## **6TL08S5WTL** 18-03427

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overrid   | de Primary Crash   |   | ency Crash Number<br>-03427  |   | g Officer/Deputy<br>S. SCHRAM    | 1   |  |
|---|--|---|--|---|----------------------------------|---|--|
| Crash Date <b>04/04/2018</b>  | Crash Time<br>06:46 PM   |   | te Arrived<br>/04/2018   |   | Time Arrived 07:04 PM            |   |  |
| Date Notified <b>04/04/2018</b>                                       | Time Notified 06:46 PM   | Tot <b>01</b>   | al Units   | Total Injure                                  | Total Injured Total Killed 00 00 |   |  |
| On Emergency  | Hit and Run  | Lane Closure  | Work Zone  | Traile  | r or Towed                       | Reporting Threshold                         |  |
| Government Property   | Active So  | chool Zone Sch  | nool Bus Related   | Tags  |                                  |   |  |
| ✓ Reportable  | Crash Type DT4000 (STA   | ANDARD CRASH)   |  | Amen  | ded                              | Secondary Crash                             |  |
| Description =   | -  |   |  |   |                                  |   |  |
|   | Hwy  | 12  |  | <b>*</b>                                      | Photos By                        |   |  |
|   |  | Unit 1  | Not to Scale   |   | Additional Info                  | ormation                                    |  |
| UNIT 1 WAS TRAVELING<br>BLOW UP AND SMASH II<br>THRU VALID WI DL. STA | ON HWY 12 SOUTHBO<br>NTO THE WINDSHIELD,<br>TED HE HAD FILLED TH | UND NORTH OF COUN<br>SHATTERING IT AND (<br>IE WASHER FLUID RES | Ided any CJIS data in the ITY ROAD Z. UNIT 1'S HOO CAUSING DAMAGE TO THE SERVOIR BEFORE LEAVIND AND THE AIR BAGS DID | DD LATCH CAME<br>E ROOF AND HO<br>G FROM WONE | OOD OF UNIT 1.                   | . OPERATOR ID'D AS R<br>E TO MADISON AND MA |  |

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

| l       | _OC  | ation   |  |   |   |   |  |   |  |  |
|---------|--|---|--|---|---|---|--|---|--|--|
| Ī       |  | USH12 EB  |  |   | Latitud   | e   |  | Longitude   |  |  |
|         | 1.06   | 6 MI N  |  |   |   | 0051075   |  | -89.759053811   |  |  |
|         | OF PRAIRIE RD IN THE TOWN OF SUMPTER IN SAUK COUNTY  |   |  |   | X Coo   | X Coordinate  |  | Y Coordinate  |  |  |
|         |  |   |  |   | <b>276316.34375</b> Structure Type  |   |  | 4801164.5   |  |  |
|         |  |   |  |   |   |   |  |   |  |  |
|         |  |   |  |   |   |   |  |   |  |  |
| (       | Cra  | sh Scene  |  |   |   |   |  |   |  |  |
| Ī       | First  | Harmful Event   |  |   | First H   | armful Event I  | Location   |   |  |  |
|         | ОТН  | HER NON-COLLISION   |  | ON R  | DADWAY  |   |  |   |  |  |
| -       | Man  | ner of Collision  |  |   | Light C   | Light Condition   |  |   |  |  |
|         | NO COLLISION W/VEHICLE IN TRANSPORT  |   |  |   | DAYL  | DAYLIGHT  |  |   |  |  |
| ŀ       | Road   | d Surface Condition(s)  |  |   | Roadw   | Roadway Factor(s)   |  |   |  |  |
|         | DR   | Y   |  |   |   |   |  |   |  |  |
| ŀ       | Envi   | ironment Factor(s)  |  |   |   |   |  |   |  |  |
|         | NOI  | NE  |  |   | NONE  | Ē   |  |   |  |  |
| -       | Wea  | ather Condition(s)  |  |   |   |   |  |   |  |  |
|         | CLE  | EAR   |  |   |   |   |  |   |  |  |
| -       | Anim   | nal Type  |  |   | Relation  | ation To Trafficway   |  |   |  |  |
| -       | _  | 1.01 17 6   |  |   |   | TRAFFICWAY - ON ROAD  |  |   |  |  |
|         |  | sh Classification - Location  BLIC PROPERTY   |  |   |   | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |  |   |  |  |
|         | Triba  | al Land   |  |   |   | ·   |  | Special Study   |  |  |
| -       | \\/ith   | in Interchange Area   | Junction Location  |   | Intersection Type   | NO CONTROL  |  |   |  |  |
|         | =  |   |  |   |   | N INTERSECTION  |  |   |  |  |
| į       | Jni  | t Summary   |  |   |   |   |  |   |  |  |
|         | Unit   | Unit Status Vehicle Operating As Cla  |  |   |   |   | Classification Unit Type   |   |  |  |
|         | IN TRANSIT D CLASS   |   |  |   |   |   | Oline Typo   |   |  |  |
|         | IN T   | TRANSIT   |  |   | 7.ag 7.6 0.a000a  |   | AUTOMOI  | BILE  |  |  |
| _       | Vehi   | icle Type   |  |   |   |   | AUTOMOI  | BILE<br>s Endorsements  |  |  |
| 01      | Vehi   |   |  | D CLASS   |   |   | AUTOMOI<br>Operating A   | s Endorsements  |  |  |
