

6TL0B655M5  
18-03453

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0B655M5

|   |                                      |  |                                    |  |   |   |  |
|---|--------------------------------------|--|------------------------------------|--|---|---|--|
| Document Number Override                                |                                      | Primary Crash Document #                     |                                    | Agency Crash Number<br><b>18-03453</b> |   | Investigating Officer/Deputy<br><b>DEPUTY M. RABATA</b> |  |
| Crash Date<br><b>04/05/2018</b>                         |                                      | Crash Time<br><b>12:00 PM</b>                |                                    | Date Arrived<br><b>04/05/2018</b>      |   | Time Arrived<br><b>12:11 PM</b>                         |  |
| Date Notified<br><b>04/05/2018</b>                      |                                      | Time Notified<br><b>12:06 PM</b>             |                                    | Total Units<br><b>02</b>               |   | Total Injured<br><b>00</b>                              | Total Killed<br><b>00</b>                |
| <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 checked="" type="checkbox"/> Government Property |                                      | <input type="checkbox"/> Active School Zone  |                                    | School Bus Related<br><b>NO</b>        |   | Tags  |  |
| <input checked="" type="checkbox"/> Reportable          |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |  |   | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash |

Description

|                                    |   |
|------------------------------------|---|
| <p>Diagram</p> <p>NOT TO SCALE</p> | Reconstruction By                       |
|                                    | Photos By<br><b>MARK RABATA</b>         |
|                                    | Additional Information<br><b>PHOTOS</b> |

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

UNIT 1 WAS TRAVELING EAST ON CRAWFORD STREET AND APPROACHING THE INTERSECTION OF CTH A. UNIT 1 STOPPED AT THE STOP SIGN AT THE INTERSECTION AND THEN PROCEEDED TO MAKE A LEFT HAND TURN ONTO CTH A. UNIT 1 TURNED INTO THE PATH OF UNIT 2 THAT WAS TRAVELING SOUTH ON CTH A. UNIT 2 SWERVED TO THE RIGHT TO AVOID UNIT 1 AND LEFT THE ROADWAY TO THE WEST. AFTER LEAVING THE ROADWAY UNIT 2 STRUCK A STOP SIGN AND CAME TO REST OFF ROAD.

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Location

|  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| INTERSECTION<br>ON CTHA SB<br>AT CRAWFORD ST<br>IN THE TOWN OF BARABOO<br>IN SAUK COUNTY | Latitude<br><b>43.500157796</b>    | Longitude<br><b>-89.738736952</b> |
|  | X Coordinate<br><b>278584.6875</b> | Y Coordinate<br><b>4820003</b>    |
|  | Structure Type                     |                                   |

Crash Scene

|   |   |  |
|---|---|--|
| First Harmful Event<br><b>TRAFFIC SIGN POST</b>                   | First Harmful Event Location<br><b>ROADSIDE</b>                       |  |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>                                    |  |
| Road Surface Condition(s)<br><b>DRY</b>                           | Roadway Factor(s)<br><br><b>NONE</b>                                  |  |
| Environment Factor(s)<br><b>NONE</b>                              |   |  |
| Weather Condition(s)<br><b>CLOUDY</b>                             |   |  |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - NOT ON ROAD</b>             |  |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |  |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                              |
| Within Interchange Area<br><b>YES</b>                             | Junction Location<br><b>INTERSECTION</b>                              | Intersection Type<br><b>T-INTERSECTION</b> |

Unit Summary

|            |  |   |  |                                |  |  |
|------------|--|---|--|--------------------------------|--|--|
| 01<br>UNIT | Unit Status<br><b>IN TRANSIT</b>                                 | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |  |
|            | Vehicle Type<br><b>PASSENGER CAR</b>                             |   |  | Operating As Endorsements      |  |  |
|            | Total Occs<br><b>1</b>   | Train/Bus # Injured                                   | Total # Citations Issued<br><b>1</b>           | Total Trailers<br><b>0</b>     | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>EASTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>55</b>       | Total Lanes<br><b>2</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>OTHER NON-COLLISION</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                       |   | Traffic Control<br><b>STOP SIGN</b>            |                                | Traffic Control Inoperative/Missing<br><b>YES</b>    |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                     |   | Road Curvature<br><b>STRAIGHT</b>              |                                | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                 |   |  |                                |  |  |

