WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/21/2022

Crash Time 03:24 PM

	Document Number Overri	de	Primary Crash Document#		22-07061 DEPUT			stigating Officer/Deputy PUTY K. MUELLER		
<u>ک</u>	Crash Date 07/21/2022		Crash Time 03:24 PM		Date Arrived 07/21/2022		Time Arrived 03:31 PM			
61L0D/W15J	Date Notified 07/21/2022		Time Notified 03:24 PM	_	Total U	Inits	Total Injured 02	Total Kille	ed	
UU	On Emergency	Hit	and Run	Lane Clos		Work Zone		or Towed	Reporting Threshold	
1 0	Government Property		L	hool Zone	Schoo NO	Bus Related	Tags		_	
	Reportable Description		Crash Type DT4000 (STA	NDARD CRASH	ł)		Amendo	d	Secondary Crash	
	Diagram	\$	NOT TO SC	(1) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	₩¥ 12			Photos By TLOHR Additional Info		
	i, a sworn law enf Unit 1 WAS TURNING RIG FOR DEVIATING FROM LA	GHT FROM	nt officer, agre					/Y 12. DRIVER	OF UNIT 1 WAS CITED	

Form DT4000

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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Crash Date 07/21/2022

	ON S7703 USH12 EB			Latitude 43.362458966		Longitude -89.768857954
	OF USH12 EB (FIRE S7703)			X Coordinate 275640.9375		Y Coordinate 4804790.5
	IN THE TOWN OF SUMP	PTER		Structure Type FIRE		
	Crash Scene			•		
	First Harmful Event			First Harmful Event	Location	
	MOTOR VEH IN TRANS	PORT		ON ROADWAY		
	Manner of Collision			Light Condition		
	01 - ANGLE Road Surface Condition(s)			DAYLIGHT Roadway Factor(s)		
	DRY			Roadway Factor(s)		
	Environment Factor(s)					
	NONE			NONE		
	Weather Condition(s)			7		
	CLEAR					
	AnimalType			Relation To Trafficv	•	
	Crash Classification - Location	n		Crash Classification		
	PUBLIC PROPERTY			NO SPECIAL JU	RISDICTION	
	Tribal Land			Access Control PARTIAL CONT	ROL	Special Study
	Within Interchange Area	Junction Location	Intersect	ion Type		
	NO	INTERSECTION	FOUR-V	VAY INTERSECTION	N	
	Unit Summary					
	Unit Status		Vehicle Operating As	Classification	Unit Type AUTOMOI	RH F
	IN TRANSIT				70.000	J
	IN TRANSIT Vehicle Type				Operating A	s Endorsements
5			L		Operating A	s Endorsements
7	Vehicle Type PASSENGER CAR Total Occs	Train/Bus#Recorded	Total#Citations Issue		, ,	Total HazMat Types
04	Vehicle Type PASSENGER CAR Total Occs 2		1	0	ailers	Total HazMat Types
0	Vehicle Type PASSENGER CAR Total Occs 2 Insurance?	Direction Of Travel	1 Pre CrashTir	0 e Speedi	ailers	Total HazMat Types 0 Total Lanes
NT 01	Vehicle Type PASSENGER CAR Total Occs 2	Direction Of Travel SOUTHBOUND	1	0	ailers Limit	Total HazMat Types
TINO	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES	Direction Of Travel SOUTHBOUND	1 Pre CrashTir Mark	0 e Speed L 55	ailers Limit	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use
UNIT 01	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way	Direction Of Travel SOUTHBOUND n With PORT	Pre CrashTir Mark Special Function NO SPECIAL FUNC	0 e Speed L 55	imit Emergency NOT APPI Traffic Cont	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use
UNIT 01	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSF Traffic Way DIVIDED HWY W/O TRAI	Direction Of Travel SOUTHBOUND n With PORT	Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL	0 e Speed L 55	Emergency NOT APPI Traffic Cont	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE rol Inoperative/Missing
UNIT 01	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way DIVIDED HWY W/O TRAI Surface Type	Direction Of Travel SOUTHBOUND NWith PORT FFIC BARRIER	Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature	0 e Speed L 55	Emergency NOT APPI Traffic Cont NO Road Grade	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE rol Inoperative/Missing
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UNIT 01	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way DIVIDED HWY W/O TRAI Surface Type BLACKTOP (BITUMINO)	Direction Of Travel SOUTHBOUND NWith PORT FFIC BARRIER	Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature	0 e Speed L 55	Emergency NOT APPI Traffic Cont NO Road Grade	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE rol Inoperative/Missing