| 01      | Vehi<br>( <b>SP</b><br>Tota  | icle Type   | .E Train/Bus # Injured   | D CLASS  Total # Cita   | tions Issued  | Total Tra   | AUTOMOI<br>Operating A   | s Endorsements  Total HazMat Types  |  |  |
| 0       | Vehi<br>(SP<br>Tota<br>01  | icle Type  ORT) UTILITY VEHICL  Il Occs   | Train/Bus # Injured  | D CLASS   |   | Total Tra   | AUTOMOI<br>Operating A   | s Endorsements  Total HazMat Types  0   |  |  |
| 01      | Vehi<br>(SP)<br>Tota<br>01   | icle Type ORT) UTILITY VEHICL Il Occs rance?  | Train/Bus # Injured  Direction Of Travel                                   | D CLASS  Total # Cita 00  | tions Issued  CrashTire   | Total Tra  0  Speed Li                                      | AUTOMOI<br>Operating A   | s Endorsements  Total HazMat Types  0  Total Lanes  |  |  |
| -       | Vehi<br>(SP)<br>Tota<br>01<br>Insur<br>YES   | icle Type ORT) UTILITY VEHICL Il Occs rance? S  | Train/Bus # Injured  Direction Of Travel  SOUTHBOUND                       | Total # Cita 00  Pre  | tions Issued  CrashTire  Mark   | Total Tra   | AUTOMOI<br>Operating A   | Total HazMat Types  O  Total Lanes  04  |  |  |
| -       | Vehi<br>(SP)<br>Tota<br>01<br>Insur<br>YES   | icle Type ORT) UTILITY VEHICL II Occs rance? S t Harmful Event: Collision \   | Train/Bus # Injured  Direction Of Travel  SOUTHBOUND                       | Total # Cita 00  Pre  Special Fun   | tions Issued  CrashTire  Mark   | Total Tra  0  Speed Li                                      | AUTOMOI<br>Operating A   | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use                                   |  |  |
| -       | Vehi<br>(SP)<br>Tota<br>01<br>Insur<br>YES<br>Most   | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision \ HER NON-COLLISION  | Train/Bus # Injured  Direction Of Travel  SOUTHBOUND                       | Total # Cita 00  Pre Special Fun NO SPEC  | tions Issued  CrashTire Mark  ction IAL FUNCTION                              | Total Tra  0  Speed Li                                      | AUTOMOI Operating A sillers imit Emergency NOT APPI  | s Endorsements  Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use  LICABLE          |  |  |
| TINO    | Vehi (SP) Tota 01 Insur YES Most OTH   | icle Type ORT) UTILITY VEHICL II Occs rance? S t Harmful Event: Collision \   | Train/Bus # Injured  Direction Of Travel  SOUTHBOUND  With                 | Total # Cita 00  Pre  Special Fun   | tions Issued  CrashTire Mark iction IAL FUNCTION                              | Total Tra  0  Speed Li                                      | AUTOMOI Operating A sillers imit Emergency NOT APPI  | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use                                   |  |  |
| INO     | Vehi (SP) Tota 01 Insur YES Most OTH Traff DIVI  | icle Type ORT) UTILITY VEHICL II Occs rance? S It Harmful Event: Collision \ HER NON-COLLISION fic Way IDED HWY W/O TRAF  | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER     | Total # Cita 00  Pre  Special Fun NO SPEC  Traffic Cont NO CONT Road Curva  | crashTire Mark cction IAL FUNCTION rol ROL                                    | Total Tra  0  Speed Li                                      | AUTOMOI Operating A sillers Emergency NOT APPI Traffic Conti   | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |  |  |
| TINO    | Vehi<br>(SP)<br>Tota<br>01<br>Insur<br>YES<br>Most<br>OTH<br>Traff<br>DIVI<br>Surfa                      | icle Type ORT) UTILITY VEHICL II Occs  rance?  t Harmful Event: Collision Name of the Non-Collision fic Way IDED HWY W/O TRAF   | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER     | Total # Cita 00  Pre  Special Fun NO SPEC  Traffic Cont NO CONT   | crashTire Mark cction IAL FUNCTION rol ROL                                    | Total Tra  0  Speed Li                                      | AUTOMOI Operating A sillers imit Emergency NOT APPI Traffic Conti  | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |  |  |
| INO     | Vehi<br>(SP)<br>Tota<br>01<br>Insur<br>YES<br>Most<br>OTH<br>Traff<br>DIVI<br>Surfa                      | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision N HER NON-COLLISION fic Way IDED HWY W/O TRAFI ace Type ACKTOP (BITUMINOUS) kk Bus or HazMat   | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER     | Total # Cita 00  Pre  Special Fun NO SPEC  Traffic Cont NO CONT Road Curva  | crashTire Mark cction IAL FUNCTION rol ROL                                    | Total Tra  0  Speed Li                                      | AUTOMOI Operating A sillers Emergency NOT APPI Traffic Conti   | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |  |  |
