WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/14/2022

Crash Time 06:04 PM

Document Number Overric	e Primary Crash	Document#	22-1023		Investigating DEPUTY P				
Crash Date	Crash Time		Date Arri		Time Arrived	1			
10/14/2022	06:04 PM		10/14/20		06:11 PM		—		
Date Notified 10/14/2022	Time Notified 06:04 PM		Total Uni	ts	Total Injured	t	Total Kille	ed	
On Emergency	Hit and Run	Lane Clos	ure	Work Zone	Traîler	or T	owed		Reporting Threshold
Government Property	Active S	chool Zone	School B NO	us Related	Tags				
▼ Reportable	Crash Type DT4000 (ST	ANDARD CRASI	- H)		Amend	ied		***************************************	Secondary Crash
Description =					300000000P			3,,,,,,,,,,	
						Pho	tos By		

UNIT 2 WAS STOPPED NB ON HWY 12 FOR A RED STOP LIGHT. UNIT 1 APPROACHED THE INTERSECTION AND STRUCK UNIT 2 IN THE REAR.

Location

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	ON USH12 WB 22 FT S OF 1H90 WB			Latitude 43.568359981		Longitude -89.778358282	
	IN THE TOWN OF DEL	TON		X Coordinate 275634.53125		Y Coordinate 4827684	
				Structure Type			
	Crash Scene						
	First Harmful Event			First Harmful Event	Location		
	MOTOR VEH IN TRAN	SPORT		ON ROADWAY			
	Manner of Collision			Light Condition			_
	03 - FRONT TO REAR			DUSK			
	Road Surface Condition(s))		Roadway Factor(s)	1		
	DRY						
	Environment Factor(s)			-			
	NONE			NONE			
	Weather Condition(s)			4			
	. , ,						
	CLEAR						
	Animal Type			Relation To Traffico	•		
	Crash Classification - Loca	ation		Crash Classification			
	PUBLIC PROPERTY Tribal Land			NO SPECIAL JU	RISDICTION	To 110: 1	
	Tripal cand			Access Control FULL CONTROL	-	Special Study	
	Within Interchange Area	Junction Location	Intersect	••			
	YES	INTERSECTION	FIVE-PO	OINT, OR MORE			
	Unit Summary						
							_
	Unit Status IN TRANSIT		Vehicle Operating As D CLASS	Classification	Unit Type AUTOMOE		
	Unit Status IN TRANSIT Vehicle Type			Classification	AUTOMO	BILE s Endorsements	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR	Train/Rus#Pecorted	D CLASS		AUTOMOE Operating A	s Endorsements	
	Unit Status IN TRANSIT Vehicle Type	Train/Bus#Recorded	D CLASS Total#Citations Issue		AUTOMOE Operating A	s Endorsements Total HazMat Types	
	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs	Train/Bus#Recorded Direction Of Travel	D CLASS Total#Citations Issue	d TotalTr	AUTOMOR Operating A	s Endorsements	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1		D CLASS Total#Citations Issue	d TotalTr	AUTOMOR Operating A	s Endorsements Total HazMat Types 0	
	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? YES Most Harmful Event: Collis	Direction Of Travel NORTHBOUND	Total#Citations Issue 1 Pre CrashTir Mark Special Function	d TotalTr 0 Speed I 45	AUTOMOE Operating A railers Limit Emergency	s Endorsements Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN	Direction Of Travel NORTHBOUND	Total # Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC	d TotalTr 0 Speed I 45	AUTOMOBIO Operating Automotion Au	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance? YES Most Harmful Event: Collis	Direction Of Travel NORTHBOUND ion With SPORT	Total#Citations Issue 1 Pre CrashTir Mark Special Function	d TotalTr 0 Speed I 45	AUTOMOBIO Operating Automotion Au	s Endorsements Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way	Direction Of Travel NORTHBOUND ion With SPORT	Total#Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC	d TotalTr 0 Speed I 45	AUTOMOB Operating A ailers Limit Emergency NOT APPL Traffic Cont	s Endorsements Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way DIVIDED HWY W/O TR Surface Type BLACKTOP (BITUMIN	Direction Of Travel NORTHBOUND ion With SPORT	Total # Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control TRAFFIC SIGNAL	d TotalTr 0 Speed I 45	AUTOMOB Operating A Tailers Emergency NOT APPL Traffic Cont NO	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing	
