WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash E	ocument#	Agency 23-006	Crash Number 69	Investigating DEPUTY H	g Officer/Deputy I. VOLZ	
Crash Date 01/20/2023	Crash Time 11:45 AM		Date Arr 01/20/2		Time Arrived 11:53 AM		
Date Notified 01/20/2023	Time Notified 11:45 AM		Total Ur	Total Units 02		Total Kille	d
On Emergency Hi	t and Run	Lane Closu		Work Zone	11	or Towed	Reporting Threshold
Government Property	Active Sc	hool Zone	School I	Bus Related	Tags		
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH	i)		Amend	led	Secondary Crash
Description	'				'		
Diagram						Reconstruction Photos By	я Ву
Not To Scale							
						Additional Info NONE	rmation
				Wells Fargo Private Driv and parking	eway		
	Mullberry Street						
	Wullber		20				
	7		20 (
I, a sworn law enforceme	ent officer, agre	ee that I have no	ot added	any CJIS data in this	report.		
UNIT 1 WAS EXITING A PRIVATE F						AS TRAVELING	NB ON SAID PUBLIC
ROADWAY, UNIT FAILED TO YEL	LU WHILE MAKING	ALEFIIUKNIFK	OW THE	ARNING LUT, AND STRUC	A UNIT Z.		

Location

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	ON MULBERRY ST 159 FT S	_		Latitude 43.474365432		Longitude -89.767045666	
	OF LINN ST/ STH33 E IN THE VILLAGE OF V IN SAUK COUNTY		X Coordinate 276200.65625		Y Coordinate 4817214		
				Structure Type NO STRUCTUR	E		
	Crash Scene						
	First Harmful Event			First Harmful Even	t Location		
	MOTOR VEH IN TRAN	ISPORT		ON ROADWAY			
	Manner of Collision	_		Light Condition			
	02 - FRONT TO FRON			DAYLIGHT			
	Road Surface Condition(s))		Roadway Factor(s)		
	DRY						
	Environment Factor(s)						
	NONE			NONE			
	Weather Condition(s)			-			
	CLOUDY						
	Animal Type			Relation To Traffic TRAFFICWAY -	•		
	Crash Classification - Loca	ation		Crash Classification			
	PUBLIC PROPERTY Tribal Land			NO SPECIAL JU	DRISDICTION	I 0	
	Tiparcand			Access Control NO CONTROL		Special Study	
	Within Interchange Area	Junction Location	Intersect	• •			
	NO	NON-JUNCTION	NOTA	NINTERSECTION			
	Unit Summary		[N. 13.1 & 0.1	a 1 16 1	T		
	Unit Status IN TRANSIT		Vehicle Operating As D CLASS	Classification	Unit Type AUTOMOI		
2	Unit Status		1	Classification	AUTOMO	BILE s Endorsements	
	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs	Train/Bus#Recorded	D CLASS Total#Citations Issue	ed Total T	AUTOMOI Operating A	s Endorsements Total HazMat Types	
	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2		D CLASS Total#Citations Issue 0	ed TotalT	AUTOMOR Operating A	s Endorsements Total HazMat Types 0	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance?	Direction Of Travel	Total#Citations Issue 0 Pre CrashTin	ed TotalT 0 Te Speed	AUTOMOR Operating A	s Endorsements Total HazMat Types 0 Total Lanes	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO	Direction Of Travel SOUTHBOUND	Total#Citations Issue 0 Pre CrashTir Mark	ed TotalT	AUTOMOS Operating A	Total HazMat Types 0 Total Lanes	
	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance?	Direction Of Travel SOUTHBOUND	Total#Citations Issue 0 Pre CrashTin	re Speed	AUTOMOS Operating A railers Limit Emergency NOT APPI	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way	Direction Of Travel SOUTHBOUND sion With	Total#Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC	re Speed	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN	Direction Of Travel SOUTHBOUND sion With	Total#Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC	re Speed	AUTOMOS Operating A railers Limit Emergency NOT APPI	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE	Direction Of Travel SOUTHBOUND sion With ISPORT	Total#Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL	re Speed	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type	Direction Of Travel SOUTHBOUND sion With ISPORT	Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature	re Speed	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO	Direction Of Travel SOUTHBOUND sion With ISPORT	Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature	re Speed	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat	Direction Of Travel SOUTHBOUND Sion With ISPORT DED	Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature	re Speed	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
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UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb V5187V Vehicle Identification	Direction Of Travel SOUTHBOUND Sion With ISPORT DED OUS)	Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNCT Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB Make	Total T	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of is UNITED ST	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Number V5187V Vehicle Identification 2C3JA53GX5H17	Direction Of Travel SOUTHBOUND Sion With ISPORT DED OUS)	Total#Citations Issue 0 Pre CrashTin Mark Special Function NO SPECIAL FUNCTION NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB Make CHRYSLER	Total T 0 Speed 25 CTION St WI	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model 300	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb V5187V Vehicle Identification	Direction Of Travel SOUTHBOUND Sion With ISPORT DED OUS)	Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNCT Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB Make	Total T	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of is UNITED ST	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
01 UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numbrus V5187V Vehicle Identification 2C3JA53GX5H17 Color WHI - WHITE Initial Contact Point	Direction Of Travel SOUTHBOUND Sion With SPORT DED OUS) er n Number 6486	Total#Citations Issue 0 Pre CrashTin Mark Special Function NO SPECIAL FUNCTION NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB Make CHRYSLER Body Style	Total T	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model 300	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
UNIT 01	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 2 Insurance? NO Most Harmful Event: Collis MOTOR VEH IN TRAN Traffic Way TWO-WAY, NOT DIVIE Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb V5187V Vehicle Identification 2C3JA53GX5H17 Color WHI - WHITE	Direction Of Travel SOUTHBOUND Sion With ISPORT OED OUS) er n Number 6486	D CLASS Total # Citations Issue 0 Pre CrashTin Mark Special Function NO SPECIAL FUNCTION NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMOB Make CHRYSLER Body Style SD - SEDAN Vehicle Damage	Total Total O	AUTOMOS Operating A railers Limit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED S1 Model 300 Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	