|            |   |   |                     |   |  |
|------------|---|---|---------------------|---|--|
| 01<br>UNIT | <b>Vehicle</b>  |   |                     |   |  |
|            | License Plate Number<br><b>271CLN</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b>           | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|            | Vehicle Identification Number<br><b>1J4PR4GK6AC102903</b> | Make<br><b>JEEP</b>                             | Year<br><b>2010</b> | Model<br><b>GRAND CHER</b>                  |  |
|            | Color<br><b>GRY - GRAY</b>                                | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use<br><b>NOT A BUS</b>                 |  |
|            | Initial Contact Point<br><b>NON-COLLISION</b>             | Vehicle Damage                                  |                     |   |  |
|            | Extent Of Damage<br><b>NO DAMAGE</b>                      | <b>NO DAMAGE</b>                                |                     |   |  |

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|                               |   |   |  |   |                      |  |  |
|-------------------------------|---|---|--|---|----------------------|--|--|
| UNIT                          | VEHICLE   | Towed Due To Damage<br><b>NOT TOWED</b>                             |  | Vehicle Removed By  |                      |  |  |
|                               |   | What Driver Was Doing<br><b>LEFT TURN</b>                           |  | Vehicle Factors   |                      |  |  |
|                               |   | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |                      |  |  |
|                               |   | Driver Actions<br><b>FAILED TO YIELD RIGHT-OF-WAY</b>               |  |   |                      |  |  |
|                               |   | Driver Distractions<br><b>NOT DISTRACTED</b>                        |  |   |                      |  |  |
| 01                            | 01  | Owner Name<br><b>ROBERT GRIFFITH<br/>(608) 356-5013</b>             |  | Owner Address<br><b>E11246 BIRNAM WOODS RD<br/>BARABOO, WI 53913 , US</b> |                      |  |  |
| <b>Sequence Of Events</b>     |   |   |  |   |                      |  |  |
|                               | 01  | Event<br><b>LEFT TURN</b>   |  |   |                      |  |  |
|                               | 02  | Event   |  |   |                      |  |  |
|                               | 03  | Event   |  |   |                      |  |  |
|                               | 04  | Event   |  |   |                      |  |  |
| UNIT                          | <b>Policy Holder</b>  |   |  |   |                      |  |  |
|                               | Insurance Company<br><b>STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO</b> |   |  | Individual<br><b>ROBERT GRIFFITH</b>                                      |                      |  |  |
| UNIT                          | INDIVIDUAL  | Driver<br><b>ROBERT GRIFFITH<br/>(608) 356-5013</b>                 |  | Citations Issued<br><b>1</b>  | Sex<br><b>MALE</b>   |  |  |
|                               |   | Address<br><b>E11246 BIRNAM WOODS RD<br/>BARABOO, WI 53913 , US</b> |  | Date of Birth   | Race<br><b>WHITE</b> |  |  |
|                               |   |   |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>   |                      |  |  |
|                               |   | <b>Equipment</b>  | On Duty Crash                                | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                        |                      |  |  |
|                               |   | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>     |  | Helmet Compliance   |                      |  |  |
| Helmet Use                    |   | Tint Compliance   |  |   |                      |  |  |
| Eye Protection                |   |   |  |   |                      |  |  |
| 01                            | 001   | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag<br><b>NON DEPLOYED</b>   |                      |  |  |
| Ejected<br><b>NOT EJECTED</b> |   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                   |  | Trapped/Extricated<br><b>NOT TRAPPED</b>                                  |                      |  |  |

