6TL0CTJN3V

23-08100

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

						. ,		
Document Number Override	Primary Crash	•	ncy Crash Number)8100	Investigating Officer/Deputy DEPUTY A. KULAS				
Crash Date 07/28/2023	Crash Time 05:38 PM		Arrived 28/2023	Time Arrived 08:43 PM				
Crash Date 07/28/2023 Date Notified 07/28/2023 On Emergency	Time Notified 08:43 PM	Tota 02	I Units	Total Injured 07	Total Kille	ed		
On Emergency	Hit and Run	✓ Lane Closure	Work Zone	Trailer o	Towed	Reporting Threshold		
Government Property	Active So	chool Zone School NO	ool Bus Related	Tags				
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amendeo	1	Secondary Crash		
Description								
Diagram				R	econstruction	n By		
	not to scal	e						
				F	hotos By			
		1		F	KULAS			
	$- \psi$				dditional Infa	mation		
sth 33	AS S	01		Ń	dditional Info IONE, PHO	TOS		
	Š/ M	Y						
	151	STOP						
	cth u							
	1							
	1							
	I							
		I						
✓ I, a sworn law enfore	cement officer, agr	ee that I have not add	led any CJIS data in t	his report.				
UNIT 1 WAS SOUTH BOUND ON STH 33 AND T BONED U	ON CTH U. UNIT 1 HAD	A STOP SIGN. UNIT 1 PL	JLLED OUT FROM THE ST	OP SIGN IN FRONT				
WITNESS ADVISED UNIT 1 P								

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 1 of 11

23-08100

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

L	.oca	tion									
ſ	ON C	CTHU SB					Latitude			Longitu	ıde
	5 FT						43.50310	07929		-89.63	3313953
		STH33 WB IE TOWN OF FAIRFIE					X Coordin			Y Coor	
							287118.4			48200	55.5
							Structure				
L							NUSIR	UCTURE			
		h Scene									
		larmful Event	D.D.T.					nful Event L	ocation		
	-	OR VEH IN TRANSPO er of Collision	JRI				ON ROA				
							Light Con DAYLIG				
	-	Surface Condition(s)					Roadway				
	DRY	(
ŀ	Enviro	nment Factor(s)					-				
	NON	E					NONE				
╞	Weath	er Condition(s)					1				
	CLOU	YDL									
┢	Anima	І Туре					Relation T	o Trafficwa	ay		
							TRAFFIC	CWAY - C	N ROAD		
		Classification - Location							Jurisdiction		
	PUBL Tribal						NO SPE		RISDICTION		Special Study
	mbai	Lanu						L CONTR	OL		Special Study
		Interchange Area	Junction Location			Intersection					
	NO		INTERSECTION		-		SECTION				
		re Type . CLOSURE			Reaso	ons for Clos	ure				
		nitial Lane/Rd Closed	Time Initial Lane/Rd Close	ed	LAW	ENFORC	EMENT. T	OW TRU	CK, FIRE/EI	NS	
		/2023	05:38 PM				,		-, -		
	Date A	All Lanes Open	Time All Lanes Open		Date S	Scene Clea	red	Ti	me Scene Cle	ared	
	07/28	/2023	06:50 PM		07/28	/2023		06	6:50 PM		
		Summary									
	Unit S					erating As C	Classification	1	Unit Type		
		EXANSIT e Type		DC	LASS				AUTOMO Operating A		amonte
		SENGER VAN									Unonto
	Total C		Train/Bus # Recorded	Tota	I # Citat	ions Issued	ł	Total Tra	ilers	Total Ha	zMat Types
	6			2				0		0	
	Insura YES	nce?	Direction Of Travel		Pre	CrashTire	9	Speed Li	mit	Total La 2	nes
L		Harmful Event: Collision V	Vith		cial Fun	Mark ction		55	Emergency		hicle Use
		OR VEH IN TRANSPO				IAL FUNG	CTION		NOT APP		
	Traffic			Traff	ic Cont	rol			Traffic Con	trol Inoperation	ative/Missing
		WAY, NOT DIVIDED			P SIG				NO		
			<u> </u>						Road Grad	e	
		CKTOP (BITUMINOUS Bus or HazMat	ופ	516	RAIGH	1			LEVEL		
	NO										
	V	ehicle									
		License Plate Number			te Type			St	Country of Is		
		DQ70637				томові	LE	IL	UNITED S	TATES	
	-	Vehicle Identification Num 5TDZK23CX7S01730		Mal TO	^{ke} YOTA			Year 2007	Model HIGHLAN	DER	
	-	51 DENESON 1 SUI / SU	•	10				2001			

