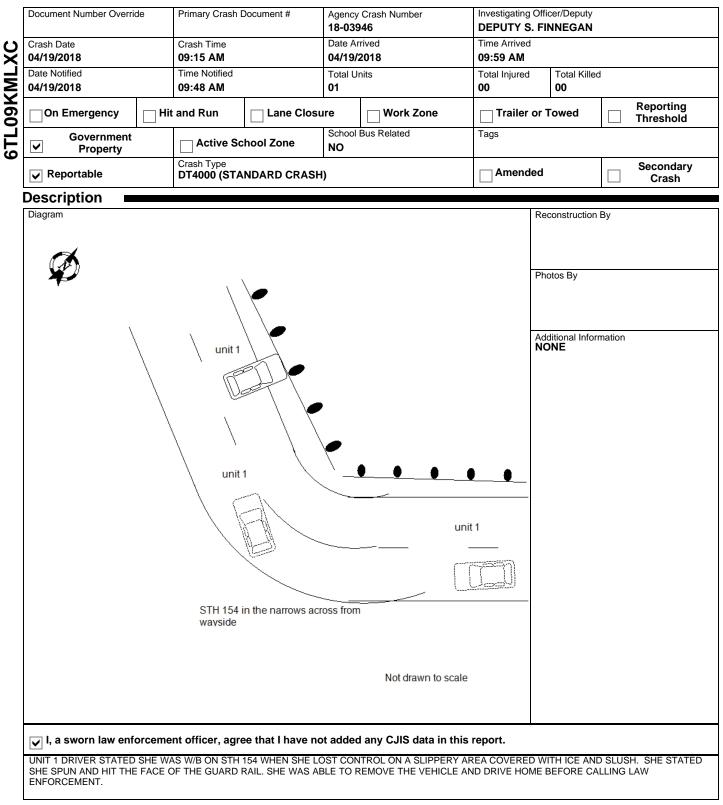
# 6TL09KMLXC

18-03946

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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



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|         | ocation   |                     |  |                          |                                    |                                  |  |                          |                  |  |
|---------|---|---------------------|--|--------------------------|------------------------------------|----------------------------------|--|--------------------------|------------------|--|
| -       | ON STH154 WB  |                     |  |                          |                                    | Latitude                         |  | Longitude                |                  |  |
| -       | .54 MI S  |                     | 43.4799  |                          | 3.479983911                        |                                  | -89.952                                | -89.952531196            |                  |  |
| -       | OF BUCKEYE RD<br>N THE TOWN OF EXCE   |                     |  | X Coordinate 261220      |                                    |                                  | Y Coord                                | linate                   |                  |  |
|         | N SAUK COUNTY   |                     |  |                          |                                    |                                  | 4818354                                |                          |                  |  |
|         |   |                     | Structure Type NO STRUCTURE  |                          |                                    |                                  |  |                          |                  |  |
|         | rash Scene 💻  |                     |  |                          | NO SIK                             |                                  |  |                          |                  |  |
| _       |   |                     |  |                          | Firet Horm                         | nful Event L                     | ocation                                |                          |                  |  |
|         | First Harmful Event GUARDRAIL FACE  |                     |  |                          |                                    |                                  | ocation                                |                          |                  |  |
| N       | lanner of Collision   |                     | Light Condition<br>DAYLIGHT  |                          |                                    |                                  |  |                          |                  |  |
| N       | IO COLLISION W/VEHIC  |                     |  |                          |                                    |                                  |  |                          |                  |  |
| R       | oad Surface Condition(s)  |                     |  | Roadway Factor(s)        |                                    |                                  |  |                          |                  |  |
| ٧       | VET, SNOW, SLUSH, IC  |                     |  |                          |                                    |                                  |  |                          |                  |  |
| E       | nvironment Factor(s)  |                     |  |                          |                                    |                                  |  |                          |                  |  |
| N       | IONE  |                     |  |                          | ROAD S                             | URFACE                           | CONDITION                              | I (WET, IC               | CY, SNOW, SLUSH, |  |
| V       | /eather Condition(s)  |                     |  |                          | ,                                  |                                  |  |                          |                  |  |
| С       | LEAR  |                     | Relation To Trafficway<br>TRAFFICWAY - ON ROA                                |                          |                                    |                                  |  |                          |                  |  |
| A       | nimal Type  |                     |  |                          |                                    | ıy                               |  |                          |                  |  |
|         |   |                     |  |                          |                                    |                                  |  |                          |                  |  |
| -       | Crash Classification - Location PUBLIC PROPERTY   |                     |  |                          |                                    |                                  | ation - Jurisdiction _ JURISDICTION    |                          |                  |  |
| Т       | ribal Land  |                     | Access Cont<br>NO CONTR  |                          |                                    | Special Study                    |  |                          |                  |  |
| V       | Within Interchange Area Junction Location   |                     |  |                          | Intersection Type                  |                                  |  |                          |                  |  |
| Ν       | 10  | NON-JUNCTION        |  | NOT AN                   | IN INTERSECTION                    |                                  |  |                          |                  |  |
|         | nit Summary 🛛 🗖   |                     |  |                          |                                    |                                  |  |                          |                  |  |
