25-07291

### WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Overrie	de Primary Crasl	h Document #	Agency 25-072	/ Crash Number <b>291</b>	Investigating Offi DEPUTY D. KI		
Crash Date 07/13/2025	Crash Time 04:30 PM		Date A 07/13/		Time Arrived 05:03 PM		
Date Notified	Time Notified		Total U	nits	Total Injured	Total Kill	led
07/13/2025	04:30 PM	-	03	1	01	00	
On Emergency	Hit and Run	Lane Clos	ure	Work Zone	Trailer or	Towed	Reporting Threshold
Government Property		School Zone	School NO	Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRASH	1)		Amended		Secondary Crash
Description							
					Ad	otos By ditional Info	ormation

25-07291

# WISCONSIN MOTOR VEHICLE CRASH REPORT

Location							
ON USH12 WB	Latitude	Longitude					
566 FT S OF IH90 WB	43.56815837	-89.778356192					
IN THE VILLAGE OF LAKE DELTON	X Coordinate						
IN SAUK COUNTY	275633.96875	4827662					
	Structure Type						
	NO STRUCTURE						
Crash Scene							
First Harmful Event	First Harmful Event Location	n					
MOTOR VEH IN TRANSPORT	ON ROADWAY						
Manner of Collision	Light Condition						
03 - FRONT TO REAR	DAYLIGHT						
Road Surface Condition(s)	Roadway Factor(s)	Roadway Factor(s)					
DRY							
Environment Factor(s)							
NONE	NONE						
Weather Condition(s)							
CLEAR							
Animal Type	Relation To Trafficway						
	TRAFFICWAY - ON RC	DAD					
Crash Classification - Location	Crash Classification - Juriso	diction					
PUBLIC PROPERTY	NO SPECIAL JURISDI	CTION					
Tribal Land	Access Control	Special Study					
	FULL CONTROL						

			FULL	CONTROL		
Within Interchange Area	Junction Location		Intersection Type			
NO	INTERSECTION		T-INTERSECTIO			
Closure Type	·	Reaso	ons for Closure			
LANE CLOSURE						
Date Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	тоw	TRUCK			
07/13/2025	04:30 PM					
Date All Lanes Open	Time All Lanes Open	Date S	Scene Cleared	Time Scene Cleared		
07/13/2025	05:35 PM	07/13	/2025	05:35 PM		
Unit Summary	•			•		

	Unit	Status		Vehicle Operating As Classifica	ation	Unit Type			
	ΙΝ Τ	RANSIT		D CLASS		TRUCK			
-	Vehi	cle Type		•		Operating	As Endorsements		
9	UTII	LITY TRUCK/PICKUP 1	TRUCK						
	Tota	l Occs	Train/Bus # Recorded	Total # Citations Issued	Total Tra	ilers	Total HazMat Types		
	1			1	0		0		
	Insu	rance?	Direction Of Travel	Pre CrashTire	Speed L	mit	Total Lanes		
H	YES	6	WESTBOUND	Mark	55		3		
UNIT	Most	t Harmful Event: Collision V	Vith	Special Function		0	y Motor Vehicle Use		
	MO	TOR VEH IN TRANSPO	DRT	NO SPECIAL FUNCTION		NOT APPLICABLE			
	Traff	îc Way		Traffic Control		Traffic Co	ntrol Inoperative/Missing		
	DIVIDED HWY W/O TRAFFIC BARRIER			TRAFFIC SIGNAL		NO			
	Surfa	асе Туре		Road Curvature		Road Grad	de		
	CON	NCRETE		STRAIGHT		DOWNH	ILL		
	Truc	k Bus or HazMat		•		•			
	NO								
	١	Vehicle							
		License Plate Number		Plate Type	St	Country of	Issuance		
		UW6462		LTK	WI	UNITED S	STATES		
-	_	Vehicle Identification Num	ıber	Make	Year	Model			
01	5 1D7HU18N14J176168			DODG	2004	RAM 150	RAM 1500		
		-		s report doos not include any C IIS d			Crash Date 07/13/2025		