LIND 01	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way DIVIDED HWY W/O TRAI Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat	Direction Of Travel SOUTHBOUND NWith PORT FFIC BARRIER	Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature	0 e Speed L 55	Emergency NOT APPI Traffic Cont NO Road Grade	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE rol Inoperative/Missing
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LIND 01	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way DIVIDED HWY W/O TRAI Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat NO Vehicle License Plate Number CBPB25	Direction Of Travel SOUTHBOUND n With PORT FFIC BARRIER US)	Pre CrashTir Mark Special Function NO SPECIAL FUNCT Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBI	e Speed to 55	Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE crol Inoperative/Missing
OJ LINO 01	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way DIVIDED HWY W/O TRAI Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat NO Vehicle License Plate Number CBPB25 Vehicle Identification N	Direction Of Travel SOUTHBOUND N With PORT FFIC BARRIER US)	Pre CrashTir Mark Special Function NO SPECIAL FUNCT Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBI Make	e Speed to 55 CTION St CO Year	Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE crol Inoperative/Missing
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	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way DIVIDED HWY W/O TRAI Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat NO Vehicle License Plate Number CBPB25 Vehicle Identification N 4T1BG22K1YU7592	Direction Of Travel SOUTHBOUND N With PORT FFIC BARRIER US)	Pre CrashTir Mark Special Function NO SPECIAL FUNCT Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBI Make	e Speed to 55 CTION St CO Year	Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model CAM	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE crol Inoperative/Missing
UNIT OUT	Vehicle Type PASSENGER CAR Total Occs 2 Insurance? YES Most Harmful Event: Collision MOTOR VEH IN TRANSI Traffic Way DIVIDED HWY W/O TRAI Surface Type BLACKTOP (BITUMINO) Truck Bus or HazMat NO Vehicle License Plate Number CBPB25 Vehicle Identification N 4T1BG22K1YU7592 Color GRN - GREEN Initial Contact Point	Direction Of Travel SOUTHBOUND n With PORT FFIC BARRIER US)	Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBI Make TOYOTA Body Style	e Speed to 55 CTION St CO Year	Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model CAM	Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use LICABLE rol Inoperative/Missing
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		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER						
		What Driver Was Doing		Vehicle Factors						
		CHANGING LANES		Vernole i actors						
		Driver Prior Action Other		NOT APPLICABLE						
TIND	VEHICLE	Driver Actions FAILED TO YIELD RIGHT LOOKED BUT DID NOT S		 /ERTAKING / PASSING RIGHT, FAILED TO KEEP IN DESIGNATED LANE,						
5	01	OwnerName KYLE REED DAVILA		Owner Address LKA 10451 W 381 WHEAT RIDGE, C						
		l Sequence Of Events								
	5	Event MOTOR VEH IN TRANSP								
		Event								
	8									
	03	Event								
	8	Event								
 -		Policy Holder								
NS.		Insurance Company LOYA INSURANCE CO		Individual KYLE DAVILA						
		malwans								
		Driver		Citations Issued	Sex					
	4	KYLE REED DAVILA		1	MALE					
 -	70			Date of Birth	Race WHITE					
TINO	INDIVIDUAL	Address LKA 10451 W 38TH AVE A WHEAT RIDGE, CO 8003		Driver License Number STATE: COLORADO COUNTRY: UNITED STATES						
	e.,	On Dut	y Crash	Safety Equipment						
	901		Ta . a . w	SHOULDER & LAP	DE: T					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOOLDER & LAF	DELI					
		He i met Use		Helmet Compliance						
		Eye Protection		TintCompliance						
۶	5	Injury S Injury NO AF	everity PPARENT INJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Path			Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AP	PLICABLE EMS Agency identifier		NOT TRAPPED EMS Run#				
		NOT TRANSPORTED		Line Agency identifier		Live (City				
		Hospital		Date of Death		Time of Death				
		Distracted By UNKN	ted By Source OWN			1				
		Distracted By Action UNKNOWN								

