WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | | Primary Crash Document # | | Agency Crash Number 18-01579 | | | Investigating Officer/Deputy DEPUTY I. GALVAN | | | |
|------------|---|--------------|---------------------------|-------------|------------------------------|---|-----------------------------|---|---------------------------------|--|--|
| 7 | Crash Date 02/12/2018 | | Crash Time 08:20 PM | | Date Arrived 02/12/2018 | | Time Arrived 08:52 PM | Time Arrived 08:52 PM | | | |
| 4 | Date Notified 02/12/2018 | | Time Notified 08:24 PM | | Total Un | its | Total Injured | d Total Ki | illed | | |
| OILUSAGAAD | On Emergency | ✓ Hit | and Run | Lane Closu | | Work Zone | | r or Towed | Reporting Threshold | | |
|) L | Government Property | <u> </u> | Active Sc | hool Zone | School E | Bus Related | Tags | | | | |
| • | Reportable | | Crash Type DT4000 (STA | NDARD CRASH | | | Amend | ded | Secondary Crash | | |
| | Description | | | | | . | | . | | | |
| | Diagram | | NON REPO | PRTABLE | | | | Photos By Additional In NONE | | | |
| | ☑ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | |
| | Location = | | | | | | | | | | |
| | ON LINN ST/ STH33 W | /B | | | | Latitude | | Long | | | |
| | 51 FT W OF MULBERRY ST IN THE VILLAGE OF V | VEST B | ARABOO | | | 43.4747 X Coordir 276186. | nate | Y Co | 767238804 ordinate 7262.5 | | |
| | IN SAUK COUNTY | | | | | Structure | Structure Type NO STRUCTURE | | | | |

1 of 6

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

Crash Date 02/12/2018

Crash Time 08:20 PM

Crash Scene

| 1 | First | First Harmful Event Fi | | | | | | First Harmful Event Location | | | |
|------|---------------------------------|--|-----------------------|----------------------|--|---------------------------|---------------------|------------------------------|-----------------------|---------------|--|
| | MO | TOR VEH IN TRANSP | ON ROADWAY | | | | | | | | |
| | Manr | ner of Collision | | | | Light Condition | | | | | |
| | 05 | SIDESWIPE/SAME DI | RECTION | | | DARK/LIGHTED | | | | | |
| | Road | Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| | DRY | , | | | | | | | | | |
| | Envir | onment Factor(s) | | | | | | | | | |
| | NON | IE | | | | NONE | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLE | AR | | | | | | | | | |
| | Anim | al Type | | | | Relation T | o Trafficway | , | | | |
| | | | | | | | WAY - O | | | | |
| | | h Classification - Location | | | | | ssification - | | | | |
| | | LIC PROPERTY | | | | | | SDICTION | | T = | |
| | ırıba | I Land | | | | Access Co | | | | Special Study | |
| | Withi | n Interchange Area | Junction Location | | Intersectio | | | | | | |
| | NO | | NON-JUNCTION | | | INTERSE | CTION | | | | |
| | Unit | Summary = | | | | | | | | | |
| | | Status | | Vehicle Ope | erating As C | lassification | | Unit Type | | | |
| | HIT | AND RUN | | D CLASS | D CLASS | | | AUTOMO | BILE | | |
| 01 | | cle Type | | | | Operating As Endorsements | | | | | |
| 0 | | SENGER CAR | 1 = 1 /0 // 1 | | <u>, </u> | | | | | | |
| | Total | Occs | Train/Bus # Injured | Total # Citat | tions Issued | | Total Traile | ers | Total HazMat Types 0 | | |
| | Insurance? Direction Of Travel | | | | Pre CrashTire | | Speed Lim | it | Total Lane | es es | |
| ╘ | UNKNOWN UNKNOWN | | | | Mark | | | | 4 | | |
| UNIT | | Harmful Event: Collision V | Special Fun UNKNOW | | | | Emergency UNKNOW | | cle Use | | |
| | | c Way | OKI | Traffic Cont | | | | Traffic Cont | | tive/Missina | |
| | | NOWN | | UNKNOW | | | | UNKNOW | - | · · | |
| | Surfa | се Туре | | Road Curva | ture | | | Road Grade | ; | | |
| | | NOWN | | UNKNOW | N | | | UNKNOW | N | | |
| | Trucl NO | k Bus or HazMat | | | | | | | | | |
| | | /ehicle | | | | | | | | | |
| | | License Plate Number | | Plate Type | | 1 | St | Country of Is | suance | | |
| | | | | | | | | | | | |
| 5 | 01 | Vehicle Identification Nur | mber | Make | | | Year | | Model | | |
| | 0 | Color | | Body Style | | | | Bus Use | | | |
| | | | | Body Ctylo | | NOT A E | | | | | |
| _ | LE | Initial Contact Point UNKNOWN | Vehicle Da | mage | | | | | | | |
| LNO | $\stackrel{\hookrightarrow}{=}$ | Extent Of Damage | UNKNOV | UNKNOWN | | | | | | | |
| _ | VEHICL | UNKNOWN | | o | OHAOWA | | | | | | |
| | | Towed Due To Damage Vehicle Removed By | | | | | | | | | |
| | | NOT TOWED What Driver Was Doing | | OPERAT Vehicle Fa | | | | | | | |
| | | UNKNOWN | | verillide Fal | 0.013 | | | | | | |
| | | Driver Prior Action Other | | UNKNOV | VN | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Crash Date 02/12/2018

