6TL0D6N03C

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

22-	09529		CRASH	REPURI			BARABOO, WI 53913 (608) 356-4895	
	Document Number Override	Primary Crash Doc		gency Crash Number 2-09529	Investigating Of DEPUTY B. S			
30	Crash Date 09/23/2022	Crash Time 02:52 PM		ate Arrived 9/23/2022	Time Arrived 02:59 PM			
900	Date Notified 09/23/2022	Time Notified 02:52 PM	T(otal Units 1	Total Injured 09	Total Kille	led	
OD6N03C	On Emergency	it and Run	Lane Closure	☐ Work Zone	Trailer or	Towed	Reporting Threshold	
eTL	Government Property	Active Scho	ool Zone S	chool Bus Related O	Tags			
_	Reportable	Crash Type DT4000 (STANE	DARD CRASH)		Amended		Secondary Crash	
	Description							
		USH 12				iotos By CLAUER iditional Info		
	Not to Scale							

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

UNIT 1 WAS NORTHBOUND ON USH 12. UNIT 1 OPERATOR WAS CHANGING LANES FROM LEFT TO RIGHT. UNIT 1 OPERATOR OBSERVED A CAR IN HER BLIND-SPOT ON THE RIGHT. UNIT 1 OPERATOR ABRUBTLY RETURNED TO THE LEFT LANE AND ENTERED THE GRASS DITCH/MEDIAN. UNIT 1 OVERTURNED. UNIT 1 CAME TO REST ON IT'S ROOF IN THE SOUTHBOUND LANES FACING SOUTHWEST.

Crash Date 09/23/2022
Crash Time 02:52 PM

1 of 12

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

	ocation — ——————————————————————————————————										
	ON USH12 WB					Latitude			Longitud	l e	
	0.50 MI N					43.46731	10183		-89.776	5511177	
	OF RAMP USH12 WB					X Coordin	ate		Y Coord	inate	_
	IN THE CITY OF BARABO IN SAUK COUNTY	.0				275408.9	90625		481645	56	
						Structure 1	Туре		•		_
(Crash Scene										
1	First Harmful Event					FirstHarm	ıful Event Lo	cation			_
	DITCH					SHOULDER RIGHT					
	Manner of Collision			Light Condition				_			
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT				DAYLIGHT					
	Road Surface Condition(s)					Roadway Factor(s)					_
	DRY										
	Environment Factor(s)										
	NONE					NONE					
	Weather Condition(s)										
	CLEAR										
	Animal Type					l	o Trafficway				_
	Crash Classification - Location					CWAY - ON				_	
	PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control NO CONTROL Special Study					
	Tribal Land										
	Within Interchange Area	Junction Location			Intersection						_
	NO	NON-JUNCTION			l	INTERSE	CTION				
	Closure Type			Reaso	ns for Clos	ure					
	CLOSURE-ONE DIRECTION			LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS							
	Date Initial Lane/Rd Closed 09/23/2022	Time Initial Lane/Rd Clo 02:52 PM	osed	LAW ENFORCEMENT			WENT, TOW TRUCK, FIRE/EMS				
	Date All Lanes Open	Time All Lanes Open		Date S	Scene Clear	ared Time Scene Cleared				_	
	09/23/2022	04:33 PM		09/23	/2022		04:	33 PM			
	Unit Summary 🗨									_	
	Unit Status		I		rating As C	Classification Unit Type					
	IN TRANSIT		DC	LASS				AUTOMOBILE			
-	Vehicle Type PASSENGER CAR							Operating As Endorsements		ments	
	Total Occs	Train/Bus#Recorded	Tata	1#034	ions Issued		Total Traile	are I	Total Haz	MatTypes	_
	9	Train/Dus#Trecorded	2	ii# Citat	iuiis issueu		0		0	wat rypes	
	Insurance?	Direction Of Travel		Dro /	CrashTire		Speed Lim		Total Lane	es	_
	YES	WESTBOUND	\		Mark		65		4		
	Most Harmful Event: Collision \ OVERTURN/ROLLOVER	With		cial Fun SPEC	ction AL FUNC	TION		Emergency in NOT APPL	Motor Veh ICABLE	icle Use	
	Traffic Way		Traf	fic Cont	rol			Traffic Contr	ol Inopera	tive/Missing	_
	DIVIDED HWY W/O TRAF	NO	CONT	ROL			NO				
	Surface Type	I	d Curva				Road Grade				
	CONCRETE	STE	RAIGH	Т			LEVEL				
	Truck Bus or HazMat NO										
	Vehicle License Plate Number						St	Country of lee	uance		
					Plate Type AUT - AUTOMOBIL		1 1 1				
_	Vehicle Identification Number			Make		*	Year	Model		_	
5	៦ 5FNRL38747B40841		HC	NDA			2007	ODYSSEY			
	····, ··,·····························										_