| INO     | Vehi (SP Tota 01 Insui YES OTH Traff DIVI Surfa BLA Truc NO  | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision N HER NON-COLLISION fic Way IDED HWY W/O TRAFI ace Type ACKTOP (BITUMINOUS) kk Bus or HazMat   | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER     | Total # Cita 00  Pre  Special Fun NO SPEC  Traffic Cont NO CONT Road Curva  | crashTire Mark cction IAL FUNCTION rol ROL                                    | Total Tra  0  Speed Li                                      | AUTOMOI Operating A sillers Emergency NOT APPI Traffic Conti   | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |  |  |
| TINO    | Vehi (SP Tota 01 Insui YES OTH Traff DIVI Surfa BLA Truc NO  | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision \ HER NON-COLLISION fic Way IDED HWY W/O TRAF ace Type ACKTOP (BITUMINOUS Ek Bus or HazMat  Vehicle License Plate Number   | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER     | Total # Cita 00  Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | tions Issued  CrashTire Mark ction IAL FUNCTION rol ROL ature T               | Total Tra 0 Speed Li 55                                     | AUTOMOI Operating A sillers Imit Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is                                    | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |  |  |
| TINO    | Vehi (SP Tota 01 Insui YES OTH Traff DIVI Surfa BLA Truc NO  | icle Type ORT) UTILITY VEHICL II Occs  rance? St Harmful Event: Collision Network HER NON-COLLISION fic Way IDED HWY W/O TRAF ace Type ACKTOP (BITUMINOUS Ek Bus or HazMat  Vehicle License Plate Number 508UTX   | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER  S) | Total # Cita 00  Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU                                 | tions Issued  CrashTire Mark ction IAL FUNCTION rol ROL                       | Total Tra 0 Speed Li 55                                     | AUTOMOI Operating A sillers smit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST                         | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |  |  |
| LINO    | Vehi (SP Tota 01 Insui YES OTH Traff DIVI Surfa BLA Truc NO  | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision \ HER NON-COLLISION fic Way IDED HWY W/O TRAF ace Type ACKTOP (BITUMINOUS Ek Bus or HazMat  Vehicle License Plate Number   | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER  S) | Total # Cita 00  Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  | tions Issued  CrashTire Mark ection IAL FUNCTION rol ROL eture T              | Total Tra 0 Speed Li 55                                     | AUTOMOI Operating A sillers Imit Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is                                    | Total HazMat Types  0  Total Lanes  04  Motor Vehicle Use LICABLE  rol Inoperative/Missing  |  |  |
| TINO    | Vehi<br>(SP)<br>Tota<br>01<br>Insur<br>YES<br>Most<br>OTH<br>Traff<br>DIVI<br>Surfa<br>BLA<br>Truc<br>NO | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision Name of the Non-Collision Name of the North of | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER  S) | Total # Cita 00  Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make TOYOTA Body Style          | tions Issued  CrashTire Mark ction IAL FUNCTION rol ROL sture T               | Total Tra 0 Speed Li 55                                     | AUTOMOI Operating A sillers  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED S1 Model                       | Total HazMat Types  0 Total Lanes  04 Motor Vehicle Use LICABLE rol Inoperative/Missing     |  |  |
|         | Vehi<br>(SP<br>Tota<br>01<br>Insur<br>YES<br>Most<br>OTH<br>Traff<br>DIVI<br>Surfa<br>BLA<br>NO          | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision V HER NON-COLLISION fic Way IDED HWY W/O TRAF ace Type ACKTOP (BITUMINOUS EX Bus or HazMat  Vehicle License Plate Number 508UTX  Vehicle Identification Num 2T1KR32E98C69504  Color BLU - BLUE   | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER  S) | Total # Cita 00  Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make TOYOTA Body Style 4D - 4DR | tions Issued  CrashTire Mark Iction IAL FUNCTION TOI ROL ISTUTE ITOMOBILE     | Total Tra 0 Speed Li 55                                     | AUTOMOI Operating A  illers  imit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST Model COROLLA Bus Use | Total HazMat Types  0 Total Lanes  04 Motor Vehicle Use LICABLE rol Inoperative/Missing     |  |  |
