6TL0D5DZ3N

25-05792

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Filliary Crash Document # | | 25-05792 | | DEPUTY J. HUNTER | | | |
|--------------------------|-----------------------------------|-------------------|---------------------|-------------|----------------------------|--|--------------------------|--|
| Crash Date 06/10/2025 | Crash Time 03:29 PM Time Notified | | Date Arr 06/10/2 | | Time Arrived 03:38 PM | | | |
| Date Notified | | | Total Un | | Total Injured Total Killed | | ed | |
| 06/10/2025 | 03:29 PM | | 01 | | 00 | 00 | 1 | |
| On Emergency | lit and Run | ✓ Lane Clos | | Work Zone | Trailer o | r Towed | Reporting Threshold | |
| Government Property | Active So | chool Zone | School E | Bus Related | Tags | | | |
| ✓ Reportable | Crash Type DT4000 (STA | NDARD CRAS | H) | | Amende | d | Secondary Crash | |
| escription | | | | | | | | |
| E/B | US HY 12, Between | n Exits 218 & 219 | W/B | | | Photos By DEPUTIES Additional Infe PHOTOS | HUNTER, DRILL primation | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

OWNER BOTH STATED THEY WERE AWARE THE VEHICLE HAD SOME MECHANICAL ISSUES, AND IT WAS IN THE PROCESS OF BEING FIXED.

