23-13854

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash	Document #	Agency 23-138	r Crash Number 3 54		Officer/Deputy	
17S	Crash Date 12/30/2023	Crash Time 04:21 PM		Date Ar 12/30/		Time Arrived 04:27 PM		
6TL0BC3B7	Date Notified 12/30/2023	Time Notified 04:24 PM		Total U 02	nits	Total Injured 04	Total Kille 00	ed
-0B(On Emergency	t and Run	Lane Closu		Work Zone	Trailer	or Towed	Reporting Threshold
6TL	Government Property		chool Zone	School NO	Bus Related	Tags		
	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash
	Description							
	Diagram						Reconstruction Photos By	n By
	Not to scale			(D. KROLIKO	
				02			Additional Info PHOTOS	
	✔ I, a sworn law enforcement	ent officer, agr	ee that I have no	ot addec	I any CJIS data in this	report.		
	ON THE DESCRIBED DATE, TIME, UNIT 1 LOOKED BACK AND ATTEM UNIT 1 ROLLED OVER AND LANDE WERE TAKEN TO THE LOCAL HOS	MPTED TO PICK U	JP AN ITEM THE BA LS. UNIT 2 CROSS	CK SEAT	PASSENGER DROPPED, UCENTERLINE WHERE IT CA	JNIT 1 CROSS	ED THE CENTE	RLINE STRIKING UNIT 2.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location										
ON CTHA SB						Latitude			Longitu	de
219 FT N						43.48970	0315			8735441
OF CITY VIEW RD						X Coordin	ate		Y Coord	dinate
IN THE TOWN OF BARAI	800					278546.5	5625		48188	41.5
						Structure		RE		
Crash Scene										
First Harmful Event						First Harm	nful Ever	nt Location		
MOTOR VEH IN TRANSP	ORT					ON ROA				
Manner of Collision	•					Light Con				
02 - FRONT TO FRONT						DUSK				
Road Surface Condition(s)						Roadway	Factor(s	;)		
						rioddindy	i dotoi (o	,)		
DRY										
Environment Factor(s)										
NONE						NONE				
Weather Condition(s)										
CLOUDY										
Animal Type						Relation T	o Traffic	way		
								- ON ROAD		
Crash Classification - Location	ı					Crash Cla	ssificatio	on - Jurisdiction		
PUBLIC PROPERTY						NO SPE	CIAL J	URISDICTIO	N	
Tribal Land						Access Co	ontrol			Special Study
						NO CON	TROL			
Within Interchange Area		ction Location			Intersectio					
NO	NO	N-JUNCTION			NOT AN	INTERSE	CTION			
Closure Type				Reaso	ons for Closu	ure				
FULL CLOSURE										
Date Initial Lane/Rd Closed		Time Initial Lane/Rd Close	d	LAW	ENFORC	EMENT				
12/30/2023		04:28 PM								
Date All Lanes Open		Time All Lanes Open		Date S	Scene Clear	ed		Time Scene C	leared	
12/30/2023		05:19 PM		12/30	/2023			05:19 PM		
Unit Summary 🛛 💻										
Unit Status			Veh	nicle Ope	erating As C	lassification		Unit Type	1	
IN TRANSIT			DC	CLASS				AUTOM	OBILE	
Vehicle Type								Operating	g As Endorse	ments
(SPORT) UTILITY VEHIC	LE									
Total Occs	T	rain/Bus # Recorded	Tota	al # Citat	tions Issued		Total 1	Frailers	Total Haz	zMat Types
4			2				0		0	
Insurance?	D	irection Of Travel		Pre	CrashTire		Speed	Limit	Total Lar	nes
YES	s	OUTHBOUND			Mark		45		2	
Most Harmful Event: Collision	With			ecial Fun					cy Motor Veh	
MOTOR VEH IN TRANSP	ORT		NC	SPEC	IAL FUNC	TION		NOT AP	PLICABLE	
Traffic Way			Tra	ffic Cont	rol			Traffic Co	ontrol Inopera	tive/Missing
TWO-WAY, NOT DIVIDED)		NO	CONT	ROL			NO		
Surface Type			Roa	ad Curva	ture			Road Gra	ıde	
BLACKTOP (BITUMINOU	IS)		ST	RAIGH	т			UPHILL		
Truck Bus or HazMat										
NO										
Vehicle										

