### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override   | rash Date                      |                         | Agency Crash Number<br>SC22-03709<br>Date Arrived<br>04/23/2022 |                         | Investigating Officer/Deputy DEPUTY Z. DRILL Time Arrived 09:35 PM |          |                               |                    |
|--|--------------------------------|-------------------------|---|-------------------------|--|----------|-------------------------------|--------------------|
| Crash Date 04/23/2022  |                                |                         |   |                         |  |          |                               |                    |
| 04/23/2022  Date Notified 04/23/2022  On Emergency Hit  Government Property            |                                |                         |   | Total Units 01          |  |          | Total Injured Total Killed 00 |                    |
| On Emergency Hit   | and Run                        | Lane Closure Work Zone  |   |                         |  |          | Reporting<br>Threshold        |                    |
| Government Property  | Active Scl                     | School Bus Related Tags |   |                         |  |          |                               |                    |
| <b>▼</b> Reportable  | Crash Type<br>DT4000 (STA      | NDARD CRASH             | )   |                         | Amend  | ied      |                               | Secondary<br>Crash |
| <b>Description</b>   |                                |                         |   |                         |  |          |                               |                    |
| Diagram  Hwy 60  |                                |                         |   | Not to<br>scale         |  | Photos E | By  By  al Information        |                    |
|  |                                |                         |   |                         |  |          |                               |                    |
| C  | asel RD                        |                         |   | 01                      |  |          |                               |                    |
| l, a sworn law enforceme   | nt officer, agre               | e that I have no        | ot added  | l any CJIS data in this | s report.  |          |                               |                    |
| UNIT ONE WAS EASTBOUND ON HE ROAD PRIOR TO STRIKING THE LC VEHICLE WAS TOWED BY EVERET | IGHWAY 60 AND<br>OG. THERE WAS | STRUCK A LOG IN         | THE RO  | AD. UNIT ONE OPERATOR   | STATED THAT  |          |                               |                    |

