# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|              | Document Number Override   | е                                      | Primary Crash D  | ocument #   | Agency <b>23-067</b>           | Crash Number  | Investigating DEPUTY Z                     |              |                                       |   |
|--------------|--|--|--|---|--------------------------------|---|--|--------------|---------------------------------------|---|
| 2            | Crash Date <b>06/26/2023</b>   |  | Crash Time<br>11:16 PM   |   | Date Ar<br>06/26/2             |   | Time Arrived                               |              |                                       |   |
| VZ           | Date Notified <b>06/26/2023</b>  |  | Time Notified 11:17 PM   |   | Total Ui                       | nits  | Total Injured <b>00</b>                    |              | Total Killed                          | I   |
| בי<br>בי     | On Emergency   | Hit                                    | and Run  | Lane Closu  | ire                            | Work Zone   | Trailer                                    | or T         | owed                                  | Reporting Threshold   |
| O I LUCKZNOV | Government Property  |  | Active Scl   | hool Zone   | School NO                      | Bus Related   | Tags                                       |              |                                       |   |
|              | <b>✓</b> Reportable  |  | Crash Type<br>DT4000 (STAI   | NDARD CRASH   | )                              |   | Amend                                      | ed           |                                       | Secondary Crash   |
| Ī            | Description  Diagram   |  |  |   |                                |   |  | D            |                                       | D   |
|              | NOT TO SCALE   |  |  |   |                                | W   | ĐΕ   |              | construction                          | Бу  |
|              |  |  |  |   |                                | 5   |  | DE           | tos By<br>PUTY DRI                    | Ш   |
|              |  |  |  |   |                                |   |  |              | itional Inforr<br>OTOS                | nation  |
|              | Unit 2   | 14                                     | 60   | g® Unit 2   | nit 1                          | 14  | 60   |              |                                       |   |
|              |  |  | 10   |   |                                |   |  |              |                                       |   |
|              |  |  |  |   |                                |   |  |              |                                       |   |
|              | ✓ I, a sworn law enfo  | rceme                                  | nt officer, agre   | e that I have no                                    | t added                        | any CJIS data in this   | report.                                    |              |                                       |   |
| •            | UNIT ONE TRAVELING WES<br>ONE. UNIT ONE DRIVER TI<br>ONE WAS SIDE SWIPED BY<br>UNIT ONE WERE VISIBLE A<br>AND FLED THE SCENE. UN<br>FROM THE SCENE, NO INJ | HOUGH<br>Y UNIT T<br>AND THE<br>NKNOW! | IT DRIVER OF UNI<br>FWO CAUSING MII<br>E DRIVER SIDE RE<br>N DRIVE AND, MA | IT TWO WOULD SW<br>NOR DAMAGE TO<br>EAR VIEW MIRROR | VERVE BA<br>THE DRIV<br>WAS BR | ACK INTO THE EAST BOUN<br>'ER SIDE OF UNIT ONE. SO<br>OKEN ON UNIT ONE. UNK | D LANE, HOWI<br>CUFF MARKS (<br>NOWN DAMAG | EVER<br>ON T | R UNIT TWO<br>HE DRIVER<br>O UNIT TWO | DID NOT MOVE. UNIT<br>SIDE FRONT AN REAR OF<br>WHICH DID NOT STOP |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/26/2023

|                 | Loc   | ation  |   |   |  |                             |   |   |  |   |
|-----------------|---|--|---|---|--|-----------------------------|---|---|--|---|
|                 |   | USH14 WB   |   |   |  | Latitude                    |   |   | Longitu  | de  |
|                 | 0.57  | 7 MI E   |   |   |  | 43.1909                     | 13834                                       |   | -90.161762542  |   |
|                 |   | PORTER RD  |   |   |  | X Coordin                   | ate   |   | Y Coore  | dinate                                    |
|                 |   | THE TOWN OF SPRING<br>SAUK COUNTY  | G GREEN                                   |   |  | 243080.84375 4786870        |   |   |  |   |
|                 |   | ACK COCKT  |   |   |  | Structure Type NO STRUCTURE |   |   |  |   |
|                 | Cra   | sh Scene   |   |   |  | I                           |   |   |  |   |
| 1               |   | Harmful Event  |   |   |  | Firet Harm                  | nful Event Lo                               | ocation   |  |   |
|                 |   | TOR VEH IN TRANSP  | ORT                                       |   |  | ON ROA                      |   | Joanon  |  |   |
|                 | Manner of Collision  06 - SIDESWIPE/OPPOSITE DIRECTION  Road Surface Condition(s) |  |   |   |  | Light Con                   |   |   |  |   |
|                 |   |  |   |   |  | DARK/U                      |   |   |  |   |
|                 |   |  |   |   |  | Roadway                     | Factor(s)                                   |   |  |   |
|                 | DR  | Y  |   |   |  | , ,,                        |   |   |  |   |