		_				
			License Plate Number	Plate Type	St	Country of Issuance
			ALP5124	AUT - AUTOMOBILE	WI	UNITED STATES
.	-		Vehicle Identification Number	Make	Year	Model
		5	ZACNJBAB0LPL40243	JEEP	2020	RENEGADE

5

UNIT

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color	1	Body Style		Bus Use	
		RED - RED		UT - SPORT UTILITY	VEHICLE	-	
	ш	Initial Contact Point		Vehicle Damage		II	
Ŀ	C	11 - LEFT FRONT CORNER		-			7 8 9 10 11
UNIT	Ĭ	Extent Of Damage		15 - ALL AREAS			6 12
-	VEHICLE	DISABLING DAMAGE					5 4 3 2 1
		Towed Due To Damage		Vehicle Removed By			
		TOWED DUE TO DISABLIN	G DAMAGE	CRAIGS TOWING			
		What Driver Was Doing		Vehicle Factors			
		GOING STRAIGHT					
		Driver Prior Action Other		NOT APPLICABLE			
		Driven Astiens					
		Driver Actions FAILED TO KEEP IN DESIG					
⊢⊢	VEHICLE						
UNIT	¥						
	/EI						
	-						
		Owner Name		Owner Address			
_	1	JUSTON MILLER		3300 HEDDEN R			
5	01	(262) 498-8603		MIDDLETON, WI	53562 , US		
		Sequence Of Events					
	01	Event CROSS CENTERLINE					
	0						
	02	Event MOTOR VEH IN TRANSPOR	RT				
	•						
	03	Event OVERTURN/ROLLOVER					
	_	Event					
	04						
⊢	I	Policy Holder					
UNIT		Insurance Company		Individual			
רן		STATE-FARM-GENERAL-IN	IS-CO	JUSTON MILLER			
	I	Individual					
		Driver		Citations Issued	Sex		
	Ļ	JUSTON MILLER (262) 498-8603		2	MALE		
	DUAL	(202) 400 0000		Date of Birth	Race WHITE		
Ę	٩	A d d		Duiver Lissues North			
IN N	INDIVI	Address 3300 HEDDEN RD # 8		Driver License Numbe	F		
	N	MIDDLETON, WI 53562 , US	S	STATE: WISCONS	IN COUNTRY: UN	IITED STATES	
		On Duty C	rash	Safety Equipment			
	Sat	fety Equipment					
		Row	Seat Position	SHOULDER & LAF	PBELT		
		01 - FRONT ROW	07 - LEFT				
		Helmet Use		Helmet Compliance			
		Fue Desta stiers					
		Eye Protection		Tint Compliance			
	~	Injury Seve	erity	Airbag			
2	001	1 *		DEPLOYED-COME	BINATION		
			jection Path	1		Trapped/Extricated	
		NOT EJECTED N	OT EJECTED/NOT APP	LICABLE		NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		OTHER					
Wieco	ncin M	Motor Vehicle Crash	This repo	rt does not include any C	IIS data	Crash D	ate 12/30/2023

