## 6TL0CBQ6SC

23-12902

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|            | Document Number Override   |                     | Primary Crash D                | Oocument#                           | Agency <b>23-129</b>    | Crash Number                               | Investigating DEPUTY A              |                                     |   |  |  |
|------------|--|---------------------|--------------------------------|-------------------------------------|-------------------------|--|-------------------------------------|-------------------------------------|---|--|--|
| ر<br>ر     | Crash Date 12/01/2023  |                     |                                |                                     | Date Arrived 12/01/2023 |  | Time Arrived 06:05 PM               |                                     |   |  |  |
| ol Euchago | Date Notified <b>12/01/2023</b>  |                     | Time Notified 05:59 PM         |                                     | Total Ur<br><b>02</b>   | nits                                       | Total Injured <b>00</b>             | Total Kille                         | d                                       |  |  |
| 3          | On Emergency   | Hit                 | and Run                        | Lane Closu                          | ıre                     | Work Zone                                  | Trailer                             | or Towed                            | Reporting Threshold                     |  |  |
|            | Government Property  |                     |                                | hool Zone                           | School NO               | Bus Related                                | Tags                                |                                     |   |  |  |
|            | <b>✓</b> Reportable  |                     | Crash Type DT4000 (STA         | NDARD CRASH                         | )                       |  | Amend                               | ed                                  | Secondary Crash                         |  |  |
|            | Description =  |                     |                                |                                     |                         |  |                                     | <u> </u>                            |   |  |  |
|            | Diagram  O2  | NOT                 | TO SCALE                       |                                     |                         |  |                                     | Photos By DEPUTY A. Additional Info | JAHNKE #9182                            |  |  |
|            |  |                     |                                |                                     |                         |  |                                     |                                     |   |  |  |
|            | I, a sworn law enformation of the control of the co | RKED IN<br>K UNIT 1 | THE ALLEYWAY.<br>CAUSING MINOF | UNIT 2 BEGAN BA<br>R DAMAGE. UNIT 2 | CKING FR                | ROM A PARKED POSITI<br>JED TO LEAVE THE SC | ON. UNIT 2 CONTI<br>ENE CLAIMING TO | NUED TO BACK<br>NOT HAVE HIT        | AFTER OBSERVING UNIT<br>THE VEHICLE NOR |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/01/2023

|           | Loca   | alion  |  |   |  |                              |  |   |  |   |
|-----------|--|--|--|---|--|------------------------------|--|---|--|---|
| ł         | ON A   | ALLEY N LEXINGTON  | N ST   |   |  | Latitude                     |  |   | Longitud   | de  |
|           | 106 F  | FT S   |  |   |  | 43.17756                     | 3302   |   | -90.067  | 981463  |
|           |  | MONROE ST  |  |   |  | X Coordina                   | ate  |   | Y Coord  | linate  |
|           | (OTH   | HER ALLEY)   |  |   |  | 250647.4                     |  |   | 478510   |   |
|           | INI TL   | HE VILLAGE OF SDD  | INC CREEN  |   |  | Structure 7                  |  |   | 1  |   |
|           |  | HE VILLAGE OF SPR<br>AUK COUNTY  | ING GREEN  |   |  | OTHER                        | туре   |   |  |   |
|           |  |  |  |   |  | OTTLEN                       |  |   |  |   |
| (         | Cras   | sh Scene   |  |   |  |                              |  |   |  |   |
| 1         | First F  | Harmful Event  | First Harm   | ful Event L   | ocation  |                              |  |   |  |   |
|           | PARKED MOTOR VEHICLE   |  |  |   |  |                              | DWAY   |   |  |   |
|           | Mann   | ner of Collision   |  |   | Light Cond   | dition                       |  |   |  |   |
|           | 05 - REAR TO SIDE  |  |  |   |  | DARK/LI                      |  |   |  |   |
|           |  | Surface Condition(s)   |  |   |  | Roadway                      |  |   |  |   |
|           |  |  |  |   |  | rtodaway                     | 1 40101(3)                                   |   |  |   |
|           | DRY  |  |  |   |  |                              |  |   |  |   |
|           | Enviro   | onment Factor(s)   |  |   |  |                              |  |   |  |   |
|           | NON  | IE   |  |   |  | NONE                         |  |   |  |   |
|           | NON  | i E  |  |   |  | NONL                         |  |   |  |   |
|           | Weatl  | her Condition(s)   |  |   |  |                              |  |   |  |   |
|           | CLE  | AR   |  |   |  |                              |  |   |  |   |
|           |  |  |  |   |  |                              |  |   |  |   |
|           | Anima  | al Type  |  |   |  | o Trafficwa                  | =  |   |  |   |
|           |  |  |  |   |  | TRAFFIC                      | WAY - O                                      | N ROAD  |  |   |
|           | Crash  | n Classification - Location  | 1  |   |  | Crash Clas                   | ssification -                                | Jurisdiction  |  |   |
|           | PUB  | LIC PROPERTY   |  |   |  | NO SPE                       | CIAL JUR                                     | ISDICTION   |  |   |
|           | Tribal   | l Land   |  |   |  | Access Control Special Study |  |   |  |   |