6TL0D6N03C

22-09529

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Coler	I F	Body Style Bus Use					
		GRY - GRAY	I	/N - VAN					
		Initial Contact Point		/ehicle Damage					
_		12 - FRONT	'	remote Darriage			7 8 9 10 m		
N	¥			15 - ALL AREAS			6 12		
⋾	VEHICLE	Extent Of Damage		13 - ALL AREAS			5 4 3 2 1		
	>	DISABLING DAMAGE					CONTROL STREET, CONTROL STREET, CONTROL STREET, CONTROL CONTRO		
		Towed Due To Damage	I	/ehicle Removed By					
		TOWED DUE TO DISABLING	G DAMAGE C	CRAIGS TOWING					
		What Driver Was Doing	\	ehicle Factors					
		CHANGING LANES							
		Driver Prior Action Other	1	NOT APPLICABLE					
		Driver Actions							
	Ш	OVER-CORRECTING/OVER-	STEERING						
⊨	VEHICLE								
UNIT	Ŧ								
_	Ш								
		Owner Name		Cuman Address					
		TATYANA REYES		Owner Address 90 CLARK ST A	PT 2				
2	5	(774) 381-4731			, MA 02740 , US				
_		(, , , , , , , , , , , , , , , , , , ,			, ,				
		Sequence Of Events							
	BUNK!	Event							
	5	DITCH							
		Event							
	8	OVERTURN/ROLLOVER							
		Event							
	8								
		Event							
	2	Lvent							
⊨		Policy Holder							
N		Insurance Company		Individual					
_		GEICO-CASUALTY-CO		TATYANA REYES					
		Individual							
		Driver		Citations Issued	Sex				
		TATYANA REYES		2	FEMALE				
	7	(774) 381-4731			Race				
	DUA			Date of Birth	BLACK/AFRICA	AN AMERICAN			
ş									
S	NON	Address 90 CLARK ST APT 2		Driver License Numb	er				
	Z	NEW BEDFORD, MA 02740	. US	STATE: MASSAC	HUSETTS COUNT	RY: UNITED STATI	ES		
			,						
		On Duty Cr	ash	Safety Equipment					
	941	fety Equipment							
		Row	Seat Position	SHOULDER & LA	P BELT				
		01 - FRONT ROW	07 - LEFT						
		HelmetUse	•	Helmet Compliance					
		Eye Protection		TintCompliance					
		-							
_		Injury Seve	erity	Airbag					
5	8	Injury SUSPEC	TED MINOR INJURY	DEPLOYED-COMBINATION					
		1000 1000 11	ection Path	1		Trapped/Extricated			
		1 '	OT EJECTED/NOT APPL						
		Medical Transport	0. 2020,20/H01 At 1						
				EMS Agency Identifier EMS Run#					
		EMS GROUND		6000123					