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital ST CLARE HOSP				Date of Death		Time of Death	
	-	Distracted By	Distracted B PASSENG	by Source	IER NON-MOTO	RIST			
		Distracted By Action OTHER ACTION (LC		AWAY F	ROM TASK ETC	;)			
			Striking Unit		Location	,			
		Prior Action							
		Action							
	Ļ								
	NDIVIDUAL								
5	DIVI								
	Z								
		Action Other							To/From School
			Suspected A	Alcohol Us	e	Suspected Drug Use			
	Ľ	Drug & Alcohol	NO			NO			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
5	001	Drug Type							
	•								
		Individual Condition	ΔΙ						
		ndividual Passenger				Citations Issued	Sex		
	Ļ	AMANDA BRUNNE (608) 572-5622	R			0	FEMALE		
Ы	INDIVIDUAI	(000) 012 0022				Date of Birth	Race WHITE		
	Σ	Address 3300 HEDDEN RD				Driver License Number			
	Z	MIDDLETON, WI 53	562 , US			STATE: WISCONSIN	I COUNTRY: UNI	TED STATES	
	Saf	fety Equipment	On Duty Cra	ash		Safety Equipment			
	Uu.	Row		Seat Pos	sition	SHOULDER & LAP	BELT		
		01 - FRONT ROW Helmet Use		09 - RIC	SHT	Helmet Compliance			
		Tielmet Ose				Theimer Compliance			
		Eye Protection				Tint Compliance			
2	002	1	njury Sever	-	OR INJURY	Airbag DEPLOYED-COMB	ΝΑΤΙΟΝ		
		Ejected	Eje	ection Pat	า			Trapped/Extricated	
		NOT EJECTED Medical Transport		JIEJEC	TED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #	
		OTHER				Date of Doath		Time of Dooth	
		ST CLARE HOSP							
		Hospital				Date of Death		Time of Death	12/20/2022