|           |  |  |  |   |  | NO CON                       | TROL   |   |  |   |
|           | Withir   | n Interchange Area   | Junction Location  |   | Intersectio  | n Type                       |  |   |  | •   |
|           | NO   |  | NON-JUNCTION   |   | NOT AN   | INTERSE                      | CTION  |   |  |   |
|           | Init   | Summary =  |  |   |  |                              |  |   |  |   |
|           |  |  |  | Vehicle One   | arating As Cl  | assification                 |  | Linit Type  |  |   |
|           |  | Unit Status Vehicle Operating As C   |  |   |  |                              | - 31   |   |  |   |
|           |  | LEGALLY PARKED D CLASS   |  |   |  |                              |  | AUTOMOR   | ) II E   |   |
|           |  |  |  | D CLASS   |  |                              |  | AUTOMOE   |  |   |
| 71        | Vehic  | cle Type   |  | D CLASS   |  |                              |  | AUTOMOE<br>Operating A  |  | ments   |
| 01        | Vehic<br>(SPC  | cle Type<br>DRT) UTILITY VEHICI  |  |   |  |                              |  | Operating A   | s Endorsei   |   |
| 01        | Vehic<br>(SPC  | cle Type<br>DRT) UTILITY VEHICI  | LE<br>Train/Bus # Recorded   | Total # Cita  | tions Issued   |                              | Total Trai                                   | Operating A   | s Endorsei<br>Total Haz                                  | ments<br>Mat Types                                |
| 01        | Vehic<br>(SPC<br>Total   | cle Type  DRT) UTILITY VEHICL  Occs  | Train/Bus # Recorded   |   |  |                              | Total Trai                                   | Operating A   | s Endorsei<br>Total Haz<br><b>0</b>                      | Mat Types   |
| 01        | Vehic<br>(SPC)<br>Total<br>1   | cle Type  DRT) UTILITY VEHICL  Occs  ance?   | Train/Bus # Recorded  Direction Of Travel                          | Total # Cita  |  |                              | Total Trai  0  Speed Lir                     | Operating A   | Total Haz  Total Lan                                     | Mat Types   |
|           | Vehic<br>(SPC<br>Total<br>1<br>Insura<br>YES   | cle Type DRT) UTILITY VEHICL Occs ance?  | Train/Bus # Recorded  Direction Of Travel  SOUTHBOUND              | Total # Cita 0 Pre  | tions Issued  CrashTire  Mark  |                              | Total Trai                                   | Operating A   | Total Haz  Total Lan  Total Lan                          | Mat Types<br>es                                   |
|           | Vehic<br>(SPC<br>Total<br>1<br>Insura<br>YES   | cle Type  DRT) UTILITY VEHICL  Occs  ance?   | Train/Bus # Recorded  Direction Of Travel  SOUTHBOUND              | Total # Cita 0 Pre Special Fun  | tions Issued  CrashTire Mark   |                              | Total Trai  0  Speed Lir                     | Operating A   | Total Haz  Total Lan  Total Lan  Motor Veh               | Mat Types<br>es<br>icle Use                       |
| UNIT 01   | Vehice (SPC) Total 1 Insura YES  | cle Type DRT) UTILITY VEHICL Occs ance?  | Train/Bus # Recorded  Direction Of Travel  SOUTHBOUND  With        | Total # Cita 0 Pre Special Fun  | tions Issued  CrashTire  Mark  |                              | Total Trai  0  Speed Lir                     | Operating A   | Total Haz  Total Lan  Total Lan  Motor Veh               | Mat Types<br>es<br>icle Use                       |
|           | Vehice (SPC) Total 1 Insura YES Most   | cle Type DRT) UTILITY VEHICL Occs ance? Harmful Event: Collision   | Train/Bus # Recorded  Direction Of Travel  SOUTHBOUND  With        | Total # Cita 0 Pre Special Fun  | crashTire Mark action  |                              | Total Trai  0  Speed Lir                     | Operating A   | Total Haz  0 Total Lan  2 Motor Veh                      | Mat Types<br>es<br>icle Use                       |
|           | Vehice (SPC) Total Insura YES Most MOT Traffic   | DRT) UTILITY VEHICLE Occs ance? Harmful Event: Collision TOR VEH IN TRANSP   | Train/Bus # Recorded  Direction Of Travel  SOUTHBOUND  With  ORT   | Total # Cita 0 Pre Special Fun  | CrashTire Mark Mark HAL FUNC   |                              | Total Trai  0  Speed Lir                     | Operating A   | Total Haz  0 Total Lan  2 Motor Veh                      | Mat Types<br>es<br>icle Use                       |
|           | Vehice (SPC) Total 1 Insura YES Most MOT Traffic   | DRT) UTILITY VEHICLE Occs ance? Harmful Event: Collision TOR VEH IN TRANSP   | Train/Bus # Recorded  Direction Of Travel  SOUTHBOUND  With  ORT   | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont   | CrashTire Mark Mathematical Mark Mathematical Mark Mathematical Mathem |                              | Total Trai  0  Speed Lir                     | Operating A  lers  mit  Emergency NOT APPL  Traffic Control   | Total Haz  0 Total Lan  2 Motor Veh LICABLE  ol Inopera  | Mat Types<br>es<br>icle Use                       |
|           | Vehice (SPC) Total 1 Insura YES Most   MOT Traffic TWO   | cle Type DRT) UTILITY VEHICL Occs ance? Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT     | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont   | CrashTire Mark Inction HAL FUNC  |                              | Total Trai  0  Speed Lir                     | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr   | Total Haz  0 Total Lan  2 Motor Veh LICABLE  ol Inopera  | Mat Types<br>es<br>icle Use                       |
|           | Vehice (SPC) Total 1 Insura YES Most   MOT Traffic TWO Surface BLAC  | DRT) UTILITY VEHICLE Occs ance? Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED ICC Type   | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT     | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva  | CrashTire Mark Inction HAL FUNC  |                              | Total Trai  0  Speed Lir                     | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO  Road Grade  | Total Haz  0 Total Lan  2 Motor Veh LICABLE  ol Inopera  | Mat Types<br>es<br>icle Use                       |
