WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Description Primary Crash Documents Description De | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|-------------------|------------|-----------------------|-------------|------------------------|----------|--|
| One Merified Total Impred One of the North Control | Document Number Override Primary Crash | | | | | | | | |
| PRIVATE DR PRIVAT | Crash Date 01/23/2022 | | | | | | | | |
| PRIVATE DR PRIVAT | Date Notified 01/23/2022 | | | | nits | | | ed | |
| PRIVATE DR PRIVATE DR PRIVATE DR STH 23 DRAWING NOT TO SCALE PREPAYER FAVARE IN PART AND UNIT 2 WERE TRAVELING BIG ON STH 23 MESS ACCOUNT 2 MADE A LEFT TURN INTO A PRIVATE DRIVEWAY OPERATOR OF UNIT 1 DD DOT SEE UNIT 2 SUCMYRG AND FRAZE RADED UNIT 2 MERS TO REAST UNIT 1 DD DOT SEE UNIT 2 SUCMYRG AND FRAZE RADED UNIT 2 PETER MAPACT UNIT 2 MADE SUMMY OF RAVE FOR PART OF OR PUNIT 1 DD DOT SEE UNIT 2 SUMMYRG AND FRAZE RADED UNIT 2 PETER MAPACT UNIT 2 DOT SEE UNIT 2 SUMMYRG AND FRAZE RADED UNIT 2 PETER MAPACT UNIT 2 DOT SEE UNIT 2 SUMMYRG AND FRAZE RADED UNIT 2 PETER MAPACT UNIT 2 DOT SEE UNIT 1 DD UNIT 2 WERE TRAVELING BOY FRAZE RADED UNIT 2 PETER MAPACT UNIT 2 DOT SEE UNIT 1 DD UNIT 2 SUMMYRG AND FRAZE RADED UNIT 2 PETER MAPACT UNIT 1 DD UNIT 1 LIFT. | On Emergency Hit | t and Run | Lane Closu | ıre | ☐ Work Zone | Trailer | or Towed | | |
| PRIVATE DR PRIVAT | Government Property | Active Sc | hool Zone | 1 | Bus Related | Tags | | • | |
| PRIVATE DR Additional information NONE Additional information NONE Additional information Additional information NONE | | Crash Type DT4000 (STA | NDARD CRASH | l) | | Amend | ed | | |
| PRIVATE DR STH 23 DRAWING NOT TO SCALE I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT I AND UNIT 2 WERE TRAVELING EIG ON STH 23 UNIT 2 WAS SLOWING TO MAKE A LEET TURN INTO AFRIVATE BRIVEWAY. OPERATOR OF UNIT 1 DID NOT SEE UNIT 2 SLOWING AND READ RENDED UNIT 2 ATTERM IMPACT UNIT 2 PULLED INTO THE PRIVATE DRIVEWAY. WHERE IT CAME TO REST UNIT 1 SLETT. | | | | | | ' | | • | |
| DRAWING NOT TO SCALE | | | I | | | 8 | Photos By | | |
| DRAWING NOT TO SCALE I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 AND UNIT 2 WERE TRAVELING E/B ON STH 23. UNIT 2 WAS SLOWING TO MAKE A LEFT TURN INTO A PRIVATE DRIVEWAY. OPERATOR OF UNIT 1 DID NOT SEE UNIT 2 SLOWING AND REAR ENDED UNIT 2. AFTER IMPACT UNIT 2 PULLED INTO THE PRIVATE DRIVEWAY WHERE IT CAME TO REST. UNIT 1 LEFT | PRIVATE DR | | Ju2 | | (ui) | | Additional Inf NONE | ormation | |
| I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. Unit 1 and Unit 2 were traveling E/B on StH 23. Unit 2 was slowing to make a Left turn into a private driveway. Operator of Unit 1 did Not see Unit 2 slowing and rear ended Unit 2. After impact Unit 2 pulled into the private driveway where it came to rest. Unit 1 Left | | STH 23 | | | | | | | |
| Unit 1 and unit 2 were traveling E/B on STH 23. Unit 2 was slowing to make a left turn into a private driveway. Operator of unit 1 did not see unit 2 slowing and rear ended unit 2. After impact unit 2 pulled into the private driveway where it came to rest. Unit 1 left | DRAWING NOT TO SC | :ALE | l | | | | | | |
| NOT SEE UNIT 2 SLOWING AND REAR ENDED UNIT 2. AFTER IMPACT UNIT 2 PULLED INTO THE PRIVATE DRIVEWAY WHERE IT CAME TO REST. UNIT 1 LEFT | I, a sworn law enforceme | ent officer, agr | ee that I have no | ot adde | d any CJIS data in ti | his report. | | | |
| | NOT SEE UNIT 2 SLOWING AND R | EAR ENDED UNIT | 2. AFTER IMPACT | F UNIT 2 I | PULLED INTO THE PRIV | | | | |

