23-13514

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overric   |   | Primary Crash Document #        |                      | 23-13514 DEPU   |   | estigating Officer/Deputy PUTY A. WILCOX |                        |  |
|---|---|---------------------------------|----------------------|---|---|--|------------------------|--|
| Crash Date<br>12/19/2023  | Crash Time<br>01:47 PM                        |                                 |                      | Date Arrived         Time Arriv           12/19/2023         02:03 PM |   |  |                        |  |
| Date Notified 12/19/2023  | Time Notified 01:53 PM                        |                                 | Total U<br><b>02</b> | nits  | Total Injured     Total Kille       00     00 |  | ed                     |  |
| On Emergency  | Hit and Run                                   | Lane Clo                        |                      | Work Zone   | Trailer or                                    | Towed                                    | Reporting<br>Threshold |  |
| Government<br>Property  |   | hool Zone                       | School<br>NO         | Bus Related   | Tags  |  |                        |  |
| Reportable  | Crash Type<br>DT4000 (STA                     | NDARD CRAS                      | SH)                  |   |   | l  | Secondary<br>Crash     |  |
| Description   |   |                                 |                      |   |   |  |                        |  |
|   | Linn  | Nc<br>Street                    | ot to scal           | •   |   | econstruction                            |                        |  |
|   |   |                                 |                      |   |   | dditional Infor<br>HOTOS                 | rmation                |  |
|   | ß   |                                 |                      |   |   |  |                        |  |
|   |   |                                 |                      |   |   |  |                        |  |
|   |   | 01                              |                      |   |   |  |                        |  |
|   |   |                                 |                      |   |   |  |                        |  |
|   |   |                                 |                      |   |   |  |                        |  |
| ✓ I, a sworn law enfo   | prcement officer agr                          | ee that I have                  | not adder            | any CJIS data in th   | nis report                                    |  |                        |  |
| ON 12/19/2023, I WAS DISP<br>STATED HE STARTED TO                     | PATCHED TO 433 LINN ST                        | REET IN THE TO                  | WN OF WE             | ST BARABOO FOR A PA   | RKING LOT TRAFFIC                             |  |                        |  |
| OPERATOR STARTED TO<br>WITH THE UNIT 2 OPERAT<br>OPERATOR STATED HE D | BACK UP AS WELL, AND<br>FOR, WHO STATED HE ST | THE UNIT 2 OPE<br>ARTED TO BACK | RATOR HIT            | THE REAR ON OF UNIT   | 1, CAUSING THE RE                             | AR BUMPER                                | TO BE DENTED. I SPOKE  |  |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.  $1 \quad \text{of} \quad 7$ 

### 23-13514

## WISCONSIN MOTOR VEHICLE CRASH REPORT

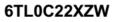
#### SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

