18-03275

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Agency Crash Number 18-03275	Investigating OPPUTY M.	Officer/Deputy . RABATA
Z	Crash Date 03/31/2018	Crash Time 01:50 PM	Date Arrived 03/31/2018	Time Arrived 02:09 PM	
S	Date Notified 03/31/2018	Time Notified 02:00 PM	Total Units 02	Total Injured 00	Total Killed 00
		and Run Lane Clos			or Towed Reporting Threshold
	Government Property	Active School Zone	School Bus Related NO	Tags	
	▼ Reportable	Crash Type DT4000 (STANDARD CRASI	н)	Amende	ed Secondary Crash
	Description				
	Diagram N	\	RD		Photos By RABATA
	- – - СТН ВО			2	Additional Information PHOTOS
				_	
		PRIVATE DRIVE	NO	OT TO	
			ot added any CJIS data in this		
	ROAD TURNING IN FRONT OF U		UTH ON CTH BD. UNIT 2 STRUCK		UNIT 1 MADE A LEFT TURN ONTO PIT 1 OPERATOR STATED SHE THOUGHT

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WISCONSIN MOTOR VEHICLE CRASH REPORT

LO	cation ====							
	TERSECTION				Latitude			Longitude
ON	CTHBD SB				43.51364	11611		-89.778051653
	PIT RD				X Coordin	ate		Y Coordinate
	THE TOWN OF DELTO	N .			275456.1			4821606
IN :	SAUK COUNTY				Structure :			
					NO STR		1	
Cra	ash Scene							
Firs	t Harmful Event				First Harmful Event Location			
MC	TOR VEH IN TRANSP	ORT			ON ROA	DWAY		
Mar	nner of Collision				Light Condition			
08-	-FRONT TO SIDE				DAYLIG			
Roa	ad Surface Condition(s)				Roadway	Factor(s)		
DR	* *					()		
Env	vironment Factor(s)				-			
NO	NE				NONE			
Wea	ather Condition(s)				1			
CL	OUDY							
Aniı	mal Type				Relation T	o Trafficw	ay	
L	oh Olassifisation Laustina				TRAFFIC	CWAY - C	ON ROAD	
	sh Classification - Location						- Jurisdiction	
PU	BLIC PROPERTY				NO SPE	CIAL JU	RISDICTION	
Triba	Land			Access Control Speci NO CONTROL			Special Study	
	Interest Interest Interest Interest Interest					IIKOL		
YE	hin Interchange Area S	Junction Location INTERSECTION		Intersection T-INTER	on Type SECTION			
Lles								
Un	nit Summary							
	. 0	11/1:10				1		
Uni	t Status		Vehicle Ope	erating As C	lassification	ı	Unit Type	
Unit	TRANSIT		Vehicle Ope	erating As C	lassification	l	AUTOMOI	
Unit	TRANSIT nicle Type			erating As C	lassification		AUTOMOI	BILE s Endorsements
Unit IN Veh	TRANSIT nicle Type SSENGER CAR	l Train/Bus # Injured	D CLASS				AUTOMOI Operating A	s Endorsements
Veh PA	TRANSIT nicle Type	Train/Bus # Injured	D CLASS			Total Tra	AUTOMOI Operating A	s Endorsements Total HazMat Types
Veh PA Tota 7	TRANSIT nicle Type SSENGER CAR al Occs		D CLASS Total # Citat 0	tions Issued	I	Total Tra	Operating A	s Endorsements Total HazMat Types 0
Unit IN Veh PA Tota 7	TRANSIT nicle Type SSENGER CAR al Occs urance?	Direction Of Travel	Total # Citat 0	tions Issued	I	Total Tra 0 Speed L	Operating A	s Endorsements Total HazMat Types 0 Total Lanes
Unit IN Veh PA Tota 7 Insu YE	TRANSIT nicle Type SSENGER CAR al Occs urance? S	Direction Of Travel WESTBOUND	Total # Citat 0 Pre	crashTire	I	Total Tra	AUTOMOI Operating A	Total HazMat Types O Total Lanes 2
Unit IN Veh PA Tota 7 Insu YE:	TRANSIT nicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision	Direction Of Travel WESTBOUND With	Total # Citat 0	crashTire)	Total Tra 0 Speed L	AUTOMOI Operating A	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use
Unit IN Veh PA Tota 7 Insu YE: Mos FEI	TRANSIT nicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision	Direction Of Travel WESTBOUND With	Total # Citat 0 Pre Special Fun NO SPEC	crashTire Mark ction IAL FUNC)	Total Tra 0 Speed L	AUTOMOI Operating A silers imit Emergency NOT APPI	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE
Unit IN Tota 7 Insu YE: Mos FEI	TRANSIT nicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision LL/JUMPED FROM MC ffic Way	Direction Of Travel WESTBOUND With DTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr	CrashTire Mark ction IAL FUNC)	Total Tra 0 Speed L	AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Control	s Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use
