### 6TL097RB1R 18-03950

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|           | Document Number Override   | Primary Crash Document #  Crash Time 09:35 AM  Time Notified 11:14 AM |                | Agency 18-039         | Crash Number<br><b>50</b> | Investigating Officer/Deputy DEPUTY H. WEINKE |                     |               |  |  |
|-----------|--|---|----------------|-----------------------|---------------------------|---|---------------------|---------------|--|--|
| 2         | Crash Date <b>04/19/2018</b>   |   |                | Date Ar<br>04/19/2    | Time Arrived 11:33 AM     |   |                     |               |  |  |
|           | Date Notified <b>04/19/2018</b>  |   |                | Total Ur<br><b>01</b> | nits                      | Total Injured 00 Total Killed 00              |                     | d             |  |  |
| סו במשל ה | On Emergency Hit   | and Run   | Lane Closu     |                       | Work Zone                 | Trailer                                       | or T                | owed          | Reporting Threshold                            |  |
|           | Government Property  | Active Scho   | ol Zone        | NO                    | Bus Related               | Tags  |                     |               | <u>,                                      </u> |  |
|           | <b>✓</b> Reportable  | Crash Type<br>DT4000 (STAND   | OARD CRASH     | )                     |                           | Amend   | led                 |               | Secondary Crash                                |  |
|           | Description  Diagram   |   |                |                       |                           |   | Rec                 | onstruction   | Bv   |  |
|           |  |   |                |                       |                           |   |                     | tos By        |  |  |
|           |  |   |                |                       |                           |   | THO                 | юз Бу         |  |  |
|           |  |   |                | i                     |                           |   | Addi<br><b>NO</b> I | itional Infor | mation   |  |
|           |  |   |                |                       | CITY VIEW RD              | _<br><b>本</b>                                 |                     |               |  |  |
|           |  | <b>E</b> :  | 12031          |                       | NOT TO SCALE              | <b>₩</b>                                      |                     |               |  |  |
|           | I, a sworn law enforceme   | nt officer, agree t   | that I have no | t added               | any CJIS data in this     | report.                                       |                     |               |  |  |
|           | ON THE DESCRIBED DATE, TIMI<br>LOST CONTROL OF THE HIS VE<br>DAMAGE TO FRONT LEFT CORN<br>REMOVED FROM THE SCENE B | HICLE. UNIT #1 CR<br>IER OF THE VEHICI                                | OSSED OVER     | THE ROA               | DWAY INTO THE DITCH       | STRIKING TH                                   | E EM                | BANKMEN       | T, CAUSING MINOR                               |  |

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

|            | Loc  | ation  |   |   |  |   |  |   |  |                            |  |
|------------|--|--|---|---|--|---|--|---|--|----------------------------|--|
|            | ON   | E12031 CITY VIEW RD  |   | Latitude  |  |   |  | Longitud  | е  |                            |  |
|            | 383 FT W   |  |   |   |  | 43.489158944  |  | -89.720   | 197178   |                            |  |
|            | OF CTHT EB   |  |   |   |  | X Coordinate  |  |   | Y Coordi   | nate                       |  |
|            | (НО  | OUSE/BUILDING E1203  |   | 2   | 280043.65625   |   |  | 481873  | 2  |                            |  |
|            | IN THE TOWN OF BARABOO<br>IN SAUK COUNTY   |  |   |   |  | Structure Type HOUSE/BUILDING                               |  |   |  |                            |  |
|            | Cra  | sh Scene   |   |   |  |   |  |   |  |                            |  |
| •          | First  | Harmful Event  |   |   | F  | First Harm  | ful Event Lo                               | ocation   |  |                            |  |
|            | DIT  | СН   |   |   |  | SHOULDER LEFT   |  |   |  |                            |  |
|            | Man  | ner of Collision   |   |   | L  | Light Condition   |  |   |  |                            |  |
|            | NO   | COLLISION W/VEHIC  | LE IN TRANSPORT   |   | 1  | DAYLIGHT  |  |   |  |                            |  |
|            | Road   | d Surface Condition(s)   |   |   | Roadw  |   |  | Roadway Factor(s)   |  |                            |  |
