18-04120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| [| Document Number Override | Primary Crash I | Document # | 18-04 1 | - | DEPUTY | g Officer/Depu B. STODDA | | | |
|------------|--|---------------------------|---------------|-------------------|-------------|-------------------------|------------------------------------|------------------------|--|--|
| Р | Crash Date 04/23/2018 | Crash Time 06:10 PM | | Date Ar 04/23/ | | Time Arrive 06:16 PM | Time Arrived 06:16 PM | | | |
| 6TL09PBQ8P | Date Notified 04/23/2018 | Time Notified 06:10 PM | Time Notified | | nits | Total Injure | | Killed | | |
| 09F | On Emergency | t and Run | | sure | Work Zone | Traile | r or Towed | Reporting Threshold | | |
| ΰTL | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | | | |
| | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRAS | 6H) | | Amen | ded | Secondary Crash | | |
| _ | Description | • | | | | | | · | | |
| | Diagram | | | | | ሐ | Reconstruc Photos By | | | |
| | | | | | ſ | * | Additional li NONE | nformation | | |
| | | | sтн зз | U 1 | | | | | | |
| | | | | | | | | | | |
| | | | | | Not to Sca | le | | | | |
| ŀ | | | | | | | | | | |
| | ✔ I, a sworn law enforcement | | | | | | | | | |
| | UNITS 1 AND 2 WERE EASTBOL FIELD AND WHEN HE LOOKED 2. | | | | | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| Loc | ation | | | | | | | | | |
|-------------|---------------------------------|---------------------|------------------------------|--|-------------------------------------|--------------|---|-----------|-----------|--|
| | STH23 EB | | | | Latitude | | | Longitud | de | |
| - | MIE | | | | 43.533186817 -89.9 | | | -89.907 | 746751 | |
| | | SIOD | | | X Coordinate Y Coordinate | | | linate | | |
| | HE TOWN OF EXCEL | .310K | | | 265048.65625 4824135.5 | | | 35.5 | | |
| | | | | | Structure - | Туре | | | | |
| | | | | | | | | | | |
| | sh Scene | | | | | | | | | |
| | Harmful Event | | | | | nful Event L | ocation | | | |
| - | MOTOR VEH IN TRANSPORT | | | | | DWAY | | | | |
| | ner of Collision | | Light Cond | | | | | | | |
| _ | FRONT TO REAR | | | | DAYLIGI Roadway | | | | | |
| DR | | | | | Roadway | Facior(s) | | | | |
| Envi | ronment Factor(s) | | | | • | | | | | |
| NO | NE | | | | NONE | | | | | |
| Wea | ther Condition(s) | | | | - | | | | | |
| CLE | | | | | | | | | | |
| Anin | nal Type | | | | Relation T | To Trafficwa | ay | | | |
| | | | | | | CWAY - O | | | | |
| | sh Classification - Location | | | | | | - Jurisdiction | | | |
| - | | | | | | | RISDICTION | | | |
| Tribal Land | | | | Access Control NO CONTROL | | | Special Study | | | |
| | in Interchange Area | Junction Location | | | ction Type AN INTERSECTION | | | | | |
| NO | | NON-JUNCTION | | NOTAN | INTERSE | CTION | | | | |
| | t Summary | | Vehicle Ope | proting As C | lassification | | | · | | |
| | | | D CLASS | 0 | Classification Unit Type AUTOMOBILE | | | | | |
| | IN TRANSIT D CLASS Vehicle Type | | | | Operating As Endorsements | | | | | |
| | SSENGER CAR | | | | | | | | | |
| Tota | l Occs | Train/Bus # Injured | Total # Citations Issue 1 | | ied Total Tra 0 | | railers Total Ha | | Mat Types | |
| 2 | | | | | | | | | | |
| | rance? | Direction Of Travel | Pre | Pre CrashTire | | | | Total Lan | anes | |
| YES | | EASTBOUND | | Mark | | 55 | | 2 | | |
| | t Harmful Event: Collision | | | Special Function NO SPECIAL FUNCTION Traffic Control | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| | TOR VEH IN TRANSP | | | | | | Traffic Control Inoperative/Mis | | | |
| | D-WAY, NOT DIVIDED | 1 | NO CONT | | | | NO Road Grade | | | |
| | ace Type | | Road Curva | | | | | | | |
| | ACKTOP (BITUMINOU | S) | | STRAIGHT | | LEVEL | | | | |
| Truc | k Bus or HazMat | | | | | | | | | |
| NO | | | | | | | | | | |
| | | | | | | C+ | | | | |
| | License Plate Number 415YCW | | Plate Type | , JTOMOBIL | | | Country of Is | | | |
| | Vehicle Identification Nur | mber | Make | | | Year | UNITED STATES | | | |
| 6 | 1G1ZU54865F23160 | | CHEVRO | LET | | 2005 | Model MALIBU LT | | | |