|           | Vehice (SPC) Total 1 Insura YES Most   MOT Traffic TWO Surface BLAC  | DRT) UTILITY VEHICLE Occs ance? Harmful Event: Collision TOR VEH IN TRANSP TOR WAY, NOT DIVIDED TOR TYPE C Way CHAPTOR (BITUMINOU  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT     | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva  | CrashTire Mark Inction HAL FUNC  |                              | Total Trai  0  Speed Lir                     | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO  Road Grade  | Total Haz  0 Total Lan  2 Motor Veh LICABLE  ol Inopera  | Mat Types<br>es<br>icle Use                       |
|           | Total of the state | cle Type DRT) UTILITY VEHICL Occs  ance?  Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED ICE Type CKTOP (BITUMINOU K Bus or HazMat  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT     | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva  | CrashTire Mark Inction HAL FUNC  |                              | Total Trai  0  Speed Lir                     | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO  Road Grade  | Total Haz  0 Total Lan  2 Motor Veh LICABLE  ol Inopera  | Mat Types<br>es<br>icle Use                       |
|           | Vehice (SPC) Total 1 Insura YES Most I MOT Traffic TWO Surface BLAC Truck NO   | cle Type DRT) UTILITY VEHICL Occs  ance?  Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED CE Type CKTOP (BITUMINOU K Bus or HazMat   | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT     | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | tions Issued  CrashTire Mark action HAL FUNC crol ROL ature T  |                              | Total Trai<br>0<br>Speed Lir<br>N/A          | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO  Road Grade LEVEL  | Total Haz  0 Total Lan  2 Motor Veh ICABLE               | Mat Types<br>es<br>icle Use                       |
|           | Vehic (SPC Total 1 Insurary YES Most I Traffic TWO Surfar BLAC NO  | Cocs  Cocs | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT     | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | CrashTire Mark Inction IIAL FUNC ITROL Inture T  | TION                         | Total Trai  0 Speed Lir N/A                  | Operating A  lers  nit  Emergency NOT APPL  Traffic Contr NO  Road Grade LEVEL  Country of Iss                          | Total Haz  0 Total Lan  2 Motor Veh LICABLE  ol Inopera  | Mat Types<br>es<br>icle Use                       |
|           | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cle Type DRT) UTILITY VEHICL Occs ance?  Harmful Event: Collision OR VEH IN TRANSP C Way D-WAY, NOT DIVIDED CE Type CKTOP (BITUMINOU C Bus or HazMat  /ehicle License Plate Number AJS9431   | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | tions Issued  CrashTire Mark action HAL FUNC crol ROL ature T  | TION                         | Total Trai 0 Speed Lir N/A St                | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO Road Grade LEVEL  Country of Iss UNITED ST                 | Total Haz  0 Total Lan  2 Motor Veh LICABLE  ol Inopera  | Mat Types<br>es<br>icle Use                       |
| LIND      | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cle Type DRT) UTILITY VEHICL Occs ance?  Harmful Event: Collision OR VEH IN TRANSP C Way D-WAY, NOT DIVIDED CE Type CKTOP (BITUMINOU C Bus or HazMat  /ehicle License Plate Number AJS9431 Vehicle Identification Num  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make                          | CrashTire Mark Inction IIAL FUNC ITROL Inture T  | TION                         | Total Trai 0 Speed Lir N/A  St WI Year       | Operating Allers  Iders  Emergency NOT APPL Traffic Contr NO Road Grade LEVEL  Country of Iss UNITED ST Model           | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | Mat Types<br>es<br>icle Use                       |
| LIND      | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cle Type DRT) UTILITY VEHICL Occs ance? Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED CCE Type CKTOP (BITUMINOU CB Bus or HazMat  Vehicle License Plate Number AJS9431 Vehicle Identification Nur 1FM5K8F83EGC058  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make FORD                     | CrashTire Mark action EIAL FUNC TROL ature T   | TION                         | Total Trai 0 Speed Lir N/A St                | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO  Road Grade LEVEL  Country of Iss UNITED ST Model EXPLOREF | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | Mat Types<br>es<br>icle Use                       |
| TINO      | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | Cocs  Ance?  Harmful Event: Collision  OR VEH IN TRANSP  C Way  D-WAY, NOT DIVIDED  CCE Type  CKTOP (BITUMINOU  CBus or HazMat  Vehicle  License Plate Number  AJS9431  Vehicle Identification Num  1FM5K8F83EGC0588  Color  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make FORD Body Style          | CrashTire Mark action EIAL FUNC Trol ROL atture T  | TION                         | Total Trai 0 Speed Lir N/A St WI Year 2014   | Operating Allers  Iders  Emergency NOT APPL Traffic Contr NO Road Grade LEVEL  Country of Iss UNITED ST Model           | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | Mat Types<br>es<br>icle Use                       |
|           | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cle Type DRT) UTILITY VEHICL Occs ance? Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED ICCE Type CKTOP (BITUMINOU IC Bus or HazMat  Vehicle License Plate Number AJS9431 Vehicle Identification Num 1FM5K8F83EGC0588 Color RED - RED  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make FORD Body Style UT - SPC | CrashTire Mark Oction IAL FUNC TOI ROL STUTIONOBIL TOMOBIL   | TION                         | Total Trai 0 Speed Lir N/A St WI Year 2014   | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO  Road Grade LEVEL  Country of Iss UNITED ST Model EXPLOREF | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | Mat Types<br>es<br>icle Use                       |
