6TL0DKRB1Q 24-00208

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Numb				stigating Officer/Deputy PUTY R. BARNES			
_	0.157	0 1 7									
	Crash Date 01/07/2024	Crash Time 01:30 AM		Date Arrived			TIME	Time Arrived			
9	Date Notified Time Notified			Total U	nits		Tota	l Injured	Total Killed	Killed	
ᄍ	01/07/2024	01:30 AM		01		00		00			
ODKRB	On Emergency	it and Run	and Run Lane Clos		sure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone			School Bus Related NO			Tags	ags			
	Reportable	TICATED ANI	ANIMAL W/ NO INJURY				Amended		Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	ocation										
Ī	ON USH12 EB					Latitude Longitude					
	0.45 MI S					43.46812	20889	-89.776659002			
	OF STH136 EB										
	IN THE TOWN OF BARABO	0				X Coordinate			Y Coordinate		
	IN SAUK COUNTY					275399.9	96875		481654	16.5	
						Structure	Туре				
L											
(Crash Scene										
Ī	First Harmful Event					First Harm	nful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA	DWAY				
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CI E IN TRANSP	OPT			Light Condition					
ŀ		OLL III IIIAIIOI	OKI			Dooduss	Castar(a)				
	Road Surface Condition(s)					Roadway	racior(s)				
ŀ	- · · · · · · · · · · · · · · · · · · ·										
	Environment Factor(s)										
ļ.	W 11 0 111 ()										
	Weather Condition(s)										
Į.											
Animal Type						Relation To Trafficway					
	COYOTE Crash Classification - Location PUBLIC PROPERTY					TRAFFICWAY - ON ROAD					
ľ						Crash Classification - Jurisdiction					
						NO SPE	CIAL JUR	SDICTION			
ŀ	Tribal Land					Access Control				Special Study	
										· ·	
L											
<u> </u>	Unit Summary										
	Unit Status		V	ehicle Operating As Classification			Unit Type				
	IN TRANSIT			D CLASS				AUTOMOBILE			
ŀ	Vehicle Type					Operating As Endorsements			ments		
0	PASSENGER CAR										
ŀ					Citations Issued		Total Trail	ere	ers Total HazMat Types		
								0		iviat Types	
ļ	2	D: (: 00 = 1	0		0						
	Insurance?	Direction Of Travel	-	Pre CrashTir		e Speed Lin		mit Total Lane		es	
⊢ا	YES EASTBOUND			Mark							
LIND	Most Harmful Event: Collision With			pecial Func				Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTIO			TION		NOT APPLICABLE		
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing		
				5011110				John of Moporativo Minosing			
ļ	Surface Type) a a d C				Bood Crodo			
l	Surface Type		I R	Road Curvature			Road Grade				
	1										

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Crash Date 01/07/2024

Crash Time 01:30 AM

	Truc	k Bus or HazMat							
	,	Vehicle							
01		License Plate Number AEG7857	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number 2T1BURHE6JC071034	Make TOYOTA	Year 2018	Model COROLLA				
		Color SIL - SILVER (ALUMINUM)	Body Style Bus Use 4D - 4DR						
LIND		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
		Owner Name	Owner Address						
6	6								
⊢		Policy Holder							
LNO		Insurance Company GEICO-GENERAL-INS-CO	Individual PADA YANG						
		ndividual							
	ب	Driver RYAN YUEN	Citations Issued 0	Sex MALE					
⊨	INDIVIDUAL		Date of Birth	Race ASIAN OR NA	ATIVE HAWAIIAN OR OTHER PACIFIC ISLAN				
LINO		Address 391 MICHELLE LN DALY CITY, CA 94015 , US	Driver License Number STATE: CALIFORNIA COUNTRY: UNITED STATES						
	Sai	On Duty Crash fety Equipment	Safety Equipment						
		Row Seat Position	SHOULDER & LAP	NP BELT					
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
7	00	Injury Severity NO APPARENT INJURY	Airbag						
		Ejected Ejection Path	•		Trapped/Extricated				
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death				

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	Distracted By	Distracted By Source	•					
	Distracted By Action							
•	Non Motorist	Striking Unit #	Location					
	Prior Action							
	Action							
UAL								
IVID								
N N								
	Action Other						To/From School	
							Ton Toni Galleer	
L	Drug & Alcohol NO			NO				
	Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN				Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test R				
001	Drug Type		<u> </u>		<u> </u>			
	ndividual Condition							
APPEARED NORMAL								
		Prior Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition	Distracted By Distracted By Action Non Motorist Prior Action Action Action Action Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition	Distracted By Distracted By Action Striking Unit # Location Prior Action Action Action Action Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition	Distracted By Distracted By Action Non Motorist Prior Action Action Action Action Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Distracted By Action Non Motorist Prior Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition Drug Type Drug Type Striking Unit # Location Striking Unit # Location Suspected Drug Use NO Alcohol Test Type Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Distracted By Action Prior Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition Drug Type Drug Test Grove Individual Condition	