|                 | Envi  | ironment Factor(s)   |   |   |  |                             |   |   |  |   |
|                 | NOI   | NE   |   |   |  | NONE                        |   |   |  |   |
|                 | Wea   | ather Condition(s)   |   |   |  |                             |   |   |  |   |
|                 | CLE   | EAR  |   |   |  |                             |   |   |  |   |
|                 | Anin  | nal Type   |   |   |  | Relation T                  | o Trafficwa                                 | у   |  |   |
|                 | Cras  | ah Classification I agation  |   |   |  |                             | CWAY - O                                    |   |  |   |
|                 |   | sh Classification - Location BLIC PROPERTY   |   |   |  |                             |   | · Jurisdiction<br>RISDICTION  |  |   |
|                 | Triba   | al Land  |   |   | Access Control NO CONTRO   |                             |   | Special Stud  |  | Special Study                             |
|                 | With  | nin Interchange Area   | Junction Location                         |   | Intersection   |                             | TROL  |   |  |   |
|                 | NO  | morenange / u ou   | NON-JUNCTION                              |   |  | INTERSE                     | CTION                                       |   |  |   |
|                 |   |  |   |   | _  |                             | -   |   |  |   |
|                 | Uni   | t Summary 💻  | I   |   |  |                             |   |   |  |   |
|                 |   | t Summary Status   |   |   | erating As C   |                             |   | Unit Type   |  |   |
|                 | Unit<br>IN T  | Status<br>FRANSIT  |   | Vehicle Ope   | erating As C   |                             |   | AUTOMO  |  |   |
|                 | Unit<br>IN T<br>Vehi  | Status<br>FRANSIT<br>icle Type   |   |   | erating As C   |                             |   |   |  | ements                                    |
|                 | Unit<br>IN T<br>Vehi<br>PAS   | Status FRANSIT icle Type SSENGER CAR   | L Train/Duo # Decorded                    | D CLASS   | erating As C   | lassification               |   | AUTOMOI<br>Operating A  | s Endorse  |   |
|                 | Unit<br>IN T<br>Vehi<br>PAS   | Status<br>FRANSIT<br>icle Type   | Train/Bus # Recorded                      | D CLASS   | erating As C   | lassification               |   | AUTOMOI<br>Operating A  | s Endorse  | ements<br>zMat Types                      |
|                 | Unit IN T Vehi PAS Tota 1   | Status FRANSIT icle Type SSENGER CAR al Occs rance?  | Direction Of Travel                       | D CLASS  Total # Cita 0   | erating As C   | lassification               | Total Trail                                 | AUTOMO Operating A  | s Endorse  | zMat Types                                |
| 01              | Unit IN T Vehi PAS Tota 1   | Status FRANSIT icle Type SSENGER CAR al Occs rance?  |   | Total # Cita 0  | erating As C  ations Issued  CrashTire  Mark                       | lassification               | Total Trail                                 | AUTOMOI Operating A   | Total Ha:  Total Lar  Total Lar                                | zMat Types<br>nes                         |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES  | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance? S  tt Harmful Event: Collision  | Direction Of Travel  EASTBOUND  With      | Total # Cita 0 Pre Special Fur  | erating As C  utions Issued  CrashTire  Mark  nction               | lassification               | Total Trail  0  Speed Lin                   | AUTOMOI Operating A ers nit Emergency   | Total Ha:  0 Total Lar 2 Motor Veh                             | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES Mos  | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance? S tt Harmful Event: Collision  TOR VEH IN TRANSP  | Direction Of Travel  EASTBOUND  With      | Total # Cita 0 Pre Special Fur NO SPEC  | erating As C  ations Issued  CrashTire  Mark  nction  CIAL FUNC    | lassification               | Total Trail  0  Speed Lin                   | AUTOMOI Operating A ers  it  Emergency NOT APP  | Total Ha: 0 Total Lar 2 Motor Vel                              | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES Mos MO Traff                                   | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP fic Way   | Direction Of Travel  EASTBOUND  With  ORT | Total # Cita 0 Pre Special Fur NO SPEC  | erating As C  tions Issued  CrashTire Mark nction CIAL FUNC        | lassification               | Total Trail  0  Speed Lin                   | AUTOMOI Operating A ers  iit Emergency NOT APPI Traffic Cont  | Total Ha: 0 Total Lar 2 Motor Vel                              | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES Mos MO Traff                                   | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance? S tt Harmful Event: Collision  TOR VEH IN TRANSP  | Direction Of Travel  EASTBOUND  With  ORT | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont   | erating As C  trions Issued  CrashTire Mark  CIAL FUNC  trol  TROL | lassification               | Total Trail  0  Speed Lin                   | AUTOMOI Operating A ers  it  Emergency NOT APPI Traffic Cont  | Total Ha: 0 Total Lar 2 Motor Ver                              | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES Mos MO Traff TWO Surfa                         | Status  FRANSIT icle Type  SSENGER CAR al Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP fic Way  O-WAY, NOT DIVIDED   | Direction Of Travel  EASTBOUND  With  ORT | Total # Cita 0 Pre Special Fur NO SPEC  | erating As C  crashTire Mark motion CIAL FUNC trol FROL ature      | lassification               | Total Trail  0  Speed Lin                   | AUTOMOI Operating A ers  iit Emergency NOT APPI Traffic Cont  | Total Ha: 0 Total Lar 2 Motor Ver                              | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES MOS MO Traff TWO Surf.                         | Status  TRANSIT icle Type SSENGER CAR al Occs  rance?  St Harmful Event: Collision TOR VEH IN TRANSP fic Way O-WAY, NOT DIVIDED ace Type   | Direction Of Travel  EASTBOUND  With  ORT | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva  | erating As C  crashTire Mark motion CIAL FUNC trol FROL ature      | lassification               | Total Trail  0  Speed Lin                   | AUTOMOI Operating A ers  Emergency NOT APP Traffic Cont NO Road Grade   | Total Ha: 0 Total Lar 2 Motor Ver                              | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf. BLA                        | Status  TRANSIT icle Type  SSENGER CAR al Occs  Trance? Status  TOR VEH IN TRANSP fic Way  O-WAY, NOT DIVIDED face Type  ACKTOP (BITUMINOU  Ek Bus or HazMat   | Direction Of Travel  EASTBOUND  With  ORT | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva  | erating As C  crashTire Mark motion CIAL FUNC trol FROL ature      | lassification               | Total Trail  0  Speed Lin                   | AUTOMOI Operating A ers  Emergency NOT APP Traffic Cont NO Road Grade   | Total Ha: 0 Total Lar 2 Motor Ver                              | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf. BLA                        | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  Tance?  St Harmful Event: Collision  TOR VEH IN TRANSP fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOU  sk Bus or HazMat  | Direction Of Travel  EASTBOUND  With  ORT | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | crashTire Mark nction CIAL FUNC                                    | lassification               | Total Trail 0 Speed Lin 55                  | AUTOMOI Operating A ers  Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  | Total Ha: 0 Total Lar 2 Motor Ver LICABLE rol Inopera          | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf. BLA                        | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance? St Harmful Event: Collision  TOR VEH IN TRANSP fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOU ck Bus or HazMat  Vehicle  License Plate Number  | Direction Of Travel  EASTBOUND  With  ORT | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | crashTire Mark Inction CIAL FUNC ITROL Eature                      | lassification               | Total Trail 0 Speed Lin 55                  | AUTOMO Operating A ers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is                                 | Total Ha: 0 Total Lar 2 Motor Ver LICABLE rol Inopera          | zMat Types<br>nes<br>nicle Use            |
| 01              | Unit IN T Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf. BLA                        | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOU  ck Bus or HazMat  Vehicle  License Plate Number  ASD1518   | Direction Of Travel EASTBOUND With ORT S) | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | crashTire Mark nction CIAL FUNC                                    | lassification               | Total Trail 0 Speed Lin 55                  | AUTOMOI Operating A ers  iit  Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST                | Total Ha: 0 Total Lar 2 Motor Ver LICABLE rol Inopera          | zMat Types<br>nes<br>nicle Use            |
| UNIT 01         | Unit IN T Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf. BLA                        | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance? St Harmful Event: Collision  TOR VEH IN TRANSP fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOU ck Bus or HazMat  Vehicle  License Plate Number  | Direction Of Travel EASTBOUND With ORT S) | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | crashTire Mark Inction CIAL FUNC ITROL Eature                      | lassification               | Total Trail 0 Speed Lin 55                  | AUTOMO Operating A ers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is                                 | Total Haz  0 Total Lar 2 Motor Ver LICABLE rol Inopera         | zMat Types<br>nes<br>nicle Use            |
| UNIT 01         | Unit IN T Vehi PAS Tota 1 Insu YES MOO Traff TWO Surfa BLA                        | Status  TRANSIT icle Type  SSENGER CAR al Occs  Tance?  Status  TOR VEH IN TRANSP  TOR VEH  TOR VEH | Direction Of Travel EASTBOUND With ORT S) | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make BUICK Body Style                     | erating As C  crashTire Mark notion CIAL FUNC trol FROL ature IT   | lassification               | Total Trail 0 Speed Lin 55  St WI Year      | AUTOMOI Operating A ers  iit  Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model          | Total Haz  0 Total Lar 2 Motor Ver LICABLE rol Inopera         | zMat Types<br>nes<br>nicle Use            |
