6TL0CR2KTQ SC24-02089

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overric | Crash Time | | | SC24-02089 | | Investigating Officer/Deputy DEPUTY Z. DRILL Time Arrived | | | |
|-----------------------------|---------------------------|-------------------|----------------------|---------------------|---|---|------------------------|--|--|
| 02/29/2024 | 03:40 PM | | 02/29/ | | 03:55 PM | | | | |
| Date Notified 02/29/2024 | Time Notified 03:45 PM | 1 | Total U 02 | nits | Total Injured | Total Kille 00 | ed | | |
| On Emergency | Hit and Run | Lane Closu | ure | Work Zone | | or Towed | Reporting Threshold | | |
| Government Property | Active Se | chool Zone | School NO | Bus Related | Tags | | | | |
| Reportable | Crash Type DT4000 (STA | ANDARD CRASH | I) | | Amend | ed | Secondary Crash | | |
| escription | | | | | | | | | |
| Diagram | | 1 | STO | >E | Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | Reconstruction Photos By DRILL | n By | | |
| | | | | Narrows C | | Additional Info NONE, PHO | rmation ITOS | | |
| | | | | Rd not to scale | | | | | |
| | HWY 23 | | | | | | | | |
| ✓ I, a sworn law enfo | Dircement officer, agr | ee that I have no | t addeo | any CJIS data in th | is report. | | | | |
| | UTH ON HWY 23 AND BR | | | | | | | | |