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/23/2022

Crash Time 09:46 AM

| | ON STH23 EB 868 FT S OF MCKINLEY ST | | Latitude 43.1686 X Coordir | | 9062 -90. | | gitude 064022587 pordinate | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|
| | IN THE TOWN OF SPRING IN SAUK COUNTY | GREEN | | 250932. | | 4784103 | | |
| | | | | Structure NO STR | Type UCTURE | | | |
| 1 | Crash Scene | | | | | | | |
| | First Harmful Event MOTOR VEH IN TRANSPO | RT | | First Harn | nful Event L | ocation | | |
| | Manner of Collision | | | LightCon | | | | |
| | 03 - FRONT TO REAR | | | DAYLIG | HT | | | |
| | Road Surface Condition(s) | | | Roadway | /Factor(s) | | | |
| | SNOW, SLUSH | | | | | | | |
| | Environment Factor(s) | | | | | | | |
| | NONE | | | NONE | | | | |
| | Weather Condition(s) | | | | | | | |
| | CLEAR | | | | | | | |
| | Animal Type | | | Relation 7 | To Trafficwa | ıy | | |
| | | | | TRAFFI | CWAY - O | N ROAD | | |
| | Crash Classification - Location PUBLIC PROPERTY | | | | | -Jurisdiction | | |
| | Tribal Land | | | Access C | | (SDICTION | | Special Study |
| | , , , , , , , , , , , , , , , , , , , | | | NO CON | | | | - opeoid, orday |
| | | Junction Location | | ersection Type | | | | • |
| | | NON-JUNCTION | NO | OT AN INTERSE | CTION | | | |
| | Unit Summary === | | | | | T.,= | | |
| | Unit Status IN TRANSIT | | D CLASS | ng As Classification | 3 | Unit Type AUTOMO | BILE | |
| | Vehicle Type | | 10 02.100 | | | Operating A | | ements |
| | 1 | | | | | | | |
| 5 | (SPORT) UTILITY VEHICLE | | | | | | | |
| • | (SPORT) UTILITY VEHICLE | Train/Bus#Recorded | Total#Citations | Issued | Total Trai | lers | | zMat Types |
| • | (SPORT) UTILITY VEHICLE Total Occs 1 | Train/Bus#Recorded | 1 | | 0 | | 0 | |
| • | (SPORT) UTILITY VEHICLE | | | shTire | 1 | | | |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? | Train/Bus#Recorded Direction Of Travel EASTBOUND | 1 Pre Cras | shTire rk | 0 Speed Lii | | 0 Total Lan 2 Motor Veh | nes hicle Use |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way | Train/Bus#Recorded Direction Of Travel EASTBOUND | Pre Cra: Mai Special Function NO SPECIAL Traffic Control | shTire rk FUNCTION | 0 Speed Lii | mit Emergency NOT APP | 0 TotalLan 2 MotorVeh LICABLE | nes hicle Use |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED | Train/Bus#Recorded Direction Of Travel EASTBOUND | Pre Cras Mai Special Function NO SPECIAL Traffic Control NO CONTROL | shTire rk T FUNCTION | 0 Speed Lii | Emergency NOT APP | Total Lan 2 Motor Veh LICABLE | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control | shTire rk T FUNCTION | 0 Speed Lii | Emergency NOT APP | Total Lan 2 Motor Veh LICABLE | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROL Road Curvature | shTire rk T FUNCTION | 0 Speed Lii | Emergency NOT APP Traffic Cont NO Road Grade | Total Lan 2 Motor Veh LICABLE | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROL Road Curvature | shTire rk T FUNCTION | 0 Speed Lii | Emergency NOT APP Traffic