|            | Loc  | ation  |   |   |   |                              |   |   |  |  |  |
|------------|--|--|---|---|---|------------------------------|---|---|--|--|--|
|            | PAF  | RKING LOT  |   |   |   | Latitude                     |   |   | Longitu  | de   |  |
|            |  | LBERRY ST LOT 433  | 43.474623931 -89  |   |   | -89.766                      | 6532696   |   |  |  |  |
|            | (НО  | OUSE/BUILDING 433)   | X Coordina  | ate   |   | Y Coord                      | linate  |   |  |  |  |
|            | ім т   | THE VILLAGE OF WES   |   | 276243.125 48   |   |                              | 481724  | 41.5  |  |  |  |
|            |  | SAUK COUNTY  | I BARADOO   | Structure -   | Туре  |                              | 1   |   |  |  |  |
|            |  |  | HOUSE/  | BUILDING  | ;   |                              |   |   |  |  |  |
|            | Cra  | sh Scene   |   |   |   | I                            |   |   |  |  |  |
| 1          |  | t Harmful Event  |   |   |   | Firet Horm                   | nful Event Lo   | ocation   |  |  |  |
|            |  | TOR VEH IN TRANSPO   | דפר   |   |   |                              |   | E OR ZONE   |  |  |  |
|            | _  | ner of Collision   |   |   |   | Light Cond                   |   |   |  |  |  |
|            |  |  |   |   |   | DAYLIG                       |   |   |  |  |  |
|            |  | d Surface Condition(s)   |   |   |   | Roadway                      |   |   |  |  |  |
|            |  |  |   |   |   | Roadway                      | racior(s)   |   |  |  |  |
|            | DR   | Y  |   |   |   |                              |   |   |  |  |  |
|            | Envi   | ironment Factor(s)   |   |   |   |                              |   |   |  |  |  |
|            | NO   | NE   |   |   |   | NONE                         |   |   |  |  |  |
|            | -  |  |   |   |   |                              |   |   |  |  |  |
|            |  | ather Condition(s)   |   |   |   |                              |   |   |  |  |  |
|            | CLE  | EAR  |   |   |   |                              |   |   |  |  |  |
|            | Anim   | nal Type   |   |   |   | Relation T                   | o Trafficwa   | y   |  |  |  |
|            |  |  |   |   |   | NON TR                       | AFFICWA   | Y - PARKIN  | G LOT  |  |  |
|            | Cras   | sh Classification - Location   |   |   |   | Crash Clas                   | ssification -   | Jurisdiction  |  |  |  |
|            | PUE  | BLIC PROPERTY  |   |   |   | NO SPECIAL JURISDICTION      |   |   |  |  |  |
|            | Triba  | al Land  |   |   |   | Access Control Special Study |   |   |  | Special Study                                  |  |
|            |  |  |   |   |   | NO CONTROL                   |   |   |  |  |  |
|            | With   | nin Interchange Area   | Junction Location   |   | Intersectio   | n Type                       |   |   |  | •  |  |
|            | NO   |  | -   |   |   |                              |   | N INTERSECTION  |  |  |  |
|            |  |  |   |   | NOT AN  | INTERSE                      | CHON  |   |  |  |  |
|            | Uni  | t Summary  |   |   | NOT AN  | INTERSE                      | CTION   |   |  |  |  |
|            |  | t Summary  |   | Vehicle Ope   | erating As C  |                              |   | Unit Type   |  |  |  |
|            | Unit   |  |   | Vehicle Ope   | erating As C  |                              |   | Unit Type<br>AUTOMO   | BILE   |  |  |
|            | Unit<br>IN T   | Status   |   |   | erating As C  |                              |   |   |  | ments  |  |
|            | Unit<br>IN T<br>Vehi   | Status<br>FRANSIT  |   |   | erating As C  |                              |   | AUTOMO  |  | ments  |  |
|            | Unit<br>IN T<br>Vehi<br>PAS  | Status<br>FRANSIT<br>icle Type   | Train/Bus # Recorded  | D CLASS   | erating As C  | lassification                |   | AUTOMO<br>Operating A   | s Endorse  | ments<br>Mat Types                             |  |
|            | Unit<br>IN T<br>Vehi<br>PAS  | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR  | Train/Bus # Recorded  | D CLASS   | erating As C  | lassification                |   | AUTOMO<br>Operating A   | s Endorse  |  |  |
|            | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1   | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR  | Train/Bus # Recorded<br>Direction Of Travel                               | D CLASS   | erating As C  | lassification                | Total Trail   | AUTOMO<br>Operating A<br>ers  | s Endorse<br>Total Haz   | zMat Types                                     |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1   | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>Irance?  |   | D CLASS   | erating As C  | lassification                | Total Trail<br>0  | AUTOMO<br>Operating A<br>ers  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0  | zMat Types<br>ies                              |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insut<br>NO  | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>Irance?  | Direction Of Travel   | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>nction   | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency   | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh                           | zMat Types<br>les<br>icle Use                  |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insui<br>NO  | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?  | Direction Of Travel<br>NOT ON ROADWAY                                     | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark   | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMO<br>Operating A<br>ers  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh                           | zMat Types<br>les<br>icle Use                  |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insu<br>NO<br>MOS  | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V   | Direction Of Travel<br>NOT ON ROADWAY                                     | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>notion<br>CIAL FUNC  | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE                | zMat Types<br>les<br>icle Use                  |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insu<br>NO<br>MOS<br>Traff<br>PAR                                | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT                      | D CLASS   | tions Issued<br>CrashTire<br>Mark<br>CIAL FUNC  | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APPI<br>Traffic Cont<br>NO   | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insur<br>NO<br>Most<br>MO<br>Traff<br>PAF<br>Surfa               | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY       | D CLASS   | tions Issued<br>CrashTire<br>Mark<br>CIAL FUNC<br>TROL<br>ature   | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insut<br>NO<br>Most<br>MO<br>Traff<br>PAF<br>Surfa               | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>It Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY       | D CLASS   | tions Issued<br>CrashTire<br>Mark<br>CIAL FUNC<br>TROL<br>ature   | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APPI<br>Traffic Cont<br>NO   | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insu<br>MO<br>Traff<br>PAF<br>Surfa<br>BLA<br>Truc               | Status<br>IRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>It Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ck Bus or HazMat  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY       | D CLASS   | tions Issued<br>CrashTire<br>Mark<br>CIAL FUNC<br>TROL<br>ature   | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOSI<br>MO<br>Traff<br>BLA<br>Truc<br>NO          | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>iace Type<br>ACKTOP (BITUMINOUS<br>ck Bus or HazMat   | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY       | D CLASS   | tions Issued<br>CrashTire<br>Mark<br>CIAL FUNC<br>TROL<br>ature   | lassification                | Total Trail<br><b>0</b><br>Speed Lin                    | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOSI<br>MO<br>Traff<br>BLA<br>Truc<br>NO          | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>It Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>k Bus or HazMat<br>Vehicle  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY       | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>nction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>T                                | lassification                | Total Trail<br>0<br>Speed Lin<br>05                     | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APPI<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOSI<br>MO<br>Traff<br>BLA<br>Truc<br>NO          | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>It Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>k Bus or HazMat<br>Vehicle<br>License Plate Number  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY       | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>Inction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>T                               | CTION                        | Total Trail<br>0<br>Speed Lin<br>05                     | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APPI<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL  | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01         | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOSI<br>MO<br>Traff<br>BLA<br>Truc<br>NO          | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>fic Way<br>RKING LOT OR PRIVA<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361   | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY<br>S) | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>nction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>T                                | CTION                        | Total Trail<br>0<br>Speed Lin<br>05<br>St               | AUTOMO<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED S                         | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| UNI 01     | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOS<br>MO<br>Traff<br>PAF<br>Surfa<br>BLA<br>Truc | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361<br>Vehicle Identification Num  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY<br>S) | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>nction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>IT                               | CTION                        | Total Trail<br>0<br>Speed Lin<br>05<br>St<br>WI<br>Year | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APPI<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model             | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| UNI 01     | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOSI<br>MO<br>Traff<br>BLA<br>Truc<br>NO          | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361<br>Vehicle Identification Num<br>1G8AM15F76Z10773  | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY<br>S) | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>Inction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>IT                              | CTION                        | Total Trail<br>0<br>Speed Lin<br>05<br>St               | AUTOMOD<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED S1<br>Model<br>ION LEVEL | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| UNI 01     | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOS<br>MO<br>Traff<br>PAF<br>Surfa<br>BLA<br>Truc | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361<br>Vehicle Identification Num<br>1G8AM15F76Z10773<br>Color   | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY<br>S) | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>Inction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>IT<br>JTOMOBIL<br>I             | CTION                        | Total Trail<br>0<br>Speed Lin<br>05<br>St<br>WI<br>Year | AUTOMOI<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APPI<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model             | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| UNI 01     | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>Traff<br>PAF<br>Surfa<br>BLA<br>Truc<br>NO        | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361<br>Vehicle Identification Num<br>1G8AM15F76Z107733<br>Color<br>RED - RED   | Direction Of Travel<br>NOT ON ROADWAY<br>With<br>DRT<br>TE PROPERTY<br>S) | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>Inction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>IT<br>JTOMOBIL<br>JUPE          | CTION                        | Total Trail<br>0<br>Speed Lin<br>05<br>St<br>WI<br>Year | AUTOMOD<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED S1<br>Model<br>ION LEVEL | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01 UNII 01 | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOS'<br>Traff<br>PAF<br>Surfa<br>Truc<br>NO       | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361<br>Vehicle Identification Num<br>1G8AM15F76Z10773<br>Color<br>RED - RED<br>Initial Contact Point                       | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) nber 5         | D CLASS   | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>Inction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>IT<br>JTOMOBIL<br>JUPE          | CTION                        | Total Trail<br>0<br>Speed Lin<br>05<br>St<br>WI<br>Year | AUTOMOD<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED S1<br>Model<br>ION LEVEL | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | zMat Types<br>ies<br>icle Use<br>:             |  |
| 01 UNIT 01 | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>MOS'<br>Traff<br>PAF<br>Surfa<br>Truc<br>NO       | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361<br>Vehicle Identification Num<br>1G8AM15F76Z10773<br>Color<br>RED - RED<br>Initial Contact Point<br>07 - LEFT REAR COF | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) nber 5         | D CLASS Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make SATURN Body Style CP - COU Vehicle Da | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>Inction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>IT<br>JTOMOBIL<br>JUPE<br>amage | E                            | Total Trail<br>0<br>Speed Lin<br>05<br>St<br>WI<br>Year | AUTOMOD<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED S1<br>Model<br>ION LEVEL | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | 2Mat Types<br>les<br>licle Use<br>tive/Missing |  |
| UNIT 01    | Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1<br>Insuu<br>NO<br>Traff<br>PAF<br>Surfa<br>BLA<br>Truc<br>NO        | Status<br>FRANSIT<br>icle Type<br>SSENGER CAR<br>al Occs<br>irance?<br>it Harmful Event: Collision V<br>TOR VEH IN TRANSPO<br>fic Way<br>RKING LOT OR PRIVA<br>ace Type<br>ACKTOP (BITUMINOUS<br>ix Bus or HazMat<br>Vehicle<br>License Plate Number<br>AVU9361<br>Vehicle Identification Num<br>1G8AM15F76Z10773<br>Color<br>RED - RED<br>Initial Contact Point                       | Direction Of Travel NOT ON ROADWAY With DRT TE PROPERTY S) nber 5         | D CLASS Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make SATURN Body Style CP - COU Vehicle Da | erating As C<br>tions Issued<br>CrashTire<br>Mark<br>Inction<br>CIAL FUNC<br>trol<br>TROL<br>ature<br>IT<br>JTOMOBIL<br>JUPE          | E                            | Total Trail<br>0<br>Speed Lin<br>05<br>St<br>WI<br>Year | AUTOMOD<br>Operating A<br>ers<br>nit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED S1<br>Model<br>ION LEVEL | s Endorse<br>Total Haz<br>0<br>Total Lan<br>0<br>Motor Veh<br>LICABLE<br>rol Inopera | 2Mat Types<br>les<br>licle Use<br>tive/Missing |  |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