|            | WE   | T, SLUSH   |   |   |  |   |  |   |  |                            |  |
|            | Envi   | ironment Factor(s)   |   |   |  |   |  |   |  |                            |  |
|            | NOI  | NE   |   |   | 1  | NONE  |  |   |  |                            |  |
|            | Wea  | ather Condition(s)   |   |   |  |   |  |   |  |                            |  |
|            | CLE  | EAR  |   |   |  |   |  |   |  |                            |  |
|            | Anim   | nal Type   |   |   | F  | Relation To   | o Trafficway                               | /   |  |                            |  |
|            |  |  |   |   |  | TRAFFICWAY - NOT ON ROAD                                    |  |   |  |                            |  |
|            |  | sh Classification - Location BLIC PROPERTY   |   |   |  | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |  |   |  |                            |  |
|            | Triba  | al Land  |   |   |  | Access Control NO CONTROL                                   |  |   | Special Study  |                            |  |
|            | With   | in Interchange Area  | Junction Location   |   | Intersection   |   |  |   |  |                            |  |
|            |  |  |   |   |  | N INTERSECTION  |  |   |  |                            |  |
|            | NO   |  | 14014-3014011014  |   | NOT AN II  | NIEKSE  | CHON                                       |   |  |                            |  |
|            |  |  | NON-JUNCTION  |   | NOT AN II  | NIEKSE  | CHON                                       |   |  |                            |  |
|            | Uni  | t Summary Status   | NON-SUNCTION  | Vehicle Ope   | erating As Clas  |   | CTION                                      | Unit Type   |  |                            |  |
|            | Uni<br>Unit  | t Summary =  | NON-SUNCTION  | Vehicle Ope   | l  |   | CHON                                       | Unit Type AUTOMOI   | BILE   |                            |  |
|            | Unit<br>Unit<br>IN T   | t Summary Status FRANSIT icle Type   | NON-SONCTION  |   | l  |   | CHON                                       |   |  | nents                      |  |
| 04         | Unit<br>Unit<br>IN T   | t Summary Status FRANSIT   |   | D CLASS   | erating As Clas  |   |  | AUTOMOI<br>Operating A  | s Endorsen   |                            |  |
|            | Unit<br>Unit<br>IN T<br>Vehi<br>PAS  | t Summary Status FRANSIT icle Type   | Train/Bus # Injured                                       | D CLASS   | l  |   | Total Trail                                | AUTOMOI<br>Operating A  | s Endorsen<br>Total Hazl                                   |                            |  |
|            | Unit<br>Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1                                   | Status FRANSIT icle Type SSENGER CAR   | Train/Bus # Injured                                       | Total # Cital 0   | erating As Class   |   | Total Trail                                | AUTOMOI<br>Operating A  | s Endorsen Total Hazl                                      | Mat Types                  |  |
| 01         | Unit<br>Unit<br>IN T<br>Vehi<br>PAS<br>Tota<br>1                                   | Status FRANSIT icle Type SSENGER CAR II Occs rance?  |   | Total # Citar 0 Pre   | erating As Clas  |   | Total Trail                                | AUTOMOI<br>Operating A  | s Endorsen<br>Total Hazl                                   | Mat Types                  |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insur YES   | Status FRANSIT icle Type SSENGER CAR II Occs rance?  | Train/Bus # Injured  Direction Of Travel  EASTBOUND       | Total # Cita 0  Pre  Special Fun  | tions Issued  CrashTire Mark   | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  iit Emergency  | Total Hazl  Total Lane  2  Motor Vehi                      | Mat Types                  |  |
|            | Unit IN T Vehi PAS Tota 1 Insui YES  | Status FRANSIT icle Type SSENGER CAR II Occs rance? Status TRANSIT icle Type SSENGER CAR II Occs TRANSIT ICLE TYPE SSENGER CAR II OCCS   | Train/Bus # Injured  Direction Of Travel  EASTBOUND       | Total # Citat 0 Pre Special Fun NO SPEC   | tions Issued  CrashTire Mark action  | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  Emergency NOT APPI   | Total Hazl  0 Total Lane 2 Motor Vehi                      | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insur YES Most FEN                                  | Status FRANSIT icle Type SSENGER CAR II Occs rance? Status TRANSIT icle Type SSENGER CAR II OCCS TRANSIT TYPE SSENGER CAR II  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citat  O  