| _       | nit Status  |                     |  | •                        | lassification Unit Type AUTOMOBILE |                                  |  |                          |                  |  |
|         | IN TRANSIT D CLASS Vehicle Type   |                     |  |                          |                                    |                                  |  | As Endorsements          |                  |  |
|         |   |                     |  |                          |                                    | Operating As Endorsements        |  |                          |                  |  |
|         | otal Occs   | Train/Bus # Injured | Total # Cita   | Total # Citations Issued |                                    | Total Traile                     |  | ilers Total HazMat Types |                  |  |
| 1       | 1   |                     | 0  |                          | 0                                  |                                  | 0                                      |                          |                  |  |
| Ir      | nsurance? Direction Of Travel   |                     | Pre CrashTi  |                          | re Speed Lir                       |                                  | nit                                    | Total Lan                | otal Lanes       |  |
| Y       | ΈS  |                     | Mark   |                          | 55                                 |                                  | 2                                      |                          |                  |  |
|         | lost Harmful Event: Collision   |                     | Special Function<br>NO SPECIAL FUNCTION                                      |                          | 9                                  |                                  | ncy Motor Vehicle Use PPLICABLE        |                          |                  |  |
| G       |   |                     |  |                          |                                    |                                  | Control Inoperative/Missing            |                          |                  |  |
|         | raffic Way<br><b>WO-WAY, NOT DIVIDEI</b>  |                     | Traffic Control<br>NO CONTROL  |                          |                                    | NO                               |  |                          |                  |  |
|         | urface Type   |                     | Road Curvature   |                          |                                    | Road Grade                       |  |                          |                  |  |
| в       | BLACKTOP (BITUMINOUS) CURVE RIG   |                     |  |                          | LEVEL                              |                                  |  |                          |                  |  |
|         | ruck Bus or HazMat<br>I <b>O</b>  | I                   | I  |                          |                                    |                                  |  |                          |                  |  |
| Vehicle |   |                     |  |                          |                                    |                                  |  |                          |                  |  |
|         |   |                     |  | Plate Type               |                                    | St Country of Iss                |  |                          |                  |  |
|         | License Plate Number  |                     | Plate Type   |                          |                                    |                                  | UNITED STATES                          |                          |                  |  |
|         | 605ZWB  |                     | AUT - AL   | томови                   | -E                                 | WI                               |  | TATES                    |                  |  |
| 2       |   |                     |  | JTOMOBII                 | E                                  | <b>WI</b><br>Year<br><b>2003</b> | UNITED ST<br>Model<br>CAMRY            | TATES                    |                  |  |
| 5       | 605ZWB<br>Vehicle Identification No   |                     | AUT - AL<br>Make   | JTOMOBII                 | _E                                 | Year                             | Model<br>CAMRY<br>Bus Use              |                          |                  |  |
| 5       | 605ZWB<br>Vehicle Identification No<br>4T1BF32K23U5521  |                     | AUT - AL<br>Make<br>TOYOTA   | JTOMOBII                 | -E                                 | Year                             | Model<br>CAMRY                         |                          |                  |  |
|         | 605ZWB<br>Vehicle Identification Nu<br>4T1BF32K23U5521<br>Color<br>TAN - TAN<br>Initial Contact Point |                     | AUT - AL<br>Make<br>TOYOTA<br>Body Style                                     | JTOMOBII<br>DAN          | _E                                 | Year                             | Model<br>CAMRY<br>Bus Use              |                          |                  |  |
|         | 605ZWB<br>Vehicle Identification Nu<br>4T1BF32K23U5521<br>Color<br>TAN - TAN<br>Initial Contact Point |                     | AUT - AU<br>Make<br>TOYOTA<br>Body Style<br>SD - SED<br>Vehicle Da           | DAN                      |                                    | Year<br>2003                     | Model<br>CAMRY<br>Bus Use              | S                        | 2FRONT,          |  |
|         | 605ZWB<br>Vehicle Identification Nu<br>4T1BF32K23U5521<br>Color<br>TAN - TAN<br>Initial Contact Point | 77                  | AUT - AU<br>Make<br>TOYOTA<br>Body Style<br>SD - SED<br>Vehicle Da<br>1RIGHT | DAN                      | CORNER,                            | Year<br>2003                     | Model<br>CAMRY<br>Bus Use<br>NOT A BUS | S                        | 2FRONT,          |  |