Unit IN Tota 7 Insu YE: Mos FEI Trat	TRANSIT nicle Type SSENGER CAR al Occs Jurance? S st Harmful Event: Collision of the	Direction Of Travel WESTBOUND With DTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr	CrashTire Mark ction IAL FUNC)	Total Tra 0 Speed L	AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Conti	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Tota 7 Insu YE: Mos FEI Trai TW	TRANSIT nicle Type SSENGER CAR al Occs Urance? S St Harmful Event: Collision of the c	Direction Of Travel WESTBOUND With OTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva	CrashTire Mark ction IAL FUNC rol SIGNAL ture)	Total Tra 0 Speed L	AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Conti NO Road Grade	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Veh PA Tota 7 Inst YE Mos FEI Trait TW	TRANSIT nicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision LL/JUMPED FROM MC ffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU	Direction Of Travel WESTBOUND With OTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr	CrashTire Mark ction IAL FUNC rol SIGNAL ture)	Total Tra 0 Speed L	AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Conti	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Veh PA Total 7 Inst YE Mos FEI Trait TW	TRANSIT nicle Type SSENGER CAR al Occs urance? S St Harmful Event: Collision LL/JUMPED FROM MC ffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat	Direction Of Travel WESTBOUND With OTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva	CrashTire Mark ction IAL FUNC rol SIGNAL ture)	Total Tra 0 Speed L	AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Conti NO Road Grade	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Total 7 Total 7 Inst YE Mos FEI Trat TW Sur BL.	TRANSIT nicle Type SSENGER CAR al Occs urance? S St Harmful Event: Collision LL/JUMPED FROM MC ffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat	Direction Of Travel WESTBOUND With OTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva	CrashTire Mark ction IAL FUNC rol SIGNAL ture)	Total Tra 0 Speed L	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Veh PA Tota 7 Insu YE Mos FEI Trat TW Sur BL.	TRANSIT inicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision in the co	Direction Of Travel WESTBOUND With OTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva STRAIGH	CrashTire Mark ction IAL FUNC rol SIGNAL ture	ETION	Total Tra 0 Speed L 55	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conte NO Road Grade LEVEL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Total 7 Insu YE Mos FEI Trait TW Sur BL.	TRANSIT nicle Type SSENGER CAR al Occs Jrance? S St Harmful Event: Collision LL/JUMPED FROM MC Iffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat	Direction Of Travel WESTBOUND With OTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva STRAIGH	CrashTire Mark ction IAL FUNC rol SIGNAL ture	ETION	Total Tra 0 Speed L 55	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unin IN Ver PA Tota 7 Inst YE Mos FE Trait TW Sur BL Tru NO	TRANSIT inicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision in the co	Direction Of Travel WESTBOUND With DTOR VEHICLE	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva STRAIGH Plate Type AUT - AU Make	CrashTire Mark ction IAL FUNC rol SIGNAL ture	ETION	Total Tra 0 Speed L 55 St WI Year	AUTOMOI Operating A sailers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is UNITED S1 Model	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Total 7 Insu YE Mos FEI Trait TW Sur BL.	TRANSIT nicle Type SSENGER CAR al Occs urance? S St Harmful Event: Collision LL/JUMPED FROM MC fffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 117XAC	Direction Of Travel WESTBOUND With DTOR VEHICLE S)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva STRAIGH Plate Type AUT - AU	CrashTire Mark ction IAL FUNC rol SIGNAL ture	ETION	Total Tra 0 Speed L 55	AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is UNITED ST	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unin IN Ver PA Tota 7 Inst YE Mos FE Trait TW Sur BL Tru NO	TRANSIT nicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision LL/JUMPED FROM MC fffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 117XAC Vehicle Identification Nui	Direction Of Travel WESTBOUND With DTOR VEHICLE S)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC Road Curva STRAIGH Plate Type AUT - AU Make	CrashTire Mark ction IAL FUNC rol SIGNAL ture T	ETION	Total Tra 0 Speed L 55 St WI Year	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is UNITED S1 Model SIENNA XL Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unin IN Ver PA Tota 7 Inst YE Mos FE Trait TW Sur BL Tru NO	TRANSIT nicle Type SSENGER CAR al Occs urance? S St Harmful Event: Collision LL/JUMPED FROM MC ffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 117XAC Vehicle Identification Nui 5TDYK3DC0ES45616	Direction Of Travel WESTBOUND With DTOR VEHICLE S)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Conti