1 of 7

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time 03:29 PM

| ON USH12 EE AT USH12 EE | 3 | | | | Latitude 43.47037 X Coordin | | | -89.776 Y Coord | 150105 |
|----------------------------------|-----------------|---------------------------------------|-----------|-----------------|---------------------------------------|--------------|-------------------------------------|--------------------|---------------|
| IN THE TOWN IN SAUK COU | | 300 | | | 275449.4 | 46875 | | 481679 | |
| | | | | | Structure 1 | Type | | | |
| Crash Scer | ne 💻 | | | | | | | | |
| First Harmful Eve | nt | | | | First Harm | nful Event L | ocation | | |
| OTHER NON- | | | | | ON ROA | DWAY | | | |
| Manner of Collisi | | | | | Light Con | | | | |
| | | HICLE IN TRANSPORT | | | DAYLIG | | | | |
| Road Surface Co | naition(s) | | | | Roadway | Factor(s) | | | |
| DRY | | | | | | | | | |
| Environment Fac | tor(s) | | | | | | | | |
| NONE | | | | | NONE | | | | |
| Weather Condition | n(s) | | | | | | | | |
| CLEAR | | | | | | | | | |
| Animal Type | | | | | Relation T | o Trafficwa | ay | | |
| | | | | | | CWAY - C | | | |
| Crash Classificat | | | | | | | Jurisdiction | | |
| PUBLIC PROF | CKII | | | | Access Co | | RISDICTION | | Special Study |
| moai Lanu | | | | | NO CON | | | | opecial Study |
| Within Interchang | je Area | Junction Location | | Intersection | n Type | | | | l |
| NO | | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | |
| Closure Type | | | Re | asons for Clos | ure | | | | |
| LANE CLOSU | | Ter 1920 6:5: | | W FNFOR | - | IDE/=140 | | | |
| Date Initial Lane/ 06/10/2025 | Rd Closed | Time Initial Lane/Rd Clos 03:29 PM | sed LA | W ENFORC | EMENT, F | IRE/EMS | i | | |
| Date All Lanes C | pen | Time All Lanes Open | Da | te Scene Clear | red | Tir | me Scene Clea | red | |
| 06/10/2025 | | 04:08 PM | 06 | /10/2025 | | 04 | 1:15 PM | | |
| Jnit Summ | ary | | | | | | | | |
| Unit Status | | | | Operating As C | lassification | 1 | Unit Type | | |
| IN TRANSIT | | | D CLAS | 55 | | | AUTOMO | | nonto |
| Vehicle Type (SPORT) UTIL | ITV VELICI | _ | | | | | Operating A | s Endorser | nents |
| Total Occs | III VENICL | Train/Bus # Recorded | Total # C | itations Issued | 1 | Total Trai | ilers | Total Haz | Mat Types |
| 4 | | | 2 | | - | 0 | - - | 0 | ··· - > F = - |
| Insurance? | | Direction Of Travel | P | re CrashTire |) | Speed Li | mit | Total Lane | es |
| NO | | EASTBOUND | ~ | Mark | | 65 | | 4 | |
| Most Harmful Ev | | | Special F | unction | TION | | NOT APP | | cle Use |
| Traffic Way | KAFFIC BA | NNIEK | Traffic C | | , , , , , , , , , , , , , , , , , , , | | Traffic Control Inoperative/Missing | | |
| DIVIDED HWY | W/TRAFFI | C BARRIER | NO CO | | | | NO | | |
| Surface Type | | | Road Cu | rvature | | | Road Grade |) | |
| BLACKTOP (E | | S) | STRAIC | SHT | | | LEVEL | | |
| Truck Bus or Haz | Mat | | | | | | | | |
| Vehicle | | | | | | | | | |
| License Pla | ite Number | | Plate Ty | /pe | | St | Country of Is | suance | |
| BAC6577 | | | AUT | • | | wı | UNITED ST | | |
| | | | Make | | | Year | Model | | |
| Vehicle Ide | ntification Nur | mber | Wake | | | 1001 | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | In | | I 6 | | | | |
|------|-------------------------|---|---------------------|-----------------------------------|--------------|--------------------|-------------|--|--|--|
| | | Color | | Body Style | VEHICLE | Bus Use | | | | |
| | | SIL - SILVER (ALUMINUM) | | UT - SPORT UTILITY Vehicle Damage | VEHICLE | | | | | |
| _ | VEHICLE | Initial Contact Point | | venicie Damage | | | 7 8 9 10 11 | | | |
| FIN | ≌ | 00 - NON-COLLISION | | 45 411 40540 | | | 6 12 | | | |
| 5 | 표 | Extent Of Damage | | 15 - ALL AREAS | | | | | | |
| | > | DISABLING DAMAGE | | | | | 9 4 9 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 | | BRAKES, STEERING | ف | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| ١. | VEHICLE | NO CONTRIBUTING ACTIO | N | | | | | | | |
| NS N | ᅙ | | | | | | | | | |
| 5 | 표 | | | | | | | | | |
| | 7 | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| - | 2 | MARIO ALVARADO MOLDO | DNADO | 1020 PLUM ST | LC WIESOCE I | 10 | | | | |
| 2 | 5 (608) 432-2696 | | WISCONSIN DEI | LLS, WI 53965 , U | 15 | | | | | |
| | | | | | | | | | | |
| | : | Sequence Of Events | | | | | | | | |
| | 2 | Event | OWN TIDE BRAVE FAI | LUDE ETC\ | | | | | | |
| | 0 | EQUIPMENT FAILURE (BL | JWN TIRE, BRAKE FAI | LUKE, ETC) | | | | | | |
| | 05 | Event | | | | | | | | |
| | 0 | CONCRETE TRAFFIC BARRIER | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| | 40 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| | - 1 | Individual | | | | | | | | |
| | | DRIVER | _ | Citations Issued | Sex | | | | | |
| | ب | ANAYELI BALLEZA CHAVE (608) 432-2696 | Z | 2 | FEMALE | | | | | |
| | 4 | (008) 432-2090 | | Date of Birth | Race | | | | | |
| ⊨ | INDIVIDUAL | | | | HISPANIC | | | | | |
| FIN | ≥ | Address | | Driver License Number | | | | | | |
| - | 무 | 1020 PLUM ST WISCONSIN DELLS, WI 539 | AGE 119 | | | | | | | |
| | = | WISCONSIN DELLS, WI 53 | ,03 | | | | | | | |
| | | | | | | | | | | |
| | Saf | On Duty C | rash | Safety Equipment | | | | | | |
| | Sai | ety Equipment | | | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP BELT | | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | _ | Injury Seve | erity | Airbag | | | | | | |
| 2 | 9 | | ARENT INJURY | NON DEPLOYED | | | | | | |
| | | T THO ALL | jection Path | NON DEFECTED | | Trapped/Extricated | | | | |
| | | · | IOT EJECTED/NOT AP | PLICABLE | | NOT TRAPPED | | | | |
| | | Medical Transport | IIII | EMS Agency Identifie | r | EMS Run # | | | | |
| | | NOT TRANSPORTED | | Zino / igonoy identifies | | | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | | |
| | | | | | | | | | | |
| 1 | | | | | | 1 | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 7 \end{tabular}$

