WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # Crash Time 07:28 AM Time Notified | | Agency Crash Number 24-01962 | | Investigating Officer/Deputy DEPUTY S. MESSNER | | | |
|--------|---|---|---|---|--|--|---|--|--|
| • | Crash Date 02/26/2024 | | | Date Arr 02/26/2 | | Time Arrived 07:35 AM | Time Arrived 07:35 AM | | |
| • | Date Notified | | | Total Units | | Total Injured Total Killed 00 | | ed | |
| | 02/26/2024 | 07:28 AM | :28 AM | | 02 | | 00 | | |
| 1 ? | On Emergency Hit | and Run | ✓ Lane Closu | | | | or Towed | Reporting Threshold | |
| • | Government Property | Active Sci | hool Zone | School E | Bus Related | Tags | | | |
| | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH |) | | Amend | ed | Secondary Crash | |
| | Description | | | | | | | | |
| | North Reedsburg Rd Green light sbount | | ums on Login | place o | round, place | | Photos By DEP. S. ME Additional Info PHOTOS | SSNER #9134 | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | |
| | ON 2/26/2024, AT APPROXIMATELY VINCENT J. TIKKANEN, DRIVER 1. NORTHBOUND AND SOUTHBOUND EASTBOUND, BUT TURNED INTO UNIT 2 PROCEEDED INTO THE NOT VEHICLES WERE NOT DRIVEABLE. | 7:28 AM, UNIT 1, UNIT 2, A BLACK D HAD GREEN LIG JNIT 1. UNIT 2 STI RTHBOUND DITC | A BLACK 1998 CH 2010 FORD FUSIO GHTS FROM THE T RUCK UNIT 1 IN TH H OF N. REEDSBU | EVROLET N, BEARIN RAFFIC CO IE DRIVEF RG ROAD | GMT-400 PICKUP TRUC IG WI# AWD7511, WAS B ONTROL SIGNAL. UNIT 2 R SIDE. UNIT 1 WENT INT AND CAME TO REST. DI | K, BEARING WI # EING DRIVEN BY MADE A LEFT T O THE RIGHT H. RIVER 1 AND DR | Y HUDSON JD 'URN TO GET (AND SHOULDE !IVER 2 WERE | HILL, DRIVER 2. BOTH DNTO N. REEDBURG ROAD, ER AND CAME TO REST. | |

Wisconsin Motor Vehicle Crash Form DT4000

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| L | _OC | ation | | | | | | | | | | |
|---|--|---|--------------------------------|-----------------------|--------------------------|-------------------------|---|----------------|---------------------------|----------------|--------------|--|
| Ī | | N REEDSBURG RD | | | | | Latitude | | | Longitud | de | |
| | 32 F | | | | | | 43.53246 | 32556 | | _ | 742187 | |
| | _ | CTHBD NB | | | | | X Coordina | ate | | Y Coord | linate | |
| | | HE TOWN OF DELTO AUK COUNTY | N | | | | 275551 | | | 482369 | 95.5 | |
| | IIV O | AUR COUNTT | | | | | Structure Type | | | | | |
| | | | | | | | NO STRI | UCTURE | | | | |
| (| 2ra: | sh Scene 💳 | | | | | | | | | | |
| Ī | First | Harmful Event | | | | | First Harm | ıful Event Lo | cation | | | |
| | MOT | TOR VEH IN TRANSP | ORT | | | | ON ROA | DWAY | | | | |
| | Mann | ner of Collision | | | | | Light Cond | dition | | | | |
| | 01 - | ANGLE | | | | | DAYLIGI | HT | | | | |
| | Road | Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| | DRY | • | | | | | | | | | | |
| - | Envir | onment Factor(s) | | | | | | | | | | |
| | NON | IE | | | | | NONE | | | | | |
| ŀ | Weat | ther Condition(s) | | | | | 1 | | | | | |
| | CLE | . , | | | | | | | | | | |
| ļ | | | | | | | Relation T | o Trafficwo | , | | | |
| | Animal Type Crash Classification - Location | | | | | | Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction | | | | | |
| f | | | | | | | | | | | | |
| | | UBLIC PROPERTY | | | | NO SPECIAL JURISDICTION | | | | | | |
| | Tribal Land | | | | | | Access Control Special Study NO CONTROL | | | | | |
| ŀ | Within Interchange Area Junction Location | | | | | Intersection | ction Type | | | | | |
| | YES | | INTERSECTION | | FOUR-WAY INTERSECTION | | | | | | | |
| Ī | | ıre Type | | | Reasons for Closure | | | | | | | |