TRAFFIC Road Curva STRAIGH Plate Type AUT - AU Make TOYOTA	CrashTire Mark ction IAL FUNC rol SIGNAL ture T	ETION	Total Tra 0 Speed L 55 St WI Year	AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is UNITED ST Model SIENNA XI	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unin IN Ver PA Tota 7 Insu YE Mos FEI Trat TW BL. Truck NO	TRANSIT nicle Type SSENGER CAR al Occs urance? S St Harmful Event: Collision LL/JUMPED FROM MC ffic Way /O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 117XAC Vehicle Identification Nur 5TDYK3DC0ES45616 Color	Direction Of Travel WESTBOUND With DTOR VEHICLE S)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Conti TRAFFIC Road Curva STRAIGH Plate Type AUT - AU Make TOYOTA Body Style	CrashTire Mark ction IAL FUNC rol SIGNAL ture T	ETION	Total Tra 0 Speed L 55 St WI Year	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is UNITED S1 Model SIENNA XL Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unitin Ver PA Tota 7 Inst YE Mos FEI Trat TW BL. Truc NO	TRANSIT nicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision LL/JUMPED FROM MC ffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 117XAC Vehicle Identification Nur 5TDYK3DC0ES45616 Color GRY - GRAY	Direction Of Travel WESTBOUND With DTOR VEHICLE S)	Total # Citat 0 Pre (Special Fun NO SPEC Traffic Contr TRAFFIC : Road Curva STRAIGH* Plate Type AUT - AU Make TOYOTA Body Style VN - VAN	CrashTire Mark ction IAL FUNC rol SIGNAL ture T	ETION	Total Tra 0 Speed L 55 St WI Year	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is UNITED S1 Model SIENNA XL Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unit IN Ver PA Totat YE Mos FEI Trat TW BL. Tru NO	TRANSIT inicle Type SSENGER CAR al Occs urance? S st Harmful Event: Collision LL/JUMPED FROM MC ffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 117XAC Vehicle Identification Num 5TDYK3DC0ES45610 Color GRY - GRAY Initial Contact Point	Direction Of Travel WESTBOUND With DTOR VEHICLE S)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC: Road Curva STRAIGH Plate Type AUT - AU Make TOYOTA Body Style VN - VAN Vehicle Da	CrashTire Mark ction IAL FUNC rol SIGNAL ture T	ETION	St WI Year	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is UNITED S1 Model SIENNA XL Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing
Unin IN Ver PA Tota 7 Insury FE Mos FEI Trai TW Surr BL Trun NO	TRANSIT inicle Type SSENGER CAR al Occs urance? S at Harmful Event: Collision LL/JUMPED FROM MC fffic Way O-WAY, NOT DIVIDED face Type ACKTOP (BITUMINOU ck Bus or HazMat) Vehicle License Plate Number 117XAC Vehicle Identification Num 5TDYK3DC0ES45610 Color GRY - GRAY Initial Contact Point 5RIGHT REAR COR	Direction Of Travel WESTBOUND With DTOR VEHICLE S)	Total # Citat 0 Pre Special Fun NO SPEC Traffic Contr TRAFFIC: Road Curva STRAIGH Plate Type AUT - AU Make TOYOTA Body Style VN - VAN Vehicle Da	CrashTire Mark ction IAL FUNC rol SIGNAL ture T	ETION	St WI Year	AUTOMOI Operating A silers imit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is UNITED S1 Model SIENNA XL Bus Use	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Dama	ge	Vehicle Removed By	
		What Driver Was Doi	na	Vehicle Factors	
		LEFT TURN			
		Driver Prior Action Of	her	NOT APPLICABLE	
		Driver Actions			
	ш	FAILED TO YIELD	RIGHT-OF-WAY		
-	끘				
LINO	VEHICL				
-	岜				
		Driver Distractions	n		
		NOT DISTRACTE	D		
2	7				
		Owner Name		Owner Address	
		KATHERINE M M	ICAL	E11052 WYNSONG DR	
		(608) 448-2505		BARABOO, WI 53913 , US	
	;	Sequence Of E	vents		
	5	Event MOTOR VEH IN T	RANSPORT		
	02	Event			
	03	Event			
	0	Frank			
	04	Event			
⊢	1	Policy Holder			
HNO		Insurance Company		Individual	
١		AUTO-OWNERS-I	NS-CO	KATHERINE MICAL	
	ı	Individual			
		Driver KATHERINE M M	ICAL	Citations Issued	Sex
	4	(608) 448-2505	IOAL	O Pate of Pinth	FEMALE Race
_	INDIVIDUA			Date of Birth	WHITE
	₹	Address		Driver License Number	
\supset	ቯ	E11052 WYNSON			
	=	BARABOO, WI 53	913 , US	STATE: WISCONSIN COUNTRY: UI	NITED STATES
		Equipment	On Duty Crash	Safety Equipment	
		Seat Position		SHOULDER & LAP BELT	
			LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
		Helmet Use	LEI I SIDE (BRIVERVINOTORO)	Helmet Compliance	
		1.5		The state of the s	
		Eye Protection		Tint Compliance	
5	90	Injury	Injury Severity	Airbag	
	0	Ejected	NO APPARENT INJURY	NON DEPLOYED Ejection Path	Trapped/Extricated
		NOT EJECTED		NOT EJECTED/NOT APPLICABL	NOT TRAPPED