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

Crash Date 04/23/2022

Crash Time 09:10 PM

| Location  |                     |   |              |               |  |               |   |               |   |  |
|---|---------------------|---|--------------|---------------|--|---------------|---|---------------|---|--|
| ON CASSELL  | RD                  |   |              |               | Latitude   |               |   | Longit        | ude   |  |
| 17 FT N   |                     |   |              |               | 43.234170355 -89.854802  |               |   | 54802741      |   |  |
| OF STH60 EB IN THE TOWN OF TROY   |                     |   |              |               | X Coordinate Y Coo   |               |   | Y C00         | rdinate   |  |
| IN SAUK COUNTY  |                     |   |              |               | 268189.28125 4790777   |               |   | 777           |   |  |
|   |                     |   |              |               | Structure  |               |   |               |   |  |
|   |                     |   |              |               | NO STR   | JCTURE        |   |               |   |  |
| Crash Scer  |                     |   |              |               |  |               |   |               |   |  |
|   | First Harmful Event |   |              |               |  |               | ocation   |               |   |  |
| OTHER NON-COLLISION   |                     |   |              |               | ON ROA   |               |   |               |   |  |
|   |                     |   |              |               | Light Cond   |               |   |               |   |  |
|   |                     | HICLE IN TRANSPORT  |              |               | DARK/UI  |               |   |               |   |  |
| Road Surface Co   | nation(s)           |   |              |               | Roadway  | ractor(s)     |   |               |   |  |
| DRY   |                     |   |              |               |  |               |   |               |   |  |
| EnvironmentFac  | tor(s)              |   |              |               | 1  |               |   |               |   |  |
| NONE  |                     |   |              |               | NONE   |               |   |               |   |  |
| Weather Condition   | n(s)                |   |              |               | 1  |               |   |               |   |  |
| CLEAR   |                     |   |              |               |  |               |   |               |   |  |
| Animal Type   |                     |   |              |               | Polation T   | o Trafficwa   | M   |               |   |  |
| 7 timilar i y po  |                     |   |              |               | 1  | WAY - OI      | -   |               |   |  |
| Crash Classificat   | tion - Location     | l   |              |               | Crash Clas   | ssification - | Jurisdiction  |               |   |  |
| PUBLIC PROP   | ERTY                |   |              |               | NO SPECIAL JURISDICTION  |               |   |               |   |  |
| Tribal Land   |                     |   |              |               | Access Control Special Study   |               |   |               |   |  |
|   |                     |   |              | _             | NO CONTROL   |               |   |               |   |  |
| Within Interchang   | ge Area             | Junction Location   |              | Intersection  | • •  |               |   |               |   |  |
| NO  |                     | INTERSECTION  |              | I-INIER       | SECTION  |               |   |               |   |  |
| Unit Summ   | ary 💳               |   |              |               |  |               |   |               |   |  |
| Unit Status   |                     |   | 1            | _             | s Classification Unit Type   |               |   |               |   |  |
| IN TRANSIT  |                     |   | D CLASS      | }             | AUTOMOBILE   |               |   |               |   |  |
| Vehicle Type  |                     |   |              |               |  |               | Operating As Endorsements                           |               |   |  |
| PASSENGER (   | JAK                 | Tuela/Due # Decembed  | I =          |               | ,  | T-4-17-3      |   | T-4-111       |   |  |
| Total Occs  |                     | Train/Bus#Recorded  | O Total#Cita | ations Issued | t  | 0             | 0<br>peed Limit Total La                            |               | al HazMat Types   |  |
|   |                     | Direction Of Travel   |              |               |  | _             |   |               |   |  |
| Insurance?  |                     | WESTBOUND   | Pre          | CrashTire     | •  | 55            |   |               | ines  |  |
| Most Harmful Ev   | ant Callinian       |   | Special Fu   | Mark          |  | JJ            | 2   |               | ahicle Hise   |  |
| OTHER OBJE  |                     |   |              | CIAL FUNC     | TION   |               | Emergency Motor Vehicle Use NOT APPLICABLE          |               |   |  |
| Traffic Way   |                     |   | Traffic Cor  | ntrol         |  |               | Traffic Control Inoperative/Missing  NO  Road Grade |               |   |  |
| TWO-WAY, NO   | T DIVIDED           | 1   | NO CON       |               |  |               |   |               |   |  |
| Surface Type  |                     |   | Road Curv    |               |  |               |   |               |   |  |
| BLACKTOP (E   | UONIMUTI            | S)  | STRAIGH      |               | LEVEL  |               |   |               |   |  |
| Truck Bus or Haz  | Mat                 |   |              |               |  |               | 1   |               |   |  |
| NO  |                     |   |              |               |  |               |   |               |   |  |
| Vehicle   |                     |   |              |               |  |               |   |               |   |  |
| License Pla   | ite Number          | o menurang ang at mating ing a mating ing ang ang ang ang ang ang ang ang ang a | Plate Typ    | e             | - Committee of the first of the | St            | Country of Is                                       |               | межно в не вполнением полнением полнением полнением полнением полнением полнением полнением полнением полнением |  |
| AJB6100   | AJB6100             |   |              | итомови       |  |               | UNITED ST   | UNITED STATES |   |  |
|   | ntification Nu      |   | Make         |               |  | Year          | Model   |               |   |  |
|   | K0DR33318           | 38  | TOYOTA       |               |  | 2013          |   |               |   |  |
| Color   | :C   10***          |   | 1            | Body Style    |  |               | Bus Use   |               |   |  |
|   | JE, LIGHT           |   | 4D - 4DF     |               |  |               |   | -             |   |  |
| Initial Conta   |                     | GE  | Vehicle D    | arraye        |  |               |   |               | 7 8 9 10 11   |  |
| Fytent Of C   | 14 - UNDERCARRIAGE  |   |              |               | NDERCARRIAGE   |               |   |               | 6 12  |  |
| Initial Contact Point  Vehicle  14 - UNDERCARRIAGE  Extent Of Damage  DISABLING DAMAGE  12 - FI |                     |   |              | ONT. 14 - L   | INDERCA  | RRIAGE        |   |               |   |  |
| DISABLIN  | -                   | E   | 12 - FR      | ONT, 14 - L   | INDERCAI   | RRIAGE        |   |               | 5 4 3 2 1   |  |