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UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way DIVIDED HWY W/O TR Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Number ARN1218 Vehicle Identification	Direction Of Travel NORTHBOUND ion With SPORT AFFIC BARRIER OUS)	Total#Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control TRAFFIC SIGNAL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBI Make	TotalTr	AUTOMOBIO Operating A ailers Limit Emergency NOT APPL Traffic Cont NO Road Grade DOWNHIL Country of Is: UNITED ST	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way DIVIDED HWY W/O TR Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Number ARN1218 Vehicle Identification 1G1ND52F25M21	Direction Of Travel NORTHBOUND ion With SPORT AFFIC BARRIER OUS)	Total#Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control TRAFFIC SIGNAL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB! Make CHEVROLET	TotalTr 0 Speed i 45 CTION St WI	AUTOMOBION	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing	
UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way DIVIDED HWY W/O TR Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Number ARN1218 Vehicle Identification	Direction Of Travel NORTHBOUND ion With SPORT AFFIC BARRIER OUS)	Total#Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control TRAFFIC SIGNAL Road Curvature STRAIGHT Plate Type AUT - AUTOMOBI Make	TotalTr	AUTOMOBIO Operating A ailers Limit Emergency NOT APPL Traffic Cont NO Road Grade DOWNHIL Country of Is: UNITED ST	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01 UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way DIVIDED HWY W/O TR Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Number ARN1218 Vehicle Identification 1G1ND52F25M21 Color GRY - GRAY Initial Contact Point	Direction Of Travel NORTHBOUND ion With SPORT AFFIC BARRIER OUS)	Total#Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control TRAFFIC SIGNAL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB! Make CHEVROLET Body Style	TotalTr	AUTOMOBION	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing L Suance FATES	
01 UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way DIVIDED HWY W/O TR Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Number ARN1218 Vehicle Identification 1G1ND52F25M21 Color GRY - GRAY Initial Contact Point	Direction Of Travel NORTHBOUND ion With SPORT AFFIC BARRIER OUS)	Total # Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control TRAFFIC SIGNAL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB! Make CHEVROLET Body Style 4D - 4DR Vehicle Damage	TotalTr	AUTOMOBION Operating A Department of the control of	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing	
UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way DIVIDED HWY W/O TR Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Number ARN1218 Vehicle Identification 1G1ND52F25M21 Color GRY - GRAY Initial Contact Point	Direction Of Travel NORTHBOUND ion With SPORT AFFIC BARRIER OUS)	Total # Citations Issue 1 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control TRAFFIC SIGNAL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB! Make CHEVROLET Body Style 4D - 4DR Vehicle Damage	d TotalTr 0 e Speed i 45 CTION St WI Year 2005	AUTOMOBION Operating A Department of the control of	Total HazMat Types 0 Total Lanes 5 Motor Vehicle Use LICABLE rol Inoperative/Missing L suance FATES	