Crash Date 07/21/2022
Crash Time 03:24 PM

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Crash Date 07/21/2022

		Non Motorist	Unit#	Location				
		Prior Action		1				
		Action						
		Pichel						
	INDIVIDUAL							
EN S								
	ģ							
		Action Other						To/From School
		Suggest	ted Alcohol L	ino	Suspected Drug Use			
	1	Drug & Alcohol No	led Alcohol C	Jse	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	<u> </u>	
	_	Drug Type						
2	8	Drug rype						
		Individual Condition						
		APPEARED NORMAL						
		ndividual						
		Passenger			Citations ssued	Sex		
	AL	KARA NICOLE CLOUD (203) 521-2570			0 Date of Birth	FEMALE Race		
⊨	3				Date of Billi		DIAN OR ALASKAN N	ATIVE
5	INDMIDUAL	Address 190 BRUSHY HILL RD			<u>Driver License</u> Number			
	=	DANBURY, CT 06810 , US	3		STATE: CONNECTION	CUT COUNTRY:	UNITED STATES	
		On Duty	Crash		Safety Equipment			
	Sai	ety Equipment			0110111 050 0 1 40 1	DE: T		
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP I	BELI		
		HelmetUse			Helmet Compliance			
		Eye Protection			TintCompliance			
_	7	Injury Se	everity		Airbag			
2	005	injury no ap	PARENT II		NON DEPLOYED		1-	
		Ejected NOT EJECTED	Ejection Pa	iin CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#	
		Hospital			Date of Death		Time of Death	
			ed By Source	•				
		Distracted By	- 1 D, 000101	-				
		Distracted By Action						
		Non Motorist	Unit#	Location				
	regiiiidd			1				