| TINO 10 | Vehi<br>(SP<br>Tota<br>01<br>Insur<br>YES<br>Most<br>OTH<br>Traff<br>DIVI<br>Surfa<br>BLA<br>Truc<br>NO  | icle Type ORT) UTILITY VEHICL II Occs  rance? S t Harmful Event: Collision Name of the Non-Collision Name of the North of | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER  S) | Total # Cita 00  Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make TOYOTA Body Style          | tions Issued  CrashTire Mark Iction IAL FUNCTION TOI ROL ISTUTE ITOMOBILE     | Total Tra 0 Speed Li 55                                     | AUTOMOI Operating A  illers  imit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST Model COROLLA Bus Use | Total HazMat Types  0 Total Lanes  04 Motor Vehicle Use LICABLE rol Inoperative/Missing     |  |  |
| LINO    | Vehi<br>(SP<br>Tota<br>01<br>Insur<br>YES<br>Most<br>OTH<br>Traff<br>DIVI<br>Surfa<br>BLA<br>NO          | icle Type ORT) UTILITY VEHICL II Occs  rance? St t Harmful Event: Collision Velicity HER NON-COLLISION fic Way IDED HWY W/O TRAF IDED HWY | Train/Bus # Injured  Direction Of Travel SOUTHBOUND  With  FIC BARRIER  S) | Total # Cita 00  Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make TOYOTA Body Style 4D - 4DR | tions Issued  CrashTire Mark Iction IAL FUNCTION TOI ROL INTURE IT  JTOMOBILE | Total Tra 0 Speed Li 55                                     | AUTOMOI Operating A  illers  imit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST Model COROLLA Bus Use | Total HazMat Types  0 Total Lanes  04 Motor Vehicle Use LICABLE rol Inoperative/Missing     |  |  |

### 6TL08S5WTL

18-03427

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |                         |   |                    |                    | Vehicle Removed By                      |             |  |  |  |  |
|------|-------------------------|---|--------------------|--------------------|---|-------------|--|--|--|--|
|      |                         | TOWED DUE TO DISABLING DAMAGE                     |                    |                    | EVERETTS TOWING                         |             |  |  |  |  |
|      |                         | What Driver Was Doing                             |                    | Veh                | icle Factors                            |             |  |  |  |  |
|      |                         | GOING STRAIGHT                                    |                    |                    |   |             |  |  |  |  |
|      |                         | Driver Prior Action Other                         |                    |                    | OTHER                                   |             |  |  |  |  |
|      |                         | D : A ::  |                    |                    |   |             |  |  |  |  |
|      |                         | Driver Actions                                    | NC ACTION          |                    |   |             |  |  |  |  |
|      | Щ                       | NO CONTRIBUTING ACTION                            |                    |                    |   |             |  |  |  |  |
|      | $\overline{\mathbf{c}}$ |   |                    |                    |   |             |  |  |  |  |
|      | VEHICL                  |   |                    |                    |   |             |  |  |  |  |
|      | VE                      |   |                    |                    |   |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
|      |                         | Driver Distractions                               | <b>D</b>           |                    |   |             |  |  |  |  |
|      |                         | NOT DISTRACTED                                    |                    |                    |   |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
| 2    | 1                       |   |                    |                    |   |             |  |  |  |  |
| 0    | 01                      |   |                    |                    |   |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
|      |                         | Owner Name  |                    |                    | Owner Address                           |             |  |  |  |  |
|      |                         | AARON CROWDER   (608) 432-3373                    |                    |                    | 637 CENTER ST<br>WONEWOC, WI 53968, US  |             |  |  |  |  |