25-07291

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use			
		WHI - WHITE		PK - PICKUP					
	ш	Initial Contact Point		Vehicle Damage					
E	2	12 - FRONT		, , , , , , , , , , , , , , , , , , ,			7 8 9 10 11		
UNIT	Ĭ	Extent Of Damage		01 - RIGHT FRONT	CORNER, 11 - LE	FT FRONT	6 12		
ר	VEHICLE	FUNCTIONAL DAMAGE		CORNER, 12 - FRO	NI		5 4 3 2 1		
	_	Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		,					
		What Driver Was Doing		Vehicle Factors					
		SLOW/STOPPING							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	ш	OPERATED MOTOR VEH	ICLE IN INATTENTIVE, C	ARELESS OR ERRAT	IC MANNER				
E	VEHICLE								
UNIT	Ĭ								
	Щ								
	_								
		Owner Name		Owner Address					
	_	RUSS SHOEMAKER		N195 COUNTY F					
5	0	(715) 338-0082		MERRILLAN, WI	54754 , US				
	9	Sequence Of Events							
		Event							
	9	MOTOR VEH IN TRANSP	PORT						
		Event							
	02								
		Event							
	03								
	_	Event							
	04								
		Policy Holder							
UNIT		Insurance Company		INDIVIDUAL					
5		AMERICAN-FAMILY-INS-	-00	RUSS SHOEMAK	FR				
		Individual							
		DRIVER RUSS SHOEMAKER		Citations Issued	Sex				
	Å	(715) 338-0082		1	MALE				
	DUAL	(,		Date of Birth	Race WHITE				
LÈ	Ę	A data a a		Driver Lisses Alvert					
N.	INDINI	Address N195 COUNTY ROAD J		Driver License Number	er				
	Z	MERRILLAN, WI 54754 ,	US	STATE: WISCONS	IN COUNTRY: UN	NITED STATES			
		On Dut	y Crash	Safety Equipment					
	Sat	fety Equipment	y orash						
			On at Daniting	SHOULDER & LA	D REI T				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOOLDER & LA					
		Helmet Use		Helmet Compliance					
		Heimer 036		Theimer Compliance					
		Eye Protection		Tint Compliance					
		,							
	~	Injury S	Severity	Airbag					
2	001		PPARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED			
		Medical Transport	1	EMS Agency Identifie	r	EMS Run #			
		NOT TRANSPORTED							
I		Motor Vehicle Crash	This ron	ort does not include anv 0	CIIS data	Crash Data	07/13/2025		

25-07291

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital					Date of Death			Time of Dea	ith	
		Distracted By	Distracted By	Source	a RATED DEVIC	E						
		Distracted By Action OTHER ACTION (L	OOKING A	WAY F	FROM TASK E	тс	)					
		Non Motorist	Striking Unit	ŧ	Location							
		Prior Action										
		Action										
	JAL											
UNIT	INDIVIDUAL											
	IND											
		Action Other										To/From School
	L	Drug & Alcohol	Suspected Al	cohol L	Jse		Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type					Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type	е		Drug	Test Results			
01		Drug Type			1							
		Individual Condition										
		APPEARED NORMAL										
	Ņ	Violations										
	01	UTC Number BK745517	Issue To? 001		tute Number 5.89(1)	Description INATTENTIVE DRIVING						
		Summary										
		Status <b>RANSIT</b>					chicle Operating As Classif	lication	I	Unit Type AUTOMOI	SII E	
~		cle Type					ULAGO			Operating A		ents
02	PAS	SENGER CAR										
	Total 5	Occs	Train/B	us # Re	corded	Тс 0	otal # Citations Issued		Total Traile	ers	Total HazM 0	lat Types
		ance?	Directio	n Of Tr	avel	U	Pre CrashTire		Speed Lim	it	U Total Lanes	6
⊢	YES		WEST	BOUN	D		Mark		55		3	
UNIT		Harmful Event: Collisio					Decial Function O SPECIAL FUNCTIO	N	•	Emergency NOT APPI		le Use
		FOR VEH IN TRANS	PURI				affic Control			Traffic Cont		/e/Missing
		DED HWY W/O TRA	AFFIC BARF	RIER			RAFFIC SIGNAL			NO	,	5
		асе Туре					Road Curvature			Road Grade		
		KRETE				S	TRAIGHT			DOWNHIL	L	
	NO											
	١	Vehicle										
		License Plate Number	-				late Type		St	Country of Is		
		AUV3856				14	UT		WI	UNITED ST	AIES	
	2											

