#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

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|             | Document Number Override | Primary Crash Document#              | Agency Crash Number 22-06657 |  | Investigating Officer/Deputy DEPUTY I. GALVAN |       |                      |  |
|-------------|--------------------------|--------------------------------------|------------------------------|--|---|-------|----------------------|--|
| 4.          | Crash Date 07/12/2022    | Crash Time<br>08:14 AM               | Date Arrived 07/12/2022      |  | Time Arrived 08:30 AM                         |       |                      |  |
| KQ2         | Date Notified 07/12/2022 | Time Notified 08:16 AM               | Total Units<br>02            |  | Total Injured                                 | 1 1   |                      |  |
| .09)        | On Emergency Hit         | and Run Lane Closu                   | ure Work Zone                |  | Trailer or 1                                  | Towed | Reporting  Threshold |  |
| <u>6</u> 11 | Government Property      | Active School Zone                   | School Bus Related NO        |  | Tags  |       |                      |  |
|             | <b>▼</b> Reportable      | Crash Type<br>DT4000 (STANDARD CRASH | 1)                           |  |   |       | Secondary  Crash     |  |

Description Diagram

Reconstruction By

Photos By DEPUTY ISAAC GALVAN

Crash Date 07/12/2022

Crash Time 08:14 AM

Additional Information **PHOTOS** 



, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 AND UNIT 2 BOTH TRAVELING EASTBOUND ON CHURCHILL ROAD, UNIT 2 WAS AHEAD OF UNIT 1. UNIT 2 SLOWED AND STOPPED AT THE INTERSECTION OF CHURCHILL ROAD AND COUNTY ROAD F MARKED WITH A STOP SIGN. UNIT 2 WAS SLOWLY MOVING FORWARD TO LEAVE STOPPED POSITION TO CONTINUE SOUTH BOUND ON COUNTY ROAD F. UNIT 1 LOOKED BUT DID NOT SEE UNIT 2 COME TO A COMPLETE STOP. UNIT 1 STRUCK UNIT 2 CAUSING MINOR DAMAGE. NO INJURIES WERE REPORTED. BOTH UNITS WERE REMOVED BY THE OPERATOR/OWNER.