|      |                         | (000) 432-3373                                    |                    |                    | 1101121100, 111100000 , 00              |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
|      |                         | Sequence Of E                                     | vents              |                    |   |             |  |  |  |  |
|      | 01                      | Event OTHER NON-COL                               | LISION             |                    |   |             |  |  |  |  |
|      | )                       |   |                    |                    |   |             |  |  |  |  |
|      | 02                      | Event   |                    |                    |   |             |  |  |  |  |
|      |                         | Frank   |                    |                    |   |             |  |  |  |  |
|      | Event                   |   |                    |                    |   |             |  |  |  |  |
|      |                         | Event   |                    |                    |   |             |  |  |  |  |
|      | 04                      |   |                    |                    |   |             |  |  |  |  |
| _    |                         | Policy Holder                                     |                    |                    |   |             |  |  |  |  |
| LIND |                         | Insurance Company                                 |                    |                    | ndividual                               |             |  |  |  |  |
| _    |                         | AMERICAN-FAMILY-INS-CO                            |                    |                    | AARON CROWDER                           |             |  |  |  |  |
|      | İ                       | Individual  |                    |                    |   |             |  |  |  |  |
|      |                         | Driver  AARON CROWDER  (608) 432-3373             |                    |                    | itations Issued                         | Sex         |  |  |  |  |
|      | ۲                       |   |                    | 0                  | 0                                       | MALE        |  |  |  |  |
|      | INDIVIDUA               |   |                    |                    | ate of Birth                            | Race        |  |  |  |  |
| ╘    |                         |   |                    |                    |   | WHITE       |  |  |  |  |
|      | $\leq$                  | Address<br>637 CENTER ST<br>WONEWOC, WI 53968, US |                    |                    | river License Number                    |             |  |  |  |  |
| _    | Z                       |   |                    |                    | STATE: WISCONSIN COUNTRY: UNITED STATES |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
|      |                         |   |                    |                    |   |             |  |  |  |  |
|      |                         | Equipment   | On Duty Crash      | 8                  | afety Equipment                         |             |  |  |  |  |
|      |                         | Seat Position                                     |                    |                    | HOULDER & LAP BELT                      |             |  |  |  |  |
|      |                         | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY             |                    |                    | HOULDER & LAP BELT                      |             |  |  |  |  |
|      |                         | Helmet Use  |                    | Helmet Compliance  |   |             |  |  |  |  |
|      |                         | Tremier Ose                                       |                    | Heimet Compilative |   |             |  |  |  |  |
|      |                         | Eye Protection                                    |                    | Tint Compliance    |   |             |  |  |  |  |
|      |                         |   |                    | The Sampliano      |   |             |  |  |  |  |
| _    | _                       | Injury Severity                                   |                    |                    | irbag                                   |             |  |  |  |  |
| 5    | 00                      | Injury  | NO APPARENT INJURY |                    | NON DEPLOYED                            |             |  |  |  |  |