### 25-07291

## WISCONSIN MOTOR VEHICLE CRASH REPORT

2		Vehicle Identification Number		Mak	е	Year	Model			
02		1FAFP56U96A170279		FOF	RD	2006	TAURUS			
		Color		Bod	y Style	1	Bus Use			
		GRN - GREEN		SD	- SEDAN					
	ш	Initial Contact Point		Vehi	cle Damage		ſ			
⊢ I	5	06 - REAR		01	01 - RIGHT FRONT CORNER, 05 - RIGHT REAR					
	Ĭ	Extent Of Damage			RNER, 06 - REAR,			6 12		
	VEHICLE	DISABLING DAMAGE			T FRONT CORNE			5 4 3 2 1		
	>	Towed Due To Damage		Vehi	cle Removed By					
		TOWED DUE TO DISABL			LS TOWING					
		What Driver Was Doing		Vehicle Factors						
		STOP IN TRAFFIC		ven	cie Factors					
					T APPLICABLE					
		Driver Prior Action Other								
۱.	VEHICLE	NO CONTRIBUTING ACT								
UNIT	C									
5	H									
	K									
		Owner Name			Owner Address					
N	2				615 CORNER ST					
02	02	(608) 286-5091			LODI, WI 53555 , I	5				
		Sequence Of Events								
		Event								
	01	MOTOR VEH IN TRANSPO	ORT							
	02	Event								
		Event								
	03	Lvent								
	_	Event								
	04									
┝┍╴		Policy Holder								
UNIT		Insurance Company		IN	IDIVIDUAL					
		PROGRESSIVE-CASUAL	TY-INS-CO	Т	ODD KEARNEY					
		Individual								
		DRIVER		С	itations Issued	Sex				
	_	ANGELINA KEARNEY		0		FEMALE				
	A	(608) 286-5091		D	ate of Birth	Race				
H-	Ы									
UNIT	Σ	Address		D	river License Number					
	INDIVIDUA	615 CORNER ST								
	4	LODI, WI 53555 , US		s	TATE: WISCONSIN	I COUNTRY: UN	NITED STATES			
		On Duty	/ Crash	S	afety Equipment					
	Sat	fety Equipment								
		Row	Seat Position	s	HOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Н	elmet Compliance					
		Eye Protection		Ti	int Compliance					
8	002	Injury Se	-		irbag					
	0				ON DEPLOYED					
			Ejection Path				Trapped/Extricated			
		Ejected NOT EJECTED	NOT EJECTED/NOT A				NOT TRAPPED			

25-07291

### WISCONSIN MOTOR VEHICLE CRASH REPORT

Date of Death DISTRACTED)	Time of	Death			
DISTRACTED)					
,					
n					
		To/From School			
Suspected Drug Use <b>NO</b>					
Test Type	Alcohol	Test Results			
ant Turna					
стуре	Drug Test Results				
Citations Issued	Sex				
-	Race				
	WHITE				
Driver License Numb	er				
STATE: WISCONS	STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment					
NONE USED - VE	HICLE OCCUPANT				
Helmet Compliance					
Tint Compliance					
Airbag NON DEPLOYED					
	I Test Type	Suspected Drug Use NO       Alcohol         I Test Type       Alcohol         est Type       Drug Test Results         Est Type       Drug Test Results         Est Type       Drug Test Results         Date of Birth       Race WHITE         Driver License Number       STATE: WISCONSIN COUNTRY: UNITED ST         Safety Equipment       NONE USED - VEHICLE OCCUPANT         Helmet Compliance       Tint Compliance         Tint Compliance       Trappel         Airbag NON DEPLOYED       Trappel			