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Crash Date 07/21/2022

		Prior Action										
! 		Action										
	INDIVIDUAL											
LIND	ă											
Ś	2											
	Z											
		Action Other									To/From School	_
	,	Orug & Alcohol	Suspected Alco	ohol Use		Suspected Drug Use					•	
	•	Alcohol Test Given		Alashalta	-4 T				Alcohol Tes			_
		TEST NOT GIVEN		Alcohol Te	strype				Alcoholites	i results		
		Drug Test Given TEST NOT GIVEN		Drug Test 1	Гуре		Drug 1	Test Results				_
												_
10	002	Drug Type										
		Individual Condition										
		APPEARED NORM	IAL									
		Violations										
		UTC Number	Issue To?	Statute Number	888888	Description	an an an an a		81818181818181818181		<u> </u>	
	5	BG111367	001	346.13(3)		DEVIATION FROM D	ESIGN	NATED LA	NE			
	15 or A control of the control											
	Uni	t Summary 🗨										_
	Unit	Status			- 1	ehicle Operating As Class	ification		UnitType			
	Unit	Status 'RANSIT			- 1	ehicle Operating As Class	ification		AUTOMO		sements	
02	Unit IN T Vehi	Status	CLE		- 1		ification		1		ements	
02	Unit IN T Vehi (SP	Status TRANSIT icle Type		#Recorded	T (ification	Total Traile	AUTOMOI Operating A	s Endors	sements azMatTypes	
02	Unit IN T Vehi (SP Tota 2	Status RANSIT icle Type ORT) UTILITY VEHI	Train/Bus		D	CLASS otal # Citations Issued	ification	Total Traile	AUTOMOI Operating A	Total Ha	azMat Types	
	Unit IN T Vehi (SP) Tota 2	Status RANSIT icle Type ORT) UTILITY VEHI Occs rance?	Train/Bus	Of Travel	T (ctal#Citations Issued Pre CrashTire	ification	Total Traile O Speed Lim	AUTOMOI Operating A	Total Ha	azMat Types	
	Unit IN T Vehi (SP) Tota 2 Insu YES	Status RANSIT icle Type ORT) UTILITY VEHI Occs rance?	Direction (SOUTHE	Of Travel	T 0 0 Si	ctal# Citations Issued Pre CrashTire Mark pecial Function		Total Traile	AUTOMOI Operating A ers Emergency	Total Ha O Total La 4 Motor Ve	azMatTypes ines shicle Use	_
UNIT 02	Unit IN T Vehi (SP) Tota 2 Insu YES MO	Status RANSIT icle Type ORT) UTILITY VEHI IOccs rance? t Harmful Event: Collision	Direction southern With	Of Travel	To 0	CLASS otal # Citations Issued Pre CrashTire Mark pecial Function O SPECIAL FUNCTIO		Total Traile O Speed Lim	AUTOMOI Operating A	Total Ha O Total La 4 Motor Ve	azMatTypes ines shicle Use	
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TINO	Unit IN T Vehic (SP) Tota 2 Insu YES MOO Traff BLA Truc NO	Status RANSIT icle Type ORT) UTILITY VEHI I Occs rance? St Harmful Event: Collision TOR VEH IN TRANS fic Way DED HWY W/O TRA ace Type ACKTOP (BITUMINO Ik Bus or HazMat Vehicle License Plate Number APA4237 Vehicle Identification 2FMPK4AP6LBA1	Direction of SOUTHE SPORT AFFIC BARRIE DUS)	OfTravel 3OUND	To O O SI N N R R S S	Plate Type AUT - AUTOMOBILE		Total Traile 0 Speed Lim 55 St W! Year 2020	AUTOMOI Operating A Emergency NOT APPI Traffic Conf NO Road Grade LEVEL Country of Is UNITED ST Model EDGE	Total Ha 0 Total La 4 Motor Ve LiCABLicrol Inope	azMatTypes anes chicle Use E rative/Missing	
UNIT OZ	Unit IN T Vehic (SP) Tota 2 Insu YES MOO Traff DIVI Surf. BLA	Status RANSIT ICIE Type ORT) UTILITY VEHI I Occs rance? B IT Harmful Event: Collision TOR VEH IN TRANS FIC Way DED HWY W/O TRA ACKTOP (BITUMING Ik Bus or HazMat Vehicle License Plate Number APA4237 Vehicle Identification 2FMPK4AP6LBA1 Color BLU - BLUE	Direction SOUTHE SOUTHER SPORT AFFIC BARRIE DUS) Number 7668	OfTravel 3OUND	To 0 SIN N RI S SIN N	Pre CrashTire Mark Decial Function O SPECIAL FUNCTIO DESCRIPTION O CONTROL DESCRIPTION DES	VEHICI	Total Traile 0 Speed Lim 55 St WI Year 2020 LE	AUTOMOI Operating A Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model EDGE Bus Use	Total Had 0 Total Lad 4 Motor Ve LiCABLicrol Inope	azMatTypes nes chicle Use E rative/Missing	
TINO	Unit in T Vehi (SP-Tota 2 Insurate Mos MO) Traff DIVI Surf. BLA Truc NO	Status RANSIT ICIE Type ORT) UTILITY VEHI I Occs rance? B t Harmful Event: Collision TOR VEH IN TRANS IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Train/Bus Direction of SOUTHE SOUTHER DIRECTION With SPORT AFFIC BARRIE DUS) The Number of South State of	OfTravel 3OUND	To O O SI N N RI S S S S S S S S S S S S S S S S S S	Pre CrashTire Mark Decial Function O SPECIAL FUNCTIO O CONTROL DOAD CURVATURE TRAIGHT Plate Type AUT - AUTOMOBILE Make FORD Body Style JT - SPORT UTILITY V //ehicle Damage	VEHICI	St WI Year 2020 LE 8 - LEFT ST SIDE F	AUTOMOI Operating A Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model EDGE Bus Use	Total Had 0 Total Lad 4 Motor Ve LiCABLicrol Inope	azMatTypes anes chicle Use E rative/Missing	