Pre  Special Fun  NO SPEC  Traffic Cont   | tions Issued  CrashTire Mark action EIAL FUNCT   | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  iit  Emergency NOT APPI Traffic Conti  | Total Hazl  O Total Lane  2 Motor Vehi                     | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insur YES Most                                      | Status FRANSIT icle Type SSENGER CAR II Occs rance? St Harmful Event: Collision V NCE fic Way O-WAY, NOT DIVIDED   | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT  | tions Issued  CrashTire Mark iction EIAL FUNCT   | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  iit Emergency NOT APPI Traffic Conti   | Total Hazl  0 Total Lane 2 Motor Vehi                      | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insu YES Most FEN Traff TWG                         | Status FRANSIT icle Type SSENGER CAR II Occs rance? Status TRANSIT icle Type SSENGER CAR II OCCS TRANSIT TYPE SSENGER CAR II  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citat  O  Pre  Special Fun  NO SPEC  Traffic Cont   | tions Issued  CrashTire Mark iction EIAL FUNCT   | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  iit  Emergency NOT APPI Traffic Conti  | Total Hazl  0 Total Lane 2 Motor Vehi                      | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insu YES Moss FEN Traff TWG Surfa                   | Status FRANSIT icle Type SSENGER CAR II Occs rance? S t Harmful Event: Collision N NCE fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS) kk Bus or HazMat  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | tions Issued  CrashTire Mark iction EIAL FUNCT   | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  iit Emergency NOT APPI Traffic Contr NO Road Grade   | Total Hazl  0 Total Lane 2 Motor Vehi                      | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insur YES Moss FEN Traff TWO Surfa BLA              | Status FRANSIT icle Type SSENGER CAR II Occs rance? S t Harmful Event: Collision N NCE fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS) kk Bus or HazMat  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | tions Issued  CrashTire Mark iction EIAL FUNCT   | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  iit Emergency NOT APPI Traffic Contr NO Road Grade   | Total Hazl  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insur YES Moss FEN Traff TWO Surfa BLA              | Status FRANSIT icle Type SSENGER CAR II Occs rance? Status TRANSIT icle Type SSENGER CAR II Occs rance? Status TRANSIT icle Type SSENGER CAR II Occs TRANCE  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citat 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | tions Issued  CrashTire Mark iction EIAL FUNCT   | ssification   | Total Traile  0 Speed Lim                  | AUTOMOI Operating A ers  iit Emergency NOT APPI Traffic Contr NO Road Grade   | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE              | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insur YES Moss FEN Traff TWO Surfa BLA              | Status FRANSIT icle Type SSENGER CAR II Occs rance? Status FRANSIT icle Type SSENGER CAR II Occs rance? Status FRANSIT icle Type SSENGER CAR II Occs FRANSIT ICLE | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citar 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH   | tions Issued  CrashTire Mark iction EIAL FUNCT   | SSIFICATION   | Total Traile  0 Speed Lim  35              | AUTOMOI Operating A ers  Emergency NOT APPI Traffic Contr NO Road Grade LEVEL   | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types<br>es<br>cle Use |  |
| UNIT 01    | Unit Unit Unit IN T Vehi PAS Tota 1 Insur YES Most FEN Traff TWO Surfa BLA Truc NO | Status FRANSIT icle Type SSENGER CAR II Occs rance? S It Harmful Event: Collision V NCE fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS Ek Bus or HazMat  Vehicle License Plate Number 401CCR Vehicle Identification Nur  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citar 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make   | tions Issued  CrashTire Mark iction IIAL FUNCT rol ROL ature T   | SSIFICATION   | Total Traile  O Speed Lim  35  St  WI Year | AUTOMOI Operating A  ers  iit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST                      | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types<br>es<br>cle Use |  |