| UNIT 01         | Unit IN T Vehi PAS Tota 1 Insu YES MOO Traff TWO Surfa BLA                        | Status  TRANSIT icle Type  SSENGER CAR al Occs  Trance? Status  TOR VEH IN TRANSP  TOR VEH   | Direction Of Travel EASTBOUND With ORT S) | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AL Make BUICK Body Style SD - SEE            | erating As C  crashTire Mark notion CIAL FUNC trol FROL ature IT   | lassification               | Total Trail 0 Speed Lin 55  St WI Year      | AUTOMOI Operating A  ers  iit  Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model CENTURY | Total Haz  0 Total Lar 2 Motor Ver LICABLE rol Inopera         | zMat Types<br>nes<br>nicle Use            |
| 01 UNIT 01      | Unit IN T Vehi PAS Tota 1 InsuryES MOO Traff TWO Surfa BLA Truc NO                | Status  TRANSIT icide Type  SSENGER CAR al Occs  Trance? Status  TOR VEH IN TRANSP fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOU ck Bus or HazMat  Vehicle  License Plate Number  ASD1518  Vehicle Identification Num 2G4WS52J53118176  Color  BGE - BEIGE  Initial Contact Point  | Direction Of Travel EASTBOUND With ORT S) | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make BUICK Body Style                     | erating As C  crashTire Mark notion CIAL FUNC trol FROL ature IT   | lassification               | Total Trail 0 Speed Lin 55  St WI Year      | AUTOMOI Operating A  ers  iit  Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model CENTURY | Total Haz  0 Total Lar 2 Motor Ver LICABLE rol Inopera         | zMat Types<br>nes<br>nicle Use            |
| UNIT 01 UNIT 01 | Unit IN T Vehi PAS Tota 1 Insu YES MOO Traff TWO Surfa BLA                        | Status  TRANSIT icle Type  SSENGER CAR al Occs  Trance? Status  TOR VEH IN TRANSP  TOR VEH   | Direction Of Travel EASTBOUND With ORT S) | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make BUICK Body Style SD - SEE Vehicle Da | crashTire Mark CIAL FUNC trol FROL ature IT                        | lassification               | Total Trail 0 Speed Lin 55  St WI Year 2003 | AUTOMOI Operating A ers  Emergency NOT APPI Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model CENTURY       | Total Haz  Total Lar  Total Lar  Motor Ver LICABLE rol Inopera | zMat Types  nes  nicle Use  ative/Missing |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/26/2023

|        |               | Towed Due To Damage  | -   | Vehicle Removed By   |                       |                          |  |  |
|--------|---------------|--|---|--|-----------------------|--------------------------|--|--|
|        |               | NOT TOWED  |   |  |                       |                          |  |  |
|        |               | What Driver Was Doing  |   | Vehicle Factors  |                       |                          |  |  |
|        |               | GOING STRAIGHT   |   |  |                       |                          |  |  |
|        |               | Driver Prior Action Other  |   | NOT APPLICABLE   |                       |                          |  |  |
|        |               |  |   |  |                       |                          |  |  |
|        |               | Driver Actions   |   |  |                       |                          |  |  |
|        | щ             | NO CONTRIBUTING ACT  | TION  |  |                       |                          |  |  |
| ╘      | CL            |  |   |  |                       |                          |  |  |
| LNO    | VEHICLE       |  |   |  |                       |                          |  |  |
| _      | VE            |  |   |  |                       |                          |  |  |
|        |               |  |   |  |                       |                          |  |  |
|        |               | Owner Name   |   | Owner Address  | _                     |                          |  |  |
| 0      | 01            | OLIVIA CORY<br>(608) 485-6110  |   | 1160 N PARK S  | T<br>NTER, WI 53581,l | ıe                       |  |  |
| 0      | 0             | (000) 403-0110   |   | KICITEAND CEI  | 41 LIX, WI 55561 , X  | <b>10</b>                |  |  |
|        |               |  |   |  |                       |                          |  |  |
|        |               | Sequence Of Events   |   |  |                       |                          |  |  |
|        | 01            | Event MOTOR VEH IN TRANSP  | ORT   |  |                       |                          |  |  |
|        | 02            | Event  |   |  |                       |                          |  |  |
|        | 0             |  |   |  |                       |                          |  |  |
|        | 03            | Event  |   |  |                       |                          |  |  |
|        | 4             | Event  |   |  |                       |                          |  |  |
|        | 04            |  |   |  |                       |                          |  |  |
| ╘      | Policy Holder |  |   |  |                       |                          |  |  |
| LIND   |               | Insurance Company  | SED INCUDANCE CO  | Individual   |                       |                          |  |  |