Cont NO Road Grade | Total Lan 2 Motor Veh LICABLE | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROL Road Curvature | shTire rk T FUNCTION | 0 Speed Lii | Emergency NOT APP Traffic Cont NO Road Grade | 0 Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number AJS5803 | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROI Road Curvature STRAIGHT Plate Type AUT - AUTO | shTire rk FUNCTION | Speed Lii 25 | Emergency NOT APP Traffic Conf NO Road Grade LEVEL | O Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number AJS5803 Vehicle Identification Num | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROI Road Curvature STRAIGHT Plate Type AUT - AUTOI Make | shTire rk FUNCTION | Speed Lii 25 St WI Year | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST | O Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number AJS5803 | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROI Road Curvature STRAIGHT Plate Type AUT - AUTO | shTire rk FUNCTION | Speed Lii 25 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of is UNITED ST | O Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number AJS5803 Vehicle Identification Num JN8AZ18W49W11261: Color GLD - GOLD | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROI Road Curvature STRAIGHT Plate Type AUT - AUTO Make NISSAN Body Style 4H - HATCH | ShTire rk FUNCTION - MOBILE BACK 4 DOOR | Speed Lii 25 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model MUR | O Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number AJS5803 Vehicle Identification Num JN8AZ18W49W11261: Color GLD - GOLD | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROI Road Curvature STRAIGHT Plate Type AUT - AUTO Make NISSAN Body Style | ShTire rk FUNCTION - MOBILE BACK 4 DOOR | Speed Lii 25 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model MUR | O Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use : |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number AJS5803 Vehicle Identification Num JN8AZ18W49W11261: Color GLD - GOLD | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROI Road Curvature STRAIGHT Plate Type AUT - AUTO Make NISSAN Body Style 4H - HATCHI Vehicle Damag | ShTire rk FUNCTION - MOBILE BACK 4 DOOR | St Wi Year 2009 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model MUR | O Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use ative/Missing 7 8 9 10 11 6 12 |
| | (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number AJS5803 Vehicle Identification Num JN8AZ18W49W11261: Color GLD - GOLD Initial Contact Point 11 - LEFT FRONT COI | Train/Bus#Recorded Direction Of Travel EASTBOUND //ith RT) | Pre Cra: Mai Special Function NO SPECIAL Traffic Control NO CONTROI Road Curvature STRAIGHT Plate Type AUT - AUTO Make NISSAN Body Style 4H - HATCHI Vehicle Damag | ShTire rk FUNCTION - MOBILE BACK 4 DOOR | St Wi Year 2009 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model MUR | O Total Lan 2 Motor Veh LICABLE crol Inopera | nes hicle Use ative/Missing 7 8 9 10 11 |

