsements		
_	Total Occs	Train/Bus#Recorded	Total#Citat	ions Issued	Total Tra	ilers	TotalH	lazMat Types	
	4		1	30173133434	0		0		
	Insurance?	Direction Of Travel	Pre	CrashTire	Speed Li			anes	
╘	YES	WESTBOUND		Mark	55	2			
L N N	Most Harmful Event: Collision MOTOR VEH IN TRANSF		Special Fun NO SPEC	iction IAL FUNCTION	Emergency f				
	Traffic Way	OKI	Traffic Cont	rol		Traffic Con	Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED	0	STOP SIG			NO			
	Surface Type		Road Curva	iture		Road Grade			
	BLACKTOP (BITUMINOL	JS)	CURVE RI	GHT		LEVEL			
	Truck Bus or HazMat								
	Vehicle								
	License Plate Number		Plate Type		TSt	Country of Is	suance		
	351JGN		1	TOMOBILE	WI	UNITED STATES			
7	Vehicle Identification No		Make		Year	Model			
0	E KNDMB5C18G6130	774		ORS CORPORAT	2016	SEDONA			
	Color BLU - BLUE		Body Style VN - VAN			Bus Use			
	Initial Contact Point		VIN - VAIN Vehicle Da			1			
⊨	ਰੋ 02 - RIGHT SIDE FR	ONT		•	DIO::-	CIDE MIDDI	_	7 8 9 10 11	
L N N	02 - RIGHT SIDE FR Extent Of Damage DISABLING DAMAG			HT SIDE FRONT, 0: HT SIDE REAR, 05				5 4 3 2 1	
	📇 🛮 DISABLING DAMAG	E		*					