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|       |           | Towed Due To Dama  | age                |          | le Removed By                           |                       |            |  |  |  |  |
|-------|-----------|--|--------------------|----------|---|-----------------------|------------|--|--|--|--|
|       |           | NOT TOWED  |                    |          | OPERATOR                                |                       |            |  |  |  |  |
|       |           | NEGOTIATING CURVE  |                    | Vehic    | le Factors                              |                       |            |  |  |  |  |
|       |           |  |                    | NOT      | NOT APPLICABLE                          |                       |            |  |  |  |  |
|       |           |  |                    |          |   |                       |            |  |  |  |  |
|       |           | Driver Actions   | Driver Actions     |          |   |                       |            |  |  |  |  |
|       | щ         | SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE |                    |          |   |                       |            |  |  |  |  |
| F     | VEHICLE   |  |                    |          |   |                       |            |  |  |  |  |
| UNIT  | Ξ         |  |                    |          |   |                       |            |  |  |  |  |
|       | Z         |  |                    |          |   |                       |            |  |  |  |  |
|       |           | Driver Distractions  |                    |          |   |                       |            |  |  |  |  |
|       |           | NOT DISTRACTED   |                    |          |   |                       |            |  |  |  |  |
|       |           |  |                    |          |   |                       |            |  |  |  |  |
| 01    | 0         |  |                    |          |   |                       |            |  |  |  |  |
| 0     | 0         |  |                    |          |   |                       |            |  |  |  |  |
|       |           |  |                    |          |   |                       |            |  |  |  |  |
|       |           |  |                    |          |   |                       |            |  |  |  |  |
|       |           | Owner Name   |                    | C        | Dwner Address                           |                       |            |  |  |  |  |
|       |           | CAROL BREKKE BEHM<br>(608) 341-9389  |                    |          | 308 W BROADWAY                          |                       |            |  |  |  |  |
|       |           |  |                    | F        | ROCK SPRINGS, WI 53961 , US             |                       |            |  |  |  |  |
|       |           |  |                    |          |   |                       |            |  |  |  |  |
|       | 1         | Sequence Of Events   |                    |          |   |                       |            |  |  |  |  |
|       | 6         | Event GUARDRAIL FACE   |                    |          |   |                       |            |  |  |  |  |
|       | 02        | Event  |                    |          |   |                       |            |  |  |  |  |
|       | 8 Event   |  |                    |          |   |                       |            |  |  |  |  |
|       | 04        | Event  |                    |          |   |                       |            |  |  |  |  |
| F     |           | Policy Holder  |                    |          |   |                       |            |  |  |  |  |
| UNIT  |           | Insurance Company  |                    |          | lividual                                |                       |            |  |  |  |  |
|       |           | PROGRESSIVE-C  | ASUALTY-INS-CO     | CA       | AROL BEHM                               |                       |            |  |  |  |  |
|       | I         | Individual   |                    |          |   |                       |            |  |  |  |  |
|       |           | Driver<br>CAROL BREKKE   | венм               |          | ations Issued                           | Sex                   |            |  |  |  |  |
|       | AL        | (608) 341-9389   |                    | 0        | te of Birth                             | <b>FEMALE</b><br>Race |            |  |  |  |  |
| Ь     | INDIVIDUA |  |                    | Da       |   | WHITE                 |            |  |  |  |  |
| UNIT  | Ξ         | Address  |                    | Driv     | ver License Number                      |                       |            |  |  |  |  |
|       | g         | 308 W BROADWAY<br>ROCK SPRINGS, WI 53961 , US                              |                    | ST       | STATE: WISCONSIN COUNTRY: UNITED STATES |                       |            |  |  |  |  |
|       | -         |  |                    | 0.       |   |                       |            |  |  |  |  |
|       |           |  |                    | 8.01     | fety Equipment                          |                       |            |  |  |  |  |
|       |           | Equipment  |                    | Sai      | iety Equipment                          |                       |            |  |  |  |  |
|       |           | Seat Position  |                    | SH       | IOULDER & LAP BELT                      |                       |            |  |  |  |  |
|       |           | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY                                      |                    |          |   |                       |            |  |  |  |  |