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	ted By Sourc	e				
	ſ	Distracted By Action						
		Non Motorist	Unit #	Location				
		Prior Action						
		Action						
	_							
⊢│	INDIVIDUAL							
	IDN							
	-							
		Action Other						To/From School
	Ľ	Drug & Alcohol NO	ted Alcohol I	Jse	Suspected Drug Us	e		
	ſ	Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type				
		Drug Test Given TEST NOT GIVEN		Didg rest type		Drug Test Result	5	
2	002	Drug Type		·		-		
	_							
		Individual Condition						
		APPEARED NORMAL						
	i	ndividual						
		Passenger KORA MILLER			Citations Issued 0	Sex FEMALE		
	INDIVIDUAL				Date of Birth	Race		
		Address			Driver License Num	WHITE		
5		3300 HEDDEN RD # 8			Driver License Num	Dei		
	=	MIDDLETON, WI 53562 ,	05					
		On Dut	y Crash		Safety Equipment			
	Saf	ety Equipment						
		Row 02 - SECOND ROW	Seat P 07 - L		CHILD RESTRAI	NT SYSTEM - REA	RFACING	
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
	_ ا	Injury S	overity		Airbag			
2	003	Injury NO AF	PARENT I	NJURY	DEPLOYED-COM	MBINATION		
		Ejected NOT EJECTED	Ejection Pa	ath :CTED/NOT APPL			Trapped/Extricated NOT TRAPPED	
		Medical Transport	NOT EJE		EMS Agency Identif	ier	EMS Run #	
		OTHER			Data of Dog#		Time of Death	
		Hospital ST CLARE HOSP			Date of Death		Time of Death	
		Distracted By	ted By Sourc	e			•	
		-						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action						
		Striking	Libit #	Location				
		Non Motorist	j Unit #	Location				
		Prior Action						
		Action						
		Action						
	٩L							
F	INDIVIDUAL							
UNIT	Z							
-	Ī							
	=							
		Action Other						To/From School
		Suspec	ted Alcohol l	Jse	Suspected Drug Use			
	Ľ	Drug & Alcohol NO			NO			
		Alcohol Test Given		Alcohol Test Type	2		Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type		Drug Test Results		
		Drug Test Given TEST NOT GIVEN		Didg rest type		Drug Test Results		
0	003	Drug Type						
0	0							
		Individual Condition						
		APPEARED NORMAL						
	I	ndividual						
		Passenger SHYANNA MILLER			Citations Issued	Sex		
	AL	SITTAINA MILLER			0 Date of Birth	FEMALE Race		
F	INDIVIDUAL					BLACK/AFRIC	AN AMERICAN	
LINU	N	Address 3300 HEDDEN RD # 8			Driver License Numb	er		
	N	MIDDLETON, WI 53562 ,	US					
	Saf	On Dut	y Crash		Safety Equipment			
	Jai					T SYSTEM - FORV		
		Row 02 - SECOND ROW	Seat Po 09 - R		CHILD RESTRAIN		VARD FACING	
		Helmet Use			Helmet Compliance			
		Eye Protection			T LO I			
		Eye Flotection			Tint Compliance			
0	004	Injury S			Airbag			
0	õ		PARENT I		DEPLOYED-COM	BINATION	Tropped/Extrinated	
		Ejected NOT EJECTED	Ejection Pa				Trapped/Extricated NOT TRAPPED	
		Medical Transport		-	EMS Agency Identifie	r	EMS Run #	
		OTHER						
		Hospital ST CLARE HOSP			Date of Death		Time of Death	
		Distract	ted By Sourc	e	<u> </u>		1	
		Distracted By						
		Distracted By Action						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Non Motorist	Striking Unit #	Location				
[Prior Action		1				
ľ	Action						
IAL							
NDN							
_							
ľ	Action Other						To/From School
Ľ	Drug & Alcohol	Suspected Alcol	hol Use	Suspected Drug Use			L
[Alcohol Test Given		Alcohol Test Ty	ре		Alcohol Test	Results
ľ	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	s	
004	Drug Type						
ŀ	Individual Condition						
	APPEARED NORM	IAL					
۱	Violations						
6	UTC Number AE138581	Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT (OF CENTER		
02	UTC Number AE138582	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIV	ING		
Jnit	t Summary			I			
					ification	Unit Type	
Vehio	cle Type						Endorsements
-			# Recorded	Total # Citations Issued	Total Trai	lers	Total HazMat Types
2				0	0		0
				Pre CrashTire Mark	Speed Lir 45		Total Lanes 2
				Special Function NO SPECIAL FUNCTIO)N	Emergency N NOT APPL	Notor Vehicle Use ICABLE
		D		Traffic Control NO CONTROL		Traffic Contro NO	ol Inoperative/Missing
		OUS)		Road Curvature STRAIGHT		Road Grade	
Truck		,					
	Vehicle						
				Plate Type LTK - LIGHT TRUCK	St WI	Country of Iss	
					1		-
02	Vehicle Identification N 1FTFX1EF1BKD53			Make FORD	Year 2011	Model F150	
	000 000 000 000 000 000 000 000 000 00	Action Action Action Other Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORW Violations UTC Number AE138581 UTC Number AE138582 UTC Number AE138582 UTC Number MIT Status IN TRANSIT Vehicle Type UTILITY TRUCK/PICKU Total Occs Insurance? YES Most Harmful Event: Collisic MOTOR VEH IN TRANSI Traffic Way TWO-WAY, NOT DIVIDE Surface Type BLACKTOP (BITUMINC Truck Bus or HazMat NO	Action Action Other Action Other Action Other Drug & Alcoho NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Violations UTC Number AE138581 001 UTC Number Issue To? AE138582 001 UTC Number Issue To? AE138582 001 UTC Number Issue To? O1 UTC NUMBER Issue TO? I	Action Action Other Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Test Given Actions UTC Number AE138581 001 Statute Number AE138582 UTC Number AE138582 UTI TY RUCK/PICKUP TRUCK Total Occs Train/Bus # Recorded Insurance? Direction Of Travel NOTOR VEH IN TRANSPORT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat	Action Action Action Other Action Other Drug & Alcohol NO Action Other Drug Tspe Drug Tspe UTC Number Action Other Actiasse Other Operating As Class Other Operating As Class Direction Of Travel Operating As Class Disurance? Direction Of Travel Operating As Class Ocontrol Action Other Weikler Type UTLITY TRUCK/PICKUP TRUCK Total Occs Train/Bus # Recorded Insurance?	Action Action Other Drug & Alcohol Suspected Alcohol Use NO NO Action Other Drug & Alcohol NO Montana Strate NO Montana Strate NO Montana Strate NO Montana Strate Drug Test Result Montana Strate Drug Test Result Montana Strate Drug Test Result Drug Type Drug Test Result Montana Strate Drug Test Result Violations Statute Number Matasses Oot Montana Strate OPERATING LEFT OF CENTER Montana Strate Description Montana Strate OPERATING LEFT OF CENTER Montana Strate Description Montana Strate OPERATING LEFT OF CENTER Mott Harmana Strate Description Montana Strate OPERATING LEFT OF CENTER Montana Strate Description Montana Strate OPERATING LEFT OF CENTER Montana Strate Description Montana Strate OPERATING LEFT OF CENTER Mont Harmind Ev	Action Action Action Action Other Drug & Alcohol No Suspected Alcohol No Action Other No No Action Other No No Action Other No No Action Other No No Prog & Alcohol No Drug Test Given Drug Type Individual Condition APPEARED NORMAL Violations Individual Condition APPEARED NORMAL Violations Int Status Int Status No Nit Status No Nit Status Vehicle Operating As Classification UTC Number Issue To? Statute Number Description Nattamstrip D CLASS Train/Sus # Recorded Obart Harmful Event: Collision With No SPEcial Function Nort Haconol Nort