This report does not include any CJIS data. $1 \quad \text{of} \quad 6$

SC24-02089

WISCONSIN MOTOR VEHICLE CRASH REPORT

| L | ос | ation | | | | | | | | | |
|----|-----------------------------|-------------------------------------|--|---|--|-------------------------------------|----------------------------------|----------------|-------------------------------|--------------|--|
| 0 | ЛC | STH23 WB | | | | Latitude | | | Longitue | de | |
| | | T S | - | | | 43.449878624 X Coordinate | | | -90.034103467 Y Coordinate | | |
| | | NARROWS CREEK R HE TOWN OF WESTI | - | | | | | | | | |
| | | AUK COUNTY | | | | 254500.7 | | | 481524 | 47.5 | |
| | | | | | | Structure | Type UCTURE | | | | |
| | | ah Seene | | | | no on | COTORE | | | | |
| | | Sh Scene | | | | First Horm | nful Event Lo | action | | | |
| | | OR VEH IN TRANSP | ORT | | | ON ROA | | Callon | | | |
| 1. | | ner of Collision | | | | Light Cond | | | | | |
| C |)3 - | FRONT TO REAR | | | | DAYLIG | | | | | |
| F | Road | Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| 1 | DRY | • | | | | | | | | | |
| E | Envir | onment Factor(s) | | | | - | | | | | |
| r | NON | IE | | | | NONE | | | | | |
| ٧ | Neat | her Condition(s) | | | | - | | | | | |
| | CLE | | | | | | | | | | |
| 7 | Anim | al Type | | | | Relation T | o Trafficway | / | | | |
| | | | | | | | WAY - O | | | | |
| | | h Classification - Location | 1 | | | Crash Classification - Jurisdiction | | | | | |
| | PUBLIC PROPERTY Tribal Land | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | | |
| | | | | | NO CONTROL | | | | | | |
| | | • | | | | | | | | | |
| | NO | | INTERSECTION | | I-INTER | SECTION | | | | | |
| | | Summary | | | <i></i> | | | I= | | | |
| | | Status | | D CLASS | • | Classification Unit Type TRUCK | | | | | |
| | | RANSIT cle Type | | DCLASS | | Operating As Endorsements | | | | ments | |
| | | LITY TRUCK/PICKUP | TRUCK | | | | | | | | |
| ٦ | Fotal | Occs | Train/Bus # Recorded | Total # Citations Issue | | ed Total Trail | | ilers Total Ha | | azMat Types | |
| 1 | 1 | | | 0 | | | 0 | 0 | | | |
| | | ance? | Direction Of Travel | Pre CrashTi | | | | | | anes | |
| | YES | | SOUTHBOUND | | Mark 55 | | 2 Emergency Motor Vehicle Use | | • • • • | | |
| | | Harmful Event: Collision | | Special Function NO SPECIAL FUNCTION | | | NOT APPLICAE | | | | |
| | | c Way | | Traffic Cont | Traffic Control | | | Traffic Cont | rol Inopera | tive/Missing | |
| Т | rwc | -WAY, NOT DIVIDED |) | NO CONT | NO CONTROL | | | NO | | | |
| S | Surfa | се Туре | | Road Curva | ature | | | | Road Grade | | |
| | | CKTOP (BITUMINOU | JS) | STRAIGH | Т | | | LEVEL | | | |
| | Frucl NO | Bus or HazMat | | | | | | | | | |
| Ľ | - | /ehicle | | | | | | | | | |
| | | License Plate Number | | Plate Type | ; | | St | Country of Is | suance | | |
| | FX7826 | | LTK - LIC | SHT TRUC | ж | | | UNITED STATES | | | |