| | | E CLOSURE | | | | | | | | | | |
| | | Initial Lane/Rd Closed | Time Initial Lane/Rd Close | e/Rd Closed TOW TRUCK | | | | | | | | |
| ŀ | | 6/2024 All Lanes Open | 07:28 AM Time All Lanes Open | | Date Scene Cleared | | ed Time Scene Cleared | | | | | |
| | | 6/2024 | 08:05 AM | | 02/26/2024 | | | 08:05 AM | | | | |
| į | Init | Summary = | | | l | | | | | | | |
| 寸 | | Status | | Vehi | cle Ope | rating As C | lassification | | Unit Type | | | |
| | IN T | RANSIT | | DC | LASS | · · | | | TRUCK | | | |
| . | Vehic | cle Type | | | | | | | Operating As Endorsements | | ments | |
| 5 | UTIL | ITY TRUCK/PICKUP | TRUCK | | | | | | | | | |
| ſ | | Occs | Train/Bus # Recorded | | Total # Citations Issued | | | | | | Mat Types | |
| ļ | 1 | | Direction Of Travel | 0 | | | | 0 Speed Lim | | O Total Lan | | |
| | Insura | ance? | Direction Of Travel NORTHBOUND | | Pre | CrashTire Mark | | Speed Lim | III. | Total Lanes 3 | | |
| _ | _ | Harmful Event: Collision | | Spec | cial Fun | | | 1 30 | Emergency I | | icle Use | |
| | МОТ | TOR VEH IN TRANSP | | | | IAL FUNC | TION | | NOT APPL | ICABLE | | |
| | | c Way | | | ic Cont | | | | Traffic Contro | ol Inopera | tive/Missing | |
| | • | | | | | SIGNAL | | | NO Dead Control | | | |
| | | Surface Type Road BLACKTOP (BITUMINOUS) STR | | | d Curva R AIGH | | | | Road Grade LEVEL | | | |
| - | | Bus or HazMat | ···) | 316 | AIGH | • | | | LLVEL | | | |
| | NO | | | | | | | | | | | |
| | _ | /ehicle | | | | | | | | | | |
| | | License Plate Number | | | te Type | | | St | Country of Issuance | | | |
| | | Vehicle Identification Nu | mhor | Mal | | HT TRUC | 'n | WI Year | UNITED ST | AIES | | |
| 5 | 7 | 2GCEK19R4W12493 | | | | LET | | 1998 | Model GMT-400 | | | |
| | 200211101111121000 | | | CHEVROLET | | | | .555 | J 700 | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 1 | | Color | | Body Style | | Bus Use | | | | |
|----------|------------------------------------|---------------------------|--|------------------------|----------------|--------------------|-----------|--|--|--|
| | | BLK - BLACK | PK - PICKUP | | Dus 030 | | | | | |
| | | | | | | | | | | |
| ١. | Щ | Initial Contact Point | Vehicle Damage 7 8 9 10 11 | | | | | | | |
| I⊑ | ರ | 10 - LEFT SIDE FRONT | 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - | | | | | | | |
| IN S | 王 | Extent Of Damage | LEFT SIDE FRONT | , 09 - LEFT SID | E MIDDLE, 10 - | | | | | |
| - | VEHICL | DISABLING DAMAGE | | LEFT SIDE FRONT | | | 5 4 3 2 1 | | | |
| 1 | | | | Vehicle Removed By | | | | | | |
| | | TOWED DUE TO DISABLIN | | CRAIGS TOWING | | | | | | |
| | | | | | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | GOING STRAIGHT | | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | |
| | | | | | | | | | | |
| 1 | | Driver Actions | | | | | | | | |
| | ш | NO CONTRIBUTING ACTIO | ON | | | | | | | |
| | VEHICLE | | | | | | | | | |
| FN | 2 | | | | | | | | | |
| 15 | 프 | | | | | | | | | |
| | 7 | | | | | | | | | |
| | | | | | | | | | | |
| 1 | | Owner Name | | Owner Address | | | | | | |
| | | VINCENT TIKKANEN | 1113 SUMMIT STREET | | | | | | | |
| 2 | 2 | | | BARABOO, WI 53913 , US | | | | | | |
| | | | | ., | | | | | | |
| | | | | | | | | | | |
| | ; | Sequence Of Events | | | | | | | | |
| 1 | _ | Event | | | | | | | | |
| | 2 | MOTOR VEH IN TRANSPO | RT | | | | | | | |
| | | Event | | | | | | | | |
| | 20 Event | | | | | | | | | |
| | _ | | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| İ | _ | Event | | | | | | | | |
| | 04 | | | | | | | | | |
| | | Dallara Haldan | | | | | | | | |