Location

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

Crash Date 07/12/2022

Crash Time 08:14 AM

|            | ON CHURCHILL RD 51 FT W OF CTHF EB  |  |   |                                  | 43.575578098 -90.6   |  |  | 0284985                      |  |
|------------|---|--|---|----------------------------------|--|--|--|------------------------------|--|
|            | IN THE TOWN OF WINI   | FIELD  |   | X Coordinate<br>257741.07        |  |  | Y Coord<br>482910  |                              |  |
|            |   |  |   | Structure Ty                     |  |  |  |                              |  |
|            | Crash Scene   |  |   |                                  |  |  |  |                              |  |
| •          | First Harmful Event   |  |   | First Harmfu                     | EventL   | ocation.   |  |                              |  |
|            | MOTOR VEH IN TRANS  | SPORT  |   | ON ROAD                          | WAY  |  |  |                              |  |
|            | Manner of Collision   |  |   |                                  | ion  |  |  |                              |  |
|            | 03 - FRONT TO REAR  |  |   |                                  | Γ  |  |  |                              |  |
|            | Road Surface Condition(s)   |  |   | Roadway Fa                       | actor(s)   |  |  |                              |  |
|            | DRY   |  |   |                                  |  |  |  |                              |  |
|            | Environment Factor(s)   |  |   |                                  |  |  |  |                              |  |
|            | NONE  |  |   | NONE                             |  |  |  |                              |  |
|            | Weather Condition(s)  |  |   |                                  |  |  |  |                              |  |
|            | CLEAR   |  |   |                                  |  |  |  |                              |  |
|            |   |  |   |                                  |  |  |  |                              |  |
|            | Animal Type   |  |   | Relation To TRAFFICM             |  | •  |  |                              |  |
|            | Crash Classification - Local  | tion   |   | Crash Class                      |  |  |  |                              |  |
|            | PUBLIC PROPERTY   |  |   |                                  |  | ISDICTION  |  | T=                           |  |
|            | Tribal Land   |  |   | Access Control NO CONTROL        |  | Special St   |  | Special Study                |  |
|            | Within Interchange Area   | Junction Location  |   | tion Type                        |  |  |  |                              |  |
|            | NO  | INTERSECTION-RELATE  | ED T-INTE   | RSECTION                         |  |  |  |                              |  |
|            | Unit Summary •  |  |   |                                  |  |  |  |                              |  |
|            |   |  |   |                                  |  |  |  |                              |  |
|            | Unit Status IN TRANSIT  |  | Vehicle Operating As D CLASS  | Classification                   |  | Unit Type AUTOMOI  | BILE   |                              |  |
|            | Unit Status IN TRANSIT Vehicle Type   |  | 1 '   | Classification                   |  |  |  | ments                        |  |
| 2          | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR   |  | D CLASS   |                                  |  | AUTOMOI<br>Operating A   | s Endorse  |                              |  |
|            | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs  | Train/Bus#Recorded   | D CLASS  Total#Citations Issue  | ed T                             | Fotal Tra  | AUTOMOI<br>Operating A   | s Endorse<br>Total Haz                                   | ements<br>zMatTypes          |  |
|            | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1  |  | D CLASS  Total#Citations Issue 0  | ed 7                             | )  | AUTOMOI<br>Operating A   | s Endorse<br>Total Haz<br>0                              | zMat Types                   |  |
| 01         | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance?   | Direction Of Travel  | Total#Citations Issue 0 Pre CrashTil  | ed 7<br>0                        | )<br>Speed Li  | AUTOMOI<br>Operating A   | s Endorse  Total Haz  0  Total Lan                       | zMat Types                   |  |
| 01         | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1  | Direction Of Travel EASTBOUND  | D CLASS  Total#Citations Issue 0  | ed 7<br>0                        | )  | AUTOMOI<br>Operating A   | Total Haz  Total Lan  Total Lan                          | zMatTypes<br>les             |  |
|            | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs I Insurance? YES   | Direction Of Travel <b>EASTBOUND</b> on With   | Total#Citations Issue 0  Pre CrashTil Mark  | ed 7<br>0<br>re 5                | )<br>Speed Li  | AUTOMOI<br>Operating A   | Total Haz  0  Total Lan  2  Motor Veh                    | zMatTypes nes                |  |