		ı		1	T.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Modical Transport			LINC V			
		Medical Transport			EMS Agency Ident	iner	EMS Run #	
		NOT TRANSPOR	TED					
		Hospital			Date of Death		Time of Death	
			Striking Unit #	Prior Action		Location		To/From School
		Non Motorist	Striking Onit #	FIIOI ACIIOII		Location		TO/FIGHT SCHOOL
		Action						
	ب							
	INDIVIDUAL							
╘	7							
LIND	ŧ							
\supset	\leq							
	爿							
	=							
		Action Other						
			Suspected Alcohol L	Jse	Suspected Drug U	se		
		Drug & Alcohol	NO		NO			
					<u> </u>		T	
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN	l					
		Drug Test Given			Drug Test Type		Drug Test Results	
		TEŠT NOT GIVEN	l					
	_	Drug Type						
5	901	Drug Type						
_	0							
		Individual Condition						
		ADDEADED NOD	B4 A I					
		APPEARED NOR	MAL					
		Individual						
		Passenger			Citations Issued		Sex	
		MARGARET FLY	NN		0		FEMALE	
	¥	(708) 839-5147			Date of Birth		Race	
	Ď				Date of Birth		WHITE	
	₽							
Ζ	>						WIIIIL	
		Address			Driver License Nu	mber	Willie	
_	፭	516 S CHARLEST			Driver License Nu	mber	Willie	
	INDIVIDUAL				Driver License Nu	mber	Willie	
	IND	516 S CHARLEST			Driver License Nur	mber	Willie	
_	<u>N</u>	516 S CHARLEST	S, IL 60480 , US			mber	Willie	
_	IND	516 S CHARLEST WILLOW SPRING			Driver License Nui Safety Equipment	mber	Willie	
_	INDI	516 S CHARLEST	S, IL 60480 , US			mber	Willie	
_	INI	516 S CHARLEST WILLOW SPRING	S, IL 60480 , US				Willie	
_	IQNI	516 S CHARLEST WILLOW SPRING Equipment Seat Position	On Duty Crash	N ENGINEER	Safety Equipment		Willie	
_	IQNI	Equipment Seat Position 3FRONT SEAT-	S, IL 60480 , US	N ENGINEER	Safety Equipment SHOULDER & I	_AP BELT	Willie	
	IQNI	516 S CHARLEST WILLOW SPRING Equipment Seat Position	On Duty Crash	N ENGINEER	Safety Equipment	_AP BELT	Willie	
	IQNI	Equipment Seat Position 3FRONT SEAT-Helmet Use	On Duty Crash	N ENGINEER	Safety Equipment SHOULDER & I Helmet Compliance	_AP BELT	Willie	
	IQNI	Equipment Seat Position 3FRONT SEAT-	On Duty Crash	N ENGINEER	Safety Equipment SHOULDER & I	_AP BELT	WIIII E	
		Equipment Seat Position 3FRONT SEAT-Helmet Use	On Duty Crash	N ENGINEER	Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance	_AP BELT	Willie	
		Equipment Seat Position 3FRONT SEAT-Helmet Use Eye Protection	On Duty Crash	N ENGINEER	Safety Equipment SHOULDER & I Helmet Compliance	_AP BELT		
01	002 INDI	Equipment Seat Position 3FRONT SEAT-Helmet Use	On Duty Crash		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance	LAP BELT		
		Equipment Seat Position 3FRONT SEAT-Helmet Use Eye Protection	On Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE	LAP BELT		
		Equipment Seat Position 3FRONT SEAT-Helmet Use Eye Protection Injury Ejected	On Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path	_AP BELT e	Trapped/Extricated	
		Equipment Seat Position 3FRONT SEAT-Helmet Use Eye Protection Injury Ejected NOT EJECTED	On Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path NOT EJECTED	AP BELT e	Trapped/Extricated NOT TRAPPED	
		Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	On Duty Crash Con Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path	AP BELT e	Trapped/Extricated	
		Equipment Seat Position 3FRONT SEAT-Helmet Use Eye Protection Injury Ejected NOT EJECTED	On Duty Crash Con Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path NOT EJECTED	AP BELT e	Trapped/Extricated NOT TRAPPED	
		Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	On Duty Crash Con Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path NOT EJECTED	AP BELT e	Trapped/Extricated NOT TRAPPED	
		Equipment Seat Position 3FRONT SEAT-Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPOR	On Duty Crash Con Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path NOT EJECTED EMS Agency Ident	AP BELT e	Trapped/Extricated NOT TRAPPED EMS Run #	
	002	Equipment Seat Position 3FRONT SEAT-I Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPOR	On Duty Crash On Duty Crash RIGHT SIDE (TRAI	NJURY	Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path NOT EJECTED EMS Agency Ident	AP BELT e D NOT APPLICABL iffier	Trapped/Extricated NOT TRAPPED EMS Run #	To/From School
	002	Equipment Seat Position 3FRONT SEAT-Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPOR	On Duty Crash Con Duty Crash RIGHT SIDE (TRAI		Safety Equipment SHOULDER & I Helmet Compliance Tint Compliance Airbag NON DEPLOYE Ejection Path NOT EJECTED EMS Agency Ident	AP BELT e	Trapped/Extricated NOT TRAPPED EMS Run #	To/From School

