

6TL0D6N03C  
22-09529

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D6N03C

Document Number Override		Primary Crash Document#		Agency Crash Number 22-09529		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 09/23/2022		Crash Time 02:52 PM		Date Arrived 09/23/2022		Time Arrived 02:59 PM	
Date Notified 09/23/2022		Time Notified 02:52 PM		Total Units 01		Total Injured 09	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>Not to Scale</p>		<p>Reconstruction By</p>
		<p>Photos By T. CLAUER</p>
		<p>Additional Information NONE, PHOTOS</p>

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 ABRUPTLY 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.

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**Location**

ON USH12 WB 0.50 MI N OF RAMP USH12 WB IN THE CITY OF BARABOO IN SAUK COUNTY	Latitude 43.467310183	Longitude -89.776511177
	X Coordinate 275408.90625	Y Coordinate 4816456
	Structure Type	

**Crash Scene**

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>
Closure Type <b>CLOSURE-ONE DIRECTION</b>	Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>09/23/2022</b>	Time Initial Lane/Rd Closed <b>02:52 PM</b>	
Date All Lanes Open <b>09/23/2022</b>	Time All Lanes Open <b>04:33 PM</b>	Date Scene Cleared <b>09/23/2022</b>
		Time Scene Cleared <b>04:33 PM</b>

**Unit Summary**

<b>UNIT</b> 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements		
	Total Occs <b>9</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types <b>0</b>
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>			

**Vehicle**

<b>01</b>	License Plate Number <b>2CMK63</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MA</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5FNRL38747B408417</b>	Make <b>HONDA</b>	Year <b>2007</b>	Model <b>ODYSSEY</b>

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UNIT VEHICLE	Color <b>GRY - GRAY</b>		Body Style <b>VN - VAN</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>15 - ALL AREAS</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>CHANGING LANES</b>		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OVER-CORRECTING/OVER-STEERING</b>			
	Owner Name <b>TATYANA REYES (774) 381-4731</b>		Owner Address <b>90 CLARK ST APT 2 NEW BEDFORD, MA 02740 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event <b>DITCH</b>			
	Event <b>OVERTURN/ROLLOVER</b>			
	Event			
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>TATYANA REYES</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TATYANA REYES (774) 381-4731</b>	Citations Issued <b>2</b>	Sex <b>FEMALE</b>	
	Date of Birth [REDACTED]		Race <b>BLACK/AFRICAN AMERICAN</b>	
Address <b>90 CLARK ST APT 2 NEW BEDFORD, MA 02740 , US</b>		Driver License Number [REDACTED] <b>STATE: MASSACHUSETTS COUNTRY: UNITED STATES</b>		
UNIT VEHICLE	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT VEHICLE	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	
	Airbag <b>DEPLOYED-COMBINATION</b>			
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>	EMS Run#	

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UNIT INDIVIDUAL	Hospital <b>ST CLARE HOSP</b>		Date of Death		Time of Death	
	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>					
	Distracted By Action <b>UNKNOWN</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
01 001	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>CHAD SD SADDLER</b> <b>(774) 381-4731</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth [REDACTED]	Race <b>BLACK/AFRICAN AMERICAN</b>	
	Address <b>90 CLARK ST APT 2</b> <b>NEW BEDFORD, MA 02740 , US</b>			Driver License Number [REDACTED] <b>STATE: MASSACHUSETTS COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
01 002	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>			EMS Agency Identifier <b>6000368</b>		EMS Run #
	Hospital <b>SAUK PRAIRIE HOSP</b>			Date of Death		Time of Death

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CRASH REPORT

UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO 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
Drug Type		
Individual Condition APPEARED NORMAL		
UNIT INDIVIDUAL	<b>Individual</b>	
	Passenger SANTO LE RIVERA (774) 849-6767	Citations Issued 0 Sex MALE
		Date of Birth Race BLACK/AFRICAN AMERICAN
	Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 , US	Driver License Number
UNIT INDIVIDUAL	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
UNIT INDIVIDUAL	<b>Injury</b>	
	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-CURTAIN
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND	EMS Agency Identifier 6000555
Hospital SAUK PRAIRIE HOSP	Date of Death	
	Time of Death	
<b>Distracted By</b> Distracted By Source		

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UNIT INDIVIDUAL	Distracted By Action		
	<b>Non Motorist</b>		
	Striking Unit #	Location	
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use NO		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
Drug Type			
Individual Condition APPEARED NORMAL			
UNIT INDIVIDUAL	<b>Individual</b>		
	Passenger XOLEN A REYES SADDLER (774) 381-4731		Citations Issued 0
			Sex MALE
			Date of Birth [REDACTED]
			Race BLACK/AFRICAN AMERICAN
	Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 , US		Driver License Number
	<b>Safety Equipment</b>		
	On Duty Crash		Safety Equipment NONE USED - VEHICLE OCCUPANT
	Row 06 - UNKNOWN ROW	Seat Position 10 - UNKNOWN SE	
	Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	<b>Injury</b>		
	Injury Severity SUSPECTED MINOR INJURY		Airbag DEPLOYED-CURTAIN
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368
	Hospital SAUK PRAIRIE HOSP		EMS Run#
			Date of Death
			Time of Death
	<b>Distracted By</b>		
	Distracted By Source		
	Distracted By Action		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>004</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>			
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results				
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results				
		Drug Type						
		Individual Condition <b>APPEARED NORMAL</b>						
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
				Passenger <b>CALEB D SADDLER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
					Date of Birth [REDACTED]	Race <b>BLACK/AFRICAN AMERICAN</b>		
				Address <b>CHICAGO, IL , US</b>		Driver License Number		
				<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Row <b>06 -UNKNOWN ROW</b>	Seat Position <b>08 - MIDDLE</b>			<b>RESTRAINT USE UNKNOWN</b>				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>01</b>	<b>005</b>			<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</b>	
				Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run #			
		Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death	Time of Death			
		<b>Distracted By</b>						
		Distracted By Source						
		Distracted By Action						
		<b>Non Motorist</b>		Striking Unit #	Location			