| UNIT ONIT | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cle Type DRT) UTILITY VEHICL Occs  ance?  Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED ICCE Type CKTOP (BITUMINOU IC Bus or HazMat  Vehicle License Plate Number AJS9431  Vehicle Identification Num 1FM5K8F83EGC0588  Color RED - RED  Initial Contact Point   | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make FORD Body Style          | CrashTire Mark Oction IAL FUNC TOI ROL STUTIONOBIL TOMOBIL   | TION                         | Total Trai 0 Speed Lir N/A St WI Year 2014   | Operating A  lers  mit  Emergency NOT APPL  Traffic Contr NO  Road Grade LEVEL  Country of Iss UNITED ST Model EXPLOREF | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | es icle Use tive/Missing                          |
| UNIT ONIT | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cle Type DRT) UTILITY VEHICL Occs  ance?  Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED ICCE Type CKTOP (BITUMINOU IS Bus or HazMat  Vehicle License Plate Number AJS9431  Vehicle Identification Num 1FM5K8F83EGC0585  Color RED - RED Initial Contact Point 02 - RIGHT SIDE FRO  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Plate Type AUT - AU Make FORD Body Style UT - SPO Vehicle Da  | CrashTire Mark Inction ItAL FUNC Italian Itali | TION<br>E                    | Total Trai  0 Speed Lir N/A  St WI Year 2014 | Operating A   | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | Mat Types es icle Use tive/Missing                |
| TINO      | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cocs cocs cocs cocs cocs cocs cocs cocs  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Plate Type AUT - AU Make FORD Body Style UT - SPO Vehicle Da  | CrashTire Mark Oction IAL FUNC TOI ROL STUTIONOBIL TOMOBIL   | TION<br>E                    | Total Trai  0 Speed Lir N/A  St WI Year 2014 | Operating A   | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | Mat Types es icle Use tive/Missing  7 8 9 10 11 6 |
| UNIT ONIT | Vehic (SPC (SPC (SPC (SPC (SPC (SPC (SPC (SPC  | cle Type DRT) UTILITY VEHICL Occs  ance?  Harmful Event: Collision TOR VEH IN TRANSP C Way D-WAY, NOT DIVIDED ICCE Type CKTOP (BITUMINOU IS Bus or HazMat  Vehicle License Plate Number AJS9431  Vehicle Identification Num 1FM5K8F83EGC0585  Color RED - RED Initial Contact Point 02 - RIGHT SIDE FRO  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND  With ORT  S) | Plate Type AUT - AU  Make FORD Body Style UT - SPC Vehicle Da  01 - RIGI  | CrashTire Mark Inction ItAL FUNC Italian Itali | TION<br>E                    | Total Trai  0 Speed Lir N/A  St WI Year 2014 | Operating A   | Total Haz  O Total Lan  2 Motor Veh LICABLE  Tol Inopera | Mat Types es icle Use tive/Missing                |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/01/2023

|           |            | Towed Due To Damage                                    |                      | Ve              | hicle Removed By   |  |                            |  |  |
|-----------|------------|--|----------------------|-----------------|--|--|----------------------------|--|--|
|           |            | NOT TOWED  |                      | OV              | VNER   |  |                            |  |  |
|           |            | What Driver Was Doing                                  |                      | Ve              | hicle Factors  |  |                            |  |  |
|           |            | LEGALLY PARKED   |                      |                 |  |  |                            |  |  |
|           |            | Driver Prior Action Other                              |                      | NC              | OT APPLICABLE  |  |                            |  |  |
| LINO      | VEHICLE    | Driver Actions NO CONTRIBUTING ACTION                  | ON                   | 1               |  |  |                            |  |  |
|           |            | Owner Name   |                      |                 | Owner Address  |  |                            |  |  |
| 6         | 10         | Owner Name WILLIAM ANDERSON (608) 459-0839             |                      |                 | Owner Address<br>S9545 COUNTY RI<br>PLAIN, WI 53577            |  |                            |  |  |
|           |            | Sequence Of Events                                     |                      |                 |  |  |                            |  |  |
|           | 01         | Event MOTOR VEH IN TRANSPO                             | PRT                  |                 |  |  |                            |  |  |
|           | 02         | Event  |                      |                 |  |  |                            |  |  |
|           | 03         | Event  |                      |                 |  |  |                            |  |  |
|           | 04         | Event  |                      |                 |  |  |                            |  |  |
| _         |            | Policy Holder  |                      |                 |  |  |                            |  |  |
| LIND      |            | Insurance Company                                      |                      |                 | Individual   |  |                            |  |  |
| $\supset$ |            | AMERICAN-FAMILY-INS-CO                                 |                      |                 | WILLIAM ANDERSON   |  |                            |  |  |
|           | ı          | Individual   |                      |                 |  |  |                            |  |  |
|           |            | Occupant Of Motor Vehicle Not In Transport             |                      |                 | Citations Issued Sex   |  |                            |  |  |
|           | Ļ          | JANEEN ANDERSON<br>(608) 459-0851                      |                      |                 | 0 FEMALE   |  |                            |  |  |
| ⊨         | וסט        | (600) 100 0001   |                      |                 | Date of Birth Race WHITE                                       |  |                            |  |  |