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Color TAN - TAN		Body Style MV - MINI VAN		Bus Use		
	щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11	
UNIT	Ę	09 - LEFT SIDE MIDDLE Extent Of Damage		15 - ALL AREAS			6 1 2	
>	VEHICLE	DISABLING DAMAGE					5 4 3 2 1	
		Towed Due To Damage		Vehicle Removed By				
		TOWED DUE TO DISABL What Driver Was Doing		CRAIGS TOWING Vehicle Factors				
		ENTERING TRAFFIC LAN	IE					
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions FAILED TO YIELD RIGHT						
⊢	VEHICLE	FAILED TO HELD RIGHT	-OF-WAT					
UNIT	Ĭ							
	۳							
		Owner Name		Owner Address				
2	6	JAIME MERINO (312) 792-6297		5505 W SCHUBER CHICAGO, IL 6963				
	-							
		Sequence Of Events		•				
	6	Event MOTOR VEH IN TRANSP	ORT					
	02	Event OVERTURN/ROLLOVER						
	03	Event						
	04	Event						
⊢⊢	i i	Policy Holder						
UNIT		Insurance Company FRED LOYA		Individual JAIME MERINO				
	i i	Individual		•				
		Driver JAIME MERINO		Citations Issued	Sex			
	IAL	(312) 792-6297		2 Date of Birth	MALE Race			
E	DIVIDUAL				HISPANIC			
UNIT	B	Address 5505 W SCHUBERT AVE	BSMT	Driver License Number				
	Z	CHICAGO, IL 69639, US						
		On Duty	/ Crash	Safety Equipment				
	Saf	fety Equipment		Callety Equipment				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT			
		Helmet Use	-	Helmet Compliance				
		Eye Protection		Tint Compliance				
2	001	Injury S Injury SUSPE	ECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP	TAPPLICABLE TRAPPED/EXTRICATED				
		Medical Transport EMS GROUND		EMS Agency Identifier EMS Run # 6000368				
						I	ata 07/28/2022	

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 3 of 11

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23-08100

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

							. ,
		Hospital ST CLARE HOSP		Date of Death		Time of Death	
		Distracted By	By Source				
		Distracted By Action					
		Non Motorist	t # Location				
		Prior Action	I				
		Action					
UNIT	INDIVIDUAL						
		Action Other					To/From School
	L	Drug & Alcohol NO	Alcohol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Typ	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
5	001	Drug Type	I				
	0						
		Individual Condition APPEARED NORMAL					
		ndividual					
		Passenger ALEJANDRO MERINO		Citations Issued	Sex MALE		
	NAL	(312) 792-5235		Date of Birth	Race HISPANIC		
UNIT	INDIVIDUAL	Address		Driver License Number			
5	IND	5505 W SCHUBERT AVE BS CHICAGO, IL 60639 , US	МТ				
	Sat	On Duty Cra Fety Equipment	ash	Safety Equipment			
	••••	Row	Seat Position	SHOULDER & LAP	BELT		
		01 - FRONT ROW Helmet Use	09 - RIGHT	Helmet Compliance			
		Eye Protection		Tist Compliance			
				Tint Compliance			
6	002	Injury Sever SUSPECT	ity TED SERIOUS INJUR	Airbag DEPLOYED-FRONT			
			ection Path OT EJECTED/NOT APP			Trapped/Extricated NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		EMS GROUND Hospital		6000368 Date of Death Time of Death			
		ST CLARE HOSP					