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WISCONSIN MOTOR VEHICLE CRASH REPORT

⊢	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			7 8 9 10 11
UNIT	НЮ	Extent Of Damage		10 - LEFT SIDE FRC 12 - FRONT	ONT, 11 - LEFT FRONT COR	NER,	6 12
-	<	DISABLING DAMAGE					5 4 3 2 1
		Towed Due To Damage TOWED DUE TO DISABLING		Vehicle Removed By PLATTS WRECKER			
		What Driver Was Doing	5 DAWAGE	Vehicle Factors			
		GOING STRAIGHT					
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION					
⊢	CLE	NO CONTRIBUTING ACTION	•				
UNIT	VEHICL						
-	<pre></pre>						
		Owner Name		Owner Address			
~	~	BRUCE PETERSON		W4663 US HIGH			
02	02	(608) 354-4047		MAUSTON, WI 5	3948,US		
		Sequence Of Events Event					
	01	MOTOR VEH IN TRANSPOR	T				
	02	CROSS CENTERLINE					
	03	Event RUN OFF ROADWAY LEFT					
	04	Event DITCH					
		Policy Holder					
H							
TINU		Insurance Company		Individual			
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO	,	Individual BRUCE PETERSC	N		
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO		BRUCE PETERSC			
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON			N Sex MALE		
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver		BRUCE PETERSC Citations Issued	Sex MALE Race		
		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047	,	Citations Issued 0 Date of Birth	Sex MALE Race WHITE		
UNIT UNIT	IDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI		BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number	Sex MALE Race WHITE		
	IDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address		BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number	Sex MALE Race WHITE	TES	
	IDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948, US	D 16	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS	Sex MALE Race WHITE	ιτes	
	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI	D 16	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number	Sex MALE Race WHITE	ITES	
	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment Row	D 16 rash Seat Position	Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS	Sex MALE Race WHITE er IN COUNTRY: UNITED STA	ιτes	
	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment Row 01 - FRONT ROW	D 16 rash	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI	Sex MALE Race WHITE er IN COUNTRY: UNITED STA	TES	
	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment Row	D 16 rash Seat Position	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment	Sex MALE Race WHITE er IN COUNTRY: UNITED STA	ιτes	
	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment Row 01 - FRONT ROW	D 16 rash Seat Position	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI	Sex MALE Race WHITE er IN COUNTRY: UNITED STA		
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	D 16 rash Seat Position 07 - LEFT	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag	Sex MALE Race WHITE er IN COUNTRY: UNITED STA	ITES	
	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948, US Fety Equipment Con Duty Cr Fety Equipment Con Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPECT	D 16 ash Seat Position 07 - LEFT rity FED MINOR INJURY	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance	Sex MALE Race WHITE or IN COUNTRY: UNITED STA P BELT BINATION		
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment On Duty Cr Fety Equipment On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPECT Ejected NOT EJECTED	D 16 rash Seat Position 07 - LEFT	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI	Sex MALE Race WHITE or IN COUNTRY: UNITED STA P BELT BINATION	TES //Extricated	
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment On Duty Cr Fety Equipment On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPECT Ejected NOT EJECTED N Medical Transport	D 16 ash Seat Position 07 - LEFT rity FED MINOR INJURY ection Path	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment Shouldber & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI LICABLE EMS Agency Identifie	Sex MALE Race WHITE er IN COUNTRY: UNITED STA P BELT BINATION Trapped/ NOT TF	/Extricated RAPPED	
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment On Duty Cr Fety Equipment On Duty Cr Fety Equipment Con Duty Cr Fety Equipm	D 16 ash Seat Position 07 - LEFT rity FED MINOR INJURY ection Path	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment Shouldberg & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI LICABLE EMS Agency Identifie 6000368	Sex MALE Race WHITE er IN COUNTRY: UNITED STA P BELT BINATION Trapped/ NOT TF r EMS Rur	/Extricated RAPPED	
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO Individual Driver BRUCE PETERSON (608) 354-4047 Address W4663 US HIGHWAY 12 ANI MAUSTON, WI 53948 , US Fety Equipment On Duty Cr Fety Equipment On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve SUSPECT Ejected NOT EJECTED N Medical Transport	D 16 ash Seat Position 07 - LEFT rity FED MINOR INJURY ection Path	BRUCE PETERSC Citations Issued 0 Date of Birth Driver License Number STATE: WISCONS Safety Equipment Shouldber & LAI Helmet Compliance Tint Compliance Airbag DEPLOYED-COMI LICABLE EMS Agency Identifie	Sex MALE Race WHITE er IN COUNTRY: UNITED STA P BELT BINATION Trapped/ NOT TF	/Extricated RAPPED	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