| <u></u> | | Policy Holder | | | | | | | | |
| L N | | Insurance Company | | Individual | | | | | | |
| - | | GEICO-SECURE-INSURAN | CE-CO | DENNIS TIKKANEN | | | | | | |
| 1 | | Individual | | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | | |
| | | VINCENT TIKKANEN | | | | | | | | |
| | 7 | VINCENT TIRRANEN | 0 | MALE | | | | | | |
| | 5 | | | Date of Birth | Race | | | | | |
| | IDIMIDUAL | | | | WHITE | | | | | |
| FIN | ≥ | Address | | Driver License Number | | | | | | |
| > | ⊡ | 1113 SUMMIT STREET | | | | | | | | |
| | Z | BARABOO, WI 53913 , US | | | | | | | | |
| | | | | | | | | | | |
| | | O- Piti | | | | | | | | |
| | Sat | On Duty C | rasn | Safety Equipment | | | | | | |
| | Sai | ety Equipment | | | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP | BELT | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | | |
| 1 | | Helmet Use | | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | | | | | | | | | | |
| 2 | Injury Severity NO APPARENT INJURY | | | Airbag | | | | | | |
| ٦ | 0 | Injury NO APP | ARENT INJURY | NON DEPLOYED | | | | | | |
| 1 | | Ejected E | jection Path | • | | Trapped/Extricated | | | | |
| 1 | | NOT EJECTED | NOT EJECTED/NOT APP | LICABLE | | NOT TRAPPED | | | | |
| 1 | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | | |
| | | | | Line Agency Identifier | | LIVIO I COLIT | | | | |
| 1 | | NOT TRANSPORTED | | | | 1 | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 6 \end{tabular}$

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Hospital | | | Date of Death | | | Time of Death | | | | |
|-------------|---|-----------------------------------|------------------|--------------------------------|--------------------------------------|-------------------|------------------|--|-----------------|----------------|--|
| | | Distrected B: Dist | racted By Source | • | PACTED | | | | | | |
| | | Distracted By Action | T APPLICABL | E (NOT DISTRA | ACTED) | | | | | | |
| | | NOT DISTRACTED | | | | | | | | | |
| | | Non Motorist Strik | king Unit # | Location | | | | | | | |
| | | Prior Action | | | | | | | | | |
| | | Action | | | | | | | | | |
| | ب | | | | | | | | | | |
| <u> </u> | INDIVIDUAL | | | | | | | | | | |
| I N D | ₹ | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School | |
| | | Sus | pected Alcohol U | se | Suspected Drug Use | | | | | | |
| | | Orug & Alcohol No | | Alcohol Test Type | NO | | | Alashal Tast | Desults | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alconor rest Type | е | | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | | |
| 2 | 001 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | | t Summary Status | | 11 | /ehicle Operating As Class | rification | | Unit Type | | | |
| | IN TRANSIT Vehicle Type PASSENGER CAR | | | | D CLASS | | | AUTOMOBILE | | | |
| 05 | | | | <u>'</u> | | | | Operating As Endorsements | | | |
| | | Occs Train/Bus # Recorded | | corded | Total # Citations Issued | | Total Traile | ers | Total HazM | lat Types | |
| | 1 | rance? | Direction Of Tra | 1 | | | 0 Speed Lim | nit . | O Total Lane | 0 | |
| <u> </u> | YES | | SOUTHBOU | | Pre CrashTire Speed Lili Mark 55 | | • | | 3 | | |
| 3 | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| İ | | ic Way | | | Traffic Control | | | Traffic Control Inoperative/Missing | | | |
| | TWO-WAY, NOT DIVIDED Surface Type | | | TRAFFIC SIGNAL Road Curvature | | | NO Road Grade | | | | |
| | BLACKTOP (BITUMINOUS) Truck Bus or HazMat | | | 8 | STRAIGHT | | | LEVEL | | | |
| | NO | k bus of Haziviat | | | | | | | | | |