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | | | | | (000) 000 4000 | | |
|-------|------------|-----------------------------------|------------------------------|-------------------|------------------------------|-------------------|--------------------------|----------------|--|--|
| | | | Distracted By Sou UNKNOWN | irce | | | | | | |
| | | Distracted By Action UNKNOWN | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | NAL | | | | | | | | | |
| E S | INDIVIDUAL | | | | | | | | | |
| | ₹ | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | | | Suspected Alcoho | | I Supported David Unio | | | Ton Tom School | | |
| | L | Orug & Alcohol | NO | ol Use | Suspected Drug Use 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 | 3 | | | |
| 2 | 001 | Drug Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORM | IAL | | | | | | | |
| | - 1 | ndividual | | | | | | | | |
| | _ | PASSENGER MARIO ALVARADO | MALDONADO |) | Citations Issued 0 | Sex MALE | | | | |
| _ | INDIVIDUAL | (608) 867-6994 | | | Date of Birth | Race HISPANIC | | | | |
| FIN | | Address 1020 PLUM ST | | | Driver License Number | | | | | |
| | ≤ | WISCONSIN DELL | S, WI 53965 , I | JS | | | | | | |
| | Sat | ety Equipment | On Duty Crash | | Safety Equipment | | | | | |
| | | Row 01 - FRONT ROW | | Position RIGHT | SHOULDER & LAP BELT | | | | | |
| | | Helmet Use | L | | Helmet Compliance | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| 2 | 005 | | Injury Severity NO APPAREN | T INJURY | Airbag NON DEPLOYED | | | | | |
| | | Ejected Ejection Path | | | Trapped/Extricate | | | | | |
| | | NOT EJECTED Medical Transport | NOT E | JECTED/NOT APPL | ICABLE EMS Agency Identifie | , | NOT TRAPPED EMS Run # | | | |
| | | NOT TRANSPORT | ED | | | • | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | Distracted By | Distracted By Sou | irce | | | | | | |
| Wisco | nein M | Motor Vehicle Crash | | This report | t does not include any C | JIS data. | Crash Date | 06/10/2025 | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $4 \quad \text{of} \quad 7$