			Distracted E	By Source)				
		Distracted By	NOT APP	LICABL	E (NOT DISTRA	CTED)			
]	Distracted By Action			,	,			
		Non Motorist	Striking Uni	t #	Location				
]	Prior Action							
		Action							
	AL								
UNIT	INDIVIDUAL								
5	DIV								
	Z								
		Action Other							To/From School
	L	Drug & Alcohol	Suspected .	Alcohol U	se	Suspected Drug Use			L
		Alcohol Test Given			Alcohol Test Type)		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Result	5	
02	005	Drug Type							
	0	Individual Condition							
			1.01						
	l	ndividual							
		Passenger SUSAN MCMULLE	EN			Citations Issued 0	Sex FEMALE		
	INDIVIDUAL	(608) 333-6902				Date of Birth	Race		
	VIDI	Address				Driver License Numb	WHITE		
5	NDN	W4663 US HIGHW		D 16					
	-	MAUSTON, WI 539	948 , US			STATE. WISCONS	SIN COUNTRY: UN	TIED STATES	
	Sat	ety Equipment	On Duty Cr	ash		Safety Equipment			
		Row 01 - FRONT ROW		Seat Po 09 - Ri		SHOULDER & LA	P BELT		
		Helmet Use		00 - 10		Helmet Compliance			
		Eye Protection				Tint Compliance			
02	900	Iniury	Injury Seve	rity		Airbag			
-	0	Ejected	SUSPECT	ED MIN		DEPLOYED-COM	BINATION	Trapped/Extricated	
		NOT EJECTED	-		CTED/NOT APPI			NOT TRAPPED	
		Medical Transport EMS GROUND				EMS Agency Identifie	er	EMS Run #	
		Hospital ST CLARE HOSP				Date of Death		Time of Death	
		Distracted By	Distracted E	By Source	2	L		l	
		/							

23-13854

WISCONSIN MOTOR VEHICLE CRASH REPORT

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