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/31/2018

LIND	INDIVIDUAL	Action						
		Action Other						
	E	rug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug Us	se		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
5	005	Drug Type					1	
		Individual Condition APPEARED NORI	MAL					
	İ	ndividual						
	\L	Passenger LAWRENCE J MIC (608) 448-2505	CHAL		Citations Issued 0		Sex MALE	
╘	DU⊿	(000) 440-2303			Date of Birth		Race WHITE	
LIND	INDIVIDUAL	Address E11052 WYNSON BARABOO, WI 53			Driver License Nur	nber		
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position 4SECOND SEAT	-LEFT SIDE(MOT	ORCYCLE/BI	SHOULDER & L	AP BELT		
		Helmet Use			Helmet Compliance	e		
		Eye Protection			Tint Compliance			
۶	003	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYE	D		
		Ejected NOT EJECTED			Ejection Path NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORT	ren.		EMS Agency Ident		EMS Run #	
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/31/2018

Action Other Action Other									` ,
Action Other Drug & Alcohol No			Action						
Action Other Drug & Alcohol No									
Action Other Drug & Alcohol No		7							
Action Other Drug & Alcohol No	_	Ž							
Action Other Drug & Alcohol No	Ę	₫							
Action Other Drug & Alcohol No	5	⋝							
Action Other Drug & Alcohol No	_								
Alcohol Test Siven		Z							
Alcohol Test Siven									
Alcohol Test Siven									
Alcohol Test Given			Action Other						
Alcohol Test Given									
Alcohol Test Given				Suspected Alcohol Us	se	Suspected Drug U	se		
Alcohol Test Given TEST NOT GIVEN Drug Test Type Drug Test Results			Orug & Alcohol	NO					
TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Results Test NOT GIVEN Drug Test Results Test Results Test NOT GIVEN Drug Test Results Test NOT GIVEN Drug Test Results Test NOT GIVEN Test Not Results Test NOT GIVEN Test Not Test Results Test NOT GIVEN Test Results Test NOT GIVEN Test Not Test Results Test NOT GIVEN Test Not Test Results Test NOT GIVEN Test Not Test Results Test Not Test Results Test Not Test Results Test Not Test Results Test Not Test Not Test			_			Alashal Task Tona		Alaskal Task Dassika	
Drug Test Given Drug Test Type Drug Test Results						Alconol Test Type		Alconol Test Results	
TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Passenger THOMAS FLYNN (708) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Passenger THOMAS FLYNN (709) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Passenger THOMAS FLYNN (709) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Prover License Number Safety Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Tint Compliance Tint Compliance Tint Compliance NON DEPLOYED NON DEPLOYED NON DEPLOYED NON DEPLOYED NOT EJECTED NOT EJECTED NOT EJECTED/NOT APPLICABL NOT TRAPPED Medical Transport NOT TRAPPED Medi									
Today Tope			Drug Test Given			Drug Test Type		Drug Test Results	
Individual Condition APPEARED NORMAL Individual Passenger THOMAS FLYNN (708) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Equipment On Duty Crash Safety Equipment Seat Position SHOULDER & LAP BELT 6SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Figury No APPARENT INJURY NO DEPLOYED Ejected NOT EJECTED NOT TRANSPORTED Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED Hospital Striking Unit # Brick Agency Ingury School Ingury School Ingury School Ingury School Ingury School Ingury Ingur			IEST NOT GIVEN						
Individual Condition APPEARED NORMAL Individual Passenger THOMAS FLYNN (708) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Equipment On Duty Crash Safety Equipment Seat Position SHOULDER & LAP BELT 6SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Figury No APPARENT INJURY NO DEPLOYED Ejected NOT EJECTED NOT TRANSPORTED Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED Hospital Striking Unit # Brick Agency Ingury School Ingury School Ingury School Ingury School Ingury School Ingury Ingur	_	ო	Drug Type					l .	
Individual Condition APPEARED NORMAL Individual Passenger PhoMAS FLYNN (708) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Use Eye Protection Tint Compliance Eye Rote of Death NOT EJECTED NOT TRANSPORTED Hospital Rote of Death Trapped/Extricated NOT TRANSPORTED Hospital Date of Death Time of Death Trapped Death	Ò	8							
APPEARED NORMAL Individual Passenger Passenger Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Driver License Number Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Driver License Number Seat Position G-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Use Helmet Use Helmet Compliance Eye Protection Tint Compliance Tint Compliance Injury NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Dath Toteom School Toteom School And LE O MALE O MALE O Date of Birth Race WHITE Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment Trapped/Extricated NOT DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Death Toteom School									
Individual Passenger THOMAS FLYNN (708) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Paguipment On Duty Crash Safety Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Use Eye Protection Tint Compliance Trapped/Extricated NOT TRAPPED Medical Transport NOT TRAPPED Hospital EMS Agency Identifier EMS Run # TotEmp School TotEmp School TotEmp School TotEmp School TotEmp School TotEmp School			Individual Condition						
Individual Passenger THOMAS FLYNN (708) 839-5147 Date of Birth Race WHITE Address 516 S CHARLESTON ST WILLOW SPRINGS, IL 60480 , US Paguipment On Duty Crash Safety Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Use Eye Protection Tint Compliance Trapped/Extricated NOT TRAPPED Medical Transport NOT TRAPPED Hospital EMS Agency Identifier EMS Run # TotEmp School TotEmp School TotEmp School TotEmp School TotEmp School TotEmp School									
Passenger THOMAS FLYNN (708) 839-5147 0			APPEARED NOR	MAL					
Passenger THOMAS FLYNN (708) 839-5147 0									
Passenger THOMAS FLYNN (708) 839-5147 0			Individual						
THOMAS FLYNN (708) 839-5147 Date of Birth Race WHITE						Citations Issued		Sex	
Topic of Birth Race WHITE									
Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Injury Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Death Truffrom School Injury Severity NOT Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Injury Severity NOT Destion Injury Non Deployed Not Transport NOT TRANSPORTED First Action Injury Non Deployed Injury Non Transport Not Tra		4							
Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Injury Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Death Truffrom School Injury Severity NOT Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Injury Severity NOT Destion Injury Non Deployed Not Transport NOT TRANSPORTED First Action Injury Non Deployed Injury Non Transport Not Tra		3	(,			Date of Birth			
Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Injury Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Death Truffrom School Injury Severity NOT Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Injury Severity NOT Destion Injury Non Deployed Not Transport NOT TRANSPORTED First Action Injury Non Deployed Injury Non Transport Not Tra	╘	₽						WITTE	
Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Injury Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Death Truffrom School Injury Severity NOT Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Injury Severity NOT Destion Injury Non Deployed Not Transport NOT TRANSPORTED First Action Injury Non Deployed Injury Non Transport Not Tra	ξ	≥				Driver License Nu	mber		
Equipment Seat Position 6-SECOND SEAT-RIGHT SIDE Helmet Use Helmet Compliance Eye Protection Injury Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Death Truffrom School Injury Severity NOT Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Injury Severity NOT Destion Injury Non Deployed Not Transport NOT TRANSPORTED First Action Injury Non Deployed Injury Non Transport Not Tra	_	9							
Seat Position 6SECOND SEAT-RIGHT SIDE Helmet Use Eye Protection Tint Compliance Figury NO APPARENT INJURY Figeted NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Striking Unit # Prior Action Helmet Campliance Helmet Compliance Tint Compliance Figeted NON DEPLOYED Trapped/Extricated NOT TRAPPED EMS Agency Identifier EMS Run # Time of Death Time of Death		=	WILLOW SPRING	S, IL 60480 , US					
Seat Position 6SECOND SEAT-RIGHT SIDE Helmet Use Eye Protection Tint Compliance Figury NO APPARENT INJURY Figeted NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Striking Unit # Prior Action Helmet Campliance Helmet Compliance Tint Compliance Figeted NON DEPLOYED Trapped/Extricated NOT TRAPPED EMS Agency Identifier EMS Run # Time of Death Time of Death									
Seat Position 6SECOND SEAT-RIGHT SIDE Helmet Use Eye Protection Tint Compliance Figury NO APPARENT INJURY Figeted NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Striking Unit # Prior Action Striking Unit # Prior Action Helmet Campliance Helmet Compliance Tint Compliance Figeted NON DEPLOYED Trapped/Extricated NOT TRAPPED EMS Agency Identifier EMS Run # Time of Death Time of Death				On Duty Crash		Safety Equipment			
6-SECOND SEAT-RIGHT SIDE Helmet Use Eye Protection Tint Compliance Injury Injury Severity NO APPARENT INJURY Fjected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Airbag NON DEPLOYED Ejection Path NOT EJECTED/NOT APPLICABL NOT TRAPPED EMS Agency Identifier EMS Run # Striking Unit # Prior Action To/From School			Equipment	•					
6-SECOND SEAT-RIGHT SIDE Helmet Use Eye Protection Tint Compliance Injury Injury Severity NO APPARENT INJURY Fjected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Airbag NON DEPLOYED Ejection Path NOT EJECTED/NOT APPLICABL NOT TRAPPED EMS Agency Identifier EMS Run # Striking Unit # Prior Action To/From School			Seat Position			SHOULDED & I	AD RELT		
Helmet Use Eye Protection Tint Compliance Injury Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Hospital Hospital Helmet Compliance Tint Compliance Airbag NON DEPLOYED Ejection Path NOT EJECTED/NOT APPLICABL NOT TRAPPED EMS Agency Identifier EMS Run # To/Erom School				DIGUT CIDE		SHOULDER & I	LAF DELI		
Eye Protection Tint Compliance Airbag NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Eye Protection Tint Compliance Airbag NON DEPLOYED Fjection Path NOT EJECTED/NOT APPLICABL NOT TRAPPED EMS Agency Identifier EMS Run # To/From School				-RIGHT SIDE					
Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Injury Severity NON DEPLOYED Ejection Path NOT EJECTED/NOT APPLICABL NOT TRAPPED EMS Agency Identifier EMS Run # Toterom School			Helmet Use			Helmet Compliano	e		
Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Injury Severity NON DEPLOYED Ejection Path NOT EJECTED/NOT APPLICABL NOT TRAPPED EMS Agency Identifier EMS Run # Toterom School									
Striking Unit # Prior Action Non DEPLOYED			Eye Protection			Tint Compliance			
Striking Unit # Prior Action Non DEPLOYED									
Ejected NOT EJECTED NOT EJECTED/NOT APPLICABL Medical Transport NOT TRANSPORTED Hospital EMS Agency Identifier EMS Run # Trapped/Extricated NOT TRAPPED Tomage of Death Time of Death Tomage of Death Tomage of Death	_	4		Injury Severity		Airbag			
Ejected NOT EJECTED NOT EJECTED/NOT APPLICABL Medical Transport NOT TRANSPORTED Hospital EMS Agency Identifier EMS Run # Trapped/Extricated NOT TRAPPED Time of Death Time of Death	Ò	8	Injury	NO APPARENT IN	NJURY	NON DEPLOYE	D		
NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Date of Death NOT TRANSPORTED NOT TRANSPORTED Action Location To/From School			Fiected					Trapped/Extricated	
Medical Transport NOT TRANSPORTED Hospital Date of Death Time of Death To/From School							MOT ADDI ICADI		
NOT TRANSPORTED Hospital Date of Death Time of Death To/From School									
Hospital Date of Death Time of Death Striking Unit # Prior Action Location To/From School						EMS Agency Ident	titier	EMS Run #	
Striking Unit # Prior Action Location To/From School				-ED					
Non Motorist Striking Unit # Prior Action Location To/From School			Hospital	<u> </u>		Date of Death		Time of Death	
Non Motorist Striking Unit # Prior Action Location To/From School									
Non Motorist				Striking Unit #	Prior Action	1	Location	•	To/From School
			Non Motorist	Ŭ					