| 01         | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? YES Most Harmful Event: Collisis MOTOR VEH IN TRANS Traffic Way   | Direction Of Travel  EASTBOUND  on With  SPORT   | D CLASS  Total # Citations Issue 0  Pre CrashTin Mark  Special Function   | ed 7<br>0<br>re 5                | )<br>Speed Li  | AUTOMOI Operating A illers mit Emergency   | Total Haz  Total Lan  Total Lan  Motor Veh               | MatTypes<br>nes<br>nicle Use |  |
| 01         | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? YES Most Harmful Event: Collisis MOTOR VEH IN TRANS Traffic Way TWO-WAY, NOT DIVIDI   | Direction Of Travel  EASTBOUND  on With  SPORT   | Total # Citations Issue 0  Pre CrashTil Mark  Special Function NO SPECIAL FUN  Traffic Control STOP SIGN  | ed 7<br>0<br>re 5                | )<br>Speed Li  | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Cont   | Total Haz  0 Total Lan  2 Motor Veh LICABLE              | MatTypes<br>nes<br>nicle Use |  |
| 01         | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? YES Most Harmful Event: Collisis MOTOR VEH IN TRANS Traffic Way TWO-WAY, NOT DIVIDI Surface Type  | Direction Of Travel  EASTBOUND  on With  SPORT   | Total # Citations Issue 0  Pre CrashTil Mark  Special Function NO SPECIAL FUN  Traffic Control STOP SIGN  Road Curvature  | ed 7<br>0<br>re 5                | )<br>Speed Li  | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Cont NO Road Grade   | Total Haz  0 Total Lan  2 Motor Veh LICABLE              | MatTypes<br>nes<br>nicle Use |  |
| 01         | Unit Status IN TRANSIT  Vehicle Type PASSENGER CAR  Total Occs 1 Insurance? YES  Most Harmful Event: Collisis MOTOR VEH IN TRANS  Traffic Way TWO-WAY, NOT DIVIDI Surface Type BLACKTOP (BITUMING   | Direction Of Travel  EASTBOUND  on With  SPORT   | Total # Citations Issue 0  Pre CrashTil Mark  Special Function NO SPECIAL FUN  Traffic Control STOP SIGN  | ed 7<br>0<br>re 5                | )<br>Speed Li  | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Cont   | Total Haz  0 Total Lan  2 Motor Veh LICABLE              | MatTypes<br>nes<br>nicle Use |  |
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| 01         | Unit Status IN TRANSIT  Vehicle Type PASSENGER CAR  Total Occs 1 Insurance? YES  Most Harmful Event: Collisis MOTOR VEH IN TRANS  Traffic Way TWO-WAY, NOT DIVIDI Surface Type BLACKTOP (BITUMING)  Truck Bus or HazMat   | Direction Of Travel  EASTBOUND  on With  SPORT   | Total # Citations Issue 0  Pre CrashTil Mark  Special Function NO SPECIAL FUN  Traffic Control STOP SIGN  Road Curvature  | ed 7<br>0<br>re 5                | )<br>Speed Li  | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Cont NO Road Grade   | Total Haz  0 Total Lan  2 Motor Veh LICABLE              | MatTypes<br>nes<br>nicle Use |  |
| 01         | Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs I Insurance? YES Most Harmful Event: Collisis MOTOR VEH IN TRANS Traffic Way TWO-WAY, NOT DIVIDI Surface Type BLACKTOP (BITUMING) Truck Bus or HazMat NO   | Direction Of Travel EASTBOUND on With SPORT ED DUS)  | Total # Citations Issue 0  Pre CrashTil Mark  Special Function NO SPECIAL FUN  Traffic Control STOP SIGN  Road Curvature  | ed 7<br>0<br>re 5                | )<br>Speed Li<br><b>\$5</b>  | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Cont NO Road Grade   | Total Haz  0 Total Lan  2 Motor Veh LICABLE              | MatTypes<br>nes<br>nicle Use |  |
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| LINIT 01   | Unit Status IN TRANSIT  Vehicle Type PASSENGER CAR  Total Occs 1 Insurance? YES  Most Harmful Event: Collisis MOTOR VEH IN TRANS  Traffic Way TWO-WAY, NOT DIVIDI Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO  Vehicle License Plate Numbe 222ZKU Vehicle Identification   | Direction Of Travel EASTBOUND on With SPORT  ED  DUS)  | D CLASS  Total # Citations Issue 0  Pre CrashTil Mark  Special Function NO SPECIAL FUN  Traffic Control STOP SIGN  Road Curvature STRAIGHT  Plate Type AUT - AUTOMOB  Make                        | ed TON  TO S  A  CTION  S  ILE Y | Depend Lists  Speed Lists  Structure of the control | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  Country of is UNITED ST                  | Total Haz  O Total Lan  Z Motor Veh LICABLE  rol Inopera | MatTypes<br>nes<br>nicle Use |  |
| 01         | Unit Status IN TRANSIT  Vehicle Type PASSENGER CAR  Total Occs 1 Insurance? YES  Most Harmful Event: Collisi MOTOR VEH IN TRANS  Traffic Way TWO-WAY, NOT DIVIDI Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO  Vehicle License Plate Numbe 222ZKU  Vehicle Identification 1D4GP45RX5B292  | Direction Of Travel EASTBOUND on With SPORT  ED  DUS)  | D CLASS  Total # Citations Issue 0  Pre CrashTil Mark  Special Function NO SPECIAL FUN  Traffic Control STOP SIGN  Road Curvature STRAIGHT  Plate Type AUT - AUTOMOB  Make DODGE                  | ed TON  TO S  A  CTION  S  ILE Y | D) Speed Li  15  St VI   | AUTOMOI Operating A  illers  mit  Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model CARAVAN | Total Haz  O Total Lan  Z Motor Veh LICABLE  rol Inopera | MatTypes<br>nes<br>nicle Use |  |
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#### 6TL09XQZ47