2 of 7



23-13514

## WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |            |   |                        |                |                      |                  |                    | ( ) |  |  |
|------|------------|---|------------------------|----------------|----------------------|------------------|--------------------|-----|--|--|
|      |            | Towed Due To Damage                     |                        | V              | ehicle Removed By    |                  |                    |     |  |  |
|      |            | NOT TOWED O                             |                        |                | OPERATOR             |                  |                    |     |  |  |
|      |            | What Driver Was Doing                   | at Driver Was Doing Ve |                |                      | Vehicle Factors  |                    |     |  |  |
|      |            | LEAVING A PARKED POS                    | ITION                  |                |                      |                  |                    |     |  |  |
|      |            | Driver Prior Action Other               |                        | N              | IOT APPLICABLE       |                  |                    |     |  |  |
|      |            |   |                        |                |                      |                  |                    |     |  |  |
|      |            | Driver Actions                          |                        |                |                      |                  |                    |     |  |  |
|      | щ          | NO CONTRIBUTING ACTI                    | ON                     |                |                      |                  |                    |     |  |  |
| ⊑    | ц<br>С     |   |                        |                |                      |                  |                    |     |  |  |
| UNIT | VEHICLE    |   |                        |                |                      |                  |                    |     |  |  |
| _    | ۳          |   |                        |                |                      |                  |                    |     |  |  |
|      |            |   |                        |                |                      |                  |                    |     |  |  |
|      |            | Owner Name                              |                        |                | Owner Address        |                  |                    |     |  |  |
| -    | 2          | JOHN MICHEL                             |                        |                | 33855 EXPEDIT        |                  |                    |     |  |  |
| 2    | •          | (608) 547-1817                          |                        |                | CAMP DOUGLA          | S, WI 54618 , US |                    |     |  |  |
|      |            |   |                        |                |                      |                  |                    |     |  |  |
|      |            | Sequence Of Events                      |                        |                |                      |                  |                    |     |  |  |
|      | 5          | Event                                   | DT                     |                |                      |                  |                    |     |  |  |
|      | 0          | MOTOR VEH IN TRANSPO                    | <b>I</b>               |                |                      |                  |                    |     |  |  |
|      | 02         | Event                                   |                        |                |                      |                  |                    |     |  |  |
|      | •          |   |                        |                |                      |                  |                    |     |  |  |
|      | 03         | Event                                   |                        |                |                      |                  |                    |     |  |  |
|      | 0          |   |                        |                |                      |                  |                    |     |  |  |
|      | 8          | Event                                   |                        |                |                      |                  |                    |     |  |  |
|      | •          |   |                        |                |                      |                  |                    |     |  |  |
|      | 1          | ndividual                               |                        |                |                      |                  |                    |     |  |  |
|      |            | Driver<br>JOHN MICHEL<br>(608) 547-1817 |                        |                | Citations Issued     | Sex              |                    |     |  |  |
|      | _          |   |                        |                | 0                    | MALE             |                    |     |  |  |
|      | A          |   |                        |                | Date of Birth        | Race             |                    |     |  |  |
| ⊢    | INDIVIDUAL |   |                        |                |                      | WHITE            |                    |     |  |  |
| NU   | ≥          | Address                                 |                        |                | Driver License Numb  | er               |                    |     |  |  |
| -    | R          | 33855 EXPEDITION AVE                    |                        |                |                      |                  |                    |     |  |  |
|      | =          | CAMP DOUGLAS, WI 5461                   | 0,05                   |                |                      |                  |                    |     |  |  |
|      |            |   |                        |                |                      |                  |                    |     |  |  |
|      | Sat        | fety Equipment                          | Crash                  |                | Safety Equipment     |                  |                    |     |  |  |
|      | Our        |   |                        |                |                      |                  |                    |     |  |  |
|      |            | Row                                     | Seat Po                |                | SHOULDER & LAP BELT  |                  |                    |     |  |  |
|      |            | 01 - FRONT ROW                          | 07 - LE                | =F I           |                      |                  |                    |     |  |  |
|      |            | Helmet Use                              |                        |                | Helmet Compliance    |                  |                    |     |  |  |
|      |            | Eye Protection                          |                        |                | The Oregonia         |                  |                    |     |  |  |
|      |            | Lye Protection                          |                        |                | Tint Compliance      |                  |                    |     |  |  |
|      | -          | Injury Se                               | veritv                 |                | Airbag               |                  |                    |     |  |  |
| 5    | 00         | Injury NO APP                           |                        | NJURY          | NON DEPLOYED         |                  |                    |     |  |  |
|      | -          |   | Ejection Pa            |                |                      |                  | Trapped/Extricated |     |  |  |
|      |            |   |                        | CTED/NOT APPL  | ICABLE               |                  | NOT TRAPPED        |     |  |  |
|      |            | Medical Transport                       |                        |                | EMS Agency Identifie | er               | EMS Run #          |     |  |  |
|      |            | NOT TRANSPORTED                         |                        |                | <b>U</b> <i>I</i>    |                  |                    |     |  |  |
|      |            | Hospital                                |                        |                | Date of Death        |                  | Time of Death      |     |  |  |
|      |            |   |                        |                |                      |                  |                    |     |  |  |
|      |            | Distracte                               | d By Source            | e              | •                    |                  | •                  |     |  |  |
|      |            | Distracted By NOT AF                    | PLICABL                | E (NOT DISTRAC | CTED)                |                  |                    |     |  |  |
|      |            | Distracted By Action                    |                        |                |                      |                  |                    |     |  |  |
|      |            | NOT DISTRACTED                          |                        |                |                      |                  |                    |     |  |  |
|      |            | Non Motorist                            | Jnit #                 | Location       |                      |                  |                    |     |  |  |
|      |            |   |                        |                |                      |                  |                    |     |  |  |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 3 of 7

