## Wisconsin Motor Vehicle Crash Report

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

Crash Time 03:30 PM

ſ	Document Number O	verride	Primary Crash	Document #		Agency 18-048		h Number		Investigating Office DEPUTY J. BO			
_	Crash Date	1/2018 03:30 PM				Dale Arr				Time Arrived			
	05/11/2018					05/11/2		· <u> </u>		03:42 PM	_ /	<del></del>	
_ [	Date Notified		1			Total Ur	its			Total Injured	Total Kill	ed	
— ⊦	05/11/2018	<del></del>	03:32 PM	<del></del>		02				<u> </u>	<u> </u>		Reporting
<u>ල</u>	On Emergency	y Hi	and Run	Lane (			-	Work Zon	e 	Trailer or T	owed :		Threshold
119	Governm Propert		<u> </u>	School Zone	- 1	School I NO	Bus	Related		Tags	\	T 5	0
	<b>✓</b> Reportable		Crash Type DT4000 (ST	ANDARD CR	RASH)				· <del>-</del>	Amended			Secondary Crash
Ī	_ocation												
	ON MAPLE ST				Latitu	de 738721	,	Longitude -89.76863		VLongSource .T/ILT	AC	cess Co	ntroi
- 1	31 FT E OF USH12 EB				_	ordinate	-	Y Coordinate		Roadway Link ID#	On	Roadw	ay Link Offset
	IN THE VILLAGE		BARABOO			69.968	7	4817163.5	50	73513	42		
ļ	IN SAUK COON I	I			Over	rrido		Tribal Land	- 8,	X V	Str	ucture	Гуре
					Over		LJ	<u> </u>		man in Na			
(	Crash Scene				First	Harmful	Ever	nt Location	ês				
	First Harmful Event MOTOR VEH IN 1	TRANSPOR	т		1	ROADV		47	y. I	p.			
	Manner of Collision				1	Conditio			. P				
	02FRONT TO R		<u> </u>			LIGHT							<del>_</del> _
	Road Surface Condit	tion(s)			Envir	onment	racte	or(s)					
	WET					ATHER	СО	NDITIONS					
	Roadway Factor(s)	loadway Factor(s)				ther Con	ditio	n(s)					
	WORK ZONE					<u> </u>		7					
	(CONSTRUCTION	N/MAINTEN	IANCE/UTILI	<b>(Y)</b>		OUDY, F							
	Animal Type				TRA		/AΥ	- ON ROAD					<u> </u>
	Crash Classification			Anna Na	: 1			on - Jurisdicti					
	PUBLIC PROPER	RTY	<u> </u>	:		SPECIA ess Conti		IURISDICT		ial Study			
	Tribal Land		4. \$	, j		CONT			- 17 -				
	Within Interchange	1	inction Location					rsection Type		ON .			
	NO		ON-JUNCTIO	Ŋ	1 127	4 7ana C		T AN INTE	KSECII	NIN	<u></u> .		
	Work Zone Crash Lo ACTIVITY AREA		ter v	•	- 1	k Zone C VE CLC							
	Workers Present		PAG.	<del></del>	·			Present		··	<u></u> _	<u> </u>	
	NO				NO								
	Work Zone Speed L	imit	- 1	Advisory/Regula		peed Lin	nit		Normal P	osted Speed Limit			
			REGULATOR	KT				30				·	
	Unit Summary	/		Vehicle Operati	ing As (	Classific	ation		Unit Type	<u> </u>			
	Unit Status IN TRANSIT	Į.		D CLASS	ing Mark	بالادمان الادمان	ωασι		TRUCK				
	Vehicle Type				<del></del>			Operating	g As Endorsements	\$			
5	UTILITY TRUCK	<del></del>		<del></del>				<u> </u>		Total Hashter 7			<del></del>
	Total Occs 4	Train/Bus # 1	njured	Total # Citation 1	is Issue	ed		Total Traile		Total HazMat T	ypes		
HNO	Insurance?	Direction Of NORTHBO		Pre Cra	ashTir ark	re		Speed Limi	4				
5	Most Harmful Event	t: Collision Wi	th	Special Function NO SPECIAL	on L FUN	ICTION			Emergency Motor Vehicle Use NOT APPLICABLE				
					CIAL FUNCTION NOT A				Crash Date 05/11/2018				