| LNO       | INDIVIDUAL | Address<br>S9545 COUNTY ROAD N<br>PLAIN, WI 53577 , US |                      |                 | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES |  |                            |  |  |
|           | Sat        | On Duty<br>fety Equipment                              | Crash                | ;               | Safety Equipment   |  |                            |  |  |
|           |            | Row Seat Position                                      |                      |                 | SHOULDER & LAP BELT  |  |                            |  |  |
|           |            | 01 - FRONT ROW   | 07 - LEFT            |                 |  |  |                            |  |  |
|           |            | Helmet Use   |                      |                 | Helmet Compliance  |  |                            |  |  |
|           |            | Eye Protection   |                      | Tint Compliance |  |  |                            |  |  |
| 2         | 007        | Injury Se Injury NO APF                                | verity PARENT INJURY | Airbag UNKNOWN  |  |  |                            |  |  |
|           |            | Ejection Path  |                      |                 |  |  | Trapped/Extricated UNKNOWN |  |  |
|           |            | UNKNOWN UNKNOWN Medical Transport                      |                      |                 | EMS Agency Identifier  |  | EMS Run #                  |  |  |
|           |            | NOT TRANSPORTED  |                      |                 |  |  |                            |  |  |
|           |            | Hospital   |                      |                 | Date of Death  |  | Time of Death              |  |  |
|           |            | Distracted By Distracte                                | d By Source          | <u> </u>        |  |  | 1                          |  |  |
|           |            | Distracted By Action                                   |                      |                 |  |  |                            |  |  |
|           |            |  |                      |                 |  |  |                            |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/01/2023

|           |            | Non Motorist  | triking Unit#                  | Location          |                                   |                  |  |                                       |  |
|-----------|------------|---|--------------------------------|-------------------|-----------------------------------|------------------|--|---------------------------------------|--|
|           |            | Prior Action  |                                |                   |                                   |                  |  |                                       |  |
| LINI      | INDIVIDUAL | Action  |                                |                   |                                   |                  |  |                                       |  |
|           | IND        | Action Other  |                                |                   |                                   |                  |  | To/From School                        |  |
|           |            |   |                                |                   |                                   |                  |  | ·                                     |  |
|           | Ĺ          | Orug & Alcohol  | uspected Alcohol U<br><b>O</b> | lse               | Suspected Drug Use NO             |                  |  |                                       |  |
|           |            | Alcohol Test Given TEST NOT GIVEN                                   |                                | Alcohol Test Type |                                   |                  | Alcohol Test R                             | esults                                |  |
|           |            | Drug Test Given TEST NOT GIVEN                                      |                                | Drug Test Type    |                                   | Drug Test Result | s  |                                       |  |
| 0         | 001        | Drug Type   |                                |                   |                                   |                  |  |                                       |  |
|           |            | Individual Condition  |                                |                   |                                   |                  |  |                                       |  |
|           |            | APPEARED NORMA  | L                              |                   |                                   |                  |  |                                       |  |
|           |            | t Summary $\blacksquare$  |                                |                   |                                   |                  | Unit Type                                  |                                       |  |
|           |            | Status  |                                |                   | chicle Operating As Classi        |                  |  |                                       |  |
|           |            | AND RUN<br>cle Type   |                                | יין               | CLASS                             |                  | TRUCK Operating As Endorsements            |                                       |  |
| 02        |            | LITY TRUCK/PICKUP   | TRUCK                          |                   |                                   |                  | oporating / to Endorsomente                |                                       |  |
|           |            | Occs  | Train/Bus # Re                 | corded To         | otal # Citations Issued           | Total Trai       | lers T                                     | otal HazMat Types                     |  |
| _         | Insu       | rance? Direction Of To  |                                | I —               | Pre CrashTire<br>Mark             | Speed Lir        | mit T                                      | otal Lanes                            |  |