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 4 of 11

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	d By Source					
		Distracted By Action						
		Non Motorist	Jnit # Lo	cation				
		Prior Action						
		Action						
	۲							
UNIT	INDIVIDUAL							
5	DIV							
	R							
		Action Other						To/From School
	L	Drug & Alcohol NO	ed Alcohol Use		Suspected Drug Use NO			
		Alcohol Test Given	Al	cohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given	Dr	ug Test Type		Drug Test Results	\$	
	5	TEST NOT GIVEN Drug Type						
5	002	2.09.700						
		Individual Condition						
		APPEARED NORMAL						
		ndividual						
		Passenger MARIA DEL ROSARIO GA	RCIA		Citations Issued	Sex FEMALE		
	INDIVIDUAL	(312) 792-6297			Date of Birth	Race HISPANIC		
UNIT	<u>N</u>	Address			Driver License Number			
5	IND	5505 W SCHUBERT AVE E CHICAGO, IL 69639, US	BSMT					
	Saf	ety Equipment	Crash		Safety Equipment			
		Row	Seat Positio		SHOULDER & LAP	BELT		
		02 - SECOND ROW Helmet Use	08 - MIDD	LE	Helmet Compliance			
		Eye Protection			Tint Compliance			
			vority		-			
2	003		CTED MINOR	INJURY	Airbag NON DEPLOYED			
		-	Ejection Path NOT EJECTE	ED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND			EMS Agency Identifier 6000368		EMS Run #	
		Hospital			Date of Death Time of Death			
		ST CLARE HOSP	d By Source					
A/:		Distracted By		This report	t does not include any CJ	IS data	Crach Data	07/28/2023
VISCO	JUSID N	Aotor Vehicle Crash		inis report	accontrolute any CJ	o data.	Urash Dale	0112012020

Form DT4000

his report does not include any CJIS data 5 of 11

WISCONSIN MOTOR VEHICLE CRASH REPORT

								. ,			
		Distracted By Action									
		Non Motorist	Unit #	Location							
		Prior Action		1							
		Action									
	AL										
╘	Ы										
UNIT	Σ										
	INDIVIDUAL										
	-										
		Astiss Other						To/Form Onload			
		Action Other						To/From School			
		Suspec	ted Alcohol l	Jse	Suspected Drug Use						
	-	Drug & Alcohol NO			NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results				
		Drug Test Given		Drug Test Type		Drug Test Results					
		TEST NOT GIVEN				Drug rest results					
2	003	Drug Type		•		•					
0	•										
		Individual Condition									
		APPEARED NORMAL									
		ndividual			<u>.</u>						
		Passenger FERNANDO FERNANDE	z		Citations Issued 0	Sex MALE					
	INDIVIDUAL	(312) 792-6297			Date of Birth	Race					
Ę	Į					HISPANIC					
UNT	B	Address 5505 W SCHUBERT AVE	BSMT		Driver License Number						
	Z	CHICAGO, IL 69639, US									
	Sat	fety Equipment	y Crash		Safety Equipment						
		Row	Seat Po	osition	SHOULDER & LAP	BELT					
		02 - SECOND ROW	07 - LI	EFT							
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
5	004	Injury S Injury SUSP		RIOUS INJUR	Airbag NON DEPLOYED						
	0	Ejected	Ejection Pa		NON DEPLOTED		Trapped/Extricated				
		NOT EJECTED	-	CTED/NOT APP	LICABLE		NOT TRAPPED				
		Medical Transport	•		EMS Agency Identifier		EMS Run #				
		EMS GROUND Hospital			6000368 Date of Death		Time of Death				
		ST CLARE HOSP									
		Distracted By	ed By Sourc	e							
		Distracted By Action									

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 6 of 11

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

		Non Motorist	Striking Unit #	Location				
		Prior Action						
ł		Action						
	AL							
E	DO							
UNIT	≣							
-	INDIVIDUAL							
	=							
		Action Other						To/From School
			Suspected Alco	hol Llee	Suspected Drug Use			
	-	Drug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type	9		Alcohol Test Results	
		TEST NOT GIVEN	I					
		Drug Test Given TEST NOT GIVEN	1	Drug Test Type		Drug Test Results	5	
	-+	Drug Type						
2	004	Diug Type						
		Individual Condition						
		APPEARED NOR	MAL					
		L						
		Individual Passenger			Citations Issued	Sex		
		MELINA MERINO			0	FEMALE		
	M	(312) 792-6297			Date of Birth	Race		
E	INDIVIDUAL					HISPANIC		
UNT	S	Address 5505 W SCHUBE	RT AVE BSMT		Driver License Number	r		
	Z	CHICAGO, IL 696						
	Car	l fatis Equipment	On Duty Crash		Safety Equipment			
	Sai	fety Equipment						
		Row 06 -UNKNOWN R		at Position - LEFT	SHOULDER & LAP	BELT		
		Helmet Use	01		Helmet Compliance			
					riemet compilation			
		Eye Protection			Tint Compliance			
			Injury Severity		Airban			
5	005	Injury		MINOR INJURY	Airbag NON DEPLOYED			
		Ejected		on Path			Trapped/Extricated	
		NOT EJECTED	NOT	EJECTED/NOT APP			NOT TRAPPED	
		Medical Transport			EMS Agency Identifier		EMS Run #	
		EMS GROUND Hospital			6000368 Date of Death		Time of Death	
		ST CLARE HOSP			Date of Death		Time of Death	
		Distance of Du	Distracted By S	ource				
		Distracted By						
		Distracted By Action						
		L	Striking Unit #	Location				
		Non Motorist						
ı Wisc	onsin I	Motor Vehicle Crash		This report	rt does not include any C	JIS data.	Crash Date	07/28/2023
Form	DT40	00			7 of 11		Crash Time	05:38 PM