# Wisconsin Motor Vehicle **Crash Report**

		o Way DED HWY W/O TRAFFIC BARRI	Traffic Control TRAFFIC SIGN	AL		NO	Control Inopera	ative/Missin	ig	Ź
		ce Type CKTOP (BITUMINOUS)	Road Curvature STRAIGHT			Road (	-5.1.			
_		Bus or HazMat	OTTORIOTT							
2	NO			Citations Issued	<del></del>		e Driver	Individual	Type	
_		Role DRIVER		1			ddress	INDIVIDU	JAL	
2	δ	Last Name		First Name  AARON		die.		Middle Initi G	ial	Suffix
		BUCHANAN Street Address		Street Address 2		je. Ab		PO Box		<u> </u>
		1864 ELK AVE		Ctoto		o Code	AG <sup>2</sup>	Country of	Residenc	
	₹	City FRIENDSHIP		State WI	53	3934 🤞	7	UNITED	STATES	<u> </u>
IND	ē	DOB Sex Rac M W	e	Hair BROWN	Eyes HAZEL		Height 603	Weight 175	Phone N (608) 4	lumber 03-7870 EXT.
_	INDIVIDUAL	Driver's License Number		State Wi		ense Jur	rsidiction	Country of UNITED		
		License Type		License Status				DL Expire 2018	Year	-
		NON-CDL DRIVER'S LICENSE On Duty Accident		VALID LICEN Safety Equipment	·		<u>.</u>	<u> </u>		<u> </u>
		Equipment	48 57	SHOULDER 8		FIT				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIV	/ER/MOTORC	#	, EAL D				****	<del>_</del>
	8	Helmet Use		Helmet Complia	nce			**	4	
		Eye Protection		Tint Compliance	: 		<u>.</u>			
		Injury Severity NO APPARENT	ſĮŊŪŔŶ	NON DEPLO	YED					
ь	3	Ejected NOT EJECTED		Ejection Path NOT EJECTE	D/NOT	APPLIC	Trapped/E			
LIND	INDIVIDUAL	MedicalTransport	·	EMS Agency Ide	entifier		EMS Run	#		
	2	NOT TRANSPORTED. Hospital		Date of Death		<del></del> ,	Time of De	eath		<u> </u>
		Non Motorist Striking Unit #		Location			To/FromSo	chool		
	5	Prior Action		Action	<del></del>			***************************************		
				Action Other						
		Individual Conditi	on	1						
		Drug & Alcoh APPEARED N		Suspected Drug	ı İlee					
		Suspected Alcohol Use		Susperied Dio	9 030					

# Wisconsin Motor Vehicle Crash Report

Table Constitution													
		NO			NO								
LIND		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	_	Alcohol Tes	st Results						
5	NDIVIDUAL	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test I	Results	<u>.</u>		- <del>Tot</del>			
***************************************		Drug Type			<del></del>	L	<u></u>	<u> </u>	.,				
4											<i>.</i>		
		Role			Citations Is	sued	U	se Driver	Individual				
2		PASSENGER			0 First Name			Address	INDIVIDI Middle Init	2.00° 0	Suffix		
J	02	Last Name BUCHANAN			JONATH	ON			J PO Box				
		Street Address 1864 ELK AVE			Street Add	ress 2			1877ee				
	A	City FRIENDSHIP			State WI		Zip Code 53934	4500 A	Country of UNITED	STATE	:S		
LIND	ě	DOB	Sex	Race	Hair	Eyes	/	Height	Weight		Number 403-7870 EXT.		
	INDIVIDUAL	Driver's License Num	ber1		State		License J	ursidiction	Country o	f Issuand	ce		
		License Type		<u> </u>	License S			-	DL Expire	Year			
		Equipment	On Duty Accid	lent	Safety Eq	uipment			l	_,			
	-0000	Seat Position			воости	ER SEAT	: ·						
	8	4SECOND SEAT	r-LEFT SIDE(	MOTORCYCLE/B	Helmet C	ompliance							
		Eye Protection	<del></del> -		Tint Com	oliance							
		Lye Floteodon	Injury Severity	<u> </u>	Airbag		<del></del>		<del></del>				
		Injury		ENT INJURY		PLOYED		Trapped/E	Extricated				
LIND	DIVIDUAL	Ejected NOT EJECTED			NOT EJ	ECTED/NO			APPED	<del></del>			
S		MedicalTransport NOT TRANSPOR	TED			ncy Identifier							
	Z	Hospital		To the second	Date of D	eath 		Time of Do		14			
		Non Motorist	Striking Unit	#	Location			To/FromS	chool				
		Prior Action		<del></del>	Action		-		·				
	02		That Action										
							Action Other						
		Drug & Alcoh	Individual Co		1			<del> </del>					
		Suspected Alcohol U	56 · · · · · · · · · · · · · · · · · · ·	DNORMAL	Suspecto	ed Drug Use	<del></del>	<del> </del>		_			
<b>—</b>		NO Alcohol Test Given		Alcohol Test Type	NO	Alcohol	est Results	5					
LND		TEST NOT GIVE	TEST NOT GIVEN				at Results						
		Drug Test Given TEST NOT GIVE	N	Diag rest type									