22-06657

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|     |           | Towed Due To Damage                                |                             | Vehicle Removed By                               |               |                    |          |  |  |
|-----|-----------|--|-----------------------------|--|---------------|--------------------|----------|--|--|
|     |           | NOT TOWED  |                             | OPERATOR   |               |                    |          |  |  |
|     |           | What Driver Was Doing                              |                             | Vehicle Factors                                  |               |                    |          |  |  |
|     |           | GOING STRAIGHT                                     |                             |  |               |                    |          |  |  |
|     |           | Driver Prior Action Other                          |                             | NOT APPLICABLE                                   |               |                    |          |  |  |
| NII | VEHICLE   | Driver Actions LOOKED BUT DID NOT SI               | EE                          |  |               |                    |          |  |  |
| 5   | 5         | Owner Name<br>JEFFREY D GRUNDAHL<br>(608) 415-1078 |                             | Owner Address<br>E5685 CHURCHIL<br>REEDSBURG, WI |               |                    |          |  |  |
|     |           | l<br>Seguence Of Events                            |                             |  |               |                    |          |  |  |
|     | 5         | Event<br>MOTOR VEH IN TRANSPO                      |                             |  |               |                    | <u> </u> |  |  |
|     | 8         | Event  |                             |  |               |                    |          |  |  |
|     |           | Event  |                             |  |               |                    |          |  |  |
|     | 8         |  |                             |  |               |                    |          |  |  |
|     | 3         | Event  |                             |  |               |                    |          |  |  |
| ⊨   |           |  |                             |  |               |                    |          |  |  |
| IND |           | Insurance Company PROGRESSIVE-UNIVERS              | AL-INSURANCE-COMP           | Individual CIARA GRUNDAHL                        |               |                    |          |  |  |
|     |           | Individual   |                             |  |               |                    |          |  |  |
|     |           | Driver   |                             | Citations  ssued   Sex                           |               |                    |          |  |  |
|     | 4         | CIARA ALYSE GRUNDAHI<br>(608) 415-9474             | -                           | 0  | FEMALE        |                    |          |  |  |
| ⊨   | NDIVIDUAL | ,  |                             | Date of Birth                                    | Race<br>WHITE |                    |          |  |  |
| LNO | 2         | Address  |                             | Driver License Number                            |               |                    |          |  |  |
| _   | Z         | E5685 CHURCHILL RD<br>REEDSBURG, WI 53959 ,        | us                          | STATE: WISCONSIN COUNTRY: UNITED STATES          |               |                    |          |  |  |
|     |           | On Duty  | Crash                       | Safety Equipment                                 |               |                    |          |  |  |
|     | Sai       | fety Equipment                                     |                             |  |               |                    |          |  |  |
|     |           | Row<br>01 - FRONT ROW                              | Seat Position 07 - LEFT     | SHOULDER & LAP BELT                              |               |                    |          |  |  |
|     |           | HelmetUse  |                             | Heimet Compliance                                |               |                    |          |  |  |
|     |           | Eye Protection                                     |                             | Tint Compliance                                  |               |                    |          |  |  |
| 2   | 8         | Injury Se  | verity                      | Airbag   |               |                    |          |  |  |
|     |           | Ejected NO API                                     | PARENT INJURY Ejection Path | NON DEPLOYED                                     |               | Trapped/Extricated |          |  |  |
|     |           | NOT EJECTED  | NOT EJECTED/NOT APP         |  |               | NOT TRAPPED        |          |  |  |
|     |           | Medical Transport NOT TRANSPORTED                  |                             | EMS Agency Identifier                            |               | EMS Run#           |          |  |  |
|     |           | Hospital   |                             | Date of Death                                    |               | Time of Death      |          |  |  |
|     |           | Distracted By UNKNO                                | ed By Source<br>DWN         | I  |               | 1                  |          |  |  |
|     |           | Distracted By Action                               |                             |  |               |                    |          |  |  |
|     |           | OTHER ACTION (LOOKING AWAY FROM TASK ETC)          |                             |  |               |                    |          |  |  |