25-07291

### WISCONSIN MOTOR VEHICLE CRASH REPORT

- 1		Hospital				Date of Death		Time of Death	
		-							
_		D	istracted B	y Source					
_		Distracted By							
_		Distracted By Action							
_									
		Non Motorist	triking Unit	#	Location				
_	1								
		Prior Action							
		Action							
_									
_	٦								
⊢	INDIVIDUAL								
-	ā								
_	Z								
_									
_		Action Other							To/From School
	ŗ	Drug & Alcohol N	uspected A	Icohol Us	e	Suspected Drug Use			
	<i>L</i>	_							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results	
		Drug Test Given			Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					Brug Foot Robulto		
02	003	Drug Type							
•	8								
		Individual Condition							
		APPEARED NORMA	AL.						
		ndividual							
		PASSENGER				Citations Issued	Sex		
	.	TAYLOR HOILAND				0	FEMALE		
	M	(715) 699-9672				Date of Birth	Race		
нI	Ы						WHITE		
	DIVIDUAL	Address				Driver License Number	•		
	N	616 N MAIN ST LODI, WI 53555 , US	s			STATE: WISCONSIN	COUNTRY: UNI	TED STATES	
		,, ,	-						
		0	n Duty Cra	sh		Safety Equipment			
	Saf	ety Equipment	in Duty of			Galety Equipment			
	I	Row		Seat Pos	ition	LAP BELT ONLY			
		01 - FRONT ROW		08 - MIC					
		Helmet Use				Helmet Compliance			
		Eye Protection				Tint Compliance			
	+		njury Severi	tv		Airbag			
6	004	Injury <sub>N</sub>			JURY				
	I	Ejected	Eje	ction Path				Trapped/Extricated	
	NOT EJECTED NOT EJECTED/NOT APP					ICABLE		NOT TRAPPED	
		Medical Transport	•			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTE	D						
		Hospital				Date of Death		Time of Death	
. 1						doog not include any CII			07/13/2025

25-07291

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		_									
		Distracted By	Distracted B	y Source							
		Distracted By Action									
	L	Non Motorist	Striking Unit	#	Location						
		Prior Action									
		Action									
	_										
Е	INDIVIDUAL										
	Z										
		Action Other							To/From School		
			Suspected A	Alcohol Us	se	Suspected Drug Use	•				
	L	Drug & Alcohol Alcohol Test Given	NO		Alcohol Test Type	NO		Alcohol Test Results			
		TEST NOT GIVEN			Alconor rest rype			Alconor rest Nesults			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	5			
02	004	Drug Type									
		Individual Condition									
		APPEARED NORM	IAL								
	l	ndividual									
		PASSENGER JACK SCHELL				Citations Issued 0	Sex MALE				
	JAL					Date of Birth	Race				
UNIT		Address				Driver License Number					
5	INDIVIDUAL	210 10TH STREET PRAIRIE DU SAC,				STATE: WISCONSIN COUNTRY: UNITED STATES					
	-	PRAIRIE DU SAC,	WI 55576	, 03		STATE. WISCON					
	Saf	ety Equipment	On Duty Cra	ish		Safety Equipment					
	[	Row		Seat Pos	sition	SHOULDER & LA	P BELT				
		02 - SECOND ROV Helmet Use	V	09 - RIC	GHT	Helmet Compliance					
		Eye Protection				Tint Compliance					
03	005	<b>1</b>	Injury Sever	-	IJURY	Airbag NON DEPLOYED					
	[	Ejected	Eje	ection Pat	h			Trapped/Extricated			
		NOT EJECTED Medical Transport	NC	DT EJEC	TED/NOT APPL	ICABLE EMS Agency Identifie	er	NOT TRAPPED EMS Run #			
		NOT TRANSPORT	ED								
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted B	y Source		1		1			