# Wisconsin Motor Vehicle Crash Report

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	INDIVIDUAL												
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	Timber :	Drug Type		<u> </u>						·		***************************************	
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										- TVEN	<u> </u>	<u>-54</u>	
100		Role			Citations Is	sued		Use Drive		Individual		2	ļ
~		PASSENGER			0		V	Address	1974	INDIVID		Suffix	
δ	er /	Last Name			First Name				ita.	Middle Init	ıaı	Sulix	1
111111111		BUCHANAN		<u></u>	Street Addr				772	PO Box		<u> </u>	
202000		Street Address 1864 ELK AVE			Succinadi	.Ç33 Z				125 13			
and the second		City		·	State		Zip Coo			Country of			
	₹	FRIENDSHIP			Wi		53934	-	Period Control	UNITED	STATE	S	
LIND	3	DOB	Sex	Race	Hair	Eyes		Height		Weight		Number	
5	اِ					1 .23		Fleight			<del></del>	403-7870 EXT.	
	NDIVIDUAL	Driver's License Numb	ber		State		License	e Jursidiction		Country of	rissuano	æ	
The state of the s					License St	abie	TER-	-, <u>,_125-1</u>		DL Expire	Year		
a di		License Type			License ou	4F	10 TO	*					
1			On Duty Accid	ient	Safety Equ	ipment				<del></del>			
		Equipment			-	777, ——————————————————————————————————							
		Seat Position			SHOULD	ER & LAP	BELT						
	8	3FRONT SEAT-F	RIGHT SIDE	TRAIN ENGINEE	1175	<del>. 17</del>						<del></del>	
	0	Helmet Use		usi <del>li</del> r	Helmet Co	mpliance							
		Eye Protection			Tint Comp	liance				J11			
		Eye Flotection			49-								
			Injury Severity		Airbag								
	740	Injury	NO APPAR	ENTINJURY	NON DE			17	40				
	MDUAL	Ejected			Ejection Pa	atn ECTED/NC	T APP			xtricated APPED			
LIND	9	NOT EJECTED  MedicalTransport	<u> </u>			cy Identifier			Run				
$\supset$	2	NOT TRANSPOR	TED 👙	Section 1	Linerigen	10) 1001101101							
	2	Hospital		1 2 2 2	Date of De	ath		Time	e of De	eath		- Lu	-
				· · · · · · · · · · · · · · · · · · ·									
		Non Motorist	Striking Unit #	<b>‡</b>	Location			To/F	romS	chool			
		The state of the s	la t	?	Action								
		Prior Action			Action								
	8												
			7		Action Oth	ier							
		-100 -100		.,									-
		Drug & Alcoh	Individual Co										
		Suspected Alcohol U		- NORMAL	Suspected	i Drug Use		1.00				<u> </u>	<u>.</u> ,,,,,
		NO			NO								
⊨		Alcohol Test Given	<u> </u>	Alcohol Test Type	· · · · · · · · · · · · · · · · · · ·	Alcohol T	est Resu	ilts					
LINI		TEST NOT GIVE	N			<u></u>	·· <u>·</u>						
_		Drug Test Given TEST NOT GIVEN	N	Drug Test Type		Drug Tes	t Results	3					