Crash Date 09/23/2022 Crash Time 02:52 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital ST CLARE HOSP			Date of Death		Time of Death				
			acted By Source APPLICABL	E (NOT DISTRAC	CTED)		•				
		Distracted By Action UNKNOWN									
		Non Motorist	ing Unit#	Location							
		Prior Action		1							
		Action									
	AL										
TINO	NDIVIDUAL										
_	2										
		Action Other						To/From School			
	ı	Orug & Alcohol NO	ected Alcohol C	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 Resu	its				
2	5	Drug Type									
	0	Individual Condition									
		APPEARED NORMAL									
		Individual Passenger			Citations Issued	Sex					
		CHAD SD SADDLER (774) 381-4731			0 MALE						
-	DIVIDUAL	(114)301-4131			Date of Birth	Race BLACK/AFRICAN AMERICAN					
E S		Address 90 CLARK STAPT 2			Driver License Number						
	Z	NEW BEDFORD, MA 0:	2740 , US		STATE: MASSACH	HUSETTS COUN	TRY: UNITED STATES				
	Sai	l On E rety Equipment	uty Crash		Safety Equipment						
		Row	SeatPo		SHOULDER & LAF	BELT					
		01 - FRONT ROW HelmetUse	09 - RI	GHT	Helmet Compliance						
		Eye Protection			TintCompliance						
			y Severity		Airbag						
۶	8	Injury _{SUS}	PECTED MIN		DEPLOYED-COME	BINATION					
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport EMS GROUND			EMS Agency Identifie 6000368	इ	EMS Run#				
		Hospital SAUK PRAIRIE HOSP	fospital			Date of Death Time of Death					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

		Distracted By	ted By Source	9							
		Distracted By Action									
		Non Motorist	Unit#	Location							
		Prior Action		1							
		Action									
UNIT	1										
	2										
2											
		Action Other						To/From School			
								10/FIGHTSCHOOL			
	L	Drug & Alcohol NO	cted Alcohol U	Jse	Suspected Drug Use NO	ŧ					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	I		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Res	ults				
- 8		Drug Type									
2 %	3	· .									
		Individual Condition									
		APPEARED NORMAL									
	Ì	ndividual									
		Passenger SANTO LE RIVERA			Citations Issued 0	Sex MALE					
UNIT		(774) 849-6767			Date of Birth	Race BLACK/AFR	Race BLACK/AFRICAN AMERICAN				
		Address 90 CLARK ST APT 2			Driver License Numi	per					
2		NEW BEDFORD, MA 027	40 , US								
		On Dut	v Crash		Safety Equipment						
S	af	ety Equipment				D DE: T					
		Row 02 - SECOND ROW	Seat Po 09 - Ri		SHOULDER & LA	e seli					
		HelmetUse			Helmet Compliance						
		Eye Protection			Tint Compliance						
2 %	, l	Injury S	Severity		Airbag						
		Injury POSS Ejected	Ejection Pa		DEPLOYED-CUR	TAIN	Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	ICABLE EMS Agency Identifi	n.	NOT TRAPPED EMS Run#				
		EMS GROUND			6000555	9 4					
		Hospital SAUK PRAIRIE HOSP			Date of Death		Time of Death				
		Distracted By	ted By Source	•	1		·				