18-03275

WISCONSIN MOTOR VEHICLE CRASH REPORT

-	UAL	Action						
LIND	INDIVIDUAL							
		Action Other						
	E	Orug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Us	6e		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
6	004	Drug Type					1	
		Individual Condition						
		APPEARED NORM	MAL					
	i	Individual						
		Passenger ZOE E DEERING			Citations Issued		Sex	
	AL	(608) 356-1776			O Date of Birth		FEMALE Race	
_	DO,				Date of Birth		WHITE	
LIND	INDIVIDUA	Address E11045 WYNSON BARABOO, WI 539			Driver License Nur	nber	1	
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position 7THIRD SEAT-LE	EFT SIDE (SIDECA	R: MOTORC	SHOULDER & L	AP BELT		
		Helmet Use			Helmet Compliance	e		
		Eye Protection			Tint Compliance			
2	900	Injury	Injury Severity NO APPARENT II	NJURY	Airbag NON DEPLOYE	D		
		Ejected			Ejection Path		Trapped/Extricated	
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED	
		Medical Transport NOT TRANSPORT	'ED		EMS Agency Ident	ifier	EMS Run #	
		Hospital			Date of Death		Time of Death	
			Striking Unit #	Prior Action		Location		To/From School
		Non Motorist	- · · · · · · · · · · · · · · · · · · ·					

18-03275

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/31/2018

LINO	INDIVIDUAL	Action						
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug U NO	se		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
5	002	Drug Type						
		Individual Condition APPEARED NOR	MAL					
	1	Individual						
	AL A	Passenger JOSEPH A DEERI (608) 356-1776	NG		Citations Issued 0 Date of Birth		Sex MALE Race	
LINO	INDIVIDUAL	Address			Driver License Nu	mhor	BLACK	
5	IND	E11045 WYNSON BARABOO, WI 53			Driver License Nui	ilibei		
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position 8THIRD SEAT-M	IDDLE		SHOULDER & I	LAP BELT		
		Helmet Use			Helmet Compliano	e		
		Eye Protection			Tint Compliance			
2	900	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYE	:D		
		Ejected NOT EJECTED			Ejection Path NOT EJECTED	NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORT	ΓED		EMS Agency Ident	tifier	EMS Run #	
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School