| LINO      |            | Most Harmful Event: Collision With PARKED MOTOR VEHICLE Traffic Way |                                |                   | pecial Function O SPECIAL FUNCTIO | N                | Emergency Motor Vehicle Use NOT APPLICABLE |                                       |  |
|           |            |   |                                |                   | affic Control                     |                  | Traffic Control Inoperative/Missing        |                                       |  |
|           | •          |   |                                |                   | O CONTROL                         |                  | NO<br>Road Grade                           |                                       |  |
|           |            | ACKTOP (BITUMINOUS)   |                                |                   | oad Curvature<br>TRAIGHT          |                  | LEVEL                                      |                                       |  |
|           |            | k Bus or HazMat   |                                |                   |                                   |                  | 1  |                                       |  |
|           |            | Vehicle   |                                |                   |                                   |                  |  |                                       |  |
|           |            | License Plate Number  |                                | P                 | Plate Type                        | St               | Country of Issua                           | ance                                  |  |
|           |            | LB2718  |                                | L                 | TK - LIGHT TRUCK                  | WI               | UNITED STA                                 | TES                                   |  |
| 02        | 02         | Vehicle Identification Number 1GCHSCEA6H1237999 Color GRY - GRAY    |                                |                   | Make Year CHEVROLET 2017          |                  | Model COLORADO                             |                                       |  |
|           |            |   |                                |                   | ody Style<br>PK - PICKUP          |                  | Bus Use                                    |                                       |  |
|           | ш          | Initial Contact Point   |                                |                   | ehicle Damage                     |                  | 1  |                                       |  |
| LIND      | VEHICLE    | 06 - REAR Extent Of Damage NO DAMAGE                                |                                |                   | 00 - NO DAMAGE                    |                  |  | 7 8 9 10 11<br>6 2 2 2 1<br>5 4 3 2 1 |  |
|           | >          | Towed Due To Damage   |                                | V                 | ehicle Removed By                 |                  |  |                                       |  |
| NOT TOWED |            |   |                                |                   | OPERATOR                          |                  |  |                                       |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/01/2023

| 1            |                 | What Driver Was Dains           |                     | Mal                | siala Castera                           |                  |                |  |  |
|--------------|-----------------|---------------------------------|---------------------|--------------------|---|------------------|----------------|--|--|
|              |                 | What Driver Was Doing           |                     | Vehicle Factors    |   |                  |                |  |  |
|              |                 | BACKING                         |                     |                    | NOT ADDITION E                          |                  |                |  |  |
|              |                 | Driver Prior Action Other       |                     |                    | NOT APPLICABLE                          |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              |                 | Driver Actions                  |                     | -                  |   |                  |                |  |  |
|              | 111             | UNSAFE BACKING, UNKN            | OWN                 |                    |   |                  |                |  |  |
| l <u>⊢</u> ∣ |                 | •                               |                     |                    |   |                  |                |  |  |
| UNIT         | VEHICLE         |                                 |                     |                    |   |                  |                |  |  |
| 5            | I               |                                 |                     |                    |   |                  |                |  |  |
|              | K               |                                 |                     |                    |   |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              |                 | Owner Name                      |                     |                    | Owner Address                           |                  |                |  |  |
|              |                 | THOMAS SLANEY                   |                     |                    | 129 N LEXINGTON                         | ST #2            |                |  |  |
| 02           | 02              | (608) 459-0972                  |                     |                    | SPRING GREEN, V                         | VI 53588 8009, l | JS             |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              | 9               | Sequence Of Events              |                     |                    |   |                  |                |  |  |
|              | 1               | Event                           |                     |                    |   |                  |                |  |  |