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Crash Date 12/03/2021

		Towed Due To Damage		Vehicle Removed By								
		TOWED DUE TO DISABLI	NG DAMAGE	STEVES AUTO SER	VICE							
		What Driver Was Doing LEFT TURN		Vehicle Factors								
		Driver Prior Action Other		NOT APPLICABLE								
		Diver Flior Action; Care										
		Driver Actions										
	Щ	FAILED TO YIELD RIGHT-	OF-WAY									
UNIT	Q											
Ś	VEHICLE											
	7											
		Owner Name		Owner Address								
		NICHOLAS JOHN SUTTMA	AN	3125 ROYAL OA	KS DR							
2	5	(262) 903-3994		ELKHORN, WI 5	3121 , US							
		Sequence Of Events										
	5	Event LEFT TURN										
	-											
	8	Event MOTOR VEH IN TRANSPO	RT									
		Event										
	8											
	75	Event										
—		Policy Holder										
N		Insurance Company		Individual			<u>SIMSIMSIMSIMSIMSIM</u>					
_		ERIE-INS-CO		NICHOLAS SUTT	MAN							
		Individual	//////////////////////////////////////				(0.000000000000000000000000000000000000					
		Driver		Citations Issued	Sex	нопенаненаненаненаненаненаненаненаненанен						
				1	Sex MALE	<u>БЕМЕНТАНЕНТАНЕНТАНЕНТАНЕНТАНЕНТАНЕНТАНЕНТ</u>						
<u>_</u>		Driver KENNETH ROBERT KIDD		I	Sex	изментацента ментацента ментацента ментацента мен	иненкивнаненки <u>е</u>					
ĽN		Driver KENNETH ROBERT KIDD (262) 903-4033 Address		1	Sex MALE Race WHITE	изментация по под под под под под под под под под	именинения Подата					
UNIT		Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR		Drivert icense Numb	Sex MALE Race WHITE							
TINO	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address		1 Date of Birth	Sex MALE Race WHITE							
LINO		Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941, US		1 Date of Birth Drivert icense Numb STATE: WISCONS	Sex MALE Race WHITE							
TINO	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR		Drivert icense Numb	Sex MALE Race WHITE							
TINO	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Tety Equipment	Crash	Driver License Numb STATE: WISCONS Safety Equipment	Sex MALE Race WHITE er							
TIND	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US		1 Date of Birth Drivert icense Numb STATE: WISCONS	Sex MALE Race WHITE er							
TINO	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Cety Equipment Row	Crash Seat Position	Driver License Numb STATE: WISCONS Safety Equipment	Sex MALE Race WHITE er							
UNIT	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use	Crash Seat Position	1 Date of Birth Driver License Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Heimet Compliance	Sex MALE Race WHITE er							
LIND	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW	Crash Seat Position	Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAI	Sex MALE Race WHITE er							
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US On Duty Of Equipment Row 01 - FRONT ROW Heimet Use Eye Protection	Crash Seat Position 07 - LEFT	1 Date of Birth Driver License Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Heimet Compliance Tint Compliance	Sex MALE Race WHITE er							
	INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Crash Seat Position 07 - LEFT	1 Date of Birth Driver License Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Heimet Compliance	Sex MALE Race WHITE FIN COUNTRY: UN							
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APE	Crash Seat Position 07 - LEFT	1 Date of Birth Driver License Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Heimet Compliance Tint Compliance	Sex MALE Race WHITE FIN COUNTRY: UN							
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Figerated NOT EJECTED	Crash Seat Position 07 - LEFT verity PARENT INJURY	1 Date of Birth Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAN Heimet Compliance Tint Compliance Airbag DEPLOYED-CURT	Sex MALE Race WHITE FIN COUNTRY: UN P BELT	Trapped/Extricated						
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US 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	1 Date of Birth Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-CURT	Sex MALE Race WHITE FIN COUNTRY: UN P BELT	ITrapped/Extricated						
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Fety 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	1 Date of Birth Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Heimet Compliance Tint Compliance Airbag DEPLOYED-CURT PLICABLE EMS Agency identifie	Sex MALE Race WHITE FIN COUNTRY: UN P BELT	Trapped/Extricated NOT TRAPPED EMS Run#						
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US 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	1 Date of Birth Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAN Heimet Compliance Tint Compliance Airbag DEPLOYED-CURT	Sex MALE Race WHITE FIN COUNTRY: UN P BELT	Trapped/Extricated						
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	1 Date of Birth Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-CURT PLICABLE EMS Agency Identifie	Sex MALE Race WHITE FIN COUNTRY: UN P BELT	Trapped/Extricated NOT TRAPPED EMS Run#						
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US of Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	1 Date of Birth Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-CURT PLICABLE EMS Agency Identifie	Sex MALE Race WHITE FIN COUNTRY: UN P BELT	Trapped/Extricated NOT TRAPPED EMS Run#						
	g INDIVIDUAL	Driver KENNETH ROBERT KIDD (262) 903-4033 Address E4420 W REDSTONE DR LA VALLE, WI 53941 , US Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO APF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	1 Date of Birth Drivert icense Numb STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-CURT PLICABLE EMS Agency Identifie	Sex MALE Race WHITE FIN COUNTRY: UN P BELT	Trapped/Extricated NOT TRAPPED EMS Run#						

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

		Striking Non Motorist	Unit#	Location					
		Prior Action		1					
		Action							
	J								
UNIT	INDIVIDUAL								
>									
		Action Other						To/From School	
		l Drug & Alcohol NO	ted Alcohol U	jse	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN		Diog restryps		Diag restresuis			
2	901	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual							
		Passenger SUSAN LEE KIDD			Citations Issued 0	Sex FEMALE			
,	E N	(262) 903-4033			Date of Birth	Race			
N	INDIVIDUA	Address E4420 W REDSTONE DR			Driver License Number				
	Z	LA VALLE, WI 53941 , US	3		STATE: WISCONSIN COUNTRY: UNITED STATES				
		On Duty	Crash		Safety Equipment				
	201	ety Equipment Row	SeatPo	sition	SHOULDER & LAP BELT				
		02 - SECOND ROW HelmetUse	09 - Ri	GHT	Helmet Compliance				
		Eye Protection							
			.,		Tint Compliance				
۶	30	Injury Si Injury NO AP	PARENT II		Airbag DEPLOYED-CURTAIN				
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPI	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	•			<u> </u>		
		Distracted By Action							
		Striking	Unit#	Location					
		Non Motorist							