#### 6TL0CR2KRL

22-03709

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|          |                         | Towed Due To Damage   |  | Vehicle Removed By   |  |          |  |  |  |  |
|----------|-------------------------|---|--|--|--|----------|--|--|--|--|
|          |                         | TOWED DUE TO DISABLIN   | NG DAMAGE  | EVERETTS TOWING  |  |          |  |  |  |  |
|          |                         | What Driver Was Doing   |  | Vehicle Factors  |  |          |  |  |  |  |
|          |                         | GOING STRAIGHT Driver Prior Action Other  |  | NOT APPLICABLE   |  |          |  |  |  |  |
|          |                         | Driver Prior Action Other   |  |  |  |          |  |  |  |  |
|          |                         | Driver Actions  |  | l  |  |          |  |  |  |  |
|          | щ                       | NO CONTRIBUTING ACTIO   | ON   |  |  |          |  |  |  |  |
| UNIT     | $\overline{\mathbf{Q}}$ |   |  |  |  |          |  |  |  |  |
| Ś        | VEHICLE                 |   |  |  |  |          |  |  |  |  |
|          | 7                       |   |  |  |  |          |  |  |  |  |
|          |                         | Owner Name  |  | Owner Address  |  |          |  |  |  |  |
|          |                         | RACHEL ELIZABETH SCH  | EUNEMANN   | 157 CHURCH ST  |  |          |  |  |  |  |
| 2        | 5                       | (608) 644-6174  |  | MERRIMAC, WI   | 3561 , US  |          |  |  |  |  |
|          |                         |   |  |  |  |          |  |  |  |  |
|          |                         | Sequence Of Events  |  |  |  |          |  |  |  |  |
|          | 5                       | Event<br>MOTOR VEH IN TRANSPO   |  |  |  |          |  |  |  |  |
|          |                         |   | T. 1   |  |  |          |  |  |  |  |
|          | 8                       | Event<br>OTHER OBJECT - NOT FIX   | (ED  |  |  |          |  |  |  |  |
|          |                         | Event   |  |  |  |          |  |  |  |  |
|          | 8                       |   |  |  |  |          |  |  |  |  |
|          |                         | Event   |  |  |  |          |  |  |  |  |
|          | 2                       |   |  |  |  |          |  |  |  |  |
| <b>—</b> |                         | Policy Holder   |  |  |  |          |  |  |  |  |
| N        |                         | Insurance Company   |  | Individual   |  |          |  |  |  |  |
| _        |                         | SECURA-INS-CO   |  | RACHEL SCHEUN  | EMANN  |          |  |  |  |  |
|          |                         | Individual  |  |  |  |          |  |  |  |  |
|          |                         |   |  | Citations Issued Sex   |  |          |  |  |  |  |
|          |                         | Driver  | ERA NN   | I  |  |          |  |  |  |  |
|          | 7                       | Driver<br>MEADOW ROSE SCHEUNI<br>(608) 644-6174   | EMANN  | 0  | FEMALE   |          |  |  |  |  |
| _        | DEM                     | MEADOW ROSE SCHEUN  | EMANN  | I  |  |          |  |  |  |  |
| LIN      | NIDUAL                  | MEADOW ROSE SCHEUN  | EMANN  | 0  | FEMALE<br>Race   |          |  |  |  |  |
| TINO     | NDNIDUAL                | MEADOW ROSE SCHEUN!<br>(608) 644-6174<br>Address<br>157 CHURCH ST   |  | Date of Birth  | FEMALE<br>Race   | e        |  |  |  |  |
| TINO     | INDIVIDUAL              | MEADOW ROSE SCHEUN!<br>(608) 644-6174   |  | Date of Birth  | FEMALE<br>Race   | s        |  |  |  |  |
| TINO     | INDIVIDUAL              | MEADOW ROSE SCHEUNI<br>(608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561, U  | 8  | Date of Birth  Driver License Number  STATE: WISCONS   | FEMALE<br>Race   | s        |  |  |  |  |
| TINO     |                         | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI   | 8  | Date of Birth  | FEMALE<br>Race   | s        |  |  |  |  |
| TINO     |                         | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  ety Equipment  | S<br>Crash   | Date of Birth Driver License Number STATE: WISCONS Safety Equipment  | FEMALE Race  N COUNTRY: UNITED STATE                                     | s        |  |  |  |  |
| TINO     |                         | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI   | 8  | Date of Birth  Driver License Number  STATE: WISCONS   | FEMALE Race  N COUNTRY: UNITED STATE                                     | s        |  |  |  |  |
| TINO     |                         | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  Cety Equipment  Row  | Seat Position  | Date of Birth Driver License Number STATE: WISCONS Safety Equipment  | FEMALE Race  N COUNTRY: UNITED STATE                                     | s        |  |  |  |  |