### 25-07291

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action									
		Non Motorist	Striking Uni	t #	Location						
		Prior Action									
		Action									
	Ļ										
⊑	INDIVIDUAL										
UNIT	DIVI										
	Z										
		Action Other							To/From School		
	l	Drug & Alcohol	Suspected / NO	Alcohol Us	e	Suspected Drug Use	1				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results			
		Drug Test Given			Drug Test Type		Drug Test Results	5 5			
2	5	Drug Type									
02	005										
		Individual Condition									
		APPEARED NORM	AL								
	I	Individual									
	_	PASSENGER ETHAN OTT				Citations Issued 0	Sex MALE				
L	AUC					Date of Birth	Race WHITE				
UNIT	NDIVIDUAL	Address 102 FOX RUN				Driver License Number					
	Z	SAUK CITY, WI 535	83 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Cra	ash		Safety Equipment					
	Sat	fety Equipment									
		Row 02 - SECOND ROW	,	Seat Pos 07 - LEI		SHOULDER & LA					
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
02	900	· · · · · · · · · · · · · · · · · · ·	njury Sever			Airbag					
Ū	0	Ejected	NO APPA	RENT IN ection Path		NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED	N	OT EJEC	TED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTE	ED			EMS Agency Identifie	er	EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted E	By Source		1					
		Distracted By Action									
									07/10/0005		

6TL0F1BQ9B 25-07291

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	triking Unit #	Location					
		Prior Action							
İ		Action							
	_								
Ι.	IAI								
UNIT	ē								
	INDIVIDUAL								
	Z								
		Action Other						To/From School	
	L	Drug & Alcohol	uspected Alcohol	Use	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type	e		Alcohol Test Results		
		TEST NOT GIVEN				Dava Taat Daar	-14-		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resu	lits		
8	900	Drug Type							
		Individual Condition							
		APPEARED NORMA	NL.						
I	نما								
		t Summary Status		V	ehicle Operating As Classi	fication	Unit Type		
	ΙΝ Τ	RANSIT		C	CLASS		TRUCK		
03		icle Type	TRUCK	-			Operating As Endorse	ements	
	-		Train/Bus # R	ecorded T	otal # Citations Issued	Total Tr	ailers Total Ha	zMat Types	
	2			0		0	0	21	
		rance?	Direction Of T	_	Pre CrashTire	Speed I		nes	
UNIT	YES	<b>5</b> t Harmful Event: Collision	WESTBOUN		Mark Mark	55	<b>3</b> Emergency Motor Vel	hicle   lse	
5		TOR VEH IN TRANSP				N	NOT APPLICABLE		
		fic Way			raffic Control		Traffic Control Inoperative/Missing		
		IDED HWY W/O TRAF ace Type	FIC BARRIER		Road Curvature		NO Road Grade		
		NCRETE			STRAIGHT		DOWNHILL		
		k Bus or HazMat		·					
	NO								
		Vehicle				St	Country of Issuance		
		License Plate Number 357247F			Plate Type <b>LTK</b>	WI			
6	~	Vehicle Identification Nu	mber		Make	Year	Model		
03	03	1GCPDBEK9RZ253	562		CHEV	2024	SILVERADO		
		Color GRY - GRAY			Body Style <b>PK - PICKUP</b>		Bus Use		
	ш	Initial Contact Point			Vehicle Damage		T		
⊨	CL	06 - REAR			-			7 8 9 10 11	
UNIT	VEHICLE	Extent Of Damage			06 - REAR			6 5 4 3 2 1	
	2	FUNCTIONAL DAMA Towed Due To Damage			Vehicle Removed By				
		NOT TOWED							