Crash Time 08:20 PM

| | | | | | | | | , | | |
|-----------|------------|------------------------------------|-----------------|--------------|---------------------------------|---------------|--------------------|----------------|--|--|
| | | Driver Actions | | | | | | | | |
| | Щ | UNKNOWN | | | | | | | | |
| \vdash | VEHICLE | | | | | | | | | |
| LNO | Ĭ | | | | | | | | | |
| _ | 回 | | | | | | | | | |
| | > | | | | | | | | | |
| | | | | | | | | | | |
| | | Driver Distractions UNKNOWN IF DIS | STRACTED | | | | | | | |
| | | ONKNOWN IF DIS | DIRACIED | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 5 | 2 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | | Owner Address | | | | | |
| | | | | | | | | | | |
| | | | | | , , | | | | | |
| | | | | | | | | | | |
| | | 2 2/5 | 4 | | | | | | | |
| | | Sequence Of E | vents | | | | | | | |
| | 5 | Event MOTOR VEH IN T | DANCDODT | | | | | | | |
| | 0 | MOTOR VEH IN T | RANSPORT | | | | | | | |
| | ~ I | Event | | | | | | | | |
| | 02 | | | | | | | | | |
| | | Event | | | | | | | | |
| | 03 | Eveni | | | | | | | | |
| | | | | | | | | | | |
| | 94 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| | | Individual | | | | | | | | |
| | | | | | | | | | | |
| | | Unknown | | | Citations Issued | | Sex | | | |
| | | | | | 0 | | | | | |
| | 4 | | | | Date of Birth | | Race | | | |
| \vdash | <u></u> | | | | | | | | | |
| LIND | INDIVIDUAL | Address | | | Driver License Nun | nber | 1 | | | |
| \supset | ⊒ | | | | | | | | | |
| | Z | , , | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Equipment | On Duty Crash | | Safety Equipment | | | | | |
| | | Lquipinent | | | | | | | | |
| | | Seat Position | | | RESTRAINT US | E UNKNOWN | | | | |
| | | UNKNOWN Helmet Use | | | Helmet Compliance | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| | | Lye Flotection | | | Tint Compliance | | | | | |
| | | | | | A | | | | | |
| 5 | 00 | Injury Severity NO APPARENT INJURY | | | Airbag | | | | | |
| _ | 0 | | NO APPARENT II | NJURY | NOT APPLICAB | BLE | | | | |
| | | Ejected | | | Ejection Path | | Trapped/Extricated | | | |
| | | NOT APPLICABLE | | | NOT EJECTED/ | NOT APPLICABL | NOT APPLICABLE | | | |
| | | Medical Transport | | | EMS Agency Identi | ifier | EMS Run # | | | |
| | | NOT TRANSPORT | TFD | | ENS Agency Identifier ENS Kun # | | | | | |
| | | | | | Date of Death | | Time of Death | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | | | | | | | | | |
| | | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School | | |
| | | INOTI INICIONIST | | 1 | | | | | | |
| | | | • | • | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| LINO | INDIVIDUAL | Action | | | | | | | | |
|------|----------------------------------|---|--------------------|--|----------------------------|-----------------|-------------------------------------|------------------------|--------------------|--|
| | | Action Other | | | | | | | | |
| | | 10 | Al - | 10 | and a decided Description | | | | | |
| | E | Prug & Alcohol | pected Alcohol Use | Su | spected Drug Use | | | | | |
| | | Alcohol Test Given | | Alc | cohol Test Type | | Alcohol | Alcohol Test Results | | |
| | | TEST NOT GIVEN | | 7 | | | 7 | | | |
| | | Drug Test Given TEST NOT GIVEN | | Dr | ug Test Type | | Drug Te | st Re | esults | |
| 5 | 001 | Drug Type | Drug Type | | | | | | | |
| | | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | NOT OBSERVED | NOT OBSERVED | | | | | | | |
| | Llmi | · Cummary | | | | | | | | |
| | | t Summary Status | | Vehicle | e Operating As Classificat | tion | Unit Typ | ne. | | |
| | | RANSIT | | | D CLASS | | | AUTOMOBILE | | |
| 8 | Vehi | cle Type | | | 1 | | | ng As | s Endorsements | |
| 05 | PAS | SENGER CAR | | | | | | | | |
| | Total Occs Train/Bus # Injured 1 | | | Total # Citations Issued Total Traile 0 | | | al Trailers | | Total HazMat Types | |
| | Insurance? Direction Of Travel | | | Pre CrashTire Speed Lin | | | ed Limit | | | |
| LNO | | YES WESTBOUND Most Harmful Event: Collision With | | Mark 25 Special Function | | I Emerge | | 4 Motor Vehicle Use | | |
| 5 | | MOTOR VEH IN TRANSPORT | | | NO SPECIAL FUNCTION | | | | ICABLE | |
| | Traff | ic Way | | Traffic | | Traffic C | Traffic Control Inoperative/Missing | | | |
| | | DED HWY W/O TRAFFI | C BARRIER | | ONTROL | | NO | | | |
| | | ace Type ACKTOP (BITUMINOUS) | 1 | Road Curvature | | | | Road Grade LEVEL | | |
| | | k Bus or HazMat |) | STICE | STRAIGHT | | | | | |
| | NO | | | | | | | | | |
| | ١ | Vehicle | | | | | | | | |
| | | License Plate Number | | Plate Type St | | | Country of Issuance | | | |
| | | 364BRX | | | - AUTOMOBILE | WI | | UNITED STATES | | |
| 05 | 05 | Vehicle Identification Number 1G2ZG58B774223083 | | | TIAC | Year 200 | 7 G6/SE | Model G6/SE | | |
| | | Color GRY - GRAY | | Body Style 4D - 4DR | | | | Bus Use NOT A BUS | | |
| | щ | GRY - GRAY Initial Contact Point | | Vehicle Damage | | | | | | |
| LIND | 길 | 2RIGHT SIDE FRONT | Γ | | | | | | | |
| 5 | VEHICL | Extent Of Damage MINOR DAMAGE | | 2RIGHT SIDE FRONT | | | | | | |
| | > | Towed Due To Damage | | Vehicle Removed By | | | | | | |
| | | NOT TOWED | | | - , | | | | | |
| | | What Driver Was Doing | | Vehic | le Factors | | | | | |
| | | GOING STRAIGHT Driver Prior Action Other | | NOT | NOT APPLICABLE | | | | | |
| | | DINEL FIIOL ACTION OTHER | | | | | | | | |