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Distracted By Action			Distracted By Action											
		l Striking l	Jnit#	Location												
		Non Motorist														
		Prior Action														
		Action														
	3															
E S	₫															
ן⊃	INDIVIDUAL															
	=															
		Action Other						To/From School								
		Suspecte	ed Alcohol L	Jse	Suspected Drug Use											
	1	Drug & Alcohol No			NO											
				Alcohol Test Type	•		Alcohol Test Results									
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results										
		Drug Test Given TEST NOT GIVEN				Diag / Collins										
2	603	Drug Type		•												
		Individual Condition														
		APPEARED NORMAL														
		1														
		ndividual														
		Passenger			Citations Issued	Sex										
		Passenger XOLEN A REYES SADDLE			Citations Issued 0	Sex MALE										
_		Passenger			Citations Issued	Sex										
JNT		Passenger XOLEN A REYES SADDLE (774) 381-4731			Citations Issued 0	Sex MALE Race BLACK/AFRICA										
TNU	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2	R		Citations Issued Date of Birth	Sex MALE Race BLACK/AFRICA										
UNT		Passenger XOLEN A REYES SADDLE (774) 381-4731	R		Citations Issued Date of Birth	Sex MALE Race BLACK/AFRICA										
TNU	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740	R 0 ,US		Citations Issued Date of Birth	Sex MALE Race BLACK/AFRICA										
TNU	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 fety Equipment	R 0 , US Crash		Oltations Issued Date of Birth Driver License Number Safety Equipment	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
TNU	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740	R 0 , US Crash		Oltations Issued Date of Birth Driver License Number	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
UNT	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Fety Equipment Row	R 0 , US Crash	osition	Oltations Issued Date of Birth Driver License Number Safety Equipment	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
TNU	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 On Duty Tety Equipment Row 06 -UNKNOWN ROW Helmet Use	R 0 , US Crash	osition	Citations Issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEH Helmet Compliance	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
TNU	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Fety Equipment Row 06 -UNKNOWN ROW	R 0 , US Crash	osition	Citations Issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEH	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
	g INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Fety Equipment Row 06 -UNKNOWN ROW Helmet Use Eye Protection	R 0 , US Crash Seat Po 10 - U	osition NKNOWN SE	Citations Issued Date of Birth Driver License Number Safety Equipment NONE USED - VEH Helmet Compliance Tint Compliance	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
	INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Pety Equipment Row 06 -UNKNOWN ROW Helmet Use Eye Protection Injury Se SUSPEC	Crash Seat Po 10 - Ul	osition NKNOWN SE	Citations Issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEH Helmet Compliance	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
	g INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Fety Equipment Row 06 -UNKNOWN ROW Helmet Use Eye Protection Injury Se SUSPECED	Crash Seat Point 10 - Uliverity CTED MINE Ejection Pa	osition NKNOWN SE	Citations issued Date of Birth Driver License Number Safety Equipment NONE USED - VEH Helmet Compliance Tint Compliance Airbag DEPLOYED-CURTA	Sex MALE Race BLACK/AFRICA	AN AMERICAN									
	g INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Fety Equipment Row 06 -UNKNOWN ROW Helmet Use Eye Protection Injury Se SUSPEC Ejected NOT EJECTED Medical Transport	Crash Seat Point 10 - Uliverity CTED MINE Ejection Pa	osition NKNOWN SE HOR INJURY	Citations Issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEHI Heimet Compliance Tint Compliance Airbag DEPLOYED-CURTA LICABLE EMS Agency Identifier	Sex MALE Race BLACK/AFRICA	AN AMERICAN Trapped/Extricated									
	g INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Fety Equipment Row 06 -UNKNOWN ROW Helmet Use Eye Protection Injury Se SUSPE Ejected NOT EJECTED Medical Transport EMS GROUND	Crash Seat Point 10 - Uliverity CTED MINE Ejection Pa	osition NKNOWN SE HOR INJURY	Citations issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEH Heimet Compliance Tint Compliance Airbag DEPLOYED-CURTA LICABLE EMS Agency Identifier 6000368	Sex MALE Race BLACK/AFRICA	Trapped/Extricated NOT TRAPPED EMS Run#									
	g INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 On Duty Of Dut	Crash Seat Po 10 - U	osition NKNOWN SE IOR INJURY Ith CTED/NOT APPL	Citations Issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEHI Heimet Compliance Tint Compliance Airbag DEPLOYED-CURTA LICABLE EMS Agency Identifier	Sex MALE Race BLACK/AFRICA	Trapped/Extricated									
	g INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 Fety Equipment Row 06 -UNKNOWN ROW Helmet Use Eye Protection Injury Se SUSPEC Ejected NOT EJECTED Medical Transport EMS GROUND Hospital SAUK PRAIRIE HOSP	Crash Seat Point 10 - Uliverity CTED MINE Ejection Pa	osition NKNOWN SE IOR INJURY Ith CTED/NOT APPL	Citations issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEH Heimet Compliance Tint Compliance Airbag DEPLOYED-CURTA LICABLE EMS Agency Identifier 6000368	Sex MALE Race BLACK/AFRICA	Trapped/Extricated NOT TRAPPED EMS Run#									
	g INDIVIDUAL	Passenger XOLEN A REYES SADDLE (774) 381-4731 Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 On Duty Of Dut	Crash Seat Po 10 - U	osition NKNOWN SE IOR INJURY Ith CTED/NOT APPL	Citations issued O Date of Birth Driver License Number Safety Equipment NONE USED - VEH Heimet Compliance Tint Compliance Airbag DEPLOYED-CURTA LICABLE EMS Agency Identifier 6000368	Sex MALE Race BLACK/AFRICA	Trapped/Extricated NOT TRAPPED EMS Run#									