|       |           | Helmet Use   |                    | Hel      | Helmet Compliance                       |                       |            |  |  |  |  |
|       |           | Eye Protection   |                    | Tin      | t Compliance                            |                       |            |  |  |  |  |
| -     | Ξ         |  | Injury Severity    | Airl     | bag                                     |                       |            |  |  |  |  |
| 0     | 001       | Injury   | NO APPARENT INJURY |          | ON DEPLOYED                             |                       |            |  |  |  |  |
|       |           | Ejected  |                    |          | ection Path                             | Trapped/Extricated    |            |  |  |  |  |
|       |           | NOT EJECTED  |                    |          | DT EJECTED/NOT APPLICABL                | NOT TRAPPED           |            |  |  |  |  |
| Mieco | ncin I    | Motor Vehicle Crash  | This rep           | port doe | s not include any CJIS data.            | Crash Date            | 04/19/2018 |  |  |  |  |

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

|                  |                   | Medical Transport   |                                   |                       | EMS Agency Identi                          | fier     | EMS Run #            |                         |  |  |  |
|------------------|-------------------|---|-----------------------------------|-----------------------|--|----------|----------------------|-------------------------|--|--|--|
|                  |                   | Hospital  |                                   |                       | Date of Death                              |          | Time of Death        |                         |  |  |  |
|                  |                   |   | Otriking Linit #                  | Prior Action          |  | Logation |                      | To/From Sobool          |  |  |  |
|                  |                   | Non Motoris   | t Striking Unit #                 | Prior Action          |  | Location |                      | To/From School          |  |  |  |
|                  |                   | Action  |                                   | •                     |  |          |                      |                         |  |  |  |
|                  | ۹L                |   |                                   |                       |  |          |                      |                         |  |  |  |
| UNIT             | INDIVIDUAL        |   |                                   |                       |  |          |                      |                         |  |  |  |
| 5                | DIV               |   |                                   |                       |  |          |                      |                         |  |  |  |
|                  | Z                 |   |                                   |                       |  |          |                      |                         |  |  |  |
|                  |                   | A stiss Other   |                                   |                       |  |          |                      |                         |  |  |  |
|                  |                   | Action Other  |                                   |                       |  |          |                      |                         |  |  |  |
|                  | Drug & Alcohol No |   |                                   | Suspected Drug Use NO |  |          |                      |                         |  |  |  |
|                  |                   | Alcohol Test Give   |                                   |                       | Alcohol Test Type                          |          | Alcohol Test Results |                         |  |  |  |
| 01               |                   | Drug Test Given<br>TEST NOT GIV   | Drug Test Given<br>TEST NOT GIVEN |                       |  |          | Drug Test Results    |                         |  |  |  |
|                  | 001               | Drug Type   |                                   |                       |  |          |                      |                         |  |  |  |
|                  |                   | Individual Condition  | Individual Condition              |                       |  |          |                      |                         |  |  |  |
|                  | APPEARED NORMAL   |   |                                   |                       |  |          |                      |                         |  |  |  |
|                  | Pro               | operty Owner  |                                   |                       |  |          |                      |                         |  |  |  |
|                  |                   | ernment<br>JK COUNTY HW   |                                   |                       | Address<br>620 STH 136                     |          |                      |                         |  |  |  |
| PROP<br>OWNER 01 |                   | 3) 356-3855   |                                   |                       | 620 STH 136<br>PO BOX 26<br>BARABOO, WI 53 | 913,US   |                      |                         |  |  |  |
|                  | Fixe              | ed Objects St   |                                   |                       |  |          |                      |                         |  |  |  |
|                  | 6                 | Striking Unit         Struck Object           01         GUARDRAIL FACE |                                   |                       |  |          | Structure Number     | Damage Tag Number 00000 |  |  |  |