| 01         | Unit Unit IN T Vehi PAS Tota 1 Insur YES Moss FEN Traff TWO Surfa BLA              | Status FRANSIT icle Type SSENGER CAR il Occs rance? S It Harmful Event: Collision V NCE fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS EX Bus or HazMat  Vehicle License Plate Number 401CCR Vehicle Identification Nur 1G8AJ58F57Z100908  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citar 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make SATURN                                  | tions Issued  CrashTire Mark action HAL FUNCT TO   | SSIFICATION   | Total Traile  0 Speed Lim  35              | AUTOMOI Operating A  ers  iit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is: UNITED ST  Model ION LEVEL    | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types<br>es<br>cle Use |  |
| UNIT 01    | Unit Unit Unit IN T Vehi PAS Tota 1 Insur YES Most FEN Traff TWO Surfa BLA Truc NO | Status FRANSIT icle Type SSENGER CAR II Occs rance? S It Harmful Event: Collision V NCE fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS Ek Bus or HazMat  Vehicle License Plate Number 401CCR Vehicle Identification Nur  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citar 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make   | tions Issued  CrashTire Mark action FIAL FUNCT FOR TO  | SSIFICATION   | Total Traile  O Speed Lim  35  St  WI Year | AUTOMOI Operating A  ers  iit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST                      | Total Hazi  O Total Lane 2 Motor Vehi LICABLE Tol Inoperat | Mat Types<br>es<br>cle Use |  |
| 01 UNIT 01 | Unit Unit IN T Vehi PAS Tota 1 Insur YES Most FEN Traff TWO Surfa BLA Truc NO      | Status FRANSIT icle Type SSENGER CAR II Occs rance? S It Harmful Event: Collision V NCE fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS Ex Bus or HazMat  Vehicle License Plate Number 401CCR Vehicle Identification Nur 1G8AJ58F57Z100908 Color  | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citar 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make SATURN Body Style                       | tions Issued  CrashTire Mark Interest of the content of the conten | SSIFICATION   | Total Traile  O Speed Lim  35  St  WI Year | AUTOMOI Operating A  ers  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST  Model ION LEVEL  Bus Use | Total Hazi  O Total Lane 2 Motor Vehi LICABLE Tol Inoperat | Mat Types<br>es<br>cle Use |  |
| 01 UNIT 01 | Unit Unit IN T Vehi PAS Tota 1 Insur YES Most FEN Traff TWO Surfa BLA Truc NO      | Status FRANSIT icle Type SSENGER CAR il Occs rance? S It Harmful Event: Collision V NCE fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS EX Bus or HazMat  Vehicle License Plate Number 401CCR Vehicle Identification Nur 1G8AJ58F57Z10090S Color GLD - GOLD   | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citar 0  Pre Special Fun NO SPEC  Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make SATURN Body Style 4D - 4DR Vehicle Da | tions Issued  CrashTire Mark Inction IROL ITOMOBILE IMAGE IM | ION   | Total Traile  O Speed Lim  35  St  WI Year | AUTOMOI Operating A  ers  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST  Model ION LEVEL  Bus Use | Total Hazi  O Total Lane 2 Motor Vehi LICABLE Tol Inoperat | Mat Types<br>es<br>cle Use |  |
| UNIT 01    | Unit Unit IN T Vehi PAS Tota 1 Insury YES Most FEN TWO Surfa BLA Truck NO          | Status  FRANSIT icle Type SSENGER CAR II Occs  Trance? S It Harmful Event: Collision Noce fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS Ex Bus or HazMat  Vehicle License Plate Number 401CCR Vehicle Identification Nur 1G8AJ58F57Z100908 Color GLD - GOLD Initial Contact Point   | Train/Bus # Injured  Direction Of Travel  EASTBOUND  With | Total # Citar 0  Pre Special Fun NO SPEC  Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make SATURN Body Style 4D - 4DR Vehicle Da | tions Issued  CrashTire Mark Interest of the content of the conten | ION   | Total Traile  O Speed Lim  35  St  WI Year | AUTOMOI Operating A  ers  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST  Model ION LEVEL  Bus Use | Total Hazi  O Total Lane 2 Motor Vehi LICABLE Tol Inoperat | Mat Types<br>es<br>cle Use |  |

## 6TL097RB1R

18-03950

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |           | Towed Due To Dama                            |                    | Vehicle Removed By  OPERATOR             |      |                                |  |  |  |  |
|------|-----------|--|--------------------|--|------|--------------------------------|--|--|--|--|
|      |           | What Driver Was Doi                          |                    | Vehicle Factors                          |      |                                |  |  |  |  |
|      |           | GOING STRAIGH                                |                    | vernole i dotoro                         |      |                                |  |  |  |  |
|      |           | Driver Prior Action Other                    |                    | NOT APPLICABLE                           |      |                                |  |  |  |  |