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|      |  |   |                                 |                                    |                       |
|------|--|---|---------------------------------|------------------------------------|-----------------------|
| UNIT | INDIVIDUAL                                     | Medical Transport<br><b>NOT TRANSPORTED</b> | EMS Agency Identifier           | EMS Run #                          |                       |
|      |  | Hospital                                    | Date of Death                   | Time of Death                      |                       |
|      | <b>Non Motorist</b>                            | Striking Unit #                             | Prior Action                    | Location                           | To/From School        |
|      | Action   |   |                                 |                                    |                       |
|      | Action Other                                   |   |                                 |                                    |                       |
|      | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b>          | Suspected Drug Use<br><b>NO</b> |                                    |                       |
|      | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                           | Alcohol Test Results            |                                    |                       |
|      | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                              | Drug Test Results               |                                    |                       |
|      | Drug Type                                      |   |                                 |                                    |                       |
|      | Individual Condition<br><b>APPEARED NORMAL</b> |   |                                 |                                    |                       |
| 01   | 001  | <b>Violations</b>                           |                                 |                                    |                       |
|      |  | UTC Number<br><b>AD979852</b>               | Issue To?<br><b>001</b>         | Statute Number<br><b>346.18(3)</b> | Seq Num<br><b>001</b> |

Unit Summary

|      |    |  |   |   |                                       |                                |
|------|----|--|---|---|---------------------------------------|--------------------------------|
| UNIT | 02 | Unit Status<br><b>IN TRANSIT</b>                               | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                                |                                       |                                |
|      |    | Vehicle Type<br><b>PASSENGER CAR</b>                           | Operating As Endorsements                             |   |                                       |                                |
|      |    | Total Occs<br><b>3</b>   | Train/Bus # Injured                                   | Total # Citations Issued<br><b>0</b>                          | Total Trailers<br><b>0</b>            | Total HazMat Types<br><b>0</b> |
|      |    | Insurance?<br><b>YES</b>                                       | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>55</b>              | Total Lanes<br><b>2</b>        |
|      |    | Most Harmful Event: Collision With<br><b>TRAFFIC SIGN POST</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b>          |                                       |                                |
|      |    | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                     | Traffic Control<br><b>NO CONTROL</b>                  | Traffic Control Inoperative/Missing<br><b>NO</b>              |                                       |                                |
|      |    | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                   | Road Curvature<br><b>STRAIGHT</b>                     | Road Grade<br><b>LEVEL</b>                                    |                                       |                                |
|      |    | Truck Bus or HazMat<br><b>NO</b>                               |   |   |                                       |                                |
|      |    | <b>Vehicle</b>   |   |   |                                       |                                |
|      |    | 02   | 02  | License Plate Number<br><b>879ZRX</b>                         | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>                |
|      |    | Vehicle Identification Number<br><b>3FADP4AJ6FM100854</b>      | Make<br><b>FORD</b>                                   | Year<br><b>2015</b>   | Model<br><b>FIESTA</b>                |                                |
|      |    | Color<br><b>BLK - BLACK</b>                                    | Body Style<br><b>SD - SEDAN</b>                       | Bus Use<br><b>NOT A BUS</b>                                   |                                       |                                |

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|------|---|--|--|--|
| UNIT | VEHICLE   | Initial Contact Point<br><b>12--FRONT</b>                          | Vehicle Damage   |  |
|      |   | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                       | <b>11--LEFT FRONT CORNER, 12--FRONT</b>                                  |  |
|      |   | Towed Due To Damage<br><b>NOT TOWED</b>                            | Vehicle Removed By   |  |
|      |   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                     | Vehicle Factors  |  |
|      |   | Driver Prior Action Other  | <b>NOT APPLICABLE</b>  |  |
| UNIT | VEHICLE   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                    |  |  |
|      |   | Driver Distractions<br><b>NOT DISTRACTED</b>                       |  |  |
|      |   | Owner Name<br><b>JONATHAN BROCKHAUS<br/>(608) 844-9199</b>         | Owner Address<br><b>N2438 28TH AVE<br/>LYNDON STATION, WI 53944 , US</b> |  |
| 02   | 02  | <b>Sequence Of Events</b>  |  |  |
|      |   | 01   | Event<br><b>RUN OFF ROADWAY RIGHT</b>                                    |  |
|      |   | 02   | Event<br><b>TRAFFIC SIGN POST</b>  |  |
|      |   | 03   | Event  |  |
| 04   | Event   |  |  |  |
| UNIT | <b>Policy Holder</b>  |  |  |  |
|      | Insurance Company<br><b>PROGRESSIVE-CASUALTY-INS-CO</b>         | Individual<br><b>JONATHAN BROCKHAUS</b>                            |  |  |
| UNIT | INDIVIDUAL  | <b>Individual</b>  |  |  |
|      |   | Driver<br><b>JONATHAN BROCKHAUS<br/>(608) 844-9199</b>             | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>                                 |
|      |   |  | Date of Birth  | Race<br><b>WHITE</b>                               |
|      |   | Address<br><b>N2438 28TH AVE<br/>LYNDON STATION, WI 53944 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>  |  |
|      |   | <b>Equipment</b>   | On Duty Crash  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|      | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |  |  |  |
|      | Helmet Use  | Helmet Compliance  |  |  |
|      | Eye Protection  | Tint Compliance  |  |  |