| | Color | | Body Style | | | Bus Use | | | | |
| | BLK - BLACK | | | 4D - 4DR NOT A BUS | | | | | | |
| | Linitial Contact Point | | Vehicle Da | Vehicle Damage | | | | | | |
| | | | | U | | | | | | |
| /EHICLE | 12FRONT Extent Of Damage | | | Ū | | 44 1 | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Towed Due To Damag | - | Vehicle Removed By | | | | | | |
|-------|----------|--|----------------------------|---|-----------------------|--|--|--|--|--|
| | | TOWED DUE TO DISABLING DAMAGE | | STEVES AUTO SERVICE Vehicle Factors | | | | | | |
| | | What Driver Was Doing GOING STRAIGHT Driver Prior Action Other | | | | | | | | |
| | | | | NOT APPLICABLE | | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | 01 005 | | | | | | | |
| | Ш | FOLLOWING TOO | CLOSE | | | | | | | |
| UNIT | IIC | | | | | | | | | |
| С | VEHICL | | | | | | | | | |
| | > | | | | | | | | | |
| | | Driver Distractions | | | | | | | | |
| | | DISTRACTED BY C | OUTSIDE PERSON, OBJECT, OI | REVENT | | | | | | |
| | | | | | | | | | | |
| 01 | 01 | | | | | | | | | |
| | • | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| | | SHELLEY NODOR (608) 636-5239 | | 109 S MAIN ST MONTICELLO, WI 53570, US | | | | | | |
| | | (000) 000 0200 | | | | | | | | |
| | | Sequence Of Ev | ionto | | | | | | | |
| | 1 | Event | rents | | | | | | | |
| | 01 | MOTOR VEH IN TR | RANSPORT | | | | | | | |
| | 02 | Event | | | | | | | | |
| | | Event | | | | | | | | |
| | 03 | Lvon | | | | | | | | |
| | 04 | Event | | | | | | | | |
| | | Policy Holder | | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | | |
| D | | STATE-FARM-GEN | NERAL-INS-CO | SHELLEY NODORFT MOLENCAMP | , | | | | | |
| | I | ndividual | | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | | |
| | ١L | ANDREW MOLEN (608) 636-5239 | ICAMP | 1 | MALE | | | | | |
| | ٩N | (000) 030-3239 | | Date of Birth | Race WHITE | | | | | |
| UNIT | VID | Address | | Driver License Number | | | | | | |
| Ī | NDIVIDUA | 109 S MAIN ST | | | | | | | | |
| | 4 | MONTICELLO, WI | 53570 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | | | | | | | | |
| | | Equipment | On Duty Crash | Safety Equipment | | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | | | | |
| | | Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | | | |
| | | Helmet Use | , | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| _ | Σ | | Injury Severity | Airbag | | | | | | |
| 2 | 001 | Injury | NO APPARENT INJURY | DEPLOYED-FRONT | | | | | | |
| | | Ejected | | Ejection Path | Trapped/Extricated | | | | | |
| | | NOT EJECTED | | NOT EJECTED/NOT APPLICABL | NOT TRAPPED | | | | | |
| Nisco | nsin N | Notor Vehicle Crash | This rep | ort does not include any CJIS data. | Crash Date 04/23/2018 | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Medical Transport | | | EMS Agency Identi | fier | EMS Run # | | | | |
|------|------------|--|-------------------------|--------------|---|---------------|--------------------------------|----------------|--|--|--|
| | | NOT TRANSPORTED | | | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | | |
| | l | Non Motorist | Striking Unit # | Prior Action | | Location | <u> </u> | To/From School | | | |
| | | Action | | | | | | | | | |
| | AL | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | |
| 5 | DIV | | | | | | | | | | |
| | N | | | | | | | | | | |
| | | Action Other | | | | | | | | | |
| | | Action Other | | | | | | | | | |
| | Ľ | Drug & Alcohol No | | | Suspected Drug Us | se | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Type | | Alcohol Test Results | | | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | | |
| 6 | 001 | Drug Type | | | | | | | | | |
| • | õ | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | l | Individual | | | | | | | | | |
| | | Passenger DYLAN ANDREWS (715) 383-5444 | | | Citations Issued 0 | | Sex MALE | | | | |
| ь | INDIVIDUAL | | | | Date of Birth | | Race WHITE | | | | |
| | | Address | | | Driver License Number | | | | | | |
| _ | IN | 450 HILL ST GRANTON, WI 54 | 436 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | On Duty Oracle | | Safety Equipment | | | | | | |