|      |           | Driver Actions                               | Driver Actions     |  |      |                                |  |  |  |  |
|      | щ         | SPEED TOO FAST/COND, FAILURE TO CONTROL      |                    |  |      |                                |  |  |  |  |
| LINO | VEHICL    |  |                    |  |      |                                |  |  |  |  |
| 5    | E         |  |                    |  |      |                                |  |  |  |  |
|      | >         |  |                    |  |      |                                |  |  |  |  |
|      |           | Driver Distractions NOT DISTRACTE            | D                  |  |      |                                |  |  |  |  |
|      |           |  |                    |  |      |                                |  |  |  |  |
| 5    | 01        |  |                    |  |      |                                |  |  |  |  |
|      |           |  |                    |  |      |                                |  |  |  |  |
|      |           |  |                    |  |      |                                |  |  |  |  |
|      |           | Owner Name                                   |                    | Owner Address                            |      |                                |  |  |  |  |
|      |           | PAMELA SORCI                                 |                    | 114 MONROE ST                            |      |                                |  |  |  |  |
|      |           | (608) 963-9535                               |                    | BARABOO, WI 53913 , US                   |      |                                |  |  |  |  |
|      |           | Sequence Of Events                           |                    |  |      |                                |  |  |  |  |
|      | 01        | Event<br>DITCH                               |                    |  |      |                                |  |  |  |  |
|      |           | Event  |                    |  |      |                                |  |  |  |  |
|      | 02        | EMBANKMENT                                   |                    |  |      |                                |  |  |  |  |
|      | 03        | Event  |                    |  |      |                                |  |  |  |  |
|      | 04        | Event  |                    |  |      |                                |  |  |  |  |
| _    |           | l<br>Policy Holder                           |                    |  |      |                                |  |  |  |  |
| L NO |           | Insurance Company                            |                    | Individual                               |      |                                |  |  |  |  |
| ١    |           | AMERICAN-FAMI                                | LY-INS-CO          | PAMELA SORCI                             |      |                                |  |  |  |  |
|      | I         | Individual                                   |                    | L Citationa laquad                       |      | I Com                          |  |  |  |  |
|      |           | (000) 432-3323                               |                    | Citations Issued  0                      |      | Sex<br>MALE                    |  |  |  |  |
|      | JAL       |  |                    | Date of Birth                            |      | Race                           |  |  |  |  |
| ╘    | INDIVIDUA |  |                    |  |      | WHITE                          |  |  |  |  |
|      |           | Address 114 MONROE ST BARABOO, WI 53913 , US |                    | Driver License Number                    |      |                                |  |  |  |  |
|      | Z         |  |                    | STATE: WISCONSIN COUNTRY: UNITED STATES  |      |                                |  |  |  |  |
|      |           |  |                    |  |      |                                |  |  |  |  |
|      |           | Equipment                                    | On Duty Crash      | Safety Equipment                         |      |                                |  |  |  |  |
|      |           | Seat Position                                |                    | SHOULDER & LAP BELT                      |      |                                |  |  |  |  |
|      |           | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY        |                    |  |      |                                |  |  |  |  |
|      |           | Helmet Use                                   |                    | Helmet Compliance                        |      |                                |  |  |  |  |