25-07291

# WISCONSIN MOTOR VEHICLE CRASH REPORT

1		What Driver Was Doing			/ehicle Factors					
		STOP IN TRAFFIC		Venicie i actors						
				NOT APPLICABLE						
		Driver Actions								
		NO CONTRIBUTING ACTION								
	<u> </u>									
⊑	<u>ں</u>									
UNIT	VEHICLE									
-	Ψ.									
	_									
		Owner Name			Owner Address	Owner Address				
					N1504 COUNTY ROAD K					
03	03	(608) 432-2853			MAUSTON, WI 53948 , US					
	0	(000) 402 2000								
	9	Sequence Of Events								
		Event								
	9	5 MOTOR VEH IN TRANSPORT								
		Event								
	02	Event								
	0									
	03	Event								
	0									
	_	Event								
	04									
E		Policy Holder								
UNIT		Insurance Company			INDIVIDUAL					
		PROGRESSIVE-CLASSIC-	INS-CO		LARRY TOURDOT					
		ndividual								
					Citations Issued	Sex				
	1				0	MALE				
	4	(608) 432-2853			Date of Birth					
H-	INDIVIDUAL				WHITE					
UNIT	Σ	Address			Driver License Number					
	ā	N1504 COUNTY ROAD K MAUSTON, WI 53948 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z									
		On Duty Carely								
	Sat	On Duty Crash fety Equipment			Safety Equipment					
	Jai									
		Row	Seat Po	osition	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LE	EFT						
		Helmet Use	e		Helmet Compliance					
		Eye Protection			Tint Compliance					
		,								
	~	Injury Severity			Airbag					
33	007			v	-					
	U	Injury POSSIBLE INJURY			NON DEPLOYED					
							Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT APPL					NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		EMS GROUND			6000123					
		Hospital			Date of Death Time of		Time of Death			
	ST CLARE HOSP									
l	Distracted By Source									
	Distracted By NOT APPLICABLE (NOT DISTRACTED)									
	Distracted By Action									
	NOT DISTRACTED									
	Striking Unit # Location									
	Non Motorist									
I				1						

25-07291

# WISCONSIN MOTOR VEHICLE CRASH REPORT

1									
		Prior Action							
ĺ		Action							
	_								
	INDIVIDUAL								
UNIT	ē								
	Z								
		Action Other To/From School							
		Suspected Alcohol Use Suspected Drug Use							
		Drug & Alcohol NO			NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	hol Test Type		Alcohol Test Results		
		Drug Test Given		Drug Test Type		Drug Test Result	is is in the second sec		
		TEŠT NOT GIVEN							
03	007	Drug Type							
	Ŭ								
		Individual Condition							
		APPEARED NORMAL							
Individual									
		PASSENGER			Citations Issued	Sex			
	Ļ	MICHELLE TOURDOT (608) 432-2853			0 Date of Birth	FEMALE			
	DU/		(000) 402-2000			Race WHITE			
UNIT	Ξ	Address N1504 COUNTY ROAD K MAUSTON, WI 53948 , US			Driver License Number				
	INDIVIDUAL				STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sa	On Duty Crash			Safety Equipment				
	Sa	ety Equipment			SHOULDER & LAP BELT				
		Row 01 - FRONT ROW		Position <b>RIGHT</b>	SHOULDER & LA	FDELI			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
					This Compliance				
2	008				Airbag				
	0	Injury         NO APPARENT INJURY           Ejected         Ejection Path			NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT			PLICABLE		NOT TRAPPED		
		Medical Transport				EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED Hospital			Date of Death Time of		Time of Death		
		Distracted By Source							
		Distracted By Distracted By Action							
		Striking Unit # Location							
		Prior Action							

### 6TL0F1BQ9B 25-07291

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	_						
	NΑ						
UNIT	/ID						
	INDIVIDUAL						
	Z						
		Action Other					To/From School
				Our and the difference of the second			
	L	Drug & Alcohol NO		Suspected Drug Use			
		Alcohol Test Given	Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIVEN			_		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	5	
03	008	Drug Type					
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		Individual Condition					
		APPEARED NORMAL					