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|  |   |  |  |   |  |                               |                |
|--|---|--|--|---|--|-------------------------------|----------------|
| 02   | UNIT  | INDIVIDUAL                                   | 002  | <b>Injury</b>                                     | Injury Severity<br><b>NO APPARENT INJURY</b>   | Airbag<br><b>NON DEPLOYED</b> |                |
|  |   |  | Ejected<br><b>NOT EJECTED</b>                                      | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b> | Trapped/Extricated<br><b>NOT TRAPPED</b>       |                               |                |
|  |   |  | Medical Transport<br><b>NOT TRANSPORTED</b>                        | EMS Agency Identifier                             | EMS Run #                                      |                               |                |
|  |   |  | Hospital   | Date of Death                                     | Time of Death                                  |                               |                |
|  |   |  | <b>Non Motorist</b>  | Striking Unit #                                   | Prior Action                                   | Location                      | To/From School |
|  |   |  | Action   |   |  |                               |                |
|  |   |  | Action Other   |   |  |                               |                |
|  |   |  | <b>Drug &amp; Alcohol</b>  | Suspected Alcohol Use<br><b>NO</b>                | Suspected Drug Use<br><b>NO</b>                |                               |                |
|  |   |  | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                        | Alcohol Test Type                                 | Alcohol Test Results                           |                               |                |
|  |   |  | Drug Test Given<br><b>TEST NOT GIVEN</b>                           | Drug Test Type                                    | Drug Test Results                              |                               |                |
| 002  | 002   | Drug Type                                    |  |   |  |                               |                |
| Individual Condition   | <b>APPEARED NORMAL</b>                            |  |  |   |  |                               |                |
| 02   | UNIT  | INDIVIDUAL                                   | <b>Individual</b>  |   |  |                               |                |
|  |   |  | Passenger<br><b>KAYLA BROCKHAUS<br/>(608) 844-9199</b>             | Citations Issued<br><b>0</b>                      | Sex<br><b>FEMALE</b>                           |                               |                |
|  |   |  |  | Date of Birth                                     | Race<br><b>WHITE</b>                           |                               |                |
|  |   |  | Address<br><b>N2440 28TH AVE<br/>LYNDON STATION, WI 53944 , US</b> | Driver License Number                             | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                               |                |
|  |   |  | <b>Equipment</b>   | On Duty Crash                                     | Safety Equipment                               |                               |                |
| Seat Position<br><b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b> | <b>SHOULDER &amp; LAP BELT</b>                    |  |  |   |  |                               |                |
| Helmet Use   | Helmet Compliance                                 |  |  |   |  |                               |                |
| Eye Protection   | Tint Compliance                                   |  |  |   |  |                               |                |
| 003  | <b>Injury</b>                                     | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag<br><b>NON DEPLOYED</b>                                      |   |  |                               |                |
| Ejected<br><b>NOT EJECTED</b>                                    | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b> | Trapped/Extricated<br><b>NOT TRAPPED</b>     |  |   |  |                               |                |
| Medical Transport<br><b>NOT TRANSPORTED</b>                      | EMS Agency Identifier                             | EMS Run #                                    |  |   |  |                               |                |