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22-10234

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

							• •		
		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMAGE	Vehicle Removed By PLATTS WRECKER					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE					
	ш	Driver Actions SPEED TOO FAST/COND							
Ħ	VEHICL								
5	Ŧ								
_		OwnerName LYNETTE SUE HAZEL		Owner Address 1536 FERN AVE					
2	5	(608) 547-2553		WISCONSIN DEL	.LS, WI 53965 , U	IS			
		 Sequence Of Events							
	5	Event MOTOR VEH IN TRANSPO	ORT						
		Event							
	8								
	8	Event							
	3	Event							
		Ballau Daldas							
N		Policy Holder Insurance Company		Individu al					
>		STATE-FARM-GENERAL-	INS-CO	LYNETTE HAZEL					
		Individual							
		Driver LYNETTE SUE HAZEL		Citations sued	Sex FEMALE				
	3	(608) 547-2553		Date of Birth	Race				
FIND	INDIVIDUA	Address		Driver License Numb	WHITE				
>	9	1536 FERN AVE WISCONSIN DELLS, WI 5	3065 118	STATE: WISCONS		ITED STATES			
		moddion beled, m s	, 35						
	e _s ,	On Duty	Crash	Safety Equipment					
		ety Equipment	SeatPosition	SHOULDER & LAF	BELT				
		01 - FRONT ROW	07 - LEFT						
		HelmetUse		Helmet Compliance					
		Eye Protection		Tint Compliance					
_	£	Injury Se	everity	Airbag					
۶	8		PARENT INJURY	DEPLOYED-FRONT					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT A	PPLICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport		EMS Agency Identifie	ī	EMS Run#			
		NOT TRANSPORTED Hospital		Date of Death		Time of Death			
		·							
		Distracted By NOT A	ed By Source PPLICABLE (NOT DIST	RACTED)					
		Distracted By Action NOT DISTRACTED							
ı		MOIDSINACIED							

Crash Date 10/14/2022 Crash Time 06:04 PM

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

		Non Motorist	Striki	ng Unit#	Location							
		Prior Action			•							
TINO	INDIVIDUAL	Action										
		Action Other										To/From School
	L	Drug & Alcohol	Susp NO	ected Alcoh	nol Use		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test 7	Гуре				Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	е		Drug ²	Test Results			
5	100	Drug Type										
		Individual Condition APPEARED NORM	1AL									
	,	Violations	and the second			er er er er	and the transfer that the transfer transfer that the transfer transfer that the transfer tran					anaran arangan anaran arangan arangan an
	01	UTC Number BG111378	lssu 001		Statute Number 346.57(3)		Description DRIVING TOO FAST	FOR	CONDITIO	NS		
		t Summary •										
	Unit	Status					ehicle Operating As Class	ification	ı	UnitType	=	
		cle Type				ט	CLASS			AUTOMOR Operating A		nents
05		SENGER CAR								openaming.		
	Tota 1	lOccs		Train/Bus#	Recorded	T (otal#Citations Issued		Total Traile	ers	Total Hazî 0	vlat Types
⊨	Insui YES	rance?		Direction O		disconnection of the second	Pre CrashTire Mark		Speed Lim	it	Total Lane	rs.
LINO		tHarmfulEvent: Collisi FOR VEH IN TRANS					pecial Function O SPECIAL FUNCTIO	N	•	Emergency NOT APPL		cle Use
		ic Way DED HWY W/O TR/	\FF10	BARRIER	₹		affic Control RAFFIC SIGNAL			Traffic Cont	rol Inoperat	ive/Missing
	Surfa	асе Туре			·-	R	oad Curvature			Road Grade		
		k Bus or HazMat	OUS)			S	TRAIGHT			DOWNHIL	L	
	NO											
	1	Vehicle							St T	C		
		License Plate Numbe 428WTY	r				Plate Type AUT - AUTOMOBILE		WI	Country of Issuance UNITED STATES		
02	05	Vehicle Identification 1HGCM66314A052				- 1	/lake HONDA		Year 2004	Model ACCORD LX		
	ſ	Color GRY - GRAY	2020			E	Body Style		2004	Bus Use	^	
		Initial Contact Point				+4	- 4UN					
		06 - REAR										7 8 9 10 11 6 3 2 12 5 4 3 2 1

6TL0D7W15M

22-10234

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	Ш		Г	Vehicle Damage			1
UNIT	VEHICLE			05 - RIGHT REAR CO	RNER 06-REAE	2 07 - I FFT	
5	I	Extent Of Damage FUNCTIONAL DAMAGE		O5 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER			
	3			Vahida Bassarad Ba			
		Towed Due To Damage TOWED DUE TO DISABLIN		Vehicle Removed By PLATTS WRECKER			
		What Driver Was Doing		Vehicle Factors			
		STOP IN TRAFFIC		NOT ADDUCABLE			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions	, ,				
_	Щ	NO CONTRIBUTING ACTIO	JN .				
N	VEHICL						
_	W.						
		OwnerName DAVID MICHAEL CASTIGL	IONE	Owner Address 210 MADISON CI	,		
8	6	(651) 261-1393	IOHE	HUDSON, WI 540			
		Sequence Of Events		'			
	5	Event MOTOR VEH IN TRANSPO	RT				
	8	Event					
		Event					
	8						
	8	Event					
—							
LINI.				Individual			
UNIT		Policy Holder Insurance Company STATE-FARM-GENERAL-II					
TINO		Policy Holder Insurance Company STATE-FARM-GENERAL-II	NS-CO	Individual DAVID CASTIGLIO	NE		
INO		Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver	NS-CO	Individual DAVID CASTIGLIO	NE Sex		
UNIT		Policy Holder Insurance Company STATE-FARM-GENERAL-II	NS-CO	Individual DAVID CASTIGLIO Citations Issued 0	Sex FEMALE		
		Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST	NS-CO	Individual DAVID CASTIGLIO	NE Sex		
		Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address	NS-CO	Individual DAVID CASTIGLIO Citations Issued 0	Sex FEMALE Race WHITE		
UNT UNIT	DIMIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2	NS-CO	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number	Sex FEMALE Race WHITE		
		Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address	NS-CO	Individual DAVID CASTIGLIO Citations Issued 0 Date of Birth	Sex FEMALE Race WHITE		
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAS (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US	NS-CO	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number	Sex FEMALE Race WHITE		
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705, US	NS-CO TIGLIONE	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number STATE: WISCONSI	Sex FEMALE Race WHITE		
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US Tety Equipment Row	NS-CO TIGLIONE Crash Seat Position	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number STATE: WISCONSI	Sex FEMALE Race WHITE		
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US Pety Equipment Row 01 - FRONT ROW	NS-CO TIGLIONE	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP	Sex FEMALE Race WHITE		
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US On Duty Company Row 01 - FRONT ROW Helmet Use	NS-CO TIGLIONE Crash Seat Position	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number STATE: WISCONSI	Sex FEMALE Race WHITE		
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US Pety Equipment Row 01 - FRONT ROW	NS-CO TIGLIONE Crash Seat Position	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP	Sex FEMALE Race WHITE		
LNO	S INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US City Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	TIGLIONE Crash Seat Position 07 - LEFT	Individual DAVID CASTIGLIO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE		
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAS (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US On Duty Company Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP	TIGLIONE Crash Seat Position 07 - LEFT Verity PARENT INJURY	Individual DAVID CASTIGLIO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE	TED STATES	
LNO	S INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAS (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US Total Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP Ejected	TIGLIONE Crash Seat Position 07 - LEFT	Individual DAVID CASTIGLIO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE		
LNO	S INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport	TIGLIONE Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path	Individual DAVID CASTIGLIO Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE N COUNTRY: UNI	TED STATES	
LNO	S INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-GENERAL-II Individual Driver ANNABELLA GRACE CAST (715) 245-0617 Address 221 GRAND CANYON #2 MADISON, WI 53705 , US Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED	TIGLIONE Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path	Individual DAVID CASTIGLIO Citations Issued Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE N COUNTRY: UNI	Trapped/Extricated	

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		Distracted By Not APPLICABLE	e .E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED					
		Non Motorist Striking Unit#	Location				
		Prior Action					
	ı	Action					
Ш	DUAL						
UNIT	INDIVIDUAL						
	Z						
		Action Other					To/From School
	L	Drug & Alcohol NO	Jse	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		
02	005	Drug Type					
		Individual Condition					
		APPEARED NORMAL					