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

		Prior Action						
		Action						
	JAL							
UNIT	INDIVIDUAL							
-	Q							
		Action Other						To/From School
		Drug & Alcohol NO	ed Alcohol I	Jse	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type)		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	5	
2	005	Drug Type		1		1		
		Individual Condition						
		APPEARED NORMAL						
		Individual						
	_	Passenger ABRIL MERINO			Citations Issued 0			
⊢	INDIVIDUAL	(312) 792-6297			Date of Birth	Race HISPANIC		
UNIT	DIVI	Address 5505 W SCHUBERT AVE B	BSMT		Driver License Number	1		
	Z	CHICAGO, IL 69639, US						
	Sat	fety Equipment	Crash		Safety Equipment			
		Row 06 -UNKNOWN ROW	Seat Po 09 - R		SHOULDER & LAP	BELT		
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
2	900		CTED MI	NOR INJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Pa	ath CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #	
		Hospital			Date of Death		Time of Death	
		Distracted By	d By Sourc	е				
		Distracted By Action						
		Non Motorist	Jnit #	Location				
		Prior Action						
	onsin I n DT40	Motor Vehicle Crash 00		This repor	t does not include any CJ 8 of 11	IS data.	Crash Date Crash Time	

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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UNIT	INDIVIDUAL	Action Action Other										To/From School
		Action Other										
1	,	Drug & Alcohol	Sus	pected Alcoho	ol Use		Suspected Drug Use					I
	-	-	NU				NO				Desults	
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	/pe				Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type	e		Drug	Test Results			
2	900	Drug Type			1							
		Individual Condition										
		APPEARED NORM	IAL									
	1	Violations										
	01	UTC Number BG941897	lssu 001		Statute Number 343.05(3)(a)		Description OPERATE W/O VAL	ID LIC	ENSE (1S		DN)	
	02	UTC Number BG041898	lssu 001		Statute Number 346.18(3)		Description FAIL/YIELD RIGHT/	WAY F	ROM STO	P SIGN		
		t Summary										
		Status RANSIT					ehicle Operating As Class CLASS	ification		Unit Type AUTOMO		
		cle Type				U	CLASS			Operating A		nents
02	PAS	SENGER CAR										
	Total 1	l Occs		Train/Bus #	Recorded	Тс 0	otal # Citations Issued		Total Traile 0	ers	Total Hazl	Mat Types
	Insur YES	ance?		Direction Of WESTBO			Pre CrashTire		Speed Lim 55	it	Total Lane	S
UNIT		Harmful Event: Collisio	on W			∟ Sp	Decial Function		55	Emergency		cle Use
		TOR VEH IN TRANS					O SPECIAL FUNCTIO	N		NOT APP		
1		ic Way D-WAY, NOT DIVIDI	FD				affic Control O CONTROL			Traffic Cont NO	rol Inoperati	ve/Missing
		ace Type					bad Curvature			Road Grade	•	
		CKTOP (BITUMING	DUS)		S	TRAIGHT			LEVEL		
	Trucl	k Bus or HazMat										
		Vehicle										
		License Plate Number	r				Plate Type		St	Country of Is		
		ADV7917					UT - AUTOMOBILE		WI	UNITED ST	ATES	
02	02	Vehicle Identification I 1G1ZE5ST3GF241					/lake CHEVROLET		Year 2016	Model MALIBU		
	-	Color					Body Style			Bus Use		
		BLU - BLUE				S	SD - SEDAN					
		Initial Contact Point 12 - FRONT										7 8 9 10 11
						1						6 12 5 4 3 2 1

