

6TL0FV1GGD

25-11204

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

6TL0FV1GGD

|                                                |                                             |                                              |                                    |                                                      |                                  |                                                          |                                          |
|------------------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------|------------------------------------------------------|----------------------------------|----------------------------------------------------------|------------------------------------------|
| Document Number Override                       |                                             | Primary Crash Document #                     |                                    | Agency Crash Number<br><b>25-11204</b>               |                                  | Investigating Officer/Deputy<br><b>DEPUTY W. VERTEIN</b> |                                          |
| Crash Date<br><b>10/27/2025</b>                |                                             | Crash Time<br><b>03:24 PM</b>                |                                    | Date Arrived<br><b>10/27/2025</b>                    |                                  | Time Arrived<br><b>03:40 PM</b>                          |                                          |
| Date Notified<br><b>10/27/2025</b>             |                                             | Time Notified<br><b>03:27 PM</b>             |                                    | Total Units<br><b>02</b>                             |                                  | Total Injured<br><b>01</b>                               | Total Killed<br><b>00</b>                |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run        | <input type="checkbox"/> Lane Closure        | <input type="checkbox"/> Work Zone | <input checked="" type="checkbox"/> Trailer or Towed |                                  | <input type="checkbox"/> Reporting Threshold             |                                          |
| <input type="checkbox"/> Government Property   | <input type="checkbox"/> Active School Zone |                                              | School Bus Related<br><b>NO</b>    |                                                      | Tags                             |                                                          |                                          |
| <input checked="" type="checkbox"/> Reportable |                                             | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |                                                      | <input type="checkbox"/> Amended |                                                          | <input type="checkbox"/> Secondary Crash |

## Description

|                |                                       |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By                     |
|                | Photos By                             |
|                | Additional Information<br><b>NONE</b> |

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS STOPPED AT A STOP SIGN AND UNIT 1 WAS TRAVELING EASTBOUND. THE OPERATOR OF UNIT 1 ATTEMPTED TO MAKE A LEFT TURN AND TURNED INTO UNIT 2 AS THE OPERATOR OF UNIT 2 WAS MAKING A LEFT TURN. THE OPERATOR OF UNIT 2 COMPLAINED ON MINOR BACK PAIN.

6TL0FV1GGD

25-11204

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

## Location

|                                                                                                            |                                       |                                   |
|------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| ON UNION ST/ STH33 EB<br>46 FT N<br>OF W MAIN ST/ STH58 SB<br>IN THE VILLAGE OF LA VALLE<br>IN SAUK COUNTY | Latitude<br><b>43.582371638</b>       | Longitude<br><b>-90.129935178</b> |
|                                                                                                            | X Coordinate<br><b>247300.359375</b>  | Y Coordinate<br><b>4830250.5</b>  |
|                                                                                                            | Structure Type<br><b>NO STRUCTURE</b> |                                   |

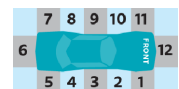
## Crash Scene

|                                                           |                                          |                                                                       |               |
|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|---------------|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      |                                          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><b>01 - ANGLE</b>                  |                                          | Light Condition<br><b>DAYLIGHT</b>                                    |               |
| Road Surface Condition(s)<br><b>DRY</b>                   |                                          | Roadway Factor(s)<br><br><b>NONE</b>                                  |               |
| Environment Factor(s)<br><b>NONE</b>                      |                                          |                                                                       |               |
| Weather Condition(s)<br><b>CLEAR</b>                      |                                          |                                                                       |               |
| Animal Type                                               |                                          | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> |                                          | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land                                               |                                          | Access Control<br><b>NO CONTROL</b>                                   | Special Study |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>INTERSECTION</b> | Intersection Type<br><b>T-INTERSECTION</b>                            |               |