Crash Date 07/12/2022
Crash Time 08:14 AM

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

|      |             | Non Motorist                                     | ing Unit#        | Location          |                                    |                 |   |                             |  |  |
|------|-------------|--|------------------|-------------------|------------------------------------|-----------------|---|-----------------------------|--|--|
|      |             | Prior Action                                     |                  |                   |                                    |                 |   |                             |  |  |
| TINO | INDIVIDUAL  | Action   |                  |                   |                                    |                 |   |                             |  |  |
|      |             | Action Other                                     |                  |                   |                                    |                 |   | To/From School              |  |  |
|      | L<br>E      | Drug & Alcohol NO                                | pected Alcohol U | se                | Suspected Drug Use NO              |                 |   |                             |  |  |
|      |             | Alcohol Test Given TEST NOT GIVEN                |                  | Alcohol Test Type |                                    |                 | Alcohol Test R                          | esults                      |  |  |
|      |             | Drug Test Given TEST NOT GIVEN                   |                  | Drug Test Type    |                                    | Drug Test Resul | ts .                                    |                             |  |  |
| 7    | 100         | Drug Type  |                  |                   | •                                  |                 |   |                             |  |  |
|      |             | Individual Condition                             |                  |                   |                                    |                 |   |                             |  |  |
|      |             | APPEARED NORMAL                                  |                  |                   |                                    |                 |   |                             |  |  |
|      |             | t Summary 💳                                      |                  |                   |                                    |                 |   |                             |  |  |
|      |             | Status<br>RANSIT                                 |                  |                   | hicle Operating As Classi<br>CLASS | fication        | Unit Type AUTOMOBIL                     | -E                          |  |  |
| 02   |             | PORT) UTILITY VEHICLE                            |                  |                   |                                    |                 | Operating As Endorsements               |                             |  |  |
|      | _           | lOccs  | Train/Bus#Red    | corded To         | tal#Citations Issued               | Total Tra       | ilers To                                | otal HazMat Types           |  |  |
|      | Insur       | rance?   | Direction Of Tra | ıvel              | Pre CrashTire                      | Speed Li        |   | otalLanes                   |  |  |
| LIND | YES<br>Most | :<br>:Harmful Event: Collision Wi                | EASTBOUND        | Sp                | Special Function 45                |                 |   | Emergency Motor Vehicle Use |  |  |
| _    | MOT         | FOR VEH IN TRANSPO                               | RT               | N N               | O SPECIAL FUNCTION                 | N               | NOT APPLICABLE                          |                             |  |  |
|      |             | fic Way O-WAY, NOT DIVIDED                       |                  |                   | affic Control<br>FOP SIGN          |                 | Traffic Control Inoperative/Missing  NO |                             |  |  |
|      | Surfa       | асе Туре   |                  | Ro                | oad Curvature                      |                 | Road Grade                              |                             |  |  |
|      |             | . <b>CKTOP (BITUMINOUS)</b><br>k Bus or HazMat   |                  | S.                | TRAIGHT                            |                 | LEVEL                                   |                             |  |  |
|      | NO          |  |                  |                   |                                    |                 |   |                             |  |  |
|      | •           | Vehicle  |                  | I a               |                                    | Tot             | To the                                  |                             |  |  |
|      |             | License Plate Number<br>AFE7948                  |                  |                   |                                    |                 | l .                                     | untry of Issuance           |  |  |
| 02   | 02          | Vehicle Identification Numb<br>JF2GTAEC8MH674503 |                  |                   | lake<br>UBARU                      | Year<br>2021    | Model CROSSTREK                         |                             |  |  |
|      |             | Color<br>YEL - YELLOW                            |                  | В                 | ody Style  D - 4DR                 | I               | Bus Use                                 |                             |  |  |
|      | Щ           | Initial Contact Point                            |                  |                   | ehicle Damage                      |                 | <u> </u>                                |                             |  |  |
| LIND | ಠ           | 06 - REAR  |                  |                   | -                                  |                 |   | 7 8 9 10 11<br>6 12         |  |  |
| 5    | VEHICL      | Extent Of Damage MINOR DAMAGE                    |                  |                   | 06 - REAR                          |                 |   | 5 4 3 2 1                   |  |  |
|      |             | Towed Due To Damage NOT TOWED                    |                  | I .               | ehicle Removed By<br>WNER          |                 |   |                             |  |  |