| _      |               | PROGRESSIVE-ADVANC   | ,ED-INSURANCE-CO  | OLIVIA CORY  | OLIVIA CORT           |                          |  |  |
|        |               | Individual   |   |  |                       |                          |  |  |
|        |               | Driver OLIVIA CORY   |   |  | Citations Issued Sex  |                          |  |  |
|        | 1             | (608) 485-6110   |   |  | 0 FEMALE              |                          |  |  |
|        | INDIVIDUAL    | (****, ****  |   | Date of Birth Race WHITE   |                       |                          |  |  |
|        | M             | Address  |   | Driver License Numb  | Driver License Number |                          |  |  |
| $\neg$ |               | 1160 N PARK ST   |   | STATE: WISCONSIN COUNTRY: UNITED STATES  |                       |                          |  |  |
|        | Z             | RICHLAND CENTER, WI  | 53581 . US  |  |                       |                          |  |  |
|        |               |  | <b>-</b> , <del></del>  |  |                       |                          |  |  |
|        |               |  | ,   |  |                       |                          |  |  |
|        |               | On Dut   | ty Crash  | Safety Equipment   |                       |                          |  |  |
|        | Sat           | On Dut   |   |  |                       |                          |  |  |
|        | Sat           | fety Equipment Row   |   |  |                       |                          |  |  |
|        | Sat           | Row<br>01 - FRONT ROW  | ty Crash  | Safety Equipment SHOULDER & LA   |                       |                          |  |  |
|        | Sat           | fety Equipment Row   | ty Crash  Seat Position   | Safety Equipment   |                       |                          |  |  |
|        | Sat           | Row 01 - FRONT ROW Helmet Use  | ty Crash  Seat Position   | Safety Equipment  SHOULDER & LA  Helmet Compliance   |                       |                          |  |  |
|        | Sat           | Row<br>01 - FRONT ROW  | ty Crash  Seat Position   | Safety Equipment SHOULDER & LA   |                       |                          |  |  |
| _      |               | Row 01 - FRONT ROW Helmet Use Eye Protection   | ty Crash  Seat Position   | Safety Equipment  SHOULDER & LA  Helmet Compliance   |                       |                          |  |  |
| 10     | Sat           | Row 01 - FRONT ROW Helmet Use Eye Protection   | Seat Position 07 - LEFT   | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  | AP BELT               |                          |  |  |
| 01     |               | Row 01 - FRONT ROW Helmet Use  Eye Protection Injury S NO AR   | Seat Position 07 - LEFT  Severity PPARENT INJURY  Ejection Path                   | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | AP BELT               | Trapped/Extricated       |  |  |
| 10     |               | Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AR Ejected NOT EJECTED  | Seat Position 07 - LEFT  Severity PPARENT INJURY                                  | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | AP BELT               | NOT TRAPPED              |  |  |
| 10     |               | Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport                          | Seat Position 07 - LEFT  Severity PPARENT INJURY  Ejection Path                   | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | AP BELT               |                          |  |  |
| 01     |               | Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED          | Seat Position 07 - LEFT  Severity PPARENT INJURY  Ejection Path                   | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identific                     | AP BELT               | NOT TRAPPED<br>EMS Run # |  |  |
| 10     |               | Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport                          | Seat Position 07 - LEFT  Severity PPARENT INJURY  Ejection Path                   | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  | AP BELT               | NOT TRAPPED              |  |  |
| 10     |               | Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identification  Date of Death | AP BELT               | NOT TRAPPED<br>EMS Run # |  |  |
| 01     |               | Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AF | Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identification  Date of Death | AP BELT               | NOT TRAPPED<br>EMS Run # |  |  |

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Crash Date 06/26/2023

|             |   | _  |                           |                   |   |                  |                                     |                     |  |  |
|-------------|---|--|---------------------------|-------------------|---|------------------|-------------------------------------|---------------------|--|--|
|             |   | Non Motorist                                       | Striking Unit #           | Location          |   |                  |                                     |                     |  |  |