| | | Equipment | Equipment On Duty Crash | | | | | | | | |
| | | Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | | SHOULDER & L | AP BELT | | | | | |
| | | Helmet Use | (| - | Helmet Compliance | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| | 8 | | Injury Severity | | Airbag | | | | | | |
| 5 | 002 | Injury | NO APPARENT I | NJURY | DEPLOYED-FRONT | | | | | | |
| | | Ejected NOT EJECTED | | | Ejection Path NOT EJECTED/ | NOT APPLICABL | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport | | | EMS Agency Identi | | EMS Run # | | | | |
| | | NOT TRANSPOR Hospital | ובט | | Date of Death | | Time of Death | | | | |
| | | | | | | | | | | | |
| | | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School | | | |

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

| | | Action | | | | | | | | | |
|---------|--|--|--|--------------------------|---|---|---|--|---|--|--|
| | UAL | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | |
| | INDI | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | | |
| | Ľ | Drug & Alcohol | Suspected Alc | ohol Use | Suspected NO | Drug Use | | | | | |
| | | Alcohol Test Given | | | Alcohol Tes | st Type | | Alcohol Te | st Results | | |
| | | TEST NOT GIVEN Drug Test Given TEST NOT GIVEN | | | Drug Test 1 | Гуре | | Drug Test I | Results | | |
| 01 | 002 | Drug Type | | | | | | | | | |
| | 0 | | | | | | | | | | |
| | | Individual Condition | MA1 | | | | | | | | |
| | | | | | | | | | | | |
| | | Violations UTC Number | Issue To? | Statute Number 346.14(1) | Seq Num 001 | Description AUTOMOBILE | | | | | |
| | Б Uni | AD9787805 t Summary ■ | 001 | 540.14(1) | 001 | AUTOMOBILE | FOLLOW | | LOSELT | | |
| | Unit | Status | | | | ing As Classification | n | Unit Type | | | |
| | IN TRANSIT | | | | D CLASS | | | AUTOMO | BILE | | |
| | | | | | | | | | | | |
| 02 | Vehi PAS | icle Type SSENGER CAR | | | | | | Operating <i>i</i> | As Endorsements | | |
| 02 | Vehi PAS | icle Type | Train/Bus | s # Injured | Total # Citation | is Issued | Total Tra 0 | Operating <i>i</i> | | | |
| | Vehi PAS Tota 1 | icle Type SSENGER CAR I Occs rance? | | Of Travel | Total # Citation 0 Pre Cra | is Issued ashTire ark | | Operating <i>i</i> lers | As Endorsements Total HazMat Types | | |
| UNIT 02 | Vehi PAS Tota 1 Insu YES | icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisi | Direction EASTB | Of Travel | Total # Citation 0 Pre Cra Ma Special Function | ashTire ark | 0 Speed Li | Operating , ilers mit Emergency | As Endorsements Total HazMat Types 0 Total Lanes | | |
| | Vehi PAS Tota 1 Insu YES Mos Traff | icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way | Direction EASTB on With SPORT | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control | ashTire ark on L FUNCTION | 0 Speed Li | Operating <i>J</i> ilers mit Emergency NOT APF Traffic Con | As Endorsements Total HazMat Types 0 Total Lanes 2 / Motor Vehicle Use | | |
| | Vehi PAS Tota 1 Insu YES Mos MO Traff | icle Type SSENGER CAR I Occs rance? Tor VEH IN TRANS fic Way D-WAY, NOT DIVID | Direction EASTB on With SPORT | Of Travel | Total # Citation 0 Pre Cra Ma Special Functio NO SPECIAL Traffic Control NO CONTRO | ashTire ark D L FUNCTION | 0 Speed Li | Operating / ilers mit Emergency NOT APF Traffic Con NO | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing | | |
| | Vehi PAS Tota 1 Insu YES Mos MO Traff TWO Surf | icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way | Direction EASTB on With SPORT ED | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control | ashTire ark D L FUNCTION | 0 Speed Li | Operating <i>J</i> ilers mit Emergency NOT APF Traffic Con | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing | | |
| | Vehi PAS Tota 1 Insu YES Mos Traff TWO Surf: BLA | icle Type SSENGER CAR I Occs rance? Tor VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type | Direction EASTB on With SPORT ED | Of Travel | Total # Citation 0 Pre Cra Ma Special Functio NO SPECIAI Traffic Control NO CONTRO Road Curvature | ashTire ark D L FUNCTION | 0 Speed Li | Operating / illers mit Emergency NOT APF Traffic Con NO Road Grad | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing | | |
| | Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf: BLA Truc NO | Icle Type SSENGER CAR I Occs rance? Tance? TOR VEH IN TRANS TOR VEH IN TRANS | Direction EASTB on With SPORT ED | Of Travel | Total # Citation 0 Pre Cra Ma Special Functio NO SPECIAI Traffic Control NO CONTRO Road Curvature | ashTire ark D L FUNCTION | 0 Speed Li | Operating / illers mit Emergency NOT APF Traffic Con NO Road Grad | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing | | |
| | Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf: BLA Truc NO | Icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisie TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING ik Bus or HazMat Vehicle License Plate Numbe | Direction EASTB on With SPORT ED DUS) | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur STRAIGHT | ashTire ark D L FUNCTION DL e | 0 Speed Li 55 | Operating / illers mit Emergency NOT APF Traffic Con NO Road Grad LEVEL | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e ssuance | | |
| UNIT | Vehi PAS Tota 1 Insu YES Mos MO Traff TWO Surfa BL/ Truc NO | icle Type SSENGER CAR I Occs rance? TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe Z935211 | Direction EASTB on With SPORT ED DUS) | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur STRAIGHT | ashTire ark D L FUNCTION DL e | 0 Speed Li 55 St | Operating / illers mit Emergency NOT APF Traffic Con NO Road Grad LEVEL | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e ssuance | | |
| | Vehi PAS Tota 1 Insu YES MOS Traff TWO Surf: BLA Truc NO | Icle Type SSENGER CAR I Occs I Occs t Harmful Event: Collisie TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe Z935211 Vehicle Identification 1VWGT7A32HC07 | Direction EASTB on With SPORT ED DUS) | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT Plate Type AUT - AUTO Make VOLKSWAG | ashTire ark D FUNCTION DL e DMOBILE | 0 Speed Li 55 | Operating / illers mit Emergency NOT APF Traffic Con NO Road Grad LEVEL Country of Is UNITED S Model SEDAN | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e ssuance | | |
| UNIT | Vehi PAS Tota 1 Insu YES Mos MO Traff TWO Surfa BL/ Truc NO | Icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisient TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING K Bus or HazMat Vehicle License Plate Numbe Z935211 Vehicle Identification 1VWGT7A32HC07 Color RED - RED | Direction EASTB on With SPORT ED DUS) | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT Plate Type AUT - AUTO Make VOLKSWAG Body Style 4D - 4DR | ashTire ark L FUNCTION DL e DMOBILE | 0 Speed Li 55 St IL Year | Operating / ilers mit Emergency NOT APF Traffic Con NO Road Grad LEVEL | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e ssuance TATES | | |
| 02 UNIT | Vehi PAS Tota 1 Insu YES MOS Traff TWO Surfa BLA Truc NO | Icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisient TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Numbe Z935211 Vehicle Identification 1VWGT7A32HC07 Color RED - RED Initial Contact Point | r Number 7 1070 | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT Plate Type AUT - AUTO Make VOLKSWAG Body Style | ashTire ark L FUNCTION DL e DMOBILE | 0 Speed Li 55 St IL Year | Operating / ilers mit Emergency NOT APF Traffic Con NO Road Grad LEVEL Country of I: UNITED S Model SEDAN Bus Use | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e ssuance TATES | | |
| UNIT | Vehi PAS Tota 1 Insu YES MOS Traff TWO Surfa BLA Truc NO | Icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisient TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING Color RED - RED Initial Contact Point 1RIGHT FRONT Extent Of Damage | Direction EASTB SPORT ED DUS) r Number '1070 | Of Travel | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT Plate Type AUT - AUTO Make VOLKSWAG Body Style 4D - 4DR Vehicle Dama | ashTire ark DI FUNCTION DL e DMOBILE DMOBILE GEN ge EAR CORNER, 6 | 0 Speed Li 55 St IL Year 2017 | Operating / ilers mit Emergency NOT APF Traffic Con NO Road Grad LEVEL Country of I: UNITED S Model SEDAN Bus Use NOT A BU | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e ssuance TATES IS | | |