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22-00698

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/23/2022

Crash Time 09:46 AM

| | | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | | |
|------|------------|-----------------------------------------|----------------------------------|--------------------------------|-----------------|--------------------|-------|--|
| | | What Driver Was Doing | | Vehicle Factors | | | | |
| | | GOING STRAIGHT | | verside Factors | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | |
| | | Bill of Files Files | | | | | | |
| | | Driver Actions | | I. | | | | |
| | щ | FAILURE TO CONTROL | | | | | | |
| IND | <u>0</u> | | | | | | | |
| 5 | VEHICLE | | | | | | | |
| | 7 | | | | | | | |
| | | Owner Name | | Owner Address | | | | |
| | | JODY L REICH | | E4930 ROLLING | | | | |
| 2 | 5 | (608) 588-4288 | | SPRING GREEN | , WI 53588 , US | | | |
| | | | | | | | | |
| | | Sequence Of Events | | 1 | | | 85785 | |
| | 5 | Event MOTOR VEH IN TRANSPO | RT | | | | | |
| | 8 | Event | | | | | | |
| | | Event | | | | | | |
| | 8 | Event | | | | | | |
| | 3 | Event | | | | | | |
| | | | | | | | | |
| ╘ | | | | | | | | |
| EN I | | Insurance Company AMERICAN-FAMILY-INS-C | 0 | Individual JODY REICH | | | | |
| | | ndividual | | | | | | |
| | | Driver | | Citations Issued | Sex | | | |
| | | MIRANDA LEIGH REICH | | 1 FEMALE | | | | |
| | INDIVIDUAL | (608) 588-4925 | | Date of Birth Race WHITE | | | | |
| FIND | 8 | Address. | | Britan Linear North | | | | |
| 5 | ā | Address E4930 ROLLING RIDGE RE |) | Driver License Numb | er | | | |
| | | SPRING GREEN, WI 53588 | , US | STATE: WISCONS | IN COUNTRY: UN | TED STATES | | |
| | | | | | | | | |
| | | On Duty (| Crash | Safety Equipment | | | | |
| | Sai | ety Equipment | | | | | | |
| | | Row FRONT BOW | Seat Position | SHOULDER & LAI | PBELT | | | |
| | | 01 - FRONT ROW HelmetUse | 07 - LEFT | Helmet Compliance | | | | |
| | | Heimerosa | | 1 season outspace | | | | |
| | | Eye Protection | | TintCompliance | | | | |
| _ | | Injury Se | verity | Airbag | | | | |
| 2 | 8 | Injury _{NO APP} | ARENT INJURY | NON DEPLOYED | | | | |
| | | 1 ' | Ejection Path | | | Trapped/Extricated | | |
| | | | NOT EJECTED/NOT AP | | | NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifie | er · | EMS Run# | | |
| | | Hospital | | Date of Death | | Time of Death | | |
| | | | | | | | | |
| | | Distracted By NOT AP | dBySource PLICABLE (NOT DISTR | ACTED) | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | |
| | | HOLDISTRACIED | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Non Motorist | Striking Unit# | Location | | | | | | | |
|----------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|-----------------------------------------------|--------------------------------------|--------------|----------------------|--------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| | | Prior Action | | | | | | | | | |
| TINO | INDIVIDUAL | Action | | | | | | | | | |
| | | Action Other | | | | | | | | | To/From School |
| | j | Drug & Alcohol | Suspected Alco NO | hol Use | | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test 7 | уре | | | | Alcohol Tes | t Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Typ | e | | Drug 1 | Test Results | • | | |
| 10 | 100 | Drug Type | | | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | | | |
| | | Violations | | | | | | | | | 7 |
| | 0.1 | UTC Number BG024601 | Issue To? | Statute Number 346.57(2) | . <u></u> | Description FAILURE TO KEEP | VEHIC | LE UNDEF | R CONTROL | וראורה ורה וראורה וראורה וראורה ורה ורה ורה ורה ורה ורה ורה ורה ורה | . נומנומ ומנומנומנומנומנומנו מנומנומנומנומנומנומנומנומנומנומנומנומנומ |
| I | | t Summary ■ | | | | | | | | | |
| | | Status | | | Vehicle Operating As Classification Unit Type | | | | | | |
| | IN 7 | RANSIT | | | D | D CLASS | | | TRUCK | | |
| 05 | | icle Type | | | | | | | Operating A | s Endorsen | nents |
| _ | | LITY TRUCK/PICKL | | #Recorded | Tτ | otal#Citations Issued | | Total Traile | are | Total HazN | Mat Types |
| | 2 | ar Occs | | | o | Main Chadons Issued | | 0 | | 0 | • |
| ⊨ | YES | urance? Direction Of Tra | | | Pre CrashTire Mark | | | Speed Limit Tot 25 2 | | Total Lane 2 | s |
| 3 | МО | tHarmfulEvent: Collision of the term of th | | | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | | fic Way O-WAY, NOT DIVIDI | ED | | | Traffic Control NO CONTROL | | | Traffic Control Inoperative/Missing | | |
| | | асе Туре | | | _ | Road Curvature | | | Road Grade | | |
| | | ACKTOP (BITUMING | DUS) | | S | TRAIGHT | | | LEVEL | | |
| | NO NO | ck Bus or HazMat | | | | | | | | | |
| | | Vehicle | | | e e e e | | ceecee | | | | S S S S S S S S S S S S S S S S S S S |
| | | License Plate Numbe | ľ | | | Plate Type | | St | Country of Issuance | | |
| | | 2036982 Vehicle Identification | Number | | | .TK - LIGHT TRUCK | K IL Year | | UNITED STATES Model | | |
| 02 | 8 | 3GTP2WE76CG24 | | | - 1 | GENERAL MOTORS C | OR | 2012 | SIERRA | | |
| | | Color BLU - BLUE | | | | Body Style FK - TRUCK | | | Bus Use | | |
| ı | | Initial Contact Point | | | \dagger | | | | | | 7 8 9 10 11 |
| | | 05 - RIGHT REAR | CORNER | | | | | | | | 6 12 5 4 3 2 1 |