Crash Date 12/03/2021 Crash Time 05:53 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Prior Action							
TIND	INDIVIDUAL	Action							
		Action Other						To/From School	
	ı	Drug & Alcohol NO	ted Alcohol t	Jse	Suspected Drug Use NO			ı	
		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		
Drug Type									
		Individual Condition APPEARED NORMAL							
		ndividual			<u> </u>				
and the second	1	Passenger BENJAMIN N SUTTMAN			Citations Issued 0	Sex MALE			
E	70				Date of Birth	Race WHITE			
LIND	INDIVIDUAL	Address 315 ROYAL OAKS DRIVE ELKHORN, WI 53121 , US	3		Driver License Number				
	Sar	ety Equipment On Duty	Crash		Safety Equipment				
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT				
		HelmetUse			Helmet Compliance				
		Eye Protection			Tint Compliance				
2	8	Injury So	everity PARENT I	NJURY	Airbag DEPLOYED-CURTAIN				
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPL	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	9					
		Distracted By Action							
		Non Motorist	Unit#	Location					
l		PriorAction							

Crash Time 05:53 PM

Crash Date 12/03/2021

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

UNIT	INDIVIDUAL	Action								
	N	Action Other						To/From School		
	1	Drug & Alcohol NO	cted 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	3			
To g Drug Type										
		Individual Condition APPEARED NORMAL								
		ndividual								
	1	Passenger JILLIAN A SUTTMAN (262) 903-3994			Citations Issued 0	FEMALE				
⊨	EDU.	(202) 803-3334			Date of Birth	Race WHITE				
TIND	INDIVIDUAL	Address 3125 ROYAL OAKS DRIV ELKHORN, WI 53121, U			Driver License Number					
	Saf	On Dut ety Equipment	y Crash		Safety Equipment					
		Row 02 - SECOND ROW	SeatP 07 - L		CHILD RESTRAINT SYSTEM - FORWARD FACING					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	8	Injury _{NO AF}			Airbag DEPLOYED-CURTA	iin				
		Ejected NOT EJECTED	Ejection P	ath ECTED/NOT APPL			Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By	ted By Sourc	e						
		Distracted By Action								
		Non Motorist) Unit#	Location						
		Prior Action								

Crash Date 12/03/2021 Crash Time 05:53 PM

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Crash Date 12/03/2021

UNIT	INDIVIDUAL	Action											
		Action Other											To/From School
	1	Drug & Alcohol NO			ohol Use	t		Suspected Drug Use NO					-
		Alcohol Test Given TEST NOT GIVEN			Α	Alcohol Test Ty	уре				Alcohol Tes	Results	
		Drug Test Given TEST NOT GIVEN			Ε	Drug Test Type			Drug 1	Test Results			
10	004	Drug Type											
		Individual Condition APPEARED NORMAL											
	١	Violations							· 6·8·6·8·8·8		*****		សាសាសាសាសាសាសាសាសាសាសាសាសាសាសាសាសាសា
	0.1	UTC Number BC937142	00°	ue To? 1	Statute 346.1	e Number 8(2)		Description FAIL/YIELD WHILE N	AKIN	IG LEFT T	URN		
	Uni	t Summary 🗨											
		Status					ı	nicle Operating As Classi	fication	1	Unit Type		
		cle Type					DC	CLASS			TRUCK	- Endore	o roo o ratro
02		cie rype LITY TRUCK/PICKL	JP T	RUCK						Operating As Endorsements			
	Tota 1	lOccs		Train/Bus			Tot	0 0		_		0	zMat⊤ypes
Ш	Insui YES	rance?		Direction (el	Pre CrashTire Speed Lir Mark 55		2				
TINO		tHarmfulEvent: Collision					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		fic Way D-WAY, NOT DIVIDI	ED					Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
		асе Туре						ad Curvature			Road Grade		
		k Bus or HazMat	JUS))			CU	RVE RIGHT			LEVEL		
	NO												
		Vehicle					<u> </u>			F64 T	0 1		K K K K K K K K K K K K K K K K K K K
		License Plate Number PF2157	r					ate Type FK - LIGHT TRUCK		St WI	Country of Iss UNITED ST		
02	2	Vehicle Identification						ake		Year	Model		
0	02	1GCSKTE3XAZ15	7071	1				HEVROLET		2010	SILVERAD	<u> </u>	
		Color SIL - SILVER (ALU	MIN	IUM)				ody Style K - PICKUP			Bus Use		
	Ш						Vehicle Damage						
I -	Village in the second	11 - LEFT FRONT CORNER Extent Of Damage					Įνe	7 8 9 10 11 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER					7 ១ ០ កេ ។
UNIT		Extent Of Damage		RNER				•	Г, 11 -	· LEFT FR	ONT CORNI	ER	6 12
Š	VEHICLE		GE	RNER			10	•	Г, 11 -	· LEFT FR	ONT CORNI	₽	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/03/2021