23-13514

## WISCONSIN MOTOR VEHICLE CRASH REPORT

| I I      |  | Prior Action                             |                  |                   |                                    |                                  |                                     |              |                |  |  |
|----------|--|--|------------------|-------------------|------------------------------------|----------------------------------|-------------------------------------|--------------|----------------|--|--|
|          |  |  |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  | Action                                   |                  |                   |                                    |                                  |                                     |              |                |  |  |
| ╘        | INDIVIDUAL                                   |  |                  |                   |                                    |                                  |                                     |              |                |  |  |
| UNIT     | IVID   |  |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          | IND  |  |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  |  |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  | Action Other                             |                  |                   |                                    |                                  |                                     |              | To/From School |  |  |
|          |  | Suspected Alcohol Use Suspected Drug Use |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          | L  | Drug & Alcohol NO                        |                  | Alcohol Test Type | NO                                 |                                  | Alcohol Tes                         | t Poculto    |                |  |  |
|          |  | TEST NOT GIVEN                           |                  |                   | 2                                  |                                  |                                     | a results    |                |  |  |
|          |  | Drug Test Given<br>TEST NOT GIVEN        |                  | Drug Test Type    |                                    | Drug Test Resul                  | ts                                  |              |                |  |  |
| 2        | 001  | Drug Type                                |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  | Individual Condition                     |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  | APPEARED NORMAL                          |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          | Unit   |  |                  |                   |                                    |                                  |                                     |              |                |  |  |
| <u> </u> |  | t Summary Status                         |                  | V                 | ehicle Operating As Classi         | ification                        | Unit Type                           |              |                |  |  |
|          |  | RANSIT                                   |                  |                   | CLASS                              | AUTOMOBILE                       |                                     |              |                |  |  |
| 8        |  | cle Type<br>ORT) UTILITY VEHICLE         |                  | ·                 |                                    | Operating As Endorsements        |                                     |              |                |  |  |
|          | -  |  | Train/Bus # Re   | corded T          | otal # Citations Issued            | ilers Total HazMat Types         |                                     | zMat Types   |                |  |  |
| ļ        | 2  |  | Discution Of Tax |                   | 0 0<br>Pre CrashTire Speed I       |                                  | 0<br>Limit Total La                 |              |                |  |  |
| Ŀ        | YES  |  | Direction Of Tra | ADWAY             | Pre CrashTire<br>Mark              | 0<br>Emergency Motor Vehicle Use |                                     |              |                |  |  |
| UNT      | мо   | Harmful Event: Collision Wi              |                  | N                 | pecial Function IO SPECIAL FUNCTIO | NOT APP                          | LICABLE                             | E            |                |  |  |
|          |  |  |                  |                   | raffic Control                     |                                  | Traffic Control Inoperative/Missing |              |                |  |  |
|          | PARKING LOT OR PRIVATE PROPERTY Surface Type |  |                  |                   | lO CONTROL                         | Road Grade                       |                                     |              |                |  |  |
|          |  | CKTOP (BITUMINOUS)                       | )                |                   | TRAIGHT                            | LEVEL                            | LEVEL                               |              |                |  |  |
|          | Truck  | k Bus or HazMat                          |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  | Vehicle                                  |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  | License Plate Number<br>AVM8458          |                  |                   | Plate Type<br>AUT - AUTOMOBILE     | St<br>WI                         | Country of Is                       |              |                |  |  |
|          |  | Vehicle Identification Numb              | ber              |                   | Make                               | Year                             | Model                               |              |                |  |  |
| 02       | 02   | 3C4PDDEG9GT106430                        | )                |                   | DODGE                              | 2016                             | JOURNEY<br>Bus Use                  |              |                |  |  |
|          |  | Color<br>RED - RED                       |                  |                   | Body Style<br>UT - SPORT UTILITY V |                                  |                                     |              |                |  |  |
|          | щ  | Initial Contact Point                    |                  |                   | Vehicle Damage                     |                                  |                                     |              | 7 8 9 10 11    |  |  |
|          | IICL   | 06 - REAR                                |                  |                   |                                    |                                  |                                     | 6 <b>1</b> 2 |                |  |  |
| 5        | VEHICLE                                      | Extent Of Damage<br>MINOR DAMAGE         |                  |                   | 06 - REAR 5 4 3 2 1                |                                  |                                     |              | 5 4 3 2 1      |  |  |
|          |  | Towed Due To Damage<br>NOT TOWED         |                  |                   | Vehicle Removed By<br>OPERATOR     |                                  |                                     |              |                |  |  |
| I        |  | What Driver Was Doing                    |                  |                   |                                    |                                  |                                     |              |                |  |  |
|          |  | BACKING                                  |                  |                   |                                    |                                  |                                     |              |                |  |  |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