18-03275

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/31/2018

LIND	INDIVIDUAL	Action						
		Action Other						
	E	Orug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug U NO	se		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	
5	900	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					
	Ì	Individual						
		Passenger ISABEL M DEERII	NG.		Citations Issued		Sex	
	AL	(608) 356-1776	10		0 Date of Birth		FEMALE Race	
—	DΩ				Bute of Birth		WHITE	
LIND	INDIVIDUAL	Address E11045 WYNSON BARABOO, WI 53			Driver License Nur	mber		
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position 9THIRD SEAT-R	IGHT SIDE		SHOULDER & I	AP BELT		
		Helmet Use			Helmet Complianc	e		
		Eye Protection			Tint Compliance			
5	200	Injury	Injury Severity		Airbag			
_	0	Ejected	NO APPARENT I	NJURY	NON DEPLOYE Ejection Path	D	Trapped/Extricated	
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED	
		Medical Transport			EMS Agency Ident		EMS Run #	
		NOT TRANSPORT Hospital	ED		Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School

18-03275

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/31/2018

LINO	INDIVIDUAL	Action						
		Action Other						
	E	Orug & Alcohol No	spected Alcohol Use		Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Tes	t Results
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test R	Results
5	000	Drug Type						
		Individual Condition						
		APPEARED NORMA	L					
	Uni	Summary =						
		Status RANSIT			hicle Operating As Classific	cation	Unit Type AUTOMO	DII E
~		cle Type			CLASS			as Endorsements
05		SENGER CAR						
	Tota 1	Occs	Train/Bus # Injured	To:	tal # Citations Issued	Total Tra 0	ilers	Total HazMat Types 0
–	Insu	rance?	Direction Of Travel SOUTHBOUND		Pre CrashTire Mark	Speed Li	mit	Total Lanes 2
LNO	МО	Harmful Event: Collision \ FOR VEH IN TRANSPO			ecial Function O SPECIAL FUNCTION	ı	NOT APP	Motor Vehicle Use LICABLE
		ic Way D-WAY, NOT DIVIDED			affic Control RAFFIC SIGNAL		Traffic Cont	rol Inoperative/Missing
		ace Type	•		ad Curvature		Road Grade	9
		k Bus or HazMat	ગ	51	RAIGHT		LEVEL	
	NO							
	'	Vehicle				10:	10 . (1	
		License Plate Number 860VSM			ate Type UT - AUTOMOBILE	St WI	Country of Is UNITED S	
05	05	Vehicle Identification Num		М	ake	Year 2014	Model PRIUS	
	0	Color GRN - GREEN	· 1	В	OYOTA ody Style D - 4DR	2014	Bus Use NOT A BU	 S
	щ	Initial Contact Point			ehicle Damage			
LIND	VEHICL	12FRONT Extent Of Damage		1-	RIGHT FRONT CORN	IER, 12FROI	NT	
	>	Towed Due To Damage NOT TOWED		V	ehicle Removed By			
		What Driver Was Doing		Ve	ehicle Factors			
		GOING STRAIGHT Driver Prior Action Other		N	OT APPLICABLE			

18-03275

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	VEHICLE	Driver Actions NO CONTRIBUTIN	NG ACTION					
		Driver Distractions NOT DISTRACTE	D					
05	02							
		Owner Name JOHN R GRADY (608) 356-9595			Owner Address 918 OAK ST BARABOO, W	/I 53913 , US		
	9	Sequence Of E	vents					
	10	Event MOTOR VEH IN T						
	02	Event						
	03	Event						
	04	Event						
_	Ī	Policy Holder						
LNO		Insurance Company SECURA-INS-A-M	IUTUAL-CO		Individual ALICE GRADY			
		Individual						
		Driver			Citations Issued		Sex	
	_	ALICE C GRADY			0		FEMALE	
_	INDINIDUAL	(608) 356-9595			Date of Birth		Race WHITE	
	<u> </u>	Address			Driver License Nur	mber	•	
_	IN	918 OAK ST BARABOO, WI 53	913 , US		STATE: WISCO	NSIN COUNTRY: U	NITED STATES	
			On Duty Crash		Safety Equipment			
		Equipment						
		Seat Position 1FRONT SEAT-L	EFT SIDE (DRIVE	R/MOTORCY	SHOULDER & I			
		Helmet Use			Helmet Complianc	e		
		Eye Protection			Tint Compliance			
05	800	Injury	Injury Severity		Airbag			
0	Ō	• •	NO APPARENT I	NJURY	NON DEPLOYE	D	T- 1/5 / 1	
		Ejected NOT EJECTED			Ejection Path	NOT APPLICABL	Trapped/Extricated NOT TRAPPED	
		Medical Transport			EMS Agency Ident		EMS Run #	
		NOT TRANSPORT	ΓED					
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School

18-03275

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/31/2018

UNIT	INDIVIDUAL	Action Action Other			
	E	Prug & 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	008	Drug Type			
		Individual Condition			
		APPEARED NORMAL			