6TL0D2XVPP

22-00698

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | ш | | Γ | Vehicle Damage | | | |
|------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------|--|
| UNIT | VEHICLE | Extent Of Damage FUNCTIONAL DAMAGE | | 05 - RIGHT REAR C | ORNER | | |
| | | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | |
| | | SLOW/STOPPING Driver Prior Action Other | | NOT APPLICABLE | | | |
| UNIT | VEHICLE | Driver Actions NO CONTRIBUTING ACTI | ON | | | | |
| 03 | 02 | Owner Name MICHAEL W NOGA (608) 963-7167 | | Owner Address 1439 MARIJON I BYRON, IL 6101 | | | |
| | | Sequence Of Events | | | | | |
| | 5 | Event MOTOR VEH IN TRANSPO | ORT | | | | |
| | 8 | Event | | | | | |
| | 8 | Event | | | | | |
| | Silika | Event | | | | | |
| | 8 | | | | | | |
| | | | | | | | |
| INI | | Policy Holder Insurance Company | | Individual | | | |
| LIND | | Policy Holder Insurance Company ALLSTATE-INS-CO | | | | | |
| UNIT | | Policy Holder Insurance Company ALLSTATE-INS-CO Individual | | Individual MICHAEL NOGA | | | |
| LIND | | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA | | Individual MICHAEL NOGA | | | |
| | | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver | | Individual MICHAEL NOGA Citations Issued | Sex | | |
| | | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA (608) 963-7167 Address | | Individual MICHAEL NOGA Citations issued 0 | Sex MALE Race WHITE | | |
| TNU | | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA (608) 963-7167 | | Individual MICHAEL NOGA Citations issued Date of Birth Driver License Number | Sex MALE Race WHITE | | |
| | INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR | | Individual MICHAEL NOGA Citations issued Date of Birth Driver License Number | Sex MALE Race WHITE | | |
| | INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR BYRON, IL 61010 , US | | Individual MICHAEL NOGA Citations Issued Date of Birth Driver License Number STATE: ILLINOIS | Sex MALE Race WHITE er COUNTRY: UNITE | | |
| | INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR BYRON, IL 61010 , US | Crash Seat Position | Individual MICHAEL NOGA Citations Issued Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment | Sex MALE Race WHITE er COUNTRY: UNITE | | |
| | INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR BYRON, IL 61010 , US fety Equipment Row 01 - FRONT ROW | Crash Seat Position | Individual MICHAEL NOGA Citations issued 0 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAR | Sex MALE Race WHITE er COUNTRY: UNITE | | |
| | S INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MICHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR BYRON, IL 61010 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | Crash Seat Position 07 - LEFT | Individual MICHAEL NOGA Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance | Sex MALE Race WHITE er COUNTRY: UNITE | | |
| TNO | INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MiCHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR BYRON, IL 61010 , US Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury No AP | Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path | Individual MICHAEL NOGA Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex MALE Race WHITE er COUNTRY: UNITE | D STATES | |
| TNO | S INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MiCHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR BYRON, IL 61010 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sety Injury NO API Ejected NOT EJECTED Medical Transport | Crash Seat Position 07 - LEFT Everity PARENT INJURY | Individual MICHAEL NOGA Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex MALE Race WHITE er COUNTRY: UNITE | D STATES | |
| LNO | S INDIVIDUAL | Policy Holder Insurance Company ALLSTATE-INS-CO Individual Driver MiCHAEL W NOGA (608) 963-7167 Address 1439 MARIJON DR BYRON, IL 61010 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sety Injury NO API Ejected NOT EJECTED | Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path | Individual MICHAEL NOGA Citations Issued Date of Birth Driver License Number STATE: ILLINOIS Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex MALE Race WHITE er COUNTRY: UNITE | D STATES Trapped/Extricated NOT TRAPPED | |