|      |           | Eye Protection                               |                    | Tint Compliance                          |      |                                |  |  |  |  |
|      | _         |  | Injury Severity    | Airbag                                   |      |                                |  |  |  |  |
| 6    | 00        | Injury                                       | NO APPARENT INJURY | NON DEPLOYED                             |      |                                |  |  |  |  |
|      |           | Ejected NOT EJECTED                          |                    | Ejection Path  NOT EJECTED/NOT APPLICABL |      | Trapped/Extricated NOT TRAPPED |  |  |  |  |
|      |           | HOI EJECIED                                  |                    | MOT ESECTED/MOT APPLIC                   | 'ADL | MOT INVITED                    |  |  |  |  |

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/19/2018

Crash Time 09:35 AM

|      |            | Medical Transport              |                 |              | EMS Agency Identi | fier       | EMS Run #            |                |  |  |
|------|------------|--------------------------------|-----------------|--------------|-------------------|------------|----------------------|----------------|--|--|
|      |            | NOT TRANSPORTED                |                 |              |                   |            |                      |                |  |  |
|      |            | Hospital                       |                 |              | Date of Death     |            | Time of Death        |                |  |  |
|      |            |                                | Loca: 11.5.6    | ID: 4.0      |                   | li e       |                      | T /F 0 1 1     |  |  |
|      |            | Non Motorist                   | Striking Unit # | Prior Action |                   | Location   |                      | To/From School |  |  |
|      |            | Action                         | •               |              |                   |            |                      |                |  |  |
|      | 7          |                                |                 |              |                   |            |                      |                |  |  |
| ⊨    | INDIVIDUAL |                                |                 |              |                   |            |                      |                |  |  |
| UNIT | ₹          |                                |                 |              |                   |            |                      |                |  |  |
|      | S          |                                |                 |              |                   |            |                      |                |  |  |
|      |            |                                |                 |              |                   |            |                      |                |  |  |
|      |            | Action Other                   |                 |              |                   |            |                      |                |  |  |
|      |            |                                |                 |              |                   |            |                      |                |  |  |
|      | E          | Drug & Alcohol                 | NO              | Use          | Suspected Drug Us | 6 <b>e</b> |                      |                |  |  |
|      |            | Alcohol Test Given             |                 |              | Alcohol Test Type |            | Alcohol Test Results |                |  |  |
|      |            | Drug Test Given                |                 |              | Drug Test Type    |            | Drug Test Results    |                |  |  |
|      |            | Drug Test Given TEST NOT GIVEN | I               |              |                   |            |                      |                |  |  |
| 01   | 001        | Drug Type                      |                 |              | •                 |            |                      |                |  |  |
|      | 0          |                                |                 |              |                   |            |                      |                |  |  |
|      |            | Individual Condition           |                 |              |                   |            |                      |                |  |  |
|      |            | APPEARED NORMAL                |                 |              |                   |            |                      |                |  |  |
|      |            |                                |                 |              |                   |            |                      |                |  |  |