| TINO     |                         | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  ety Equipment  Row 01 - FRONT ROW  HelmetUse   | Seat Position  | Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Helmet Compliance  | FEMALE Race  N COUNTRY: UNITED STATE                                     | s        |  |  |  |  |
| LIND     |                         | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI Fety Equipment Row 01 - FRONT ROW   | Seat Position  | Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF   | FEMALE Race  N COUNTRY: UNITED STATE                                     | s        |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  Pety Equipment  Row 01 - FRONT ROW  Heimet Use  Eye Protection   | Seat Position<br>07 - LEFT   | Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Heimet Compliance  | FEMALE Race  N COUNTRY: UNITED STATE                                     | s        |  |  |  |  |
|          |                         | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  Fety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection   | Seat Position 07 - LEFT  | Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Helmet Compliance  | FEMALE Race  N COUNTRY: UNITED STATE                                     | s        |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Ser  | Seat Position 07 - LEFT  | Date of Birth  Driver License Number  STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Heimet Compliance  Tint Compliance   | FEMALE Race  N COUNTRY: UNITED STATE                                     |          |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Set NO APP Ejected NOT EJECTED  | Seat Position 07 - LEFT  | Date of Birth Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED                                  | FEMALE Race  N COUNTRY: UNITED STATE  BELT  Trapped/Ex                   | tricated |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Set NO APP Ejected NOT EJECTED Medical Transport  | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path                    | Date of Birth Driver License Number STATE: WISCONS  Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED                                      | FEMALE Race  N COUNTRY: UNITED STATE  BELT  Trapped/Ex                   | tricated |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  Fety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection  Injury Set NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED  | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path                    | Date of Birth Driver License Number STATE: WISCONS  Safety Equipment SHOULDER & LAF  Helmet Compliance Tint Compliance Airbag NON DEPLOYED  PLICABLE EMS Agency Identifie      | FEMALE Race  N COUNTRY: UNITED STATE  BELT  Trapped/Ex NOT TRAF EMS Run# | tricated |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Set NO APP Ejected NOT EJECTED Medical Transport  | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path                    | Date of Birth Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Heimet Compliance  Tint Compliance  Airbag NON DEPLOYED                                  | FEMALE Race  N COUNTRY: UNITED STATE  BELT  Trapped/Ex                   | tricated |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Service NO APF  Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital                                 | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Date of Birth Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identified | FEMALE Race  N COUNTRY: UNITED STATE  BELT  Trapped/Ex NOT TRAF EMS Run# | tricated |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Service NO APP  Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By Distracted NOT AF | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Date of Birth Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identified | FEMALE Race  N COUNTRY: UNITED STATE  BELT  Trapped/Ex NOT TRAF EMS Run# | tricated |  |  |  |  |
|          | Sai                     | MEADOW ROSE SCHEUNI (608) 644-6174  Address 157 CHURCH ST MERRIMAC, WI 53561 , UI  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Service NO APF  Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital                                 | Seat Position 07 - LEFT  verity PARENT INJURY Ejection Path NOT EJECTED/NOT AP | Date of Birth Driver License Number STATE: WISCONS  Safety Equipment  SHOULDER & LAF  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED  PLICABLE  EMS Agency Identified | FEMALE Race  N COUNTRY: UNITED STATE  BELT  Trapped/Ex NOT TRAF EMS Run# | tricated |  |  |  |  |