| | ' | Vehicle | | | | | | | | | |
| | | License Plate Number AWD7511 | | | Plate Type St AUT - AUTOMOBILE WI | | St WI | · · | | | |
| 05 | ~ | Vehicle Identification Numb | | | Make | | Year | Model | | | |
| 0 | 05 | 3FAHP0HGXAR35649 | 4 | | FORD Body Style | | 2010 | FUSION | | | |
| | | Color BLK - BLACK | | | SD - SEDAN | | | Bus Use | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | ш | Initial Contact Point | | Vehicle Damage | | | | |
|-------|------------|--|--|---|---|--|--|--|
| I⊨ | VEHICLE | 11 - LEFT FRONT CORNER | | 7 8 9 10 11 | | | | |
| NS NS | Ĭ | Extent Of Damage | | 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | | | |
| - | ē | DISABLING DAMAGE | | | | | | |
| ŀ | > | Towed Due To Damage | - | Vehicle Removed By | | | | |
| | | TOWED DUE TO DISABLIN | | CRAIGS TOWING | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | |
| | | LEFT TURN | | verilicie i actors | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | |
| | | Driver Prior Action Other | | NOT ALL LIGABLE | | | | |
| | | | | | | | | |
| | | Driver Actions | NE MAN | | | | | |
| ١. | VEHICLE | FAILED TO YIELD RIGHT-C | DF-WAT | | | | | |
| NS N | ᅙ | | | | | | | |
| 15 | 盂 | | | | | | | |
| - | 3 | | | | | | | |
| | | | | | | | | |
| 1 | | Owner Name | | Owner Address | | | | |
| ١ | ٠. | REBECCA HILL | | E9923 TROUT RD | | | | |
| 02 | 02 | | | WISCONSIN DELLS, WI 53965 , US | | | | |
| | | | | | | | | |
| | | Common of Francis | | | | | | |
| | • | Sequence Of Events Event | | | | | | |
| | 2 | LEFT TURN | | | | | | |
| | | LET I TOTAL | | | | | | |
| | 02 | Event MOTOR VEH IN TRANSPORT | | | | | | |
| | 0 | MOTOR VEH IN TRANSPORT | | | | | | |
| | က | Event | | | | | | |
| | 03 | | | | | | | |
| | _ | Event | | | | | | |
| | 8 | | | | | | | |
| | | | | | | | | |
| ١. | | Policy Holder | | | | | | |
| Ę | - 1 | Policy Holder | | Individual | | | | |
| TIND | 1 | Insurance Company | CF-CO | Individual | | | | |
| TIND | | Insurance Company GEICO-SECURE-INSURAN | CE-CO | Individual REBECCA HILL | | | | |
| TIND | | Insurance Company GEICO-SECURE-INSURAN Individual | CE-CO | REBECCA HILL | | | | |
| TIND | | Insurance Company GEICO-SECURE-INSURAN Individual Driver | | REBECCA HILL Citations Issued | Sex | | | |
| TIND | | Insurance Company GEICO-SECURE-INSURAN Individual Driver | CE-CO | REBECCA HILL | MALE | | | |
| LINO | | Insurance Company GEICO-SECURE-INSURAN Individual Driver | | REBECCA HILL Citations Issued | MALE Race | | | |
| | | Insurance Company GEICO-SECURE-INSURAN Individual Driver | | REBECCA HILL Citations Issued 1 | MALE | | | |
| | | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI | | REBECCA HILL Citations Issued 1 | MALE Race | | | |
| TINU | | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD | LL | REBECCA HILL Citations Issued 1 Date of Birth | MALE Race | | | |
| | | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address | LL | REBECCA HILL Citations Issued 1 Date of Birth | MALE Race | | | |
| | | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD | LL | REBECCA HILL Citations Issued 1 Date of Birth | MALE Race | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 | LL 965 , US | Citations Issued 1 Date of Birth Driver License Number | MALE Race | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 | LL 965 , US | REBECCA HILL Citations Issued 1 Date of Birth | MALE Race | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 | LL 965 , US Crash | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row | 965 , US Crash Seat Position | Citations Issued 1 Date of Birth Driver License Number | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW | LL 965 , US Crash | Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row | 965 , US Crash Seat Position | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use | 965 , US Crash Seat Position | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW | 965 , US Crash Seat Position | Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP | MALE Race WHITE | | | |