4 of 7

### 23-13514

## WISCONSIN MOTOR VEHICLE CRASH REPORT

|               |                             |   |                      | -                    |                               |  |                  |                                |  |  |  |  |  |
|---------------|-----------------------------|---|----------------------|----------------------|-------------------------------|--|------------------|--------------------------------|--|--|--|--|--|
|               |                             |   |                      |                      | Vehi                          | cle Factors  |                  |                                |  |  |  |  |  |
|               |                             | Driver Prior Action Other                                       |                      |                      | NOT                           | APPLICABLE   |                  |                                |  |  |  |  |  |
| UNIT          | VEHICLE                     | Driver Actions<br>UNSAFE BACKING                                |                      |                      |                               |  |                  |                                |  |  |  |  |  |
| 02            | 02                          | Owner Name<br>MANUEL  | LOOR MA              | CIAS                 | 4                             | Owner Address<br>521 E LAKE AVE #<br>WISCONSIN DELLS |                  | S                              |  |  |  |  |  |
|               |                             | Sequence Of Events  | 5                    |                      |                               |  |                  |                                |  |  |  |  |  |
|               | 01                          | Event   |                      |                      |                               |  |                  |                                |  |  |  |  |  |
|               | 02                          | Event   |                      |                      |                               |  |                  |                                |  |  |  |  |  |
|               | 03                          | Event   |                      |                      |                               |  |                  |                                |  |  |  |  |  |
|               | 04                          | Event   |                      |                      |                               |  |                  |                                |  |  |  |  |  |
| ⊢             | I                           | Policy Holder   |                      |                      |                               |  |                  |                                |  |  |  |  |  |
| UNIT          |                             | Insurance Company<br>FOUNDERS-INS-CO                            |                      |                      | Individual MANUEL LOOR MACIAS |  |                  |                                |  |  |  |  |  |
|               |                             | Individual  |                      |                      |                               |  |                  |                                |  |  |  |  |  |
|               | ۲                           | Driver<br>MANUEL<br>(973) 955-7612                              | LOOR MAG             | CIAS                 | 0                             | tations Issued                                       | Sex<br>MALE      |                                |  |  |  |  |  |
| ╘             | ∎UDI                        |   |                      |                      |                               | ate of Birth   | Race<br>HISPANIC |                                |  |  |  |  |  |
| UNIT          | INDIVIDUAI                  | Address<br>521 E LAKE AVE # A<br>WISCONSIN DELLS, WI 53965 , US |                      |                      | Dr                            | iver License Number                                  |                  |                                |  |  |  |  |  |
|               | Sat                         | fety Equipment  | ity Crash            |                      | Sa                            | afety Equipment                                      |                  |                                |  |  |  |  |  |
|               | Sai                         | Row   | Sect                 | Position             | SHOULDER & LAP BELT           |  |                  |                                |  |  |  |  |  |
|               |                             | 01 - FRONT ROW<br>Helmet Use                                    | 07 - L               |                      |                               |  |                  |                                |  |  |  |  |  |
|               |                             | Theimet Obe   |                      |                      | Helmet Compliance             |  |                  |                                |  |  |  |  |  |
|               |                             | Eye Protection  |                      |                      |                               | Tint Compliance                                      |                  |                                |  |  |  |  |  |
| 02            | 002                         | In trainer  | Severity             | INJURY               | Airbag<br>NON DEPLOYED        |  |                  |                                |  |  |  |  |  |
|               |                             | Ejected<br>NOT EJECTED  | Ejection F<br>NOT EJ | ath<br>ECTED/NOT APF | PLICA                         | ABLE   |                  | Trapped/Extricated NOT TRAPPED |  |  |  |  |  |
|               |                             | Medical Transport   |                      |                      | EN                            | MS Agency Identifier                                 |                  | EMS Run #                      |  |  |  |  |  |
|               | NOT TRANSPORTED<br>Hospital |   |                      |                      | Date of Death                 |  |                  | Time of Death                  |  |  |  |  |  |
|               |                             | Distracted By NOT   | cted By Sour         |                      |                               | =D)  |                  | <u> </u>                       |  |  |  |  |  |
|               |                             | Distracted By Action<br>NOT DISTRACTED                          |                      |                      | -016                          | -0,  |                  |                                |  |  |  |  |  |
|               |                             |   | ig Unit #            | Location             |                               |  |                  |                                |  |  |  |  |  |
| <b>Min on</b> | ncin N                      | Veter Vehicle Crash   |                      | This repo            | ort doe                       | es not include any C.IIS                             | eteb 2           | Crash Date 12/19/2023          |  |  |  |  |  |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 5 of 7