Crash Date 04/23/2022 Crash Time 09:10 PM

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|        |            | Striking<br>Non Motorist                   | Unit#         | Location            |   |                   |                                |                |  |  |
|--------|------------|--|---------------|---------------------|---|-------------------|--------------------------------|----------------|--|--|
|        |            | Prior Action                               |               | 1                   |   |                   |                                |                |  |  |
|        |            | Action                                     |               |                     |   |                   |                                |                |  |  |
|        | 3          |  |               |                     |   |                   |                                |                |  |  |
| Ę      | INDIVIDUAL |  |               |                     |   |                   |                                |                |  |  |
|        | 2          |  |               |                     |   |                   |                                |                |  |  |
|        |            |  |               |                     |   |                   |                                | I              |  |  |
|        |            | Action Other                               |               |                     |   |                   |                                | To/From School |  |  |
|        | i          | Drug & Alcohol NO                          | ted Alcohol t | Jse                 | Suspected Drug Use<br>NO                                      |                   |                                |                |  |  |
|        |            | Alcohol Test Given TEST NOT GIVEN          |               | Alcohol Test Type   |   |                   | Alcohol Test Results           |                |  |  |
|        |            | Drug Test Given<br>TEST NOT GIVEN          |               | Drug Test Type      |   | Drug Test Results |                                |                |  |  |
| 2      | S          | Drug Type                                  |               |                     |   |                   |                                |                |  |  |
|        |            | Individual Condition                       |               |                     |   |                   |                                |                |  |  |
|        |            | APPEARED NORMAL                            |               |                     |   |                   |                                |                |  |  |
|        |            | Individual                                 |               |                     |   |                   |                                |                |  |  |
|        |            | Passenger RAYNA GENE SCHEUNEMANN           |               | Citations Issued  0 | Sex<br>FEMALE   |                   |                                |                |  |  |
| ⊨      | ā          | (608) 434-3501                             |               |                     | Date of Birth   | Race<br>WHITE     |                                |                |  |  |
| N<br>T | INDIMIDUAL | Address<br>157 CHURCH ST                   |               |                     | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES |                   |                                |                |  |  |
|        |            | MERRIMAC, WI 53561 , L                     | JS            |                     | STATE. WISCONSIN CODICTAL STATES                              |                   |                                |                |  |  |
|        | Sai        | On Duty<br>(ety Equipment                  | Crash         |                     | Safety Equipment  |                   |                                |                |  |  |
|        |            | Row Seat Positio 01 - FRONT ROW 09 - RIGH  |               |                     |   |                   |                                |                |  |  |
|        |            | Helmet Use                                 |               |                     | Helmet Compliance   |                   |                                |                |  |  |
|        |            | Eye Protection                             |               |                     | Tint Compliance   |                   |                                |                |  |  |
| ٤      | 005        | Injury Severity  Injury NO APPARENT INJURY |               |                     | Airbag NON DEPLOYED   |                   |                                |                |  |  |
|        |            | Ejected NOT EJECTED                        | Ejection Pa   |                     | LICABLE   |                   | Trapped/Extricated NOT TRAPPED |                |  |  |
|        |            | Medical Transport NOT TRANSPORTED          |               |                     | EMS Agency Identifier   |                   | EMS Run#                       |                |  |  |
|        |            | Hospital                                   |               |                     | Date of Death   |                   | Time of Death                  |                |  |  |
|        |            | Distracted By Distract                     | ed By Source  | e                   |   |                   | I                              |                |  |  |
|        |            | Distracted By Action                       |               |                     |   |                   |                                |                |  |  |
|        |            | Non Motorist                               | Unit#         | Location            |   |                   |                                |                |  |  |
| l      |            |  |               | 1                   |   |                   |                                |                |  |  |