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22-07061

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/21/2022

		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Rem	=			
		What Driver Was Doing	NG DAMAGE	Vehicle Facto				
		GOING STRAIGHT						
		Driver Prior Action Other		NOT APPL	CABLE			
LINI	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ON	1				
05	70	OwnerName BRANDON C HOUGOM (608) 769-8105			NNIFER LN	54669 , US		
		Seguence Of Events:		<u> </u>				
	10	Event MOTOR VEH IN TRANSPO						
	05	Event UTILITY POLE						
	8	Event						
	8	Event						
		 Policy Holder						
INN		Insurance Company		Individual				
_		AMPAC		BRANDO	N HOUGON	1		
				- Andreas Andr				
		Driver BRANDON C HOUGOM		Citations Issued Sex 0 MALE				
—	M	(608) 769-8105		Date of Bir	th	Race WHITE		
ENO.	INDIVIDUA	Address 119 JENNIFER LN WEST SALEM, WI 54669	, us		nse Number VISCONSIN	COUNTRY: UNI	TED STATES	
		On Duty	Crash	Safety Equ	uipment			
	Sal	ety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULD	ER & LAP E	BELT		
		Helmet Use		Helmet Compliance				
		Eye Protection		TintComp	liance			
05	g	Injury Se	verity BLE INJURY	Airbag DEPLOY	ED-COMBIN	IATION		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	PLICARIE			Trapped/Extricated NOT TRAPPED	
		Medical Transport	MOTE DE CIEDMOTA		ncy identifier		EMS Run#	
		NOT TRANSPORTED		D-1/D-	- 42-		The state of December 1	
		Hospital		Date of De	atn		Time of Death	
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	RACTED)				
		Distracted By Action NOT DISTRACTED						

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	Unit#	Location					
		Prior Action							
UNIT	INDIVIDUAL	Action							
	=								
		Action Other						To/From School	
	ı	Drug & Alcohol NO	ed Alcohol U	Jse	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
05	800	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual			<u> </u>	en anno marianta anno marianta anno a			
	_	Passenger KAITLYN ELIZABETH FOR (608) 333-8864	RESTER		Citations Issued 0	Sex FEMALE			
Ŀ	DUA	(000) 333-0004			Date of Birth	Race WHITE			
UNT	INDIVIDUA	Address 603 CALLAWAY CT LA CROSSE, WI 54603 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Duty fety Equipment	Crash		Safety Equipment				
		Row 01 - FRONT ROW	SeatPo 09 - Ri		SHOULDER & LAP I	BELT			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
8	콩	Injury Se	everity BLE INJUR	RY	Airbag DEPLOYED-COMBINATION				
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By	ed By Source)					
		Distracted By Action							
		Striking	Unit#	Location					
		Non Motorist	enen.	2008901)					

Crash Date 07/21/2022
Crash Time 03:24 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/21/2022

		Prior Action								
FIND	INDIVIDUAL	Action								
		Action Other					To/From School			
	1	Suspected Alcohol U	se	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					
05	98	Drug Type								
		Individual Condition APPEARED NORMAL								
	Wit	ness								
WITN 01 ESS 01	NIC	ridual HOLAS PATRICK REICHERT 3) 717-8385	[]	Address S7559 US HIGHWAY 1 NORTH FREEDOM, W		Da	ate of Birth			