| | | Vehicle Identification Nu | Make | | | Year | Model SILVERADO | | | | |
| - | 0 | 1GCVKREC0EZ2514 | CHEVROLET Body Style PK - PICKUP | | | 2014 | | | | | |
| | | Color MAR - MAROON (BL | | | | | Bus Use | | | | |
| | ш | Initial Contact Point | | Vehicle Da | | | | | 1 | | |
| | | 06 - REAR | | | - | | | | | 7 8 9 10 11 | |
| | VEHICI | Extent Of Damage | | | | CORNER, | 06 - REA | R, 07 - LEF | т | 6 1 2 | |
| | Ш > | FUNCTIONAL DAMA | AGE | KEAR C | REAR CORNER | | | 5 4 3 2 1 | | | |
| _ | | | | I | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damag NOT TOWED | e | | Ve | hicle Removed By | | | | | |
|------|------------|---|------------------|----------------|---------------------|----------------------------------|---------------|--------------------|--|--|--|
| | | What Driver Was Doin | 0 | | Ve | hicle Factors | | | | | |
| | | GOING STRAIGHT Driver Prior Action Oth | | | | OT APPLICABLE | | | | | |
| | | | | | | | | | | | |
| | | Driver Actions NO CONTRIBUTIN | G ACTIO | 1 | | | | | | | |
| ╘ | VEHICLE | | | | | | | | | | |
| UNIT | H | | | | | | | | | | |
| | > | | | | | | | | | | |
| | | Owner Name GERALD SCHYVINCK | | | | Owner Address E7196 SEELEY CH | | | | | |
| 2 | 9 | OLIVED SOUL | GERALD SCHTVINCK | | | LOGANVILLE, WI | | | | | |
| | | | | | | | | | | | |
| | ; | Sequence Of Ev Event | rents | | | | | | | | |
| | 6 | MOTOR VEH IN TR | RANSPOR | т | | | | | | | |
| | 02 | Event | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 8 | | | | | | | | | | |
| UNIT | | Policy Holder Insurance Company | | | | Individual | | | | | |
| 5 | | PROGRESSIVE-CLASSIC-INS-CO | | | | GERALD SCHYVINCK | | | | | |
| | 1 | ndividual | | | | | _ | | | | |
| | | Driver GERALD SCHYVINCK | | | | Citations Issued Sex 0 MALE | | | | | |
| | INDIVIDUAL | | | | | Date of Birth | Race WHITE | | | | |
| UNIT | Ξ | Address | | | | Driver License Number | | | | | |
| 5 | g | E7196 SEELEY CR LOGANVILLE, WI | | S | | | | | | | |
| | | | | | | | | | | | |
| | Sat | On Duty Crash fety Equipment | | | | Safety Equipment | | | | | |
| | | Row Seat Position | | | SHOULDER & LAP BELT | | | | | | |
| | | 01 - FRONT ROW | | 07 - LEFT | | | | | | | |
| | | Helmet Use | | | | Helmet Compliance | | | | | |
| | | Eye Protection | | | | Tint Compliance | | | | | |
| 01 | 001 | 1 - 1 | Injury Seve | rity | | Airbag | | | | | |
| 0 | 8 | Injury Ejected | | RENT INJURY | | NON DEPLOYED | | Trapped/Extricated | | | |
| | | NOT EJECTED | | OT EJECTED/NOT | | | | NOT TRAPPED | | | |
| | | Medical Transport NOT TRANSPORT | ED. | | | EMS Agency Identifier | | EMS Run # | | | |
| | | Hospital | ED | | | Date of Death | | Time of Death | | | |
| | | | Distractor | 2. Course | | | | | | | |
| | | Distracted By | Distracted B | Source | STRAC | TED) | | | | | |
| | | Distracted By Action NOT DISTRACTED |) | | | | | | | | |
| | | | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 3 of 6



WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Non Motorist | king Unit # | Location | | | | | | | |
|------|------------|---|------------------|-------------------|---|-----------|-------------------------|--|---|----------------|--|
| | | Prior Action | | | | | | | | | |
| | | Action | | | | | | | | | |
| | JAL | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | |
| | INDI | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School | |
| | L | Drug & Alcohol NO | pected Alcohol L | Jse | Suspected Drug Use | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | 2 | | | Alcohol Test | Results | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Te | est Results | ; | | | |
| 2 | 001 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| I | Unit | t Summary | | | | | | | | | |
| | | Status | | V | ehicle Operating As Classi | ification | | Unit Type | | | |
| | | RANSIT | | D | D CLASS | | | AUTOMOBILE | | | |
| 03 | | cle Type SENGER VAN | | | | | | Operating As | | | |
| | Total 1 | Occs | Train/Bus # Re | | otal # Citations Issued | | Total Trail 0 | | 0 | Mat Types | |
| E | YES | Insurance? Direction Of Travel YES SOUTHBOUND | | ND | Mark | | | | Total Lan 2 | | |
| UNIT | | | | N | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| | | ic Way D-WAY, NOT DIVIDED | | | Traffic Control NO CONTROL | | | | Traffic Control Inoperative/Missing NO | | |
| 1 | | | | | oad Curvature | | Road Grade | | | | |
| | | CKTOP (BITUMINOUS k Bus or HazMat |) | 5 | TRAIGHT | | LEVEL | | | | |
| | NO | | | | | | | | | | |
| | | Vehicle | | T. | Dista Tama | | N4 | Country of loo | | | |
| | | License Plate Number 38782DS | | | Plate Type DIS - DISABLED | St WI | | Country of Issuance UNITED STATES | | | |
| 02 | 2 | Vehicle Identification Num | | ſ | Make | ١ | /ear | Model | | | |
| 0 | 02 | 2A8HR54P68R672667 | | | CHRYSLER | | 2008 | TOWN & CO | DU | | |
| | | Color BLU - BLUE | | | Body Style Bus Use VN - VAN | | | | | | |
| | Е | Initial Contact Point | | \ | Vehicle Damage | | | | | 7 8 9 10 11 | |
| UNIT | VEHICLE | 12 - FRONT Extent Of Damage | | | 01 - RIGHT FRONT CO CORNER, 12 - FRONT | | 11 - LEF | | | | |
| | > | DISABLING DAMAGE Towed Due To Damage | | | Vehicle Removed By | | | | | | |
| | | | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | What Driver Was Doing | | | Vehicle Factors | | | | | | | | |
|-------|-----------|------------------------------|--------------------|---------------|---------------------------------------|--------------|---------------|------------|--|--|--|--|--|
| | | | | | | | | | | | | | |
| | | Driver Prior Action Other | | | NOT APPLICABLE | | | | | | | | |
| | | Driver Actions | | | | | | | | | | | |
| | | FOLLOWING TOO CLOSE | | | | | | | | | | | |
| ⊢ | VEHICLE | | - | | | | | | | | | | |
| UNIT | ₽ | | | | | | | | | | | | |
| ∍ | μ | | | | | | | | | | | | |
| | > | | | | | | | | | | | | |
| | | Owner Name | | | Owner Address | | | | | | | | |
| | | DONALD EMERY | | | S6530 SPRING V | | | | | | | | |
| 02 | 02 | (608) 727-7004 | | | LOGANVILLE, W | /I 53943 ,US | | | | | | | |
| | | | | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | | | | |
| | | Event | | | | | | | | | | | |
| | 6 | MOTOR VEH IN TRANSP | ORT | | | | | | | | | | |
| | 02 | Event | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | | |
| | | Fund | | | | | | | | | | | |
| | 04 | Event | | | | | | | | | | | |
| | | Policy Holder | | | | | | | | | | | |
| UNIT | | Insurance Company | | | Individual | | | | | | | | |
| 5 | | PROGRESSIVE-CLASSIC | -INS-CO | | DONALD EMERY | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Individual | | | | 1 | | | | | | | |
| | | Driver DONALD EMERY | | | Citations Issued | Sex MALE | | | | | | | |
| | AL | | | | Date of Birth | Race | | | | | | | |
| L | NDIVIDUAL | | | | Date of Dirti | WHITE | | | | | | | |
| UNIT | ₹ | Address | | | Driver License Number | | | | | | | | |
| ∍ | ₫ | S6530 SPRING VALLEY F | | | | | | | | | | | |
| | ≤ | LOGANVILLE, WI 53943 | , US | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Sat | fety Equipment | Crash | | Safety Equipment | | | | | | | | |
| | Sai | | | | | | | | | | | | |
| | | Row | Seat Po 07 - LE | | SHOULDER & LAP BELT Helmet Compliance | | | | | | | | |
| | | 01 - FRONT ROW Helmet Use | 07 - Li | | | | | | | | | | |
| | | Heimet Ose | | | Heimer Compliance | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | | |
| | | | | | - | | | | | | | | |
| 02 | 002 | Injury Se | - | | Airbag | | | | | | | | |
| • | 8 | Injury NO AP | PARENT I | | NON DEPLOYED | | | | | | | | |
| | | Ejected | Ejection Pa | | | | | | | | | | |
| | | NOT EJECTED | NOT EJE | CTED/NOT APP | - | | NOT TRAPPED | | | | | | |
| | | Medical Transport | | | EMS Agency Identifie | r | EMS Run # | | | | | | |
| | | NOT TRANSPORTED | | | Date of Death | | Time of Death | | | | | | |
| | | Hospital | | | Date of Death | | | | | | | | |
| | | Distracte | ed By Source | 9 | ļ | | ļ | | | | | | |
| | | Distracted By NOT A | PPLICABL | E (NOT DISTRA | CTED) | | | | | | | | |
| | | Distracted By Action | | | | | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | | | | |
| | | Non Motorist | Unit # | Location | | | | | | | | | |
| | | | | | | | | | | | | | |
| Minor | nain • | Actor Vahiala Crash | | This ropor | t does not include any C | IIS data | Crash Date | 02/20/2024 | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 5 of 6

6TL0CR2KTQ SC24-02089

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Prior Action | | | | | | |
|------|------------|------------------------|------------------|---------------------------|--------------------------------|-------------------|----------------------|----------------|
| | | Action | | | | | | |
| | | | | | | | | |
| | ٩N | | | | | | | |
| UNIT | <u>I</u> D | | | | | | | |
| | INDIVIDUAL | | | | | | | |
| | Z | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | | | | | | | | |
| | L | Drug & Alcohol | Suspected Alcol | nol Use | Suspected Drug Use | | | |
| | | Alcohol Test Given | | Alcohol Test Type | _ | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | Alcohol rest type | | | | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Results | | |
| | | TEŠT NOT GIVEN | | | | | | |
| 02 | 002 | Drug Type | | | | | | |
| | • | | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORM | IAL | | | | | |
| | | <i>r</i> | | | | | | |
| | | Violations | 1 | Olateda Nevela a | Description | | | |
| | 01 | UTC Number BG020223 | Issue To? 002 | Statute Number 346.14(1m) | Description AUTOMOBILE FOLL | OWING TOO CL | OSELY | |