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<b>UNIT</b>	Prior Action				
	Action				
	Action Other		To/From School		
	<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>				
<b>01</b>	<b>005</b>	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>			
		Passenger <b>JADIS SADDLER</b> (774) 381-4731		Citations Issued <b>0</b>	Sex
		Address <b>90 CLARK ST APT 2</b> <b>NEW BEDFORD, MA 02740 , US</b>		Date of Birth [REDACTED]	Race <b>BLACK/AFRICAN AMERICAN</b>
		Driver License Number			
<b>01</b>	<b>006</b>	<b>Safety Equipment</b> On Duty Crash		Safety Equipment	
		Row <b>06 -UNKNOWN ROW</b>	Seat Position <b>10 - UNKNOWN SE</b>	<b>RESTRAINT USE UNKNOWN</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
<b>Injury</b> Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-CURTAIN</b>			
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000123</b>		EMS Run #	
Hospital <b>ST CLARE HOSP</b>		Date of Death		Time of Death	
<b>Distracted By</b> Distracted By Source					
Distracted By Action					
<b>Non Motorist</b> Striking Unit #		Location			
Prior Action					



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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	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
	Drug Type		
	Individual Condition APPEARED NORMAL		
	<b>Individual</b>		
	Passenger NYIALIESE REYES (774) 381-4731	Citations Issued 0	Sex
	Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 , US	Date of Birth [REDACTED]	Race BLACK/AFRICAN AMERICAN
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	RESTRAINT USE UNKNOWN
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-CURTAIN
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #
	Hospital ST CLARE HOSP	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	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
	Drug Type		
	Individual Condition APPEARED NORMAL		
	<b>Individual</b>		
	Passenger ELIJAH REYES (774) 381-4731	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race BLACK/AFRICAN AMERICAN	
Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 , US	Driver License Number		
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row 06 -UNKNOWN ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-CURTAIN
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #
	Hospital ST CLARE HOSP	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	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	
	Drug Type			
	Individual Condition APPEARED NORMAL			
	<b>Individual</b>			
	Passenger JULIO SANTIAGO (774) 381-4731	Citations Issued 0	Sex MALE	
	Address 90 CLARK ST APT 2 NEW BEDFORD, MA 02740 , US	Date of Birth [REDACTED]	Race	
UNIT INDIVIDUAL	Driver License Number			
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT	
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	<b>Injury</b>	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-CURTAIN	
	Ejected TOTALLY EJECTED	Ejection Path THROUGH SIDE WINDOW	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS AIR	EMS Agency Identifier 6001285	EMS Run#	
	Hospital UW HEALTH-AMERICAN CENTER	Date of Death	Time of Death	
	<b>Distracted By</b>	Distracted By Source		
Distracted By Action				
<b>Non Motorist</b>	Striking Unit#	Location		
Prior Action				

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<b>UNIT</b>	<b>INDIVIDUAL</b>			
	Action			
<b>01</b>	<b>009</b>	Action Other		To/From School
		<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
Alcohol Test Given		Alcohol Test Type	Alcohol Test Results	
<b>TEST NOT GIVEN</b>				
Drug Test Given		Drug Test Type	Drug Test Results	
<b>TEST NOT GIVEN</b>				
Drug Type				
Individual Condition				
<b>APPEARED NORMAL</b>				

<b>Violations</b>				
<b>01</b>	UTC Number <b>BG110750</b>	Issue To? <b>001</b>	Statute Number <b>347.48(2m)(c)</b>	Description <b>OPERATOR FAIL/HAVE PASSENGER/SEATBELTED</b>
<b>02</b>	UTC Number <b>BG110751</b>	Issue To? <b>001</b>	Statute Number <b>347.48(2m)(c)</b>	Description <b>OPERATOR FAIL/HAVE PASSENGER/SEATBELTED</b>

### Witness

<b>WITN 01</b>	Individual <b>JULIA L RANGLES</b> (608) 393-0364	Address <b>1340 SPRINGBROOK DR</b> <b>BARABOO, WI 53913 , US</b>	Date of Birth [REDACTED]
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### Witness

<b>WITN 02</b>	Individual <b>MICHAEL J RANGLES</b> (608) 347-6121	Address <b>1340 SPRINGBROOK DR</b> <b>BARABOO, WI 53913 , US</b>	Date of Birth [REDACTED]
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