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|--|--|--|---|-------------------------------|--|----------------|
| UNIT<br>INDIVIDUAL   | Hospital                                       |  | Date of Death                                     |                               | Time of Death                            |                |
|  | <b>Non Motorist</b>                            |  | Striking Unit #                                   | Prior Action                  | Location                                 | To/From School |
|  | Action   |  |   |                               |  |                |
|  | Action Other                                   |  |   |                               |  |                |
|  | <b>Drug &amp; Alcohol</b>                      |  | Suspected Alcohol Use<br><b>NO</b>                |                               | Suspected Drug Use<br><b>NO</b>          |                |
|  | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |  |   | Alcohol Test Type             | Alcohol Test Results                     |                |
|  | Drug Test Given<br><b>TEST NOT GIVEN</b>       |  |   | Drug Test Type                | Drug Test Results                        |                |
|  | Drug Type                                      |  |   |                               |  |                |
|  | Individual Condition<br><b>APPEARED NORMAL</b> |  |   |                               |  |                |
|  | UNIT<br>INDIVIDUAL                             | <b>Individual</b>                            |   |                               |  |                |
| Passenger<br><b>LILY BROCKHAUS<br/>(608) 844-9199</b>              |  |  | Citations Issued<br><b>0</b>                      |                               | Sex<br><b>FEMALE</b>                     |                |
|  |  |  | Date of Birth                                     | Race<br><b>WHITE</b>          |  |                |
| Address<br><b>N2438 28TH AVE<br/>LYNDON STATION, WI 53944 , US</b> |  |  | Driver License Number                             |                               |  |                |
| <b>Equipment</b>   |  | On Duty Crash                                | Safety Equipment                                  |                               |  |                |
| Seat Position<br><b>5--SECOND SEAT-MIDDLE</b>                      |  |  | <b>CHILD RESTRAINT SYSTEM - REAR FACING</b>       |                               |  |                |
| Helmet Use   |  |  | Helmet Compliance                                 |                               |  |                |
| Eye Protection   |  |  | Tint Compliance                                   |                               |  |                |
| <b>Injury</b>  |  | Injury Severity<br><b>NO APPARENT INJURY</b> |   | Airbag<br><b>NON DEPLOYED</b> |  |                |
| Ejected<br><b>NOT EJECTED</b>                                      |  |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b> |                               | Trapped/Extricated<br><b>NOT TRAPPED</b> |                |
| Medical Transport<br><b>NOT TRANSPORTED</b>                        |  |  | EMS Agency Identifier                             |                               | EMS Run #                                |                |
| Hospital   |  | Date of Death                                |   | Time of Death                 |  |                |
| <b>Non Motorist</b>  |  | Striking Unit #                              | Prior Action                                      | Location                      | To/From School                           |                |

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|      |            |              |  |                                    |                                 |
|------|------------|--------------|--|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Action       |  |                                    |                                 |
|      |            | Action Other |  |                                    |                                 |
|      | 02         | 004          | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|      |            |              | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |
|      |            |              | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |
|      |            |              | Drug Type                                      |                                    |                                 |
|      |            |              | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |

**Property Owner**

|               |    |   |  |
|---------------|----|---|--|
| PROP<br>OWNER | 01 | Government<br><b>SAUK COUNTY HWY DEPT</b><br>(608) 356-3855 | Address<br><b>620 STH 136</b><br><b>PO BOX 26</b><br><b>BARABOO, WI 53913 , US</b> |
|---------------|----|---|--|

**Fixed Objects Struck**

|    |                            |   |                  |                                    |
|----|----------------------------|---|------------------|------------------------------------|
| 01 | Striking Unit<br><b>02</b> | Struck Object<br><b>TRAFFIC SIGN POST</b> | Structure Number | Damage Tag Number<br><b>337536</b> |
|----|----------------------------|---|------------------|------------------------------------|