Crash Date 01/23/2022 Crash Time 09:46 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | | |
|------|------------|---------------------------------------------------------------------|---------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|-------------|----------------|--|--|--|
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | | |
| | | Non Motorist | g Unit# | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| | 4 | | | | | | | | | | | |
| UNIT | 3 | | | | | | | | | | | |
| ⋾ | INDIVIDUAL | | | | | | | | | | | |
| | = | | | | | | | | | | | |
| | | Action Other | | | | | | | To/From School | | | |
| | | Sugar | cted Alcohol | Lieo | Suspected Drug Use | | | | | | | |
| | ı | Drug & Alcohol NO | ected Alconol | Ose | NO | 3 | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol T | est Results | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test | Results | | | | | |
| 8 | 8 | Drug Type | | | | | | | | | | |
| 0 | 5 | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | | |
| | | 1 | | | The state of the s | raintain ann amhraint ann ann a | | | | | | |
| | <u> </u> | Passenger JAMIE L ROTT (608) 963-7167 | | | Citations Issued Sex FEMALE | | | | | | | |
| ı_ | INDIVIDUA | (000) 203-1 101 | | | Date of Birth | Race WHITE | | | | | | |
| E N | 5 | Address 1439 MARIJON DR | | | Driver License Number | | | | | | | |
| | Z | BYRON, IL 61010 , US | | | STATE: ILLINOIS | COUNTRY: | UNITED STATES | 5 | | | | |
| | | On Duty Crash | | | Safety Equipment | | | | | | | |
| | Sai | fety Equipment | l Canada | osition | SHOULDER & LA | AP RE: T | | | | | | |
| | | 01 - FRONT ROW | | RIGHT | | | | | | | | |
| | | HelmetUse | | | Helmet Compliance | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | |
| 05 | 83 | Injury Severity Injury NO APPARENT INJURY | | | Airbag | | | | | | | |
| | | Ejected | Ejection P | ath | NON DEPLOYED | | l l | Extricated | | | | |
| | | NOT EJECTED Medical Transport | NOT EJE | ECTED/NOT APPL | .ICABLE EMS Agency Identif | ier | NOT TR EMS Run | | | | | |
| | | NOT TRANSPORTED | | | | | | | | | | |
| | | Hospital | | | Date of Death | | Time of D | eath | | | | |
| | | Distracted By Distra | cted By Sourc | ce | | | ' | | | | | |
| ı | | 866661110000000000000000000000000000000 | | | | | | | | | | |

Crash Date 01/23/2022 Crash Time 09:46 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/23/2022

Crash Time 09:46 AM

| | | Distracted By Action | | | | | |
|------|------------|---------------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | | Non Motorist Striking Unit# | Location | | | | |
| | | Prior Action | | | | | |
| UNIT | INDIVIDUAL | Action | | | | | |
| | | Action Other | | | | | To/From School |
| | 1 | Drug & 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 | | |
| 02 | 933 | Drug Type | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |