18-01001

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|            | Document Number Override  | Primary Crash Do   | ocument #  | Agency<br>18-010                              | Crash Number<br>001  |  | Officer/Deputy                              |  |  |
|------------|---|--|--|---|--|--|---|--|--|
| ЗH         | Crash Date<br>01/28/2018  | Crash Time<br>10:30 AM<br>Time Notified                                    |  | Date A  |  | Time Arrived<br>11:30 AM   | Time Arrived<br>11:30 AM                    |  |  |
| 6TL0BDBC3H | Date Notified   |  |  | Total Units                                   |  | Total Injured Total Killed   |   | ed   |  |
|            | 01/28/2018  | 10:55 AM   |  | 02  | I  | 01   | 00  | Reporting  |  |
| ä          |   | t and Run  | Lane Clos  |   | Bus Related  |  | or Towed                                    | Threshold  |  |
|            | Government<br>Property  | Active Sch   | ool Zone   | NO  | Bus Related  | Tags   |   |  |  |
|            | ✓ Reportable  | Crash Type<br>DT4000 (STAN   | IDARD CRAS   | H)  |  |  | led   | Secondary<br>Crash   |  |
|            | Description   |  |  |   |  |  |   |  |  |
|            | Diagram   | V<br>V2  | Private Road   | I to Dev                                      | il's Head Lodge  | -  | Photos By<br>NONE                           | ormation<br>RUCTION, PHOTOS  |  |
|            | ✔ I, a sworn law enforceme<br>OPERATOR OF V1 WAS DRIVING<br>DEVIL'S HEAD AND WAS NEGOT<br>OF TRAVEL OF V1 STRIKING V1<br>DAMAGE BUT WAS OPERATION<br>MINOR SORENESS IN HIS LOWE<br>ICY. | G INTO DEVIL'S HI<br>FIATING A RIGHT<br>HEAD ON. V1 RE<br>IAL AND DRIVEN E | EAD LODGE ON<br>HAND CURVE V<br>CEIVED EXTEN<br>BY THE OPERA | I A PRIVA<br>WHEN LOS<br>ISIVE FRO<br>TOR AWA | TE ROAD/DRIVE WHE<br>SING CONTROL OF HIS<br>DNT END DAMAGE AN<br>Y FROM THE SCENE. | N THE OPERATO<br>S VEHICLE IN TH<br>D NEEDED TO BI<br>RFS PASSENGE | HE CURVE ANI<br>E TOWED. V2<br>R OF V1 STAT | D ENTERING THE PATH<br>2 RECEIVED MODERATE<br>TED THAT HE HAD SOME |  |

### 18-01001

|   | cation   |  |                        |   |  |  |  |  |
|---|--|--|------------------------|---|--|--|--|--|
| -   | N S6330 BLUFF RD   |  |                        | Latitude  | )                                      |  | Longitude  |  |
|   | 32 MI N  |  |                        | 43.415  | 026532                                 |  | -89.630672798  |  |
| -   | F DEVIL'S DOORWAY  | RD   |                        | X Coord   | dinate                                 |  | Y Coordinate   |  |
| (F  | IRE S6330)   |  |                        | 28702   | 2.75                                   |  | 4810266  |  |
| IN  | THE TOWN OF MER  | RIMAC  |                        | Structur  | Structure Type                         |  |  |  |
|   | SAUK COUNTY  |  |                        | FIRE  |  |  |  |  |
| Cra   | ash Scene 🗖  |  |                        |   |  |  |  |  |
| Fir   | rst Harmful Event  |  |                        | First Ha  | rmful Event                            | Location   |  |  |
| м   | OTOR VEH IN TRANS  | PORT   |                        |   | DADWAY                                 | Location   |  |  |
|   | anner of Collision   |  |                        | Light Co  |  |  |  |  |
|   | -FRONT TO FRONT  |  |                        | DAYLI   |  |  |  |  |
|   | bad Surface Condition(s)   |  |                        |   | ay Factor(s)                           |  |  |  |
|   |  |  |                        | Roddwa  | ay 1 doto1(3)                          |  |  |  |
| w   | ET, SNOW, ICE  |  |                        |   |  |  |  |  |
| En  | vironment Factor(s)  |  |                        |   |  |  |  |  |
| w   | EATHER CONDITION   | s  |                        |   | SURFACE                                | E CONDITION  | I (WET, ICY, SNOW, SLUSH,  |  |
|   |  |  |                        | ETC)  |  |  |  |  |
| VVe   | eather Condition(s)  |  |                        |   |  |  |  |  |
| SN  | NOW  |  |                        |   |  |  |  |  |
| An  | nimal Type   |  |                        | Relation  | n To Trafficw                          | ay   |  |  |
|   |  |  |                        | TRAF  | - YAWOI                                | ON ROAD  |  |  |
| Cra   | ash Classification - Locatio   | on   |                        | Crash C   | lassification                          | - Jurisdiction   |  |  |
| PF  | RIVATE PROPERTY  |  |                        | PRIVA   | PRIVATE PROPERTY                       |  |  |  |
| Tri   | ibal Land  |  |                        | Access  | Access Control Special Study           |  |  |  |
|   |  |  |                        | NO CO   | NTROL                                  |  |  |  |
| Wi  | ithin Interchange Area   | Junction Location  |                        | Intersection Type   |  |  |  |  |
| 1.10  | <u>~</u>   |  |                        |   |  |  |  |  |
| NC  | 0  | NON-JUNCTION   |                        | NOT AN INTERS   | SECTION                                |  |  |  |
| Un  | nit Summary  | NON-JUNCTION   |                        |   |  |  |  |  |
| Un  | nit Summary  | NON-JUNCTION   |                        | erating As Classificati   |  | Unit Type  |  |  |
| Un<br>Un<br>IN  | nit Summary  | NON-JUNCTION   | Vehicle Ope<br>D CLASS | erating As Classificati   |  | AUTOMO   |  |  |
| Un<br>Un<br>IN<br>Ve  | nit Summary  Init Status I TRANSIT Shicle Type   | NON-JUNCTION   |                        | erating As Classificati   |  | AUTOMO   | BILE<br>s Endorsements   |  |
| Un<br>Un<br>IN<br>Ve  | nit Summary  | NON-JUNCTION   |                        | erating As Classificati   |  | AUTOMO   |  |  |
| Un<br>Un<br>IN<br>Ve<br>PA<br>To  | nit Summary  Init Status I TRANSIT Shicle Type   | Train/Bus # Injured  | D CLASS                | erating As Classificati   | on<br>Total Tra                        | AUTOMO   | s Endorsements<br>Total HazMat Types   |  |
| Un<br>IN<br>Ve<br>PA  | nit Summary  |  | D CLASS                | erating As Classificati   | on                                     | AUTOMO   | s Endorsements   |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins  | nit Summary       nit Status       TRANSIT       shicle Type       ASSENGER VAN       otal Occs       surance?   | Train/Bus # Injured<br>Direction Of Travel   | D CLASS                | erating As Classificati   | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers  | s Endorsements<br>Total HazMat Types<br><b>0</b><br>Total Lanes  |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins  | nit Summary  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND                                | D CLASS                | erating As Classificati<br>tions Issued<br>CrashTire<br>Mark  | on<br>Total Tra<br><b>0</b>            | AUTOMO<br>Operating A<br>ailers<br>imit  | s Endorsements<br>Total HazMat Types<br>0<br>Total Lanes<br>2  |  |
| Un<br>Un<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc  | nit Summary  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND                                | D CLASS                | erating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>Iction  | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency   | s Endorsements<br>Total HazMat Types<br>0<br>Total Lanes<br>2<br>Motor Vehicle Use                               |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc<br>Mc  | nit Summary iit Status I TRANSIT ehicle Type ASSENGER VAN bital Occs surance? ES Dost Harmful Event: Collision OTOR VEH IN TRANS   | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND                                | D CLASS                | erating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>ICTION  | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP  | s Endorsements<br>Total HazMat Types<br>0<br>Total Lanes<br>2<br>Motor Vehicle Use<br>LICABLE                    |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc<br>Mc<br>Tra   | nit Summary it Status TRANSIT chicle Type ASSENGER VAN otal Occs surance? ES cost Harmful Event: Collision OTOR VEH IN TRANS affic Way   | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT              | D CLASS                | erating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>ICTION<br>IAL FUNCTION<br>rol                                     | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont  | s Endorsements<br>Total HazMat Types<br>0<br>Total Lanes<br>2<br>Motor Vehicle Use                               |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mo<br>Mo<br>Tra<br>Tra                                  | nit Summary it Status TRANSIT whicle Type ASSENGER VAN otal Occs surance? ES Sost Harmful Event: Collision OTOR VEH IN TRANS affic Way NO-WAY, NOT DIVIDE  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT              | D CLASS                | arating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>IAL FUNCTION<br>rol<br>ROL  | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO  | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing              |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc<br>Mc<br>Tra<br>TV<br>Su                             | nit Summary it Status TRANSIT whicle Type ASSENGER VAN bital Occs surance? ES ost Harmful Event: Collision OTOR VEH IN TRANS affic Way WO-WAY, NOT DIVIDE urface Type  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT              | D CLASS                | tions Issued CrashTire Mark IAL FUNCTION rol ROL ture   | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade  | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing              |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc<br>Mc<br>Mc<br>Tra<br>TV<br>Su<br>BL                 | hit Summary<br>hit Status<br>TRANSIT<br>ehicle Type<br>ASSENGER VAN<br>bital Occs<br>surance?<br>ES<br>bost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>urface Type<br>LACKTOP (BITUMINO   | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT              | D CLASS                | tions Issued CrashTire Mark IAL FUNCTION rol ROL ture   | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO  | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing              |  |
| Un<br>IN<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc<br>Mc<br>Mc<br>Tra<br>Su<br>BL<br>Tru          | hit Summary<br>hit Status<br>TRANSIT<br>ehicle Type<br>ASSENGER VAN<br>bital Occs<br>surance?<br>ES<br>bost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>urface Type<br>LACKTOP (BITUMINO<br>uck Bus or HazMat  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT              | D CLASS                | tions Issued CrashTire Mark IAL FUNCTION rol ROL ture   | on<br>Total Tra<br><b>0</b><br>Speed L | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade  | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing              |  |
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| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>Ins<br>Ins<br>Mc<br>Mc<br>Tre<br>Su<br>BL<br>Tru              | hit Summary<br>hit Status<br>TRANSIT<br>shicle Type<br>ASSENGER VAN<br>bital Occs<br>surance?<br>ES<br>Sost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>urface Type<br>LACKTOP (BITUMINO<br>uck Bus or HazMat<br>O<br>Vehicle  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>:D        | D CLASS                | erating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>IAL FUNCTION<br>rol<br>ROL<br>ature<br>EFT                        | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL   | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing              |  |
| Un<br>IN<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc<br>Mc<br>Mc<br>Tra<br>Su<br>BL<br>Tru          | hit Summary<br>hit Status<br>TRANSIT<br>shicle Type<br>ASSENGER VAN<br>bital Occs<br>surance?<br>ES<br>Sost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>urface Type<br>LACKTOP (BITUMINO<br>uck Bus or HazMat<br>O<br>Vehicle<br>License Plate Number  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>:D        | D CLASS                | erating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>ICCION<br>IAL FUNCTION<br>rol<br>ROL<br>ture<br>EFT               | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL   | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance       |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>Ins<br>Ins<br>YE<br>Mc<br>Mc<br>Tre<br>Su<br>BL<br>Tru        | hit Summary<br>hit Status<br>TRANSIT<br>shicle Type<br>ASSENGER VAN<br>bital Occs<br>surance?<br>ES<br>bost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>urface Type<br>LACKTOP (BITUMINO<br>uck Bus or HazMat<br>O<br>Vehicle<br>License Plate Number<br>6639794   | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>D         | D CLASS                | erating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>IAL FUNCTION<br>rol<br>ROL<br>ature<br>EFT                        | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL   | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance       |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>YE<br>Mc<br>MC<br>Tre<br>Su<br>BL<br>Tr<br>NC                 | hit Summary<br>hit Status<br>TRANSIT<br>shicle Type<br>ASSENGER VAN<br>bital Occs<br>Surance?<br>ES<br>Sost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>Urface Type<br>LACKTOP (BITUMINO<br>uck Bus or HazMat<br>O<br>Vehicle<br>License Plate Number<br>6639794<br>Vehicle Identification N   | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>:D<br>US) | D CLASS                | tions Issued CrashTire Mark Iction IAL FUNCTION rol ROL Iture EFT   | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model                      | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance       |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>Su<br>Mc<br>Mc<br>Tra<br>Su<br>BL<br>Tra<br>NC                | hit Summary<br>hit Status<br>TRANSIT<br>ehicle Type<br>ASSENGER VAN<br>otal Occs<br>surance?<br>ES<br>bost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>urface Type<br>LACKTOP (BITUMINO<br>uck Bus or HazMat<br>O<br>Vehicle<br>License Plate Number<br>6639794<br>Vehicle Identification N<br>5TDYK3DC4BS025  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>:D<br>US) | D CLASS                | tions Issued CrashTire Mark IAL FUNCTION Tol ROL Iture EFT  | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model<br>SEINNA            | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance       |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>S<br>Ins<br>YE<br>MC<br>MC<br>Tre<br>S<br>U<br>BL<br>Tr<br>NC | hit Summary hit Status TRANSIT bit Canaditation TRANSIT bit Canaditation TRANSIT bit Canaditation TRANSIT bit Canaditation TRANSIT Control Con | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>D<br>US)  | D CLASS                | arating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>iction<br>IAL FUNCTION<br>rol<br>ROL<br>iture<br>EFT              | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model                      | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance FATES |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>F<br>Mc<br>Mc<br>Tra<br>TV<br>Su<br>BL<br>Tru<br>NO           | hit Summary<br>hit Status<br>TRANSIT<br>ehicle Type<br>ASSENGER VAN<br>otal Occs<br>surance?<br>ES<br>bost Harmful Event: Collision<br>OTOR VEH IN TRANS<br>affic Way<br>NO-WAY, NOT DIVIDE<br>urface Type<br>LACKTOP (BITUMINO<br>uck Bus or HazMat<br>O<br>Vehicle<br>License Plate Number<br>6639794<br>Vehicle Identification N<br>5TDYK3DC4BS025<br>Color<br>SIL - SILVER (ALU  | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>D<br>US)  | D CLASS                | arating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>iction<br>IAL FUNCTION<br>rol<br>ROL<br>iture<br>EFT<br>ITOMOBILE | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model<br>SEINNA<br>Bus Use | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance FATES |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Inse<br>Mc<br>Mc<br>Tr<br>Su<br>BL<br>Tr<br>NC                       | hit Summary hit Status TRANSIT shicle Type ASSENGER VAN bital Occs Surance? ES ost Harmful Event: Collision OTOR VEH IN TRANS affic Way NO-WAY, NOT DIVIDE urface Type LACKTOP (BITUMINO uck Bus or HazMat O Vehicle License Plate Number 6639794 Vehicle Identification N 5TDYK3DC4BS025 Color SIL - SILVER (ALUI Initial Contact Point   | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>D<br>US)  | D CLASS                | arating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>iction<br>IAL FUNCTION<br>rol<br>ROL<br>iture<br>EFT<br>ITOMOBILE | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model<br>SEINNA<br>Bus Use | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance FATES |  |
| Un<br>IN<br>Ve<br>PA<br>To<br>3<br>Ins<br>F<br>Mc<br>Tr<br>Su<br>BL<br>Tr<br>NO                         | hit Summary hit Status TRANSIT shicle Type ASSENGER VAN bital Occs Surance? ES ost Harmful Event: Collision OTOR VEH IN TRANS affic Way NO-WAY, NOT DIVIDE urface Type LACKTOP (BITUMINO uck Bus or HazMat O Vehicle License Plate Number 6639794 Vehicle Identification N 5TDYK3DC4BS025 Color SIL - SILVER (ALUI Initial Contact Point   | Train/Bus # Injured<br>Direction Of Travel<br>EASTBOUND<br>n With<br>PORT<br>D<br>US)  | D CLASS                | arating As Classificati<br>tions Issued<br>CrashTire<br>Mark<br>iction<br>IAL FUNCTION<br>rol<br>ROL<br>iture<br>EFT<br>JTOMOBILE | on<br>Total Tra<br>0<br>Speed L<br>15  | AUTOMO<br>Operating A<br>ailers<br>imit<br>Emergency<br>NOT APP<br>Traffic Cont<br>NO<br>Road Grade<br>LEVEL<br>Country of Is<br>UNITED ST<br>Model<br>SEINNA<br>Bus Use | s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing suance FATES |  |

18-01001

## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

|       |           | Towed Due To Dama                   |                           |  |                            |                    |              |
|-------|-----------|-------------------------------------|---------------------------|--|----------------------------|--------------------|--------------|
|       |           | What Driver Was Doi                 |                           |  | S TOWING<br>e Factors      |                    |              |
|       |           | GOING STRAIGH                       |                           | venicie                                | e raciois                  |                    |              |
|       |           | Driver Prior Action Ot              |                           | NOT                                    | APPLICABLE                 |                    |              |
|       |           |                                     |                           |  |                            |                    |              |
|       |           | Driver Actions                      |                           | 1                                      |                            |                    |              |
|       | Щ         | NO CONTRIBUTIN                      | NG ACTION                 |  |                            |                    |              |
| UNIT  |           |                                     |                           |  |                            |                    |              |
| Б     | VEHICLE   |                                     |                           |  |                            |                    |              |
|       | >         |                                     |                           |  |                            |                    |              |
|       |           | Driver Distractions                 |                           |  |                            |                    |              |
|       |           | NOT DISTRACTE                       | D                         |  |                            |                    |              |
|       |           |                                     |                           |  |                            |                    |              |
| -     | 1         |                                     |                           |  |                            |                    |              |
| 0     | 01        |                                     |                           |  |                            |                    |              |
|       |           |                                     |                           |  |                            |                    |              |
|       |           |                                     |                           |  |                            |                    |              |
|       |           | Owner Name                          |                           | 0                                      | wner Address               |                    |              |
|       |           | MICHAEL KING                        |                           | 14                                     | 434 WOODSCREEK CIRCLE      |                    |              |
|       |           | (815) 861-0561                      |                           | C                                      | RYSTAL LAKE, IL 60014 ,US  |                    |              |
|       |           |                                     |                           |  |                            |                    |              |
|       | ę         | Sequence Of E                       | vents                     |  |                            |                    |              |
|       | 01        | Event<br>MOTOR VEH IN T             | RANSPORT                  |  |                            |                    |              |
|       | 02        | Event                               |                           |  |                            |                    |              |
|       | 03        | Event                               |                           |  |                            |                    |              |
|       | -         | Event                               |                           |  |                            |                    |              |
|       | 04        |                                     |                           |  |                            |                    |              |
| UNIT  |           | Policy Holder                       |                           | - <u>.</u> .                           |                            |                    |              |
| Б     |           | Insurance Company<br>ALLSTATE-INS-C | 0                         |  | vidual<br>CHAEL KING       |                    |              |
|       |           | Individual                          |                           |  |                            |                    |              |
|       |           | Driver                              |                           | Citat                                  | tions Issued               | Sex                |              |
|       |           | MICHAEL KING                        |                           | 0                                      |                            | MALE               |              |
|       | IAI       | (815) 861-0561                      |                           | Date                                   | e of Birth                 | Race               |              |
| E     | INDIVIDUA |                                     |                           |  |                            | WHITE              |              |
| UNIT  |           | Address                             |                           | Driv                                   | rer License Number         |                    |              |
|       | IN        | 1434 WOODSCRE<br>CRYSTAL LAKE,      |                           | STATE: ILLINOIS COUNTRY: UNITED STATES |                            |                    |              |
|       |           | ,                                   |                           |  |                            |                    |              |
|       |           |                                     | On Duty Crash             | Safe                                   | ety Equipment              |                    |              |
|       |           | Equipment                           |                           |  |                            |                    |              |
|       | 1         | Seat Position                       |                           | SHO                                    | OULDER & LAP BELT          |                    |              |
|       |           | 1FRONT SEAT-L                       | _EFT SIDE (DRIVER/MOTORCY |  |                            |                    |              |
|       |           | Helmet Use                          |                           | Heln                                   | met Compliance             |                    |              |
|       |           | Eye Protection                      |                           | Tint                                   | Compliance                 |                    |              |
| ~     | Ξ         |                                     | Injury Severity           | Airb                                   | ag                         |                    |              |
| 01    | 001       | Injury                              | NO APPARENT INJURY        |  | N DEPLOYED                 |                    |              |
|       |           |                                     |                           |  |                            | Trapped/Extricated |              |
|       |           | NOT EJECTED                         |                           |  |                            |                    | 04/20/2014 0 |
| Wisco | nsin N    | Notor Vehicle Crash                 | I his repo                | port does                              | not include any CJIS data. | Crash Date         | 01/28/2018   |

Form DT4000

18-01001

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |            | Medical Transport<br>NOT TRANSPOR    | TED                              |              | EMS Agency Identi  | fier                           | EMS Run #                         |                |  |  |  |
|------|------------|--------------------------------------|----------------------------------|--------------|--|--------------------------------|-----------------------------------|----------------|--|--|--|
|      |            | Hospital                             |                                  |              | Date of Death  |                                | Time of Death                     |                |  |  |  |
|      |            | Non Motorist                         | Striking Unit #                  | Prior Action |  | Location                       |                                   | To/From School |  |  |  |
|      |            | Action                               |                                  | •            |  |                                |                                   |                |  |  |  |
|      | AL         |                                      |                                  |              |  |                                |                                   |                |  |  |  |
| UNIT | DO         |                                      |                                  |              |  |                                |                                   |                |  |  |  |
| 5    |            |                                      |                                  |              |  |                                |                                   |                |  |  |  |
|      | Z          |                                      |                                  |              |  |                                |                                   |                |  |  |  |
|      |            | Astise Other                         |                                  |              |  |                                |                                   |                |  |  |  |
|      |            | Action Other                         |                                  |              |  |                                |                                   |                |  |  |  |
|      | Ľ          | Drug & Alcohol                       | Suspected Alcohol                | Jse          | Suspected Drug Us  | 66                             |                                   |                |  |  |  |
|      |            | Alcohol Test Given<br>TEST NOT GIVEN | l                                |              | Alcohol Test Type  |                                | Alcohol Test Results              |                |  |  |  |
|      |            | Drug Test Given TEST NOT GIVEN       |                                  |              | Drug Test Type   | Drug Test Type Drug Test Resul |                                   | lts            |  |  |  |
| 5    | 001        | Drug Type                            |                                  |              |  |                                |                                   |                |  |  |  |
| •    | õ          |                                      |                                  |              |  |                                |                                   |                |  |  |  |
|      |            | Individual Condition                 |                                  |              |  |                                |                                   |                |  |  |  |
|      |            | APPEARED NORMAL                      |                                  |              |  |                                |                                   |                |  |  |  |
|      | I          | Individual                           |                                  |              |  |                                |                                   |                |  |  |  |
|      |            | Passenger<br>ADAM PATH               |                                  |              | Citations Issued Sex 0 MALE  |                                |                                   |                |  |  |  |
| _    | INDIVIDUAL | (224) 325-5282                       |                                  |              | Date of Birth  | te of Birth Race WHITE         |                                   |                |  |  |  |
|      |            | Address                              |                                  |              | Driver License Nun   | nber                           |                                   |                |  |  |  |
| _    | Ĭ          | 2840 HILLSBORC                       |                                  |              |  |                                |                                   |                |  |  |  |
|      |            |                                      | On Duty Crash                    |              | Sofoty Equipment   |                                |                                   |                |  |  |  |
|      |            | Equipment                            | On Duty Clash                    |              | Safety Equipment   |                                |                                   |                |  |  |  |
|      |            | Seat Position<br>3FRONT SEAT-I       | RIGHT SIDE (TRA                  |              | SHOULDER & LAP BELT  |                                |                                   |                |  |  |  |
|      |            | Helmet Use                           |                                  |              | Helmet Compliance  |                                |                                   |                |  |  |  |
|      |            | Eye Protection                       |                                  |              | Tint Compliance  |                                |                                   |                |  |  |  |
|      | •          |                                      |                                  |              | Airbag   |                                |                                   |                |  |  |  |
| 5    | 002        | Injury                               | Injury Severity<br>POSSIBLE INJU | RY           |  | D                              |                                   |                |  |  |  |
|      |            | Ejected NOT EJECTED                  |                                  |              | Ejection Path Trapped/Ex   |                                | Trapped/Extricated<br>NOT TRAPPED |                |  |  |  |
|      |            | Medical Transport                    |                                  |              | NOT EJECTED/NOT APPLICABL         NOT TRAPPL           EMS Agency Identifier         EMS Run # |                                |                                   |                |  |  |  |
|      |            | NOT TRANSPOR<br>Hospital             | TED                              |              | Date of Death  |                                | Time of Death                     |                |  |  |  |
|      |            |                                      | <b>•</b> • • • •                 | 1            |  |                                |                                   |                |  |  |  |
|      |            | Non Motorist                         | Striking Unit #                  | Prior Action |  | Location                       |                                   | To/From School |  |  |  |