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22-06657

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|      |           | What Driver Was Doing                                   |                          | V  | ehicle Factors  |                |                                |  |  |  |  |  |
|------|-----------|---|--------------------------|--|---|----------------|--------------------------------|--|--|--|--|--|
|      |           | SLOW/STOPPING   |                          |  |   |                |                                |  |  |  |  |  |
|      |           | Driver Prior Action Other                               |                          | ,  | NOT APPLICABLE  |                |                                |  |  |  |  |  |
| NNIT | VEHICLE   | Driver Actions NO CONTRIBUTING ACTION                   |                          |  |   |                |                                |  |  |  |  |  |
| 05   | 70        | Owner Name<br>JO ANN MARIE GEIGER<br>(608) 843-9213     |                          |  | Owner Address S1357 STAGHORN CT LA VALLE, WI 53941 , US |                |                                |  |  |  |  |  |
|      |           | l<br>Sequence Of Events                                 |                          |  |   |                |                                |  |  |  |  |  |
|      |           | Event   |                          |  |   |                |                                |  |  |  |  |  |
|      | 5         | MOTOR VEH IN TRANSP                                     | URI                      |  |   |                |                                |  |  |  |  |  |
|      | 8         |   |                          |  |   |                |                                |  |  |  |  |  |
|      | 8         | Event   |                          |  |   |                |                                |  |  |  |  |  |
|      | 8         | Event   |                          |  |   |                |                                |  |  |  |  |  |
| _    |           | l<br>Policy Holder                                      | Policy Holder            |  |   |                |                                |  |  |  |  |  |
| INI  |           | Insurance Company                                       |                          |  | Individual  |                |                                |  |  |  |  |  |
| _    |           | ERIE-INS-CO   |                          |  | JO ANN GEIGER   |                |                                |  |  |  |  |  |
|      |           | Individual Driver                                       |                          |  |   |                |                                |  |  |  |  |  |
|      | ۵         | JO ANN MARIE GEIGER<br>(608) 843-9213                   |                          |  | Citations issued Sex  FEMALE                            |                |                                |  |  |  |  |  |
| _    | M         |   |                          |  | Date of Birth   | Race<br>WHITE  |                                |  |  |  |  |  |
| LIND | INDIVIDUA | Address<br>S1357 STAGHORN CT<br>LA VALLE, WI 53941 , US |                          | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES |   |                |                                |  |  |  |  |  |
|      | Sai       | On Duty Crash  fety Equipment                           |                          |  | Safety Equipment  |                |                                |  |  |  |  |  |
|      |           | Row<br>01 - FRONT ROW                                   | Seat Po                  |  | SHOULDER & LAP BELT                                     |                |                                |  |  |  |  |  |
|      |           | HelmetUse   |                          |  | Helmet Compliance                                       |                |                                |  |  |  |  |  |
|      |           | Eye Protection  |                          | Tint Compliance  |   |                |                                |  |  |  |  |  |
| 05   | 88        | Injury Severity NO APPARENT INJURY                      |                          |  | Airbag NON DEPLOYED                                     |                |                                |  |  |  |  |  |
|      |           | Ejected NOT EJECTED                                     | Ejection Pa              |  |   |                | Trapped/Extricated NOT TRAPPED |  |  |  |  |  |
|      |           | Medical Transport                                       | 101 202                  | O I LOMO I ACT L   | EMS Agency Identifie                                    | ਜ਼ <sub></sub> | EMS Run#                       |  |  |  |  |  |
|      |           | NOT TRANSPORTED   |                          |  | - 1   |                |                                |  |  |  |  |  |
|      |           | Hospital  |                          |  | Date of Death   |                | Time of Death                  |  |  |  |  |  |
|      |           | Distracted By NOT A                                     | ed By Source<br>PPLICABL | E (NOT DISTRAC   | CTED)   |                |                                |  |  |  |  |  |
|      |           | Distracted By Action<br>NOT DISTRACTED                  |                          |  |   |                |                                |  |  |  |  |  |
|      |           | Non Motorist Location                                   |                          |  |   |                |                                |  |  |  |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/12/2022

Crash Time 08:14 AM

|      |           | Prior Action                   |                   |                          |                   |                      |                |
|------|-----------|--------------------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
|      |           | Action                         |                   |                          |                   |                      |                |
|      | ı         |                                |                   |                          |                   |                      |                |
|      | M         |                                |                   |                          |                   |                      |                |
| LIND | ō         |                                |                   |                          |                   |                      |                |
| 5    | NDIVIDUAL |                                |                   |                          |                   |                      |                |
|      | Z         |                                |                   |                          |                   |                      |                |
|      |           |                                |                   |                          |                   |                      |                |
|      |           | Action Other                   |                   |                          |                   |                      | To/From School |
|      |           |                                |                   |                          |                   |                      |                |
|      | L         | Drug & Alcohol NO              | Jse               | Suspected Drug Use<br>NO |                   |                      |                |
|      |           | Alcohol Test Given             | Alcohol Test Type |                          |                   | Alcohol Test Results |                |
|      |           | TEST NOT GIVEN                 | Drug Test Type    |                          | D T               |                      |                |
|      |           | Drug Test Given TEST NOT GIVEN | Diag restrype     |                          | Drug Test Results |                      |                |
| 05   | 002       | Drug Type                      | •                 |                          |                   |                      |                |
|      | 0         |                                |                   |                          |                   |                      |                |
|      |           | Individual Condition           |                   |                          |                   |                      |                |
|      |           | APPEARED NORMAL                |                   |                          |                   |                      |                |
|      |           |                                |                   |                          |                   |                      |                |