Crash Time 03:29 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Distracted By Action | | | | | | | | | | | | |
|----------|----------------|--|---|---|---|-------------------|--------------------------|----------------|--|--|--|--|--|--|
| | | Non Motorist Striking | Unit # | Location | | | | | | | | | | |
| | | Prior Action | | | | | | | | | | | | |
| i | | Action | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | | |
| _ | 3 | | | | | | | | | | | | | |
| E | ₽ | | | | | | | | | | | | | |
| - | INDIVIDUAL | | | | | | | | | | | | | |
| | Z | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | A-H OH | | | | | | T = 15 0-b1 | | | | | | |
| | | Action Other | | | | | | To/From School | | | | | | |
| - | | Suspec | ted Alcohol l | lse | Suspected Drug Use | | | | | | | | | |
| | L | Drug & Alcohol NO | | | NO | | | | | | | | | |
| 1 | | Alcohol Test Given | | Alcohol Test Type | <u> </u> | | Alcohol Test Results | | | | | | | |
| | | TEST NOT GIVEN | | , | | | | | | | | | | |
| 1 | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | | | | | |
| | | TEST NOT GIVEN | | | | | | | | | | | | |
| 2 | 002 | Drug Type | | | | | | | | | | | | |
| ١ | 0 | | | | | | | | | | | | | |
| 1 | | Individual Condition | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | APPEARED NORMAL | | | | APPEARED NORMAL | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | Individual | | | | | | | | | | | | |
| | 1 | Individual PASSENGER | | | Citations Issued | Sex | | | | | | | | |
| | | | ELLEZA | | Citations Issued | Sex FEMALE | | | | | | | | |
| | | PASSENGER | ELLEZA | | | FEMALE Race | | | | | | | | |
| = | | PASSENGER KIMBERLY MARTINEZ B | ELLEZA | | 0 Date of Birth | FEMALE | | | | | | | | |
| LINIT | | PASSENGER KIMBERLY MARTINEZ B Address | ELLEZA | | 0 | FEMALE Race | | | | | | | | |
| UNIT | INDIVIDUAL | PASSENGER KIMBERLY MARTINEZ B | | 3 | 0 Date of Birth | FEMALE Race | | | | | | | | |
| TINO | | PASSENGER KIMBERLY MARTINEZ B Address 1009 PLUM ST | | S | 0 Date of Birth | FEMALE Race | | | | | | | | |
| TINO | INDIVIDUAL | PASSENGER KIMBERLY MARTINEZ B Address 1009 PLUM ST WISCONSIN DELLS, WISCONSIN DELLS | 53965 , US | 3 | Date of Birth Driver License Number | FEMALE Race | | | | | | | | |
| TINO | INDIVIDUAL | PASSENGER KIMBERLY MARTINEZ B Address 1009 PLUM ST WISCONSIN DELLS, WI 5 | 53965 , US | 3 | 0 Date of Birth | FEMALE Race | | | | | | | | |
| TINO | INDIVIDUAL | PASSENGER KIMBERLY MARTINEZ B Address 1009 PLUM ST WISCONSIN DELLS, WI S fety Equipment | 53965 , US y Crash | osition | Date of Birth Driver License Number | Race HISPANIC | | | | | | | | |
| TINO | INDIVIDUAL | PASSENGER KIMBERLY MARTINEZ B Address 1009 PLUM ST WISCONSIN DELLS, WI S Fety Equipment Row 02 - SECOND ROW | 53965 , US | osition | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP | Race HISPANIC | | | | | | | | |
| LIND | INDIVIDUAL | PASSENGER KIMBERLY MARTINEZ B Address 1009 PLUM ST WISCONSIN DELLS, WI S fety Equipment | 53965 , US y Crash | osition | Date of Birth Driver License Number Safety Equipment | Race HISPANIC | | | | | | | | |
| TINO | INDIVIDUAL | Address 1009 PLUM ST WISCONSIN DELLS, WIST Fety Equipment Row 02 - SECOND ROW Helmet Use | 53965 , US y Crash | osition | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance | Race HISPANIC | | | | | | | | |
| TINO | INDIVIDUAL | PASSENGER KIMBERLY MARTINEZ B Address 1009 PLUM ST WISCONSIN DELLS, WI S Fety Equipment Row 02 - SECOND ROW | 53965 , US y Crash | osition | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP | Race HISPANIC | | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI | 53965 , US y Crash Seat Po 07 - Li | osition EFT | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag | Race HISPANIC | | | | | | | | |
| | INDIVIDUAL | Address 1009 PLUM ST WISCONSIN DELLS, WI ST Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO AF | Seat Proof of a Line of the control | osition EFT | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance | Race HISPANIC | | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI | Seat Pro O7 - Li | osition EFT INJURY | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Race HISPANIC | Trapped/Extricated | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI ST Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED | Seat Pro O7 - Li | osition EFT | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Race HISPANIC | NOT TRAPPED | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI | Seat Pro O7 - Li | osition EFT INJURY | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Race HISPANIC | | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI ST Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport | Seat Pro O7 - Li | osition EFT INJURY | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Race HISPANIC | NOT TRAPPED | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI ST WISCONSIN DELLS, WI ST Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Pour Office Line Parket NOT EJE | osition EFT INJURY ath ECTED/NOT APPL | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier | Race HISPANIC | NOT TRAPPED EMS Run # | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI ST WISCONSIN DELLS, WI ST Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Pro O7 - Li | osition EFT INJURY ath ECTED/NOT APPL | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier | Race HISPANIC | NOT TRAPPED EMS Run # | | | | | | | |
| | NDIVIDUAL Safe | Address 1009 PLUM ST WISCONSIN DELLS, WI S Fety Equipment Row 02 - SECOND ROW Helmet Use Eye Protection Injury Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Pour Office Line Parket NOT EJE | osition EFT INJURY ath ECTED/NOT APPL | Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier | Race HISPANIC | NOT TRAPPED EMS Run # | | | | | | | |