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### WISCONSIN MOTOR VEHICLE **CRASH REPORT**

| UNIT | INDIVIDUAL | Action                                       |                           |              |                       |               |                                |                |
|------|------------|--|---------------------------|--------------|-----------------------|---------------|--------------------------------|----------------|
|      |            | Action Other                                 |                           |              |                       |               |                                |                |
|      | Ľ          | Drug & Alcohol                               | Suspected Alcohol U<br>NO | se           | Suspected Drug Us     | e             |                                |                |
|      |            | Alcohol Test Given<br>TEST NOT GIVEN         |                           |              | Alcohol Test Type     |               | Alcohol Test Results           |                |
|      |            | Drug Test Given<br>TEST NOT GIVEN            | l                         |              | Drug Test Type        |               | Drug Test Results              |                |
| 01   | 002        | Drug Type                                    |                           |              | <u> </u>              |               | <u> </u>                       |                |
|      |            | Individual Condition                         |                           |              |                       |               |                                |                |
|      |            | APPEARED NORI                                | MAL                       |              |                       |               |                                |                |
|      | I          | Individual                                   |                           |              |                       |               |                                |                |
|      |            | Passenger<br>MOLLIE PATH                     |                           |              | Citations Issued<br>0 |               | Sex                            |                |
|      | AL         | (224) 325-5282                               |                           |              | Date of Birth         |               | Race                           |                |
| F    | DQ         |  |                           |              | WHITE                 |               |                                |                |
| UNIT | INDIVIDUAL | Address<br>2840 HILLSBORO<br>LAKE OF THE HIL |                           |              | Driver License Number |               |                                |                |
|      |            | Equipment                                    | On Duty Crash             |              | Safety Equipment      |               |                                |                |
|      |            | Seat Position                                | -LEFT SIDE(MOT            |              | SHOULDER & LAP BELT   |               |                                |                |
|      |            | Helmet Use                                   |                           |              | Helmet Compliance     |               |                                |                |
|      |            | Eye Protection                               |                           |              | Tint Compliance       |               |                                |                |
| 1    | 003        |  | Injury Severity           |              | Airbag                |               |                                |                |
| 01   | 8          | Injury                                       | NO APPARENT I             | NJURY        | NON DEPLOYE           | 0             |                                |                |
|      |            | Ejected<br>NOT EJECTED                       |                           |              | Ejection Path         | NOT APPLICABL | Trapped/Extricated NOT TRAPPED |                |
|      |            | Medical Transport                            |                           |              | EMS Agency Identi     |               | EMS Run #                      |                |
|      |            | NOT TRANSPORT                                | TED                       |              |                       |               |                                |                |
|      |            | Hospital                                     |                           |              | Date of Death         |               | Time of Death                  |                |
|      |            | Non Motorist                                 | Striking Unit #           | Prior Action |                       | Location      | <u> </u>                       | To/From School |