|              | 01              | PARKED MOTOR VEHICLE            | •                   |                    |   |                  |                |  |  |
|              |                 | Event                           |                     |                    |   |                  |                |  |  |
|              | 02              |                                 |                     |                    |   |                  |                |  |  |
|              |                 | Frank                           |                     |                    |   |                  |                |  |  |
|              | 03              | Event                           |                     |                    |   |                  |                |  |  |
|              | )               |                                 |                     |                    |   |                  |                |  |  |
|              | 04              | Event                           |                     |                    |   |                  |                |  |  |
|              | 0               |                                 |                     |                    |   |                  |                |  |  |
|              |                 | Policy Holder                   |                     |                    |   |                  |                |  |  |
| UNIT         |                 | Insurance Company               |                     |                    | ndividual                               |                  |                |  |  |
| Ś            |                 | WEST BEND TRAVEL NET            |                     |                    | THOMAS SLANEY                           |                  |                |  |  |
|              |                 |                                 |                     |                    | I HOWAS SLANET                          |                  |                |  |  |
|              | ı               | Individual                      |                     |                    |   |                  |                |  |  |
|              |                 | Driver THOMAS SLANEY            |                     |                    | Citations Issued Sex                    |                  |                |  |  |
|              |                 |                                 |                     |                    | 1                                       | MALE             | ALE            |  |  |
|              | ₹               | (608) 459-0972                  |                     | 1                  | Date of Birth                           |                  |                |  |  |
| _            | חכ              |                                 |                     | WHITE              |   |                  |                |  |  |
| UNIT         | INDIVIDUAL      | Address                         |                     | -                  | Oriver License Number                   |                  |                |  |  |
|              |                 | 129 N LEXINGTON ST #2           |                     |                    | Silver Electrice Humber                 |                  |                |  |  |
|              | Z               | SPRING GREEN, WI 53588 8009, US |                     |                    | STATE: WISCONSIN COUNTRY: UNITED STATES |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              | Saf             | On Duty Crash                   |                     |                    | Safety Equipment                        |                  |                |  |  |
|              | Sai             | fety Equipment                  |                     |                    |   |                  |                |  |  |
|              |                 | Row                             | Seat Position       | ı                  | RESTRAINT USE UN                        | IKNOWN           |                |  |  |
|              |                 | 01 - FRONT ROW                  | 07 - LEFT           |                    |   |                  |                |  |  |
|              |                 | Helmet Use                      |                     | Helmet Compliance  |   |                  |                |  |  |
|              |                 | Eye Protection                  |                     |                    |   |                  |                |  |  |
|              |                 |                                 |                     |                    | Tint Compliance                         |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              | 7               | Injury Sev                      | rerity              | Airbag             |   |                  |                |  |  |
| 02           | 002             |                                 | ARENT INJURY        |                    | NOT APPLICABLE                          |                  |                |  |  |
|              |                 |                                 | Ejection Path       | Trapped/Extricated |   |                  |                |  |  |
|              |                 |                                 | NOT EJECTED/NOT API | םו וכ              | ARIE                                    |                  | NOT APPLICABLE |  |  |
|              |                 | Medical Transport               | NOT ESECTED/NOT AT  |                    | EMS Agency Identifier                   |                  | EMS Run #      |  |  |
|              |                 |                                 |                     | - [ '              | zivio Agency identinei                  |                  | EIVIO KUII #   |  |  |
|              | NOT TRANSPORTED |                                 |                     |                    |   | T: (B #          |                |  |  |