23-13514

## WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |            | Prior Action  |                 |                    |                     |                                |                   |                                |                |  |  |
|------|------------|---|-----------------|--------------------|---------------------|--------------------------------|-------------------|--------------------------------|----------------|--|--|
| UNIT | NDIVIDUAL  | Action  |                 |                    |                     |                                |                   |                                |                |  |  |
|      | N          |   |                 |                    |                     |                                |                   |                                |                |  |  |
|      |            | Action Other  |                 |                    |                     |                                |                   |                                | To/From School |  |  |
|      | L          | Drug & Alcohol  | Suspected<br>NO | Alcohol U          | se                  | Suspected Drug Use<br>NO       |                   |                                |                |  |  |
|      |            | Alcohol Test Given<br>TEST NOT GIVEN                            |                 |                    | Alcohol Test Type   |                                |                   | Alcohol Test Results           |                |  |  |
|      |            | Drug Test Given<br>TEST NOT GIVEN                               |                 |                    | Drug Test Type      |                                | Drug Test Results |                                |                |  |  |
| 02   | 002        | Drug Type   |                 |                    | 1                   |                                | 1                 |                                |                |  |  |
|      |            | Individual Condition APPEARED NORMAL                            |                 |                    |                     |                                |                   |                                |                |  |  |
|      |            | ndividual   |                 |                    |                     |                                |                   |                                |                |  |  |
|      |            | Passenger<br>JURECK SALINAS                                     |                 |                    |                     | Citations Issued Sex<br>0 MALE |                   |                                |                |  |  |
|      | UAL        |   |                 |                    |                     | Date of Birth                  | Race<br>HISPANIC  |                                |                |  |  |
| UNIT | INDIVIDUAL | Address<br>521 E LAKE AVE # A<br>WISCONSIN DELLS, WI 53965 , US |                 |                    |                     | Driver License Number          |                   |                                |                |  |  |
|      | Saf        | ety Equipment   | On Duty C       | rash               |                     | Safety Equipment               |                   |                                |                |  |  |
|      |            | Row<br>01 - FRONT ROW   |                 | Seat Po<br>09 - RI |                     | SHOULDER & LAP BELT            |                   |                                |                |  |  |
|      |            | Helmet Use  | Helmet Use      |                    |                     | Helmet Compliance              |                   |                                |                |  |  |
|      |            | Eye Protection  |                 |                    |                     | Tint Compliance                |                   |                                |                |  |  |
| 02   | 003        | Injury  | Injury Seve     | erity<br>ARENT II  | NJURY               | Airbag<br>NON DEPLOYED         |                   |                                |                |  |  |
|      |            | Ejected<br>NOT EJECTED  | E               | jection Pa         | th<br>CTED/NOT APPL | LICABLE                        |                   | Trapped/Extricated NOT TRAPPED |                |  |  |
|      |            | Medical Transport<br>NOT TRANSPORT                              | ED              |                    |                     | EMS Agency Identifier          |                   | EMS Run #                      |                |  |  |
|      | Hospital   |   |                 |                    |                     | Date of Death                  |                   | Time of Death                  |                |  |  |
|      |            | Distracted By Source  |                 |                    |                     |                                |                   |                                |                |  |  |
|      |            | Distracted By Action  |                 |                    |                     |                                |                   |                                |                |  |  |
|      |            | Non Motorist  | Striking Ur     | nit #              | Location            |                                |                   |                                |                |  |  |
|      |            | Prior Action  |                 |                    |                     |                                | IC data           | Crash Data                     | 12/10/2022     |  |  |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 6 of 7

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |            | Action                            |                   |                    |                   |                      |                |
|------|------------|-----------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
|      | Ļ          |                                   |                   |                    |                   |                      |                |
| ∟    | NA         |                                   |                   |                    |                   |                      |                |
| UNIT |            |                                   |                   |                    |                   |                      |                |
|      | INDIVIDUAL |                                   |                   |                    |                   |                      |                |
|      | 4          |                                   |                   |                    |                   |                      |                |
|      |            |                                   |                   |                    |                   |                      |                |
|      |            | Action Other                      |                   |                    |                   |                      | To/From School |
|      |            | Suspected Alcohol L               | Jse               | Suspected Drug Use |                   |                      |                |
|      | L          | Drug & Alcohol No                 |                   | NO                 |                   |                      |                |
|      |            | Alcohol Test Given                | Alcohol Test Type |                    |                   | Alcohol Test Results |                |
|      |            | TEST NOT GIVEN                    | Drug Test Type    |                    | Drug Test Results |                      |                |
|      |            | Drug Test Given<br>TEST NOT GIVEN | Drug root rypo    |                    | Drug rest results | ,                    |                |
| 02   | 003        | Drug Type                         |                   |                    |                   |                      |                |
| U    | 0          |                                   |                   |                    |                   |                      |                |
|      |            | Individual Condition              |                   |                    |                   |                      |                |
|      |            | APPEARED NORMAL                   |                   |                    |                   |                      |                |
|      |            |                                   |                   |                    |                   |                      |                |

Wisconsin Motor Vehicle Crash Form DT4000