

6TL09JDKVJ
18-01832

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09JDKVJ

Document Number Override		Primary Crash Document #	Agency Crash Number 18-01832	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 02/20/2018		Crash Time 01:30 AM	Date Arrived 02/20/2018	Time Arrived 02:43 AM	
Date Notified 02/20/2018		Time Notified 01:40 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>DRAWING NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS TRAVELING S/B ON A ICE COVERED AND SLIPPERY DEGNER RD. OPERATOR WAS NEGOTIATING A LEFT CURVE AND LOST CONTROL ENTERING THE S/B DITCH. UNIT 1 THEN STRUCK THE GUARDRAIL END AND THEN STRUCK A UTILITY POLE. UNIT 1 THEN CONTINUED DOWN A STEEP EMBANKMENT AND STRUCK A TREE. UNIT 1 CAME TO REST AGAINST THE TREE FACING SOUTH.

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Location

ON DEGNER RD (2) 660 FT N OF HAGEMANN RD IN THE TOWN OF WOODLAND IN SAUK COUNTY	Latitude 43.608461296	Longitude -90.227592524
	X Coordinate 239528.125	Y Coordinate 4833450
	Structure Type	

Crash Scene

First Harmful Event GUARDRAIL END	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) ICE	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) RAIN, FOG		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN	Operating As Endorsements				
	Total Occs 12	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With GUARDRAIL END		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number 753YJR	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FBSS31L16DA77155	Make FORD	Year 2006	Model ECONOLINE	
	Color WHI - WHITE	Body Style VN - VAN		Bus Use NOT A BUS	
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage			
Extent Of Damage DISABLING DAMAGE	12--FRONT, UNDERCARRIAGE				

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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By WEGNER AUTO SERVICE		
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILURE TO CONTROL				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name RONALD J MELLEM (000) 000-0000 EXT. 00000		Owner Address 116 PINE ST RICHLAND CENTER, WI 53581 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event GUARDRAIL END			
		02	Event UTILITY POLE			
		03	Event TREE			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual RONALD MELLEM		
		Driver KEEGAN HENRY WEISS (608) 306-1406		Citations Issued 0	Sex MALE	
		Address 170 COUNTY ROAD N APT 2 WAUZEKA, WI 53826 , US		Date of Birth [REDACTED]	Race WHITE	
				Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger ESRA U GINGERICH (000) 000-0000 EXT. 00000		Citations Issued 0	Sex FEMALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address S3005 GARDNER HILL RD HILLSBORO, WI 54634 , US		Driver License Number			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

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UNIT 01	INDIVIDUAL	Action					
		Action Other					
		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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		UNIT 01	INDIVIDUAL	Individual			
				Passenger POLLYANNA F YODER (000) 000-0000 EXT. 00000		Citations Issued 0	Sex FEMALE
				Address S2987 GARDNER HILL RD HILLSBORO, WI 54634 , US		Date of Birth [REDACTED]	Race WHITE
				Driver License Number			
Equipment	On Duty Crash			Safety Equipment			
	Seat Position 2--FRONT SEAT-MIDDLE			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED			
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #			
	Hospital		Date of Death	Time of Death			
	Non Motorist		Striking Unit #	Prior Action	Location	To/From School	

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UNIT 01	INDIVIDUAL 003	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger ELIZABETH E GINGERICH (000) 000-0000 EXT. 00000	Citations Issued 0	Sex FEMALE		
		Address S3005 GARDNER HILL RD HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
Driver License Number						
UNIT 01	INDIVIDUAL 004	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 5--SECOND SEAT-MIDDLE	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School

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UNIT 01	INDIVIDUAL 004	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger RACHEL R YODER (000) 000-0000 EXT. 00000	Citations Issued 0	Sex FEMALE		
		Address S2987 GARDNER HILL RD HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number					
UNIT 01	INDIVIDUAL 005	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
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UNIT 01	INDIVIDUAL 005	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger MATTIE E GINGERICH (000) 000-0000 EXT. 00000	Citations Issued 0	Sex FEMALE		
		Address S3005 GARDNER HILL RD HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number					
UNIT 01	INDIVIDUAL 006	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School

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UNIT 01	INDIVIDUAL 006	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger JACOB O BORINTRAGER (000) 000-0000 EXT. 00000	Citations Issued 0	Sex MALE		
		Address S4161 STEPKA HOOKER LN HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
Driver License Number						
UNIT 01	INDIVIDUAL 007	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
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UNIT 01	INDIVIDUAL 007	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger AMOS O BORNRAGER (000) 000-0000 EXT. 00000	Citations Issued 0	Sex MALE		
		Address S4161 STEPKA HOOKER LN HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT 01	INDIVIDUAL 008	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
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UNIT 01	INDIVIDUAL 008	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger JASON T SCHWARTZ (000) 000-0000 EXT. 00000	Citations Issued 0	Sex MALE		
		Address E16215 HWY 82 HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT 01	INDIVIDUAL 009	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 10--FOURTH SEAT-LEFT SIDE	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
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UNIT 01	INDIVIDUAL 009	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger NATHAN W MILLER (000) 000-0000 EXT. 00000	Citations Issued 0	Sex MALE		
		Address E17156 HWY 182 HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number					
UNIT 01	INDIVIDUAL 010	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 11--FOURTH SEAT-MIDDLE	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
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		Action Other					
		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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		UNIT	INDIVIDUAL	Individual			
				Passenger MARK R YODER (000) 000-0000 EXT. 00000		Citations Issued 0	Sex MALE
				Address E16254 CTH V HILLSBORO, WI 54634 , US		Date of Birth [REDACTED]	Race WHITE
				Driver License Number [REDACTED]			
				STATE: WISCONSIN COUNTRY: UNITED STATES			
Equipment	On Duty Crash			Safety Equipment			
	Seat Position 11--FOURTH SEAT-MIDDLE			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED
		Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
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UNIT 01	INDIVIDUAL	Action				
		Action Other				
		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		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		Passenger HARLEY W MILLER (000) 000-0000 EXT. 00000	Citations Issued 0	Sex MALE		
		Address E17156 HWY 182 HILLSBORO, WI 54634 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT 01	INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
		Seat Position 12--FOURTH SEAT-RIGHT SIDE	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	012	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
			Drug Type		
Individual Condition APPEARED NORMAL					

Property Owner

PROP OWNER	01	Organization/Company TOWNSHIP OF WOODLAND (608) 464-3290	Address E2326 CRANDALL DR WONEWOC, WI 53968 , US
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Fixed Objects Struck

PROP OWNER	01	Striking Unit 01	Struck Object GUARDRAIL END	Structure Number	Damage Tag Number 322655
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Property Owner

PROP OWNER	02	Organization/Company VERNON ELECTRIC COOPERATIVE (800) 447-5051	Address 110 SAUGSTAD RD WESTBY, WI 54667 , US
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Fixed Objects Struck

PROP OWNER	02	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number
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