|              |                 | Hospital                        |                     |                    | Date of Death                           |                  | Time of Death  |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              |                 | Distracted By Distracted        | By Source           |                    |   |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              |                 | Distracted By Action            |                     |                    | <u> </u>                                |                  |                |  |  |
|              |                 |                                 |                     |                    |   |                  |                |  |  |
|              |                 | Striking U                      | nit # Location      |                    |   |                  |                |  |  |
|              |                 | Non Motorist                    |                     |                    |   |                  |                |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/01/2023

|     |            | Prior Action                   |                |                       |                            |                   |                      |                |
|-----|------------|--------------------------------|----------------|-----------------------|----------------------------|-------------------|----------------------|----------------|
|     |            |                                |                |                       |                            |                   |                      |                |
| İ   |            | Action                         |                |                       |                            |                   |                      |                |
|     |            |                                |                |                       |                            |                   |                      |                |
|     | ¥          |                                |                |                       |                            |                   |                      |                |
| ⊨   | S          |                                |                |                       |                            |                   |                      |                |
| LNO | ₹          |                                |                |                       |                            |                   |                      |                |
| _   | INDIVIDUAL |                                |                |                       |                            |                   |                      |                |
|     | <b>=</b>   |                                |                |                       |                            |                   |                      |                |
|     |            |                                |                |                       |                            |                   |                      |                |
|     |            | Action Other                   |                |                       |                            |                   |                      | To/From School |
|     |            |                                |                |                       |                            |                   |                      |                |
|     |            | D 0. Al I I                    | Suspected Alco | hol Use               | Suspected Drug Use         |                   |                      |                |
|     |            | Drug & Alcohol                 |                |                       |                            |                   |                      |                |
|     |            | Alcohol Test Given             |                | Alcohol Test Type     |                            |                   | Alcohol Test Results |                |
|     |            | TEST NOT GIVEN                 |                | · -                   |                            |                   |                      |                |
|     |            | Drug Test Given TEST NOT GIVEN |                | Drug Test Type        |                            | Drug Test Results |                      |                |
|     | 01         | Drug Type                      |                |                       |                            |                   |                      |                |
| 02  | 002        | Drug Type                      |                |                       |                            |                   |                      |                |
|     |            |                                |                |                       |                            |                   |                      |                |
|     |            | Individual Condition           |                |                       |                            |                   |                      |                |
|     |            | NOT OBSERVED                   |                |                       |                            |                   |                      |                |
|     |            |                                |                |                       |                            |                   |                      |                |
|     | ,          | Violations                     |                |                       |                            |                   |                      |                |
|     | _          | UTC Number                     | Issue To?      | Statute Number 346.87 | Description UNSAFE BACKING | OE VEHICI E       |                      |                |
|     | 9          | BG944604                       | 002            | 340.07                | UNSAFE BACKING             | OF VEHICLE        |                      |                |