| TINO | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | Personal Seat Position 07 - LEFT | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance | MALE Race WHITE | | | |
| TINO | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev | P65 , US Crash Seat Position 07 - LEFT | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance | MALE Race WHITE | | | |
| | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Sev NO APP | P65 , US Frash Seat Position 07 - LEFT erity ARENT INJURY | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance | MALE Race WHITE BELT | | | |
| TINO | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Figeted Injury Figet | Seat Position 07 - LEFT erity ARENT INJURY Ejection Path | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE BELT Trapped/Extricated | | | |
| TINO | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Figeted NOT EJECTED Injury | P65 , US Frash Seat Position 07 - LEFT erity ARENT INJURY | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE BELT Trapped/Extricated NOT TRAPPED | | | |
| TINO | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Figeted NOT EJECTED Medical Transport | Seat Position 07 - LEFT erity ARENT INJURY Ejection Path | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE BELT Trapped/Extricated | | | |
| TINO | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Figeted NOT EJECTED Injury | Seat Position 07 - LEFT erity ARENT INJURY Ejection Path | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE BELT Trapped/Extricated NOT TRAPPED EMS Run # | | | |
| TINU | INDIVIDUAL | Insurance Company GEICO-SECURE-INSURAN Individual Driver HUDSON HI Address E9923 TROUT RD WISCONSIN DELLS, WI 538 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Figeted NOT EJECTED Medical Transport | Seat Position 07 - LEFT erity ARENT INJURY Ejection Path | REBECCA HILL Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE BELT Trapped/Extricated NOT TRAPPED | | | |

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

| | | Distracted By | Distracted By Sounds | ource | | | | |
|----|------------|--------------------------------|-------------------------|-----------------------|------------------------------|-------------------|----------------------|----------------|
| | | Distracted By Action | UNKNOWN | | | | | |
| | | UNKNOWN | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| | ب | | | | | | | |
| _ | INDIVIDUAL | | | | | | | |
| L | = | | | | | | | |
| _ | ₫ | | | | | | | |
| | = | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | 1 | Drug & Alcohol | Suspected Alco NO | hol Use | Suspected Drug Use NO | | | |
| | | Alcohol Test Given | | Alcohol Test Type | • | | Alcohol Test Results | |
| | | TEST NOT GIVEN Drug Test Given | | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | | Diag rest type | | Diug Test Results | | |
| 05 | 005 | Drug Type | | | | | | |
| | 0 | | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORM | MAL | | | | | |
| | , | Violations | | | | | | |
| | 5 | UTC Number BG944168 | Issue To? 002 | Statute Number 346.06 | Description FAILURE TO YIELD | RIGHT OF WAY | | |