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 9 of 11

Crash Time 05:38 PM

Crash Date 07/28/2023

23-08100

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	щ		Γ	/ehicle Damage				
UNIT	VEHICLE	Entert Of Demonstra		15 - ALL AREAS				
5	Ē	Extent Of Damage DISABLING DAMAGE		15 - ALL AREAS				
	>	Towed Due To Damage	1	/ehicle Removed By				
		TOWED DUE TO DISABLING		CRAIGS TOWING				
		What Driver Was Doing	`	/ehicle Factors				
		GOING STRAIGHT Driver Prior Action Other	,	NOT APPLICABLE				
		Diver Filor Action Other						
		Driver Actions NO CONTRIBUTING ACTIO	N					
⊢	VEHICLE	NO CONTRIBUTING ACTION						
UNIT	₽							
	Ň							
		A W						
		Owner Name EUGENE BIESEK		Owner Address 901 MOORE ST #	3			
02	02	(608) 697-9192		BARABOO, WI 53	913 , US			
		Sequence Of Events						
	6	Event MOTOR VEH IN TRANSPOR	RT					
	02	Event						
		Event						
	03	-						
	6	Event						
		Policy Holder						
E								
INC		Insurance Company		Individual				
UNIT		Insurance Company GEICO-CASUALTY-CO		Individual EUGENE BIESEK				
UNIT		Insurance Company GEICO-CASUALTY-CO Individual		EUGENE BIESEK	Sex			
UNIT		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK			Sex MALE			
UNIT		Insurance Company GEICO-CASUALTY-CO Individual Driver		EUGENE BIESEK	MALE Race			
		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192		Citations Issued 0 Date of Birth	MALE Race WHITE			
UNIT UNIT		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3		Citations Issued	MALE Race WHITE			
		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address		Citations Issued 0 Date of Birth	MALE Race WHITE			
		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US		Citations Issued 0 Date of Birth Driver License Number	MALE Race WHITE			
	INDIVIDUAL	Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3		Citations Issued 0 Date of Birth	MALE Race WHITE			
	INDIVIDUAL	Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US		Citations Issued 0 Date of Birth Driver License Number	MALE Race WHITE			
	INDIVIDUAL	Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW	rash	EUGENE BIESEK Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	MALE Race WHITE			
	INDIVIDUAL	Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row	rash Seat Position	Citations Issued 0 Date of Birth Driver License Number Safety Equipment	MALE Race WHITE			
	INDIVIDUAL	Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW	rash Seat Position	EUGENE BIESEK Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	MALE Race WHITE			
UNIT		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	rash Seat Position 07 - LEFT	EUGENE BIESEK Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	MALE Race WHITE			
UNIT	INDIVIDUAL	Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC	rash Seat Position 07 - LEFT rity TED MINOR INJURY	EUGENE BIESEK Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	MALE Race WHITE BELT			
UNIT		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC Ejected Ej NOT EJECTED N	rash Seat Position 07 - LEFT	EUGENE BIESEK Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRON	MALE Race WHITE BELT	Trapped/Extricated NOT TRAPPED		
UNIT		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC Ejected	rash Seat Position 07 - LEFT Prity TED MINOR INJURY ection Path	EUGENE BIESEK Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRON	MALE Race WHITE BELT			
UNIT		Insurance Company GEICO-CASUALTY-CO Individual Driver EUGENE BIESEK (608) 697-9192 Address 901 MOORE ST #3 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPEC Ejected Ej NOT EJECTED N Medical Transport	rash Seat Position 07 - LEFT Prity TED MINOR INJURY ection Path	EUGENE BIESEK Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRON LICABLE EMS Agency Identifier	MALE Race WHITE BELT	NOT TRAPPED		

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 10 of 11

WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Distracted By	Distracted By Source	9				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
UNIT	INDIVIDUAL							
	IDN							
	-							
		Action Other						To/From School
			Suspected Alcohol U	92	Suspected Drug Use			
	L	Drug & Alcohol	NO		NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
03	007	Drug Type						
	0							
		Individual Condition						
		APPEARED NORM	MAL					
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	Indiv				Address			Date of Birth
01	TOE				W10898 TIPPERARY I POYNETTE, WI 53955		ľ	
WITN	(000	J J00-4420			FOINEITE, WI 53955	,03		
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