|      |                         | Ejected   |                    |                    | Ejection Path Trapped/Extricated        |             |  |  |  |  |
|      |                         | NOT EJECTED                                       |                    |                    | IOT EJECTED/NOT APPLICABL               | NOT TRAPPED |  |  |  |  |
|      |                         |   |                    |                    | · · · · · · · · · · · · · · · · · · ·   |             |  |  |  |  |

## **6TL08S5WTL** 18-03427

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/04/2018

Crash Time 06:46 PM

|      |            | Medical Transport              |                   |              | EMS Agency Identifier |          | EMS Run #             |                |  |
|------|------------|--------------------------------|-------------------|--------------|-----------------------|----------|-----------------------|----------------|--|
|      |            | NOT TRANSPORTED                |                   |              |                       |          |                       |                |  |
|      | Hospital   |                                |                   |              | Date of Death         |          | Time of Death         |                |  |
|      |            |                                |                   | To: A ii     |                       | Li a     |                       | T              |  |
|      |            | Non Motorist                   | Striking Unit #   | Prior Action |                       | Location |                       | To/From School |  |
|      |            | Action                         |                   |              |                       |          |                       |                |  |
|      | ب          |                                |                   |              |                       |          |                       |                |  |
| _    | INDIVIDUAL |                                |                   |              |                       |          |                       |                |  |
| UNIT | $\leq$     |                                |                   |              |                       |          |                       |                |  |
| _    |            |                                |                   |              |                       |          |                       |                |  |
|      | =          |                                |                   |              |                       |          |                       |                |  |
|      |            |                                |                   |              |                       |          |                       |                |  |
|      |            | Action Other                   |                   |              |                       |          |                       |                |  |
|      |            | Drug & Alcohol                 | Suspected Alcohol | Use          | Suspected Drug Use    |          |                       |                |  |
|      |            | Alcohol Test Given             | 110               |              | Alcohol Test Type     |          | Alcohol Test Results  |                |  |
|      |            | TEST NOT GIVEN                 | I                 |              | Alcohol Test Type     |          | 7 Hoosies Foot Foodis |                |  |
|      |            | Drug Test Given TEST NOT GIVEN |                   |              | Drug Test Type        |          | Drug Test Results     |                |  |
| 01   | 001        | Drug Type                      |                   |              |                       |          | - 1                   |                |  |
|      | 0          |                                |                   |              |                       |          |                       |                |  |
|      |            | Individual Condition           |                   |              |                       |          |                       |                |  |
|      |            | APPEARED NOR                   | MAL               |              |                       |          |                       |                |  |
|      |            |                                |                   |              |                       |          |                       |                |  |