## Unit Summary

|            |                                                                                   |                                          |                                                       |                            |                                                      |  |
|------------|-----------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|----------------------------|------------------------------------------------------|--|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>                                                  |                                          | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>TRUCK</b>                            |  |
|            | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>                                 |                                          |                                                       |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>1</b>                                                            | Train/Bus # Recorded                     | Total # Citations Issued<br><b>1</b>                  | Total Trailers<br><b>1</b> | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>                                                          | Direction Of Travel<br><b>SOUTHBOUND</b> | <input type="checkbox"/> Pre CrashTire Mark           | Speed Limit<br><b>30</b>   | Total Lanes<br><b>2</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b>               |                                          | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                                        |                                          | Traffic Control<br><b>STOP SIGN</b>                   |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                                      |                                          | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b> |                                          |                                                       |                            |                                                      |  |

|                             |                                                           |  |                                                 |                     |                                             |
|-----------------------------|-----------------------------------------------------------|--|-------------------------------------------------|---------------------|---------------------------------------------|
| UNIT<br>01<br>VEHICLE<br>01 | <b>Vehicle</b>                                            |  |                                                 |                     |                                             |
|                             | License Plate Number<br><b>DH31858</b>                    |  | Plate Type<br><b>HTK</b>                        | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                             | Vehicle Identification Number<br><b>1FT8W3BT2NEF26621</b> |  | Make<br><b>FORD</b>                             | Year<br><b>2022</b> | Model<br><b>F350</b>                        |
|                             | Color<br><b>GRY - GRAY</b>                                |  | Body Style<br><b>PK - PICKUP</b>                |                     | Bus Use                                     |
|                             | Initial Contact Point<br><b>11 - LEFT FRONT CORNER</b>    |  | Vehicle Damage<br><b>11 - LEFT FRONT CORNER</b> |                     |                                             |
|                             | Extent Of Damage<br><b>MINOR DAMAGE</b>                   |  |                                                 |                     |                                             |



6TL0FV1GGD

25-11204

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|                                          |                                                              |                          |                                                                         |                    |
|------------------------------------------|--------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------|--------------------|
| UNIT<br>VEHICLE                          | Towed Due To Damage<br><b>NOT TOWED</b>                      |                          | Vehicle Removed By<br><b>OPERATOR</b>                                   |                    |
|                                          | What Driver Was Doing<br><b>LEFT TURN</b>                    |                          | Vehicle Factors                                                         |                    |
|                                          | Driver Prior Action Other                                    |                          | <b>NOT APPLICABLE</b>                                                   |                    |
|                                          | Driver Actions<br><b>FAILED TO YIELD RIGHT-OF-WAY</b>        |                          |                                                                         |                    |
| 01                                       | Owner Name<br><b>DENNIS DOROW<br/>(608) 393-2119</b>         |                          | Owner Address<br><b>N1681 DARROW RD<br/>MAUSTON, WI 53948 , US</b>      |                    |
|                                          | <b>Sequence Of Events</b>                                    |                          |                                                                         |                    |
| 01                                       | Event<br><b>LEFT TURN</b>                                    |                          |                                                                         |                    |
|                                          | Event<br><b>MOTOR VEH IN TRANSPORT</b>                       |                          |                                                                         |                    |
|                                          | Event                                                        |                          |                                                                         |                    |
|                                          | Event                                                        |                          |                                                                         |                    |
| UNIT<br>POLICY                           | <b>Policy Holder</b>                                         |                          |                                                                         |                    |
|                                          | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>       |                          | INDIVIDUAL<br><b>DENNIS DOROW</b>                                       |                    |
| UNIT<br>TRAILER/                         | <b>Trailer/Towed</b>                                         |                          |                                                                         |                    |
|                                          | Trailer Plate #<br><b>BT78806</b>                            | Plate Type<br><b>TRL</b> | Make<br><b>RCIN</b>                                                     | State<br><b>WI</b> |
| UNIT<br>INDIVIDUAL                       | Unit Type<br><b>UTILITY TRAILER</b>                          |                          | INDIVIDUAL<br><b>DENNIS DOROW<br/>(608) 393-2119</b>                    |                    |
|                                          | Vehicle Identification Number<br><b>56VBE1428HM637912</b>    |                          | Address<br><b>N1681 DARROW RD<br/>MAUSTON, WI 53948 , US</b>            |                    |
| UNIT<br>INDIVIDUAL                       | <b>Individual</b>                                            |                          | Citations Issued<br><b>1</b>                                            |                    |
|                                          | DRIVER<br><b>DENNIS DOROW<br/>(608) 393-2119</b>             |                          | Sex<br><b>MALE</b>                                                      |                    |
|                                          | Date of Birth                                                |                          | Race<br><b>WHITE</b>                                                    |                    |
|                                          | Address<br><b>N1681 DARROW RD<br/>MAUSTON, WI 53948 , US</b> |                          | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                    |
| 01                                       | <b>Safety Equipment</b>                                      |                          | On Duty Crash                                                           |                    |
|                                          | Row<br><b>01 - FRONT ROW</b>                                 |                          | Seat Position<br><b>07 - LEFT</b>                                       |                    |
|                                          | Helmet Use                                                   |                          | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                      |                    |
|                                          | Eye Protection                                               |                          | Helmet Compliance                                                       |                    |
| 001                                      | Injury<br><b>NO APPARENT INJURY</b>                          |                          | Airbag<br><b>NON DEPLOYED</b>                                           |                    |
|                                          | Ejected<br><b>NOT EJECTED</b>                                |                          | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                      |                    |
| Trapped/Extricated<br><b>NOT TRAPPED</b> |                                                              |                          |                                                                         |                    |

6TL0FV1GGD

25-11204

# WISCONSIN MOTOR VEHICLE CRASH REPORT

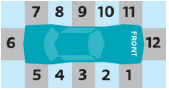
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

|                                            |                                                       |                                                                                              |                         |                                                                      |                                                                             |                                                        |
|--------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|
| UNIT                                       | INDIVIDUAL                                            | Medical Transport<br><b>NOT TRANSPORTED</b>                                                  | EMS Agency Identifier   | EMS Run #                                                            |                                                                             |                                                        |
|                                            |                                                       | Hospital                                                                                     | Date of Death           | Time of Death                                                        |                                                                             |                                                        |
|                                            |                                                       | <b>Distracted By</b> Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>          |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | Distracted By Action<br><b>NOT DISTRACTED</b>                                                |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | <b>Non Motorist</b>                                                                          | Striking Unit #         | Location                                                             |                                                                             |                                                        |
|                                            |                                                       | Prior Action                                                                                 |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | Action                                                                                       |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | Action Other                                                                                 |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | To/From School                                                                               |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | <b>Drug &amp; Alcohol</b> Suspected Alcohol Use<br><b>NO</b> Suspected Drug Use<br><b>NO</b> |                         |                                                                      |                                                                             |                                                        |
| 01                                         | 001                                                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                                                  | Alcohol Test Type       | Alcohol Test Results                                                 |                                                                             |                                                        |
|                                            |                                                       | Drug Test Given<br><b>TEST NOT GIVEN</b>                                                     | Drug Test Type          | Drug Test Results                                                    |                                                                             |                                                        |
|                                            |                                                       | Drug Type                                                                                    |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | Individual Condition<br><b>APPEARED NORMAL</b>                                               |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | <b>Violations</b>                                                                            |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | UTC Number<br><b>BM654034</b>                                                                | Issue To?<br><b>001</b> | Statute Number<br><b>346.18(3)</b>                                   | Description<br><b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>                   |                                                        |
|                                            |                                                       | <b>Carrier</b>                                                                               |                         |                                                                      |                                                                             |                                                        |
|                                            |                                                       | <input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>                 |                         | Source<br><b>DRIVER</b>                                              |                                                                             |                                                        |
|                                            |                                                       | Name<br><b>DENNIS DOROW</b>                                                                  |                         | Address<br><b>N1681 DARROW RD<br/>MAUSTON, WI 53948 , US</b>         |                                                                             |                                                        |
|                                            |                                                       | UNIT                                                                                         | TRUCK BUS               | GVWR<br><b>10,001-26,000 LBS</b>                                     | Vehicle Configuration<br><b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b> | Cargo Body Type<br><b>UNKNOWN</b>                      |
| US DOT #                                   | Carrier Type<br><b>OTHER OPERATION/NOT SPECIFIED</b>  |                                                                                              |                         | Permitted Load<br><b>NOT APPLICABLE</b>                              |                                                                             |                                                        |
| <input type="checkbox"/> <b>OS/OW Load</b> | WI Permit Number                                      |                                                                                              |                         | <input type="checkbox"/> <b>Permitted Vehicle On Permitted Route</b> | <input type="checkbox"/> <b>Escort Vehicle Required By Permit</b>           | <input type="checkbox"/> <b>Escort Vehicle Present</b> |
| Measured Height                            | Measured Length                                       |                                                                                              |                         | Measured Width                                                       | Measured Weight                                                             |                                                        |
| <b>Unit Summary</b>                        |                                                       |                                                                                              |                         |                                                                      |                                                                             |                                                        |
| Unit Status<br><b>IN TRANSIT</b>           | Vehicle Operating As Classification<br><b>D CLASS</b> |                                                                                              |                         | Unit Type<br><b>AUTOMOBILE</b>                                       |                                                                             |                                                        |

6TL0FV1GGD

25-11204

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

|      |    |                                                                     |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|------|----|---------------------------------------------------------------------|--|-----------------------------------------|--|---------------------------------------------------------------------------|--|-------------------------------------|--|-------------------------------------------------------------------------------------|--|--|--|
| UNIT | 02 | Vehicle Type<br><b>PASSENGER CAR</b>                                |  |                                         |  | Operating As Endorsements                                                 |  |                                     |  |                                                                                     |  |  |  |
|      |    | Total Occs<br><b>1</b>                                              |  | Train/Bus # Recorded                    |  | Total # Citations Issued<br><b>0</b>                                      |  | Total Trailers<br><b>0</b>          |  | Total HazMat Types<br><b>0</b>                                                      |  |  |  |
|      |    | Insurance?<br><b>YES</b>                                            |  | Direction Of Travel<br><b>EASTBOUND</b> |  | <input type="checkbox"/> Pre CrashTire Mark                               |  | Speed Limit<br><b>30</b>            |  | Total Lanes<br><b>2</b>                                                             |  |  |  |
|      |    | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |  |                                         |  | Special Function<br><b>NO SPECIAL FUNCTION</b>                            |  |                                     |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b>                                |  |  |  |
|      |    | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |  |                                         |  | Traffic Control<br><b>NO CONTROL</b>                                      |  |                                     |  | Traffic Control Inoperative/Missing<br><b>NO</b>                                    |  |  |  |
|      |    | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |  |                                         |  | Road Curvature<br><b>STRAIGHT</b>                                         |  |                                     |  | Road Grade<br><b>LEVEL</b>                                                          |  |  |  |
|      |    | Truck Bus or HazMat<br><b>NO</b>                                    |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    |                                                                     |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
| UNIT | 02 | <b>Vehicle</b>                                                      |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | License Plate Number<br><b>AEP8845</b>                              |  |                                         |  | Plate Type<br><b>AUT</b>                                                  |  | St<br><b>WI</b>                     |  | Country of Issuance<br><b>UNITED STATES</b>                                         |  |  |  |
|      |    | Vehicle Identification Number<br><b>4S3GTAD64P3720386</b>           |  |                                         |  | Make<br><b>SUBA</b>                                                       |  | Year<br><b>2023</b>                 |  | Model<br><b>IMPREZA</b>                                                             |  |  |  |
|      |    | Color<br><b>GRY - GRAY</b>                                          |  |                                         |  | Body Style<br><b>SW - STATIONWAGON</b>                                    |  |                                     |  | Bus Use                                                                             |  |  |  |
|      |    | Initial Contact Point<br><b>08 - LEFT SIDE REAR</b>                 |  |                                         |  | Vehicle Damage<br><b>07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>       |  |                                     |  |  |  |  |  |
|      |    | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                        |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | Towed Due To Damage<br><b>NOT TOWED</b>                             |  |                                         |  | Vehicle Removed By<br><b>OPERATOR</b>                                     |  |                                     |  |                                                                                     |  |  |  |
|      |    | What Driver Was Doing<br><b>LEFT TURN</b>                           |  |                                         |  | Vehicle Factors<br><b>NOT APPLICABLE</b>                                  |  |                                     |  |                                                                                     |  |  |  |
|      |    | Driver Prior Action Other                                           |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                     |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
| UNIT | 02 | Owner Name<br><b>LORA DERHEIMER</b><br><b>(608) 393-2584</b>        |  |                                         |  | Owner Address<br><b>E3672 SEFKAR RD</b><br><b>LA VALLE, WI 53941 , US</b> |  |                                     |  |                                                                                     |  |  |  |
|      |    | <b>Sequence Of Events</b>                                           |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
| UNIT | 01 | Event<br><b>LEFT TURN</b>                                           |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | Event<br><b>MOTOR VEH IN TRANSPORT</b>                              |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | Event                                                               |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | Event                                                               |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
| UNIT | 02 | <b>Policy Holder</b>                                                |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | Insurance Company<br><b>LIBERTY-MUTUAL-INS-CO</b>                   |  |                                         |  |                                                                           |  | INDIVIDUAL<br><b>LORA DERHEIMER</b> |  |                                                                                     |  |  |  |
| UNIT | 02 | <b>Individual</b>                                                   |  |                                         |  |                                                                           |  |                                     |  |                                                                                     |  |  |  |
|      |    | Citations Issued<br><b>0</b>                                        |  |                                         |  |                                                                           |  | Sex<br><b>FEMALE</b>                |  |                                                                                     |  |  |  |