|             |   | Prior Action                                       |                           | l                 |   |                  |                                     |                     |  |  |
| UNIT        | INDIVIDUAL  | Action   |                           |                   |   |                  |                                     |                     |  |  |
|             |   | Action Other                                       |                           |                   |   |                  |                                     | To/From School      |  |  |
|             | 1   | Orug & Alcohol                                     | Suspected Alcohol U<br>NO | lse               | Suspected Drug Use NO                                     |                  |                                     |                     |  |  |
|             |   | Alcohol Test Given TEST NOT GIVEN                  |                           | Alcohol Test Type | <u> </u>  |                  | Alcohol Test Results                | ;                   |  |  |
|             |   | Drug Test Given TEST NOT GIVEN                     |                           | Drug Test Type    |   | Drug Test Result | s                                   |                     |  |  |
| 2           | 001   | Drug Type  |                           |                   |   |                  |                                     |                     |  |  |
|             |   | Individual Condition                               |                           |                   |   |                  |                                     |                     |  |  |
|             |   | APPEARED NORM                                      | IAL                       |                   |   |                  |                                     |                     |  |  |
|             |   | t Summary  |                           |                   |   |                  | T                                   |                     |  |  |
|             |   | Status AND RUN                                     |                           |                   | Vehicle Operating As Classification  Unit Type AUTOMOBILE |                  |                                     |                     |  |  |
|             |   | cle Type   |                           | ام ا              | CLASS   |                  | Operating As Endorsements           |                     |  |  |
| 05          |   | ORT) UTILITY VEHI                                  | CLE                       |                   |   |                  |                                     |                     |  |  |
|             | _   | l Occs   | Train/Bus # Re            | corded To         | otal # Citations Issued                                   | Total Trai       | lers Total H                        | azMat Types         |  |  |
| _           |   | Insurance? Direction Of Travel UNKNOWN EASTBOUND   |                           |                   | Pre CrashTire Speed Mark 55                               |                  | nit Total La                        | anes                |  |  |
| L<br>L<br>N | Most Harmful Event: Collision With  MOTOR VEH IN TRANSPORT  Traffic Way |  |                           |                   | necial Function   | <b>.</b>         | Emergency Motor Vehicle Use UNKNOWN |                     |  |  |
|             |   |  |                           |                   | raffic Control  |                  | Traffic Control Inoperative/Missing |                     |  |  |
|             | TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS)                 |  |                           |                   | O CONTROL oad Curvature                                   |                  | NO Road Grade                       |                     |  |  |
|             |   |  |                           |                   | TRAIGHT   |                  | LEVEL                               |                     |  |  |
|             | Truc<br><b>NO</b>   | k Bus or HazMat                                    |                           | •                 |   |                  | 1                                   |                     |  |  |
|             | ,   | Vehicle  |                           |                   |   |                  |                                     |                     |  |  |
|             |   | License Plate Number                               |                           |                   | Plate Type  | St St            |                                     | Country of Issuance |  |  |
| 05          | 05  | Vehicle Identification Number                      |                           |                   | Make Year   |                  | Model                               |                     |  |  |
|             |   | Color  |                           | E                 | Body Style  |                  | Bus Use                             |                     |  |  |
| _           | Щ   | Initial Contact Point                              | CODNED                    | V                 | /ehicle Damage  |                  | ·                                   | 7 8 9 10 11         |  |  |