Crash Date 09/23/2022 Crash Time 02:52 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

		Non Motorist Striking	Unit#	Location					
		Prior Action		1					
		Action							
	INDIVIDUAL								
FIND	₫								
 									
		Action Other						To/From School	
		Suspec	ted Alcohol L	Jse	Suspected Drug Use				
		Drug & Alcohol NO Alcohol Test Given		Alcohol Test Type	NO		Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
2	20	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual							
		Passenger			Citations Issued	Sex			
	4	CALEB D SADDLER			0 Date of Birth	MALE			
<u>⊢</u>	INDIVIDUAL					Race BLACK/AFRICA	AN AMERICAN		
S	≧	Address			Driver License Number				
		CHICAGO, IL , US							
	Ça:	l On Duty fety Equipment	Crash		Safety Equipment				
		Row	SeatPo		RESTRAINT USE U	NKNOWN			
		06 -UNKNOWN ROW HelmetUse	08 - MI	IDDLE	Helmet Compliance				
		Eye Protection			·				
					Tint Compliance				
2	900	Injury Se Injury SUSPE	CTED MIN		Airbag DEPLOYED-CURTA	IN			
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport EMS GROUND			EMS Agency Identifier 6000555		EMS Run#		
		Hospital SAUK PRAIRIE HOSP			Date of Death		Time of Death		
			ed By Source	•			l		
		Distracted By Action							
			1 1 1 1 1 1 1 1 1	I and for					
		Non Motorist	UNIT#	Location					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

ı											
		Prior Action									
		Action									
LNN	NDIVIDUAL										
		Action Other						To/From School			
	1	Drug & Alcohol NO	d Alcohol U	Jse	Suspected Drug Use NO			L			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
۶	902	Drug Type									
		Individual Condition APPEARED NORMAL									
		ndividual									
		Passenger JADIS SADDLER (774) 381-4731			Citations Issued	Sex					
_	DUAL				Date of Birth	Race BLACK/AFRICA	AN AMERICAN				
LIND	INDIVIDUA	Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740	, us		Driver License Number						
	Sal	On Duty C	Crash		Safety Equipment						
		Row 06 -UNKNOWN ROW	Seat Po	nsition NKNOWN SE	RESTRAINT USE U	NKNOWN					
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
2	980	Injury Sec	TED MIN		Airbag DEPLOYED-CURTA	IN					
		NOT EJECTED	ejection Pa NOT EJE	IIII CTED/NOT APPL			Trapped/Extricated NOT TRAPPED				
		Medical Transport EMS GROUND			EMS Agency Identifier 6000123		EMS Run#				
		Hospital ST CLARE HOSP			Date of Death		Time of Death				
		Distracted By	d By Source	•							
		Distracted By Action		T.							
		Non Motorist	nit#	Location							
I		Prior Action									

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

LIND	INDIVIDUAL	Action								
		Action Other						To/From School		
	1	Drug & Alcohol NO	ted Alcohol	Use	Suspected Drug Use NO					
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3			
2	900	Drug Type								
		Individual Condition APPEARED NORMAL								
		ndividual								
		Passenger NYIALIESE REYES (774) 381-4731			Citations issued 0	Sex				
E					Date of Birth	Race BLACK/AFRIC	AN AMERICAN			
LIND	INDIVIDUA	Address 90 CLARK STAPT 2 NEW BEDFORD, MA 0274	10 , US		Driver License Number					
	Sai	On Duty ety Equipment	Crash		Safety Equipment					
		Row 02 - SECOND ROW		osition MDDLE	RESTRAINT USE U	NKNOWN				
		HelmetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	8	Injury S Injury suspi	ECTED MI		Airbag DEPLOYED-CURTA	JIN				
		Ejected NOT EJECTED	Ejection P	ath ECTED/NOT APPL			Trapped/Extricated NOT TRAPPED			
		Medical Transport EMS GROUND			EMS Agency Identifier 6001024		EMS Run#			
		Hospital ST CLARE HOSP	- 4 Dv C		Date of Death		Time of Death			
		Distracted By Distracted By Action	ed By Sour	ce						
		Non Motorist	Unit#	Location						
		Prior Action								