2000 2000 2000		What Driver Was Doing		\	/ehicle Factors								
3000		NEGOTIATING CURVE											
		Driver Prior Action Other		1	NOT APPLICABLE								
		Driver Actions											
	ш												
=	VEHICLE												
UNIT													
	5												
		Owner Name			Owner Address								
		BOBBY N WALDNER			153 N MAIN ST A	APT 1							
8	8	(608) 475-1361			RICHLAND CEN	TER, WI 53581 , U	S						
		Sequence Of Events											
	5	Event MOTOR VEH IN TRANSPO	ORT										
300		Event Event											
	8												
222	8	Event											
		Event											
	8	E Porte											
–	i	Policy Holder											
LIND		Insurance Company			Individual								
–		PROGRESSIVE-CASUAL1	ry-INS-CO		BOBBY WALDNE	₹							
555 555 555 555 555 555 555 555 555 55	ı	ndividual											
		Driver BOBBY N WALDNER			Citations issued 0	Sex MALE							
	4				Date of Birth	Race							
—					2010 07 21111	WHITE							
LNU		Address			Driver License Numbe	er							
	Ž	153 N MAIN ST APT 1 RICHLAND CENTER, WI 5	3581 . US		STATE: WISCONS	I IN COUNTRY: UNI	TED STATES						
		On Duty	Crash		Safety Equipment								
	sar	ety Equipment											
		Row 01 - FRONT ROW	SeatPo 07 - LE		SHOULDER & LAP BELT								
		HelmetUse	O7 - LE	.F.	Helmet Compliance								
		7.ounieroes			1 senter out phance								
		Eye Protection			Tint Compliance								
	,	Injury Se	everity		Airbag								
02	8	Injuny no ap	PARENT IN	I JURY	NON DEPLOYED								
		Ejected	Ejection Pa	th	1		Trapped/Extricated						
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED						
233	Medical Transport				EMS Agency Identifie	er .	EMS Run#						
		·											
		NOT TRANSPORTED Hospital			Date of Death		Time of Death						
\$100 M		NOT TRANSPORTED Hospital			Date of Death		Time of Death						
		NOT TRANSPORTED Hospital Distract	ed By Source PPLICABL I	, E (NOT DISTRAC			Time of Death						
		Hospital Distracted By Distracted By Action	ed By Source PPLICABL	, E (NOT DISTRAC			Time of Death						
		NOT TRANSPORTED Hospital Distracted By NOT A	PPLICABL	, E (NOT DISTRAC			Time of Death						

Wisconsin Motor Vehicle Crash

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/03/2021

		Prior Action					
:		Action					
TINO	INDIVIDUAL						
		Action Other					To/From School
		Drug & Alcohol NO	Jse	Suspected Drug Use			•
	L	Jrug & Alcohol No		NO			
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
02	005	Drug Type					
٦	Ō						
		Individual Condition					
		marviada Condidos					
		APPEARED NORMAL					
1 .	ASOND SALIZATION IN						