| LIND        | VEHICLE   | Extent Of Damage                                   |                           |                   | 16 - VEHICLE NOT AT                                       | SCENE            |                                     | 6                   |  |  |
|             | >   | VEHICLE NOT AT SCENE Towed Due To Damage NOT TOWED |                           |                   | /ehicle Removed By  |                  |                                     |                     |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/26/2023

| _         |            |                            |                             |                                   |      |                |  |  |
|-----------|------------|----------------------------|-----------------------------|-----------------------------------|------|----------------|--|--|
|           |            | What Driver Was Doing      |                             | Vehicle Factors                   |      |                |  |  |
|           |            | Driver Prior Action Other  | UNKNOWN                     |                                   |      |                |  |  |
|           |            |                            |                             |                                   |      |                |  |  |
|           | ш          | Driver Actions UNKNOWN     |                             |                                   |      |                |  |  |
| ⊨ ا       | VEHICLE    |                            |                             |                                   |      |                |  |  |
| LINO<br>N | ᇤ          |                            |                             |                                   |      |                |  |  |
|           | >          |                            |                             |                                   |      |                |  |  |
|           |            | Owner Name                 |                             | Owner Address                     |      |                |  |  |
| 05        | 02         |                            |                             | , ,                               |      |                |  |  |
|           |            |                            |                             |                                   |      |                |  |  |
|           | ,          | Sequence Of Events         |                             |                                   |      |                |  |  |
|           | 01         | Event MOTOR VEH IN TRANSPO | ORT                         |                                   |      |                |  |  |
|           | 02         | Event CROSS CENTERLINE     |                             |                                   |      |                |  |  |
|           | 03         | Event MOTOR VEH IN TRANSPO | DRT                         |                                   |      |                |  |  |
|           | 04         | Event                      |                             |                                   |      |                |  |  |
|           |            | Individual                 |                             |                                   |      |                |  |  |
|           |            | Driver                     |                             | Citations Issued                  | Sex  |                |  |  |
|           | ۸L         | UNKNOWN UNKNOWN            |                             | 0                                 | Race |                |  |  |
| _         | DO,        |                            |                             | Date of Birth                     | Tube |                |  |  |
| END<br>D  | INDIVIDUAL | Address                    |                             | Driver License Number             |      |                |  |  |
| _         | N N        | , ,                        |                             |                                   |      |                |  |  |
|           |            |                            |                             |                                   |      |                |  |  |
|           | Sat        | On Duty fety Equipment     | Crash                       | Safety Equipment                  |      |                |  |  |
|           |            | Row                        | Seat Position               | NONE USED - VEHICLE OCCUPANT      |      |                |  |  |
|           |            | 99 - UNKNOWN               |                             |                                   |      |                |  |  |
|           |            | Helmet Use                 |                             | Helmet Compliance                 |      |                |  |  |
|           |            | Eye Protection             |                             | Tint Compliance                   |      |                |  |  |
| 05        | 002        | Injury Se                  | verity                      | Airbag                            |      |                |  |  |
|           | 0          | Ejected NO APR             | PARENT INJURY Ejection Path | NOT APPLICABLE Trapped/Extricated |      |                |  |  |
|           |            | =                          | NOT EJECTED/NOT APP         | LICABLE                           |      | NOT APPLICABLE |  |  |