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|          |           | Prior Action  |               |                   |                                  |                   |                      |                |  |  |  |
|----------|-----------|---|---------------|-------------------|----------------------------------|-------------------|----------------------|----------------|--|--|--|
|          |           | Action  |               |                   |                                  |                   |                      |                |  |  |  |
|          | ď         |   |               |                   |                                  |                   |                      |                |  |  |  |
| LNS      | NDIVIDUAL |   |               |                   |                                  |                   |                      |                |  |  |  |
| ⊃        | ğ         |   |               |                   |                                  |                   |                      |                |  |  |  |
|          |           |   |               |                   |                                  |                   |                      |                |  |  |  |
|          |           | Action Other  |               |                   |                                  |                   |                      | To/From School |  |  |  |
|          |           | Suspec  | ted Alcohol U | Jse               | Suspected Drug Use               |                   |                      |                |  |  |  |
|          | 1         | Drug & Alcohol NO   |               |                   | NO                               |                   |                      |                |  |  |  |
|          |           | Alcohol Test Given TEST NOT GIVEN   |               | Alcohol Test Type |                                  |                   | Alcohol Test Results |                |  |  |  |
|          |           | Drug Test Given<br>TEST NOT GIVEN   |               | Drug Test Type    |                                  | Drug Test Results | 3                    |                |  |  |  |
| 2        | 88        | Drug Type   |               |                   |                                  |                   |                      |                |  |  |  |
|          |           | Individual Condition  |               |                   |                                  |                   |                      |                |  |  |  |
|          |           | APPEARED NORMAL   |               |                   |                                  |                   |                      |                |  |  |  |
|          |           | Passenger LUCIA K LINDNER (608) 669-3337  Address E13390 GRACE ST MERRIMAC, WI 53561 , US |               |                   | Citations Issued                 | Sex               |                      |                |  |  |  |
|          | 1         |   |               |                   | 0                                | 0 FEMALE          |                      |                |  |  |  |
| <u>_</u> | 3         |   |               |                   | Date of Birth                    | Race<br>WHITE     |                      |                |  |  |  |
| ENS.     | INDIVIDUA |   |               |                   | Driver License Number            |                   |                      |                |  |  |  |
|          |           |   |               |                   |                                  |                   |                      |                |  |  |  |
|          | Sai       |   |               |                   | Safety Equipment                 |                   |                      |                |  |  |  |
|          |           | Row Seat Position 02 - SECOND ROW 07 - LEFT   |               |                   | SHOULDER & LAP BELT              |                   |                      |                |  |  |  |
|          |           | HelmetUse   |               |                   | Helmet Compliance                |                   |                      |                |  |  |  |
|          |           | Eye Protection  |               |                   | Tint Compliance                  |                   |                      |                |  |  |  |
| ٤        | 8         | Injury Severity NO APPARENT INJURY  |               |                   | Airbag                           |                   |                      |                |  |  |  |
|          |           | Ejected   | Ejection Pa   |                   | NON DEPLOYED  Trapped/Extricated |                   |                      |                |  |  |  |
|          |           | NOT EJECTED   | NOT EJE       | CTED/NOT APPL     |                                  |                   | 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 Striking   | Unit#         | Location          |                                  |                   |                      |                |  |  |  |
|          |           | Prior Action  |               |                   |                                  |                   |                      |                |  |  |  |

Crash Date 04/23/2022
Crash Time 09:10 PM

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/23/2022

Crash Time 09:10 PM

| TIND | INDIVIDUAL | Action                            |                   |                          |                   |                      |                |
|------|------------|-----------------------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
|      |            | Action Other                      |                   |                          |                   |                      | To/From School |
|      | Ĺ          | Drug & Alcohol NO                 | Alcohol Use       | Suspected Drug Use<br>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                    |                |
| 9    | 903        | Drug Type                         |                   |                          |                   |                      |                |
|      |            | Individual Condition              |                   |                          |                   |                      |                |
|      |            | APPEARED NORMAL                   |                   |                          |                   |                      |                |