|      |            | Action   |                          |                                       |                              |                 |                      |                         |  |
|------|------------|--|--------------------------|---------------------------------------|------------------------------|-----------------|----------------------|-------------------------|--|
|      | AL         |  |                          |                                       |                              |                 |                      |                         |  |
| UNIT | INDIVIDUAL |  |                          |                                       |                              |                 |                      |                         |  |
| 5    | DIVI       |  |                          |                                       |                              |                 |                      |                         |  |
|      | Z          |  |                          |                                       |                              |                 |                      |                         |  |
|      |            |  |                          |                                       |                              |                 |                      |                         |  |
|      |            | Action Other                                       |                          |                                       |                              |                 |                      |                         |  |
|      | ,          | Sus  | pected Alcohol Use       | Suspected I                           | Drug Use                     |                 |                      |                         |  |
|      | L          | Drug & Alcohol NO                                  |                          | NO<br>Alcohol Tes                     | t Type                       |                 | Alcohol Tes          | t Results               |  |
|      |            | TEST NOT GIVEN                                     |                          |                                       |                              |                 |                      |                         |  |
|      |            | Drug Test Given<br>TEST NOT GIVEN                  |                          | Drug Test T                           | уре                          |                 | Drug Test R          | tesults                 |  |
| 01   | 003        | Drug Type  |                          |                                       |                              |                 | 1                    |                         |  |
|      |            | Individual Condition                               |                          |                                       |                              |                 |                      |                         |  |
|      |            | APPEARED NORMAL                                    |                          |                                       |                              |                 |                      |                         |  |
|      |            |  |                          |                                       |                              |                 |                      |                         |  |
| ·    |            | t Summary Status                                   |                          | Vehicle Operati                       | ng As Classification         |                 | Unit Type            |                         |  |
|      |            | RANSIT   |                          | D CLASS                               |                              |                 | TRUCK                |                         |  |
| 02   |            | cle Type<br>ORT) UTILITY VEHICLI                   | -                        |                                       | Operating As Endorsements    |                 |                      |                         |  |
|      | -          |  | -<br>Train/Bus # Injured | Total # Citations Issued Total Traile |                              |                 | ,,                   |                         |  |
|      | 2          |  | Direction Of Travel      | 0                                     |                              | 0<br>Speed Lim  |                      | 0<br>Total Lanes        |  |
| ⊢    | YES        | rance?   | WESTBOUND                | Pre Cra<br>Ma                         |                              | 5peed Lin<br>15 | 2                    |                         |  |
| UNIT |            | t Harmful Event: Collision W<br>TOR VEH IN TRANSPO |                          | Special Functio<br>NO SPECIAL         |                              |                 | Emergency<br>NOT APP | Motor Vehicle Use       |  |
|      | Traff      | ic Way   |                          | Traffic Control                       |                              |                 |                      | rol Inoperative/Missing |  |
|      |            | D-WAY, NOT DIVIDED<br>ace Type                     |                          | Road Curvature                        | NO CONTROL<br>Road Curvature |                 |                      | NO<br>Road Grade        |  |
|      | BLA        | ACKTOP (BITUMINOUS                                 | i)                       |                                       | CURVE RIGHT                  |                 |                      | LEVEL                   |  |
|      | Truc<br>NO | k Bus or HazMat                                    |                          |                                       |                              |                 |                      |                         |  |
|      |            | Vehicle  |                          |                                       |                              |                 |                      |                         |  |
|      |            | License Plate Number                               |                          | Plate Type                            |                              | St<br>IL        | Country of Is        |                         |  |
|      |            | 9094090<br>Vehicle Identification Num              | ber                      | AUT - AUTO<br>Make                    |                              | IL<br>Year      | Model                | TATES                   |  |
| 02   | 02         | 1GNKRGED6BJ10711                                   | 1                        | CHEVROLE                              | Т                            | 2011            | TRAVERS              | Ε                       |  |
|      |            | Color<br>WHI - WHITE                               |                          | Body Style<br>UT - SPORT              |                              | LE              | Bus Use              | S                       |  |
| -    | Ľ          | Initial Contact Point<br>12FRONT                   |                          | Vehicle Damaç                         | ge                           |                 | -                    |                         |  |
| UNIT | VEHICLE    | Extent Of Damage                                   |                          | 12FRONT                               |                              |                 |                      |                         |  |
|      | >          | FUNCTIONAL DAMAG                                   | 55                       | Vehicle Remov                         | ved By                       |                 |                      |                         |  |
|      |            | NOT TOWED  |                          | OPERATOR                              |                              |                 |                      |                         |  |
|      |            | What Driver Was Doing<br>NEGOTIATING CURV          | E                        | Vehicle Factor                        | S                            |                 |                      |                         |  |
|      |            | Driver Prior Action Other                          |                          |                                       | CABLE                        |                 |                      |                         |  |
| 1    |            | 1  |                          |                                       |                              |                 |                      |                         |  |

### 18-01001

| UNIT          | VEHICLE    | Driver Actions<br>NO CONTRIBUTI      | NG ACTION                      |              |  |                           |                          |                |  |
|---------------|------------|--------------------------------------|--------------------------------|--------------|--|---------------------------|--------------------------|----------------|--|
|               |            | Driver Distractions<br>NOT DISTRACTE | D                              |              |  |                           |                          |                |  |
|               |            |                                      |                                |              |  |                           |                          |                |  |
| 02            | 02         |                                      |                                |              |  |                           |                          |                |  |
|               |            |                                      |                                |              |  |                           |                          |                |  |
|               |            | Owner Name                           |                                |              | Owner Address                          |                           |                          |                |  |
|               |            | DEBRA FISCHER<br>(815) 592-6583      | R                              |              | 1202 DOE CO                            | )URT<br>₋ 60950  3762, US |                          |                |  |
|               |            |                                      |                                |              |  |                           |                          |                |  |
|               | ;          | Sequence Of E                        | vents                          |              |  |                           |                          |                |  |
|               | 6          | Event<br>MOTOR VEH IN T              | RANSPORT                       |              |  |                           |                          |                |  |
|               | 02         | Event                                |                                |              |  |                           |                          |                |  |
|               | 03         | Event                                |                                |              |  |                           |                          |                |  |
|               | 04         | Event                                |                                |              |  |                           |                          |                |  |
|               |            | Policy Holder                        |                                |              |  |                           |                          |                |  |
| UNIT          |            | Insurance Company                    |                                |              | Individual                             |                           |                          |                |  |
| ∍             |            | TRAVELERS-PER                        | SONAL-INSURA                   | NCE-CO       | DEBRA FISCH                            | ER                        |                          |                |  |
|               | l          | Individual                           |                                |              |  |                           |                          |                |  |
|               |            | Driver<br>RUDY BAUER                 |                                |              | Citations Issued                       |                           | Sex<br>MALE              |                |  |
|               | INDIVIDUAL | (815) 592-6583                       |                                |              | Date of Birth                          |                           | Race<br>WHITE            |                |  |
| UNIT          | dN         | Address                              |                                |              | Driver License Number                  |                           |                          |                |  |
| 5             | IQN        | 1202 DOE COURT                       |                                |              | STATE: ILLINOIS COUNTRY: UNITED STATES |                           |                          |                |  |
|               | =          | MONTENO, IL 609                      | 350 3762, 05                   |              | STATE. ILLINOIS COUNTRY. UNITED STATES |                           |                          |                |  |
|               |            | Equipment                            | On Duty Crash                  |              | Safety Equipment                       |                           |                          |                |  |
|               |            | Seat Position                        |                                |              | SHOULDER &                             | LAP BELT                  |                          |                |  |
|               |            | 1FRONT SEAT-L<br>Helmet Use          | EFT SIDE (DRIV                 | ER/MOTORCY   | Helmet Compliance                      |                           |                          |                |  |
|               |            |                                      |                                |              |  |                           |                          |                |  |
|               |            | Eye Protection                       |                                |              | Tint Compliance                        |                           |                          |                |  |
| 02            | 004        | Injury                               | Injury Severity<br>NO APPARENT | INJURY       | Airbag<br>NON DEPLOYE                  | ED                        |                          |                |  |
|               |            |                                      |                                |              | Ejection Path                          |                           | Trapped/Extricated       |                |  |
|               |            | NOT EJECTED<br>Medical Transport     |                                |              | EMS Agency Iden                        | /NOT APPLICABL            | NOT TRAPPED<br>EMS Run # |                |  |
|               |            | NOT TRANSPOR                         | ΓED                            |              | Line Agency Iden                       |                           |                          |                |  |
|               |            | Hospital                             |                                |              | Date of Death                          |                           | Time of Death            |                |  |
|               |            |                                      | Striking Unit #                | Prior Action |  | Location                  |                          | To/From School |  |
|               |            | Non Motorist                         | -                              |              |  |                           |                          |                |  |
| Wisco<br>Form |            | Motor Vehicle Crash                  |                                | This repo    | ort does not include an<br>7 of 9      | ny CJIS data.             | Crash Date<br>Crash Tim  |                |  |