|           |            | Medical Transport          |                             | EMS Agency Identifier             |      | EMS Run #      |  |  |
|           |            | NOT TRANSPORTED  Hospital  |                             | Date of Death                     |      | Time of Death  |  |  |
|           |            | •                          |                             |                                   |      |                |  |  |
|           | ·          | Distracted By              | d By Source                 |                                   |      |                |  |  |
|           |            | Distracted By Action       |                             |                                   |      |                |  |  |
|           |            | Non Motorist Striking U    | Jnit # Location             |                                   |      |                |  |  |
|           |            | Prior Action               | ·                           |                                   |      |                |  |  |
|           |            |                            |                             |                                   |      |                |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/26/2023

|            |            | Action               |                   |                    |                   |                      |                |
|------------|------------|----------------------|-------------------|--------------------|-------------------|----------------------|----------------|
|            |            |                      |                   |                    |                   |                      |                |
|            | 7          |                      |                   |                    |                   |                      |                |
| ١.         | ٩          |                      |                   |                    |                   |                      |                |
| l <u>⊨</u> | ם          |                      |                   |                    |                   |                      |                |
| LNO        | 5          |                      |                   |                    |                   |                      |                |
| –          | INDIVIDUAL |                      |                   |                    |                   |                      |                |
|            | Z          |                      |                   |                    |                   |                      |                |
|            |            |                      |                   |                    |                   |                      |                |
|            |            |                      |                   |                    |                   |                      |                |
|            |            | Action Other         |                   |                    |                   |                      | To/From School |
|            |            |                      |                   |                    |                   |                      | ·              |
|            |            | Suspected Alcohol U  | leo.              | Suspected Drug Use |                   |                      |                |
|            |            | Drug & Alcohol       | J36               | Suspected Drug Ose |                   |                      |                |
|            |            |                      | •                 |                    |                   |                      |                |
|            |            | Alcohol Test Given   | Alcohol Test Type |                    |                   | Alcohol Test Results |                |
|            |            | TEST NOT GIVEN       |                   |                    |                   |                      |                |
| İ          |            | Drug Test Given      | Drug Test Type    |                    | Drug Test Results |                      |                |
|            |            | TEST NOT GIVEN       |                   |                    |                   |                      |                |
|            | 7          | Drug Type            | 1                 |                    |                   |                      |                |
| 02         | 002        | 3 71                 |                   |                    |                   |                      |                |
|            |            |                      |                   |                    |                   |                      |                |
| l          |            | Individual Condition |                   |                    |                   |                      |                |
|            |            |                      |                   |                    |                   |                      |                |
|            |            | NOT OBSERVED         |                   |                    |                   |                      |                |
|            |            |                      |                   |                    |                   |                      |                |