Date of Birth

6TL0FV1GGD

25-11204

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|    |     |                    |                                                                     |  |                                                                         |  |                                          |  |
|----|-----|--------------------|---------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|------------------------------------------|--|
| 02 | 002 | UNIT<br>INDIVIDUAL | DRIVER<br><b>LORA DERHEIMER</b><br>(608) 393-2584                   |  | Race<br><b>WHITE</b>                                                    |  |                                          |  |
|    |     |                    | Address<br><b>E3672 SEFKAR RD</b><br><b>LA VALLE, WI 53941 , US</b> |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |                                          |  |
|    |     |                    | Safety Equipment                                                    |  | On Duty Crash                                                           |  | Safety Equipment                         |  |
|    |     |                    | Row<br><b>01 - FRONT ROW</b>                                        |  | Seat Position<br><b>07 - LEFT</b>                                       |  | <b>SHOULDER &amp; LAP BELT</b>           |  |
|    |     |                    | Helmet Use                                                          |  | Helmet Compliance                                                       |  |                                          |  |
|    |     |                    | Eye Protection                                                      |  | Tint Compliance                                                         |  |                                          |  |
|    |     |                    | Injury                                                              |  | Injury Severity<br><b>POSSIBLE INJURY</b>                               |  | Airbag<br><b>NON DEPLOYED</b>            |  |
|    |     |                    | Ejected<br><b>NOT EJECTED</b>                                       |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                      |  | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |
|    |     |                    | Medical Transport<br><b>NOT TRANSPORTED</b>                         |  | EMS Agency Identifier                                                   |  | EMS Run #                                |  |
|    |     |                    | Hospital                                                            |  | Date of Death                                                           |  | Time of Death                            |  |
| 02 | 002 | UNIT<br>INDIVIDUAL | Distracted By                                                       |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>          |  |                                          |  |
|    |     |                    | Distracted By Action<br><b>NOT DISTRACTED</b>                       |  |                                                                         |  |                                          |  |
|    |     |                    | Non Motorist                                                        |  | Striking Unit #                                                         |  | Location                                 |  |
|    |     |                    | Prior Action                                                        |  |                                                                         |  |                                          |  |
|    |     |                    | Action                                                              |  |                                                                         |  |                                          |  |
|    |     |                    | Action Other                                                        |  |                                                                         |  | To/From School                           |  |
|    |     |                    | Drug & Alcohol                                                      |  | Suspected Alcohol Use<br><b>NO</b>                                      |  | Suspected Drug Use<br><b>NO</b>          |  |
|    |     |                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                         |  | Alcohol Test Type                                                       |  | Alcohol Test Results                     |  |
|    |     |                    | Drug Test Given<br><b>TEST NOT GIVEN</b>                            |  | Drug Test Type                                                          |  | Drug Test Results                        |  |
|    |     |                    | Drug Type                                                           |  |                                                                         |  |                                          |  |
| 02 | 002 | UNIT<br>INDIVIDUAL | Individual Condition<br><b>APPEARED NORMAL</b>                      |  |                                                                         |  |                                          |  |

6TL0FV1GGD  
25-11204

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Witness

|                |                                               |                                                    |               |
|----------------|-----------------------------------------------|----------------------------------------------------|---------------|
| WITN 01<br>ESS | Individual<br>DANIEL MURPHY<br>(608) 548-8836 | Address<br>108 CHURCH ST<br>WONEWOC, WI 53968 , US | Date of Birth |
|                |                                               |                                                    |               |