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### WISCONSIN MOTOR VEHICLE **CRASH REPORT**

| UNIT | INDIVIDUAL | Action                                       |                           |              |                       |               |                      |                |  |
|------|------------|--|---------------------------|--------------|-----------------------|---------------|----------------------|----------------|--|
|      |            | Action Other                                 |                           |              |                       |               |                      |                |  |
|      | Ľ          | Drug & Alcohol                               | Suspected Alcohol U<br>NO | se           | Suspected Drug Us     | se            |                      |                |  |
|      |            | Alcohol Test Given<br>TEST NOT GIVEN         |                           |              | Alcohol Test Type     |               | Alcohol Test Results |                |  |
|      |            | Drug Test Given<br>TEST NOT GIVEN            |                           |              | Drug Test Type        |               | Drug Test Results    |                |  |
| 02   | 004        | Drug Type                                    |                           |              |                       |               |                      |                |  |
|      |            | Individual Condition                         |                           |              |                       |               |                      |                |  |
|      |            | APPEARED NORI                                | MAL                       |              |                       |               |                      |                |  |
|      | l          | Individual                                   |                           |              |                       |               |                      |                |  |
|      |            | Passenger<br>DEBRA FISCHER                   |                           |              | Citations Issued      |               | Sex<br>FEMALE        |                |  |
|      | JAL        | DEBRA HOOHEN                                 |                           |              | Date of Birth         |               | Race                 |                |  |
| UNIT | <u>J</u>   |  |                           |              |                       |               | WHITE                |                |  |
| S    | INDIVIDUAL | Address<br>1202 DOE COURT<br>MONTENO, IL 609 |                           |              | Driver License Number |               |                      |                |  |
|      | -          |  | ,                         |              |                       |               |                      |                |  |
|      |            | Equipment                                    | On Duty Crash             |              | Safety Equipment      |               |                      |                |  |
|      |            | Seat Position 3FRONT SEAT-F                  | RIGHT SIDE (TRAI          |              | SHOULDER & LAP BELT   |               |                      |                |  |
|      |            | Helmet Use                                   | (                         | -            | Helmet Compliance     |               |                      |                |  |
|      |            | Eye Protection                               |                           |              | Tint Compliance       |               |                      |                |  |
| 02   | 005        | Injury                                       | Injury Severity           |              | Airbag                |               |                      |                |  |
| 5    | 0          | Ejected                                      | NO APPARENT I             | NJURY        | NON DEPLOYE           | D             | Trapped/Extricated   |                |  |
|      |            | NOT EJECTED                                  |                           |              |                       | NOT APPLICABL | NOT TRAPPED          |                |  |
|      |            | Medical Transport<br>NOT TRANSPOR            | ſED                       |              | EMS Agency Identi     | fier          | EMS Run #            |                |  |
|      |            | Hospital                                     |                           |              | Date of Death         |               | Time of Death        |                |  |
|      |            | Non Motorist                                 | Striking Unit #           | Prior Action |                       | Location      |                      | To/From School |  |

| UNIT | INDIVIDUAL | Action                                |                    |                      |  |
|------|------------|---------------------------------------|--------------------|----------------------|--|
|      | Ľ          | Action Other Suspected Alcohol Use NO | Suspected Drug Use |                      |  |
|      |            | Alcohol Test Given TEST NOT GIVEN     | Alcohol Test Type  | Alcohol Test Results |  |
|      |            | Drug Test Given<br>TEST NOT GIVEN     | Drug Test Type     | Drug Test Results    |  |
| 02   | 005        | Drug Type                             |                    |                      |  |
| 1    |            | Individual Condition                  |                    |                      |  |
|      |            | APPEARED NORMAL                       |                    |                      |  |