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

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | | | | | ` , |
|-----|------------|-----------------------------------|----------------------|-------------------|-----------------------|-------------------|--------------------------|----------------|
| | | Non Motorist | ng Unit# | Location | | | | |
| | | Prior Action | | • | | | | |
| | | Action | | | | | | |
| | A. | | | | | | | |
| FNS | INDIVIDUAL | | | | | | | |
| 5 | ≧ | | | | | | | |
| | = | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | | Susne | ected Alcohol (| lee | Suspected Drug Use | | | |
| | L | Drug & Alcohol NO | scied Alcohor (| | 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 | | |
| 2 | 003 | Drug Type | | | | <u> </u> | | |
| | 0 | | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORMAL | | | | | | |
| | ı | Individual PASSENGER | | | L Citations Insued | Low | | |
| | ب | KEILANNY MARTINEZ | BALLEZA | | Citations Issued 0 | Sex FEMALE | | |
| L | INDIVIDUAL | | | | Date of Birth | Race HISPANIC | | |
| Ę | | Address 1009 PLUM ST | | | Driver License Number | • | | |
| | Z | WISCONSIN DELLS, W | 53965 , US | 3 | | | | |
| | 0-4 | On Di | uty Crash | | Safety Equipment | | | |
| | Sar | fety Equipment | Seat Po | nsition | CHILD RESTRAINT | SYSTEM - FORV | WARD FACING | |
| | | 02 - SECOND ROW | 09 - R | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | |
| | | Eye Protection | | | Tint Compliance | | | |
| 2 | 004 | | Severity APPARENT I | N.IURY | Airbag NON DEPLOYED | | | |
| | | Ejected | Ejection Pa | ath | 1 | | Trapped/Extricated | |
| | | NOT EJECTED Medical Transport | NOT EJE | CTED/NOT APPL | EMS Agency Identifier | | NOT TRAPPED EMS Run # | |
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | |
| | | | | | Date of Death | | Table of Death | |
| | | Distracted By Distra | cted By Sourc | e | | | | |
| | | Distracted By Action | | | | | | |
| | | Non Motorist Strikir | ng Unit# | Location | | | | |
| | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 6 of 7

Crasi

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| l | | Prior Action | | | | | | |
|----------|------------|-----------------------------------|-------------------------|--------------------------|-----------------------------|-------------------|----------------------|----------------|
| | | | | | | | | |
| İ | | Action | | | | | | |
| | | | | | | | | |
| | A | | | | | | | |
| — | Ž | | | | | | | |
| LNN | ₹ | | | | | | | |
| _ | INDIVIDUAL | | | | | | | |
| | Z | | | | | | | |
| | | | | | | | | |
| ŀ | | Action Other | | | | | | To/From School |
| | | | | | | | | |
| İ | , | Drug & Alcohol | Suspected Alco | hol Use | Suspected Drug Use NO | | | |
| | - | _ | NO | Tax + 1= += | NO | | [A] 1 (T . D .) | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | |
| ŀ | | | | Drug Test Type | | Drug Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | | | 2.ag root rootalo | | |
| 2 | 004 | Drug Type | | | | | | |
| 0 | 5 | | | | | | | |
| | | Individual Condition | | | | | | |
| | | 4 DDE 4 DED 110 DA | | | | | | |
| | | APPEARED NORM | MAL | | | | | |
| | , | Violations | | | | | | |
| | _ | UTC Number | Issue To? | Statute Number | Description OPERATE W/O VAL | ID LICENCE | | |
| | 2 | BG110376 | 001 | 343.05(3)(a) | | ID LICENSE | | |
| | 05 | UTC Number | Issue To? 001 | Statute Number 344.62(1) | Description OPERATE MOTOR \ | VEHICLE W/O IN | SURANCE | |
| | 0 | BG110375 | 001 | 0 | 3. 2.3.1.2 morok | | 00.0.0.0 | |