23-00669

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Crash Date 01/20/2023

				1				
		Towed Due To Damage			ehicle Removed By			
		NOT TOWED			PERATOR			
		What Driver Was Doing	-	^	ehicle Factors			
		ENTERING TRAFFIC LANE	<u>:</u>	N	IOT APPLICABLE			
		Driver Prior Action Other		["	IOT ATT ETCABLE			
TINO	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-	OF-WAY					
٦	5	Owner Name DYLAN RICHARD EVERSO (608) 449-5764	IN .		Owner Address 807 N WESTMOR SPRING GREEN, V			
		sequen≎e(®)f≘vents						
	8	Event LEFT TURN						
	8	Event MOTOR VEH IN TRANSPO	RT					
	03	Event						
	3	Event						
		ndividual						
		Driver			Citations Issued	Sex		
		DYLAN RICHARD EVERSO	N		0	MALE		
_	INDIVIDUAL	(608) 449-5764			Date of Birth Race WHITE			
S	3	Address 807 N WESTMOR ST			Driver License Number	l		
	Ξ	SPRING GREEN, WI 53588	, US	'	STATE: WISCONSIN COUNTRY: UNITED STATES			
		On Duty (Crash		Safety Equipment			
	Sai	ety Equipment						
		Row 01 - FRONT ROW	Seat Po 07 - LE		SHOULDER & LAP I	BELT		
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
_		Injury Se	verity		Airbag			
5	8	injury _{no app}	ARENT I	NJURY	NON DEPLOYED			
			Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport			EMS Agency Identifier		EMS Run#	
		NOT TRANSPORTED			D-4/D#		The section of the	
		Hospital			Date of Death		Time of Death	
		Distracted By NOT AP	d By Source PLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	init#	Location				
	SHEATHER!			I.				

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Crash Date 01/20/2023

		Prior Action								
LINO	Action Other To/From School									
							FO/From School			
	1	Drug & Alcohol NO	d Alcohol Use	Suspected Drug Use NO	9					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Tes	tType		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	Drug Test T	уре	Drug Test Results					
2	8	Drug Type	,							
		Individual Condition APPEARED NORMAL								
		 Individual								
		Passenger GEOFFREY G COOLEY-LO	NETREE	Citations Issued 0						
<u>_</u>	DUA			Date of Birth	Race					
LIND	NDWIDUAL	Address 107 1/2 4TH ST # 1 BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty C fety Equipment	Crash	Safety Equipment						
		Row Seat Position 01 - FRONT ROW 09 - RIGHT		SHOULDER & LA	SHOULDER & LAP BELT					
		Helmet Use		Heimet Compliance	Helmet Compliance					
		Eye Protection		Tint Compliance						
2	8	Injury Sev Injury NO APP	rerity ARENT INJURY	Airbag NON DEPLOYED						
		1 '	Ejection Path NOT EJECTED/NOT :	APPLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identif	ler er	EMS Run#				
		Hospital		Date of Death		Time of Death				
		Distracted By	d By Source			1				
		Distracted By Action								
		Striking U Non Motorist	nit# Location							
		Prior Action								