| 02 UNIT | Vehi PAS Tota 1 Insu YES Mos MO Traff TWO Surfa BL/ Truc NO | Icle Type SSENGER CAR I Occs rance? S t Harmful Event: Collisient TOR VEH IN TRANS fic Way D-WAY, NOT DIVID ace Type ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING ACKTOP (BITUMING Color RED - RED Initial Contact Point 1RIGHT FRONT | Direction EASTB SPORT ED DUS) r Number r1070 CORNER AGE ge | Of Travel OUND | Total # Citation 0 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur STRAIGHT Plate Type AUT - AUTO Make VOLKSWAO Body Style 4D - 4DR Vehicle Dama 5RIGHT R | ashTire ark L FUNCTION DL e DMOBILE DMOBILE GEN ge EAR CORNER, 6 RRIAGE ved By | 0 Speed Li 55 St IL Year 2017 | Operating / ilers mit Emergency NOT APF Traffic Con NO Road Grad LEVEL Country of I: UNITED S Model SEDAN Bus Use NOT A BU | As Endorsements Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e ssuance TATES IS | | |

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WISCONSIN MOTOR VEHICLE **CRASH REPORT**

| | | What Driver Was Doi | | Vehicle Factors | | | | | |
|---------|---------|---------------------------------------|--------------------|--|-----------------------|--|--|--|--|
| | | GOING STRAIGH | | NOT APPLICABLE | NOT APPLICABLE | | | | |
| | | | | | | | | | |
| | | Driver Actions NO CONTRIBUTIN | IG ACTION | | | | | | |
| F | VEHICLE | | | | | | | | |
| UNIT | Ë | | | | | | | | |
| | 2 | | | | | | | | |
| | | Driver Distractions | | | | | | | |
| | | NOT DISTRACTE | D | | | | | | |
| | | | | | | | | | |
| 02 | 02 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| | | JENNIFER VAND (630) 697-4775 | ER WOUDE | 520 BILLINGS AVE PRAIRIE DU SAC, WI 53578, US | | | | | |
| | | | | | | | | | |
| | : | Sequence Of E | vents | | | | | | |
| | 2 | Event MOTOR VEH IN T | RANSPORT | | | | | | |
| | 02 | Event | | | | | | | |
| | | Event | | | | | | | |
| | 03 | | | | | | | | |
| | 04 | Event | | | | | | | |
| F | | Policy Holder | | _ | | | | | |
| UNIT | | Insurance Company STATE-FARM-GE | NERAL-INS-CO | Individual JENNIFER VANDER WOUDE | | | | | |
| | | Individual | | | | | | | |
| | | Driver JENNIFER VAND | ER WOUDE | Citations Issued 0 | Sex FEMALE | | | | |
| | DUAL | (630) 697-4775 | | Date of Birth | Race | | | | |
| E | jū | | | | WHITE | | | | |
| IN N | INDIVI | Address 520 BILLINGS AVE | | Driver License Number | | | | | |
| | Z | PRAIRIE DU SAC | , WI 53578 ,US | STATE: ILLINOIS COUNTRY: UNITED STATES | | | | | |
| | | | On Duty Crock | | | | | | |
| | | 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 | | | | | |
| 02 | 003 | Injury | Injury Severity | Airbag | | | | | |
| | 0 | Ejected | NO APPARENT INJURY | NON DEPLOYED Ejection Path | Trapped/Extricated | | | | |
| | | NOT EJECTED | | NOT EJECTED/NOT APPLICABL | NOT TRAPPED | | | | |
| | | Medical Transport | | EMS Agency Identifier | EMS Run # | | | | |
| | | NOT TRANSPORT | | | | | | | |
| Wisco | onsin I | Notor Vehicle Crash | This rep | ort does not include any CJIS data. | Crash Date 04/23/2018 | | | | |

18-04120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Hospital | | | Date of Death | | Time of Death | |
|------|------------|--------------------------------------|---------------------------|--------------|-------------------|----------|----------------------|----------------|
| | | Non Motorist | Striking Unit # | Prior Action | | Location | | To/From School |
| UNIT | INDIVIDUAL | Action | | | | | | |
| | | Action Other | | | | | | |
| | D | orug & Alcohol | Suspected Alcohol L NO | se | Suspected Drug Us | se | | |
| | | Alcohol Test Given TEST NOT GIVEN | 1 | | Alcohol Test Type | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | I | | Drug Test Type | | Drug Test Results | |
| 02 | 003 | Drug Type | | | 1 | | | |
| | | Individual Condition | MAL | | | | | |