Crash Date **02/12/2018**Crash Time **08:20 PM**

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

| LIND | VEHICLE | Driver Actions NO CONTRIBUTIN | NG ACTION | | | | | | | |
|-------------|------------|--|---------------------------|--------------|---|--------------------|--------------------------------|----------------|--|--|
| | | Driver Distractions NOT DISTRACTE | D | | | | | | | |
| | | | | | | | | | | |
| 05 | 02 | | | | | | | | | |
| ٥ | ٥ | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name GARRETT DENNI | S KIPPLEY | | Owner Address N828 CLUB C | IRCLE DR | | | | |
| | | (608) 370-2715 | | | PRAIRIE DU S | SAC, WI 53578 , US | | | | |
| | | | | | | | | | | |
| | 3 | Sequence Of E | vents | | | | | | | |
| | 01 | MOTOR VEH IN T | RANSPORT | | | | | | | |
| | 02 | Event | | | | | | | | |
| | | Event | | | | | | | | |
| | 03 | | | | | | | | | |
| | 04 | Event | | | | | | | | |
| _ | i | Policy Holder | | | | | | | | |
| LNO | | Insurance Company | INIVEDEAL INCLE | ANCE COMP | Individual | n EV | | | | |
| | | PROGRESSIVE-U | INIVERSAL-INSUR | ANCE-COMP | GARRETT KIPF | LET | | | | |
| | ľ | Driver | | | Citations Issued | | Sex | | | |
| | _ | GARRETT DENNI | S KIPPLEY | | 0 MALE | | | | | |
| | INDIVIDUAL | (608) 370-2715 | | | Date of Birth Race WHITE | | | | | |
| L N O | MD | Address | | | Driver License Number | | | | | |
| 5 | Ē | N828 CLUB CIRC | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | = | PRAIRIE DU SAC | , WI 53578 , US | | STATE: WISCO | NSIN COUNTRY: UI | NITED STATES | | | |
| | | | On Duty Crash | | Safety Equipment | | | | | |
| | | Equipment | , | | | | | | | |
| | | Seat Position | | | SHOULDER & LAP BELT | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use | | | Helmet Compliance | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| 05 | 005 | Iniury | Injury Severity | | Airbag | | | | | |
| 0 | ŏ | | Injury NO APPARENT INJURY | | | NON DEPLOYED | | | | |
| | | Ejected NOT EJECTED | | | Ejection Path NOT EJECTED | NOT APPLICABL | Trapped/Extricated NOT TRAPPED | | | |
| | | Medical Transport | | | EMS Agency Ident | | EMS Run # | | | |
| | | NOT TRANSPORT | ΓED | | Data of D. II | | Time of D. (1 | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | Non Motorist | Striking Unit # | Prior Action | 1 | Location | 1 | To/From School | | |
| | | NOTE WICKOTIST | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/12/2018

Crash Time 08:20 PM

| | | | | | - |
|------|------------|---|-----------------------|----------------------|---|
| TINO | INDIVIDUAL | Action | | | |
| | | Action Other | | | |
| | L | Drug & Alcohol Suspected Alcohol Use NO | Suspected Drug Use NO | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results | |
| 02 | 005 | Drug Type | | | |
| | | Individual Condition APPEARED NORMAL | | | |
| | | ALL LANED MONWAL | | | |