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TINO	INDIVIDUAL	Action								
		Action Other								To/From School
	ı	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO					L
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Te	est Results			
9	002	Drug Type								
		Individual Condition APPEARED NORMAL								
	l lesi									
	Unit	t Summary Status		I .	ehicle Operating As Class	ification		UnitType		
٥.		RANSIT cle Type		D	CLASS			AUTOMOI Operating A		ments
05	PAS	SENGER CAR								
	Tota 2	lOccs	Train/Bus#Re	'	Total # Citations Issued 0		Total Traile 0	0		Mat Types
╘	YES	surance? Direction Of Travel NORTHBOUND		D D	Mark		Speed Limi 25		Total Land	
L N N	MO.	tHarmfulEvent: Collision Wi FOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way D-WAY, NOT DIVIDED		I .	raffic Control O CONTROL			Traffic Cont	rol Inopera	tive/Missing
		ace Type (CKTOP (BITUMINOUS)	ı	I .	oad Curvature TRAIGHT			Road Grade	•	
	Truc NO	k Bus or HazMat		1				<u> </u>		
	Ţ	Vehicle		accacacacacacacac				SSS SSS SSS SS		
		License Plate Number AJR5126		I	Plate Type AUT - AUTOMOBILE	I	I	Country of Is UNITED ST		
03	02	Vehicle Identification Number 5NPE34AFXFH095847 Color SIL - SILVER (ALUMINUM)		I .	//ake -IYUNDA!	I	I .	Model SONATA		
					Body Style BD - SEDAN	•		Bus Use		
LINI	VEHICLE	Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage			Vehicle Damage - 01 - RIGHT FRONT CORNER, 02 - RIGH FRONT, 12 - FRONT			HT SIDE		7 8 9 10 11 6 12 5 4 3 2 1
	7	Towed Due To Damage NOT TOWED	<u> </u>	I	/ehicle Removed By DPERATOR					でいる場合の第1という。 自然の場合という。 指揮を描していてい
		What Driver Was Doing GOING STRAIGHT								

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				[Vehicle Factors			
		Driver Prior Action Other			NOT APPLICABLE			
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION					
02	_ 20	Owner Name APRIL LYNN JAMISON (608) 477-2123			Owner Address 1300 WASHING BARABOO, WI			
		l Sequence Of Events						
	5	Event MOTOR VEH IN TRANSP	ORT		***************************************		***************************************	***************************************
	8	Event						
	8	Event						
	8	Event						
_		l Policy Holder						
LNN N		Insurance Company PROGRESSIVE-MUTUAL			Individual APRIL JAMISON			
		Individual						
		Driver APRIL LYNN JAMISON (608) 477-2123		Citations issued Sex 0 FEMALE				
	MAL			Date of Birth				
TIND	INDIVIDUAL	Address 1300 WASHINGTON AVE # 14 BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sa	l Cn Dut fety Equipment	y Crash		Safety Equipment			
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LA	P BELT		
		Helmet Use			Helmet Compliance			
		Eye Protection		Tint Compliance				
05	88	Injury S Injury NO AF	everity	NJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Pa				Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	NOT LUL	CILD/NOT ALL	EMS Agency Identifi	er	EMS Run#	
		Hospital			Date of Death		Time of Death	
		Distract	ted By Sourc		LOTER)			
		Distracted By NOT A	IPFLICABL	E (NOT DISTRA	(C I ED)			
		NOT DISTRACTED Striking	Unit#	Location				
		Non Motorist						

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Crash Date 01/20/2023

		Prior Action								
		Action								
	NDIVIDUAL									
LNN	3									
Ś	ã									
		Action Other					To/From School			
							10/210/1150/100/			
	1	Drug & Alcohol NO	d Alcohol Use	Suspected Drug (Use					
		Alcohol Test Given TEST NOT GIVEN	AlcoholTes	st Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	Drug TestT	уре	Drug Test Result	3				
05	800	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger JAXTON E CEPEDA-SMITH (608) 477-2123		Citations Issued 0						
	INDIVIDUA			Date of Birth	Date of Birth Race WHITE					
S		Address		Driver License Nu	Driver License Number					
_	Ž	1300 WASHINGTON AVE # BARABOO, WI 53913 , US								
	c.	On Duty C ety Equipment	rash	Safety Equipment	t					
		Row	Seat Position	CHILD RESTRA	AINT SYSTEM - FOR\	WARD FACING				
		02 - SECOND ROW 07 - LEFT		Halmot Camplian	Lia mat Capatilanca					
		HelmetUse			Helmet Compliance					
		Eye Protection		,	Tint Compliance					
05	9	Injury Sev NO APP	enty Arent Injury	_	Airbag NON DEPLOYED					
		·	jection Path IOT EJECTED/NOT	APPLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Ider	ntifler	EMS Run#				
		Hospital		Date of Death		Time of Death				
		Distracted	By Source							
		Distracted By Distracted By Action								
		Non Motorist Prior Action	nit# Location							
	SHIP									

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Crash Date 01/20/2023

		Action					
	M						
UNIT							
ר י							
	1						
		Action Other					To/From School
	£	Drug & Alcohol NO	olUse	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		
03	904	Drug Type					
		Individual Condition					
		APPEARED NORMAL					