Crash Date 09/23/2022 Crash Time 02:52 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

									. ,	
TIND	INDIVIDUAL	Action								
		Action Other							To/From School	
	1	Drug & Alcohol N	uspected. O	Alcohol Use		Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		A	lcohol Test Type	ı		Alcohol TestResults		
		Drug Test Given TEST NOT GIVEN		D	rug TestType		Drug Test Results			
7	202	Drug Type								
0	5									
		Individual Condition								
		APPEARED NORMAI								
		ndividual Passenger				Citations Issued				
	7	ELIJIAH REYES (774) 381-4731				0	MALE			
╘	3		Address			Date of Birth	Race BLACK/AFRICA	AN AMERICAN		
IND	INDIVIDUA	Address 90 CLARK ST APT 2 NEW BEDFORD, MA		, US		Driver License Number				
	Sai	ety Equipment ਾ	n Duty Cra	ash		Safety Equipment				
		Row 06 -UNKNOWN ROW	,	Seat Positi		RESTRAINT USE U	NKNOWN			
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
2	800	Injury _{St}		FED MINO	R INJURY	Airbag DEPLOYED-CURTA	ıın			
		Ejected NOT EJECTED	1 -	ection Path OT EJECT	ED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport EMS GROUND				EMS Agency Identifier 6001024		EMS Run#		
		Hospital ST CLARE HOSP				Date of Death Time of Death				
			stracted E	By Source		l				
	Distracted By Action									
		Non Motorist	riking Uni	it# L	ocation					
		Prior Action								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

							. ,	
TINO	INDIVIDUAL	Action						
		Action Other					To/From School	
	Ì	Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	•		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
_	<u> </u>	Drug Type						
2	800							
		Individual Condition						
		APPEARED NORMAL						
		Individual		L	7			
		Passenger JULIO SANTIAGO		Citations issued 0	Sex MALE			
,	3	(774) 381-4731		Date of Birth	Race			
TIND	INDIVIDUA	Address 90 CLARK ST APT 2 NEW BEDFORD, MA 027	40 , US	Driver License Number				
	Sai	Cn Dul	y Crash	Safety Equipment				
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	NONE USED - VEH	CLE OCCUPANT			
		HelmetUse		Helmet Compliance				
		Eye Protection		Tint Compliance				
٤	88	Injury _{SUSP}	Severity ECTED SERIOUS INJUR	Airbag DEPLOYED-CURTA	ıın			
		Ejected TOTALLY EJECTED	Ejection Path THROUGH SIDE WINDOW	ı		Trapped/Extricated NOT TRAPPED		
		Medical Transport EMS AIR		EMS Agency Identifier 6001285		EMS Run#		
		Hospital UW HEALTH-AMERICAN	I CENTER	Date of Death		Time of Death		
			rted By Source					
		Distracted By Action						
		Non Motorist	Unit# Location					
		Prior Action	·					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/23/2022

UNIT	INDIVIDUAL	Action									
	2	Action Other	Suspected Alc	roholi isa	Suspected Drug Use			To/From School			
		Drug & Alcohol	NO	01.01.030	NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	olTestType		Alcohol Test Results				
5		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Type Drug Test Results						
2	600	Drug Type									
		Individual Condition APPEARED NORMAL									
		Violations									
	5	UTC Number BG110750	Issue To? 001	Statute Number 347.48(2m)(c)	Description OPERATOR FAIL/HA						
	8	UTC Number BG110751	Issue To? 001	Statute Number 347.48(2m)(c)	Description OPERATOR FAIL/HA	AVE PASSENGE	R/SEATBELTED				
	Wit	ness									
WITN 01 ESS 01	JUL	vidual LIA L RANDLES 8) 393-0364			Address 1340 SPRINGBROOK DR BARABOO, WI 53913 , US			ete of Birth			
	Wit	ness -									
WITN 02 ESS 02	MIC	vidual CHAEL J RANDLES 8) 347-6121			Address 1340 SPRINGBROOK BARABOO, WI 53913			ate of Birth			