# Wisconsin Motor Vehicle Crash Report

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ALL SECTION OF THE PARTY OF THE	ᅙ									Militaria de la companio de la comp		
1000		Drug Type										
THE CHARLES AND ADDRESS AND AD												
Eb-Application									Individual	Type		
Particular de la constante de		Role PASSENGER			Citations Issued  0	3	Use I	Oriver ress	INDIVIDU	JAL		
5	8	Last Name BUCHANAN			First Name JOSIAH		•		Middle Initi L	al Suffix		
		Street Address	<u> </u>		Street Address	2			PO Box			
		1864 ELK AVE			State		Zip Code			Residence		
⊢	₹	FRIENDSHIP	· · · · · · · · · · · · · · · · · · ·		<b>WI</b> Hair	Eyes	53934 He	ight	UNITED Weight	STATES Phone Number		
LIND	2	DOB	Sex R	ace	Tiall		*			(608) 403-7870 EXT.		
	INDIVIDUAL	Driver's License Num	ber	· · · · · · · · · · · · · · · · · · ·	State	3 (15)	License Jursid	liction	Country of	Issuance		
		License Type			License Status				DL Expire	Year		
		Equipment	On Duty Accide	nt	Safety Equipm	ent						
		Seat Position			BOOSTER S	SEAT						
	8	6SECOND SEAT	T-RIGHT SIDE	<u> </u>	Helmet Compl	iance	<u></u>					
		Helmet Use		<u> </u>			·					
		Eye Protection			Tint Complian	ce 	<u>.</u>					
		Injury	Injury Severity NO APPARE	NT INJURY	Airbag NON DEPLO	OYED						
	Z	Ejected	<u>=</u>	1	Ejection Path NOT EJECT	ED/NO	T APPLICA	Trapped/E	/Extricated			
L N N	DIVIDUAL	NOT EJECTED  MedicalTransport			EMS Agency		TAITEIOA	EMS Run				
_		NOT TRANSPOR			Date of Death			Time of Do	eath			
		Hospital		' <del>'</del>								
		Non Motorist	Striking Unit #		Location			To/FromS	CHOCI			
		Prior Action			Action	-						
	9						•					
					Action Other		<u>.</u>					
					<u>.</u>		<del>.</del>	·				
		Drug & Alcol	Individual Cond APPEARED		Suspected D				<u></u>			
		Suspected Alcohol U NO	Suspected Alcohol Use									
UNIT		Alcohol Test Given		Alcohol Test Type	/	Alcohol T	est Results					
5		TEST NOT GIVE  Drug Test Given		Drug Test Type	<u>l_</u>	Drug Tes	Results	<del>-</del>				
		TEŠT NOT GIVE	N									

# Wisconsin Motor Vehicle Crash Report

	2 0 2 					T			
dictordings bids		Drug Type					а		. ***
account of the									
1		License Plate Number	·			Plate Type		St	Country of Issuance
	FIF AND CO	JU8221				LTK - LIGH	T TRUCK	WI	UNITED STATES
		Vehicle Identification N						Year 2005	Make DODGE
		1D7HU18D95J5779 Model	931	·	•••	Body Style	****		Color
	-	RAM				PK - PICK	JP	165 165 165 165	SIL-SILVER (ALUMINUM)
		Initial Contact Point				Vehicle Dam	age	The state of the s	
		6REAR	.,.			6REAR	Ź	Ŷ	
2	5	Extent Of Damage FUNCTIONAL DAN	MAGE			O-ILAK		<u> </u>	
		Towed Due To Damag				Vehicle Fact	ors .	T I	
		NOT TOWED				NOT APPL	ICADI E		
		Vehicle Removed By OWNER				NOTAFFL	ICABLE	N 7	
		What Driver Was Doin	ig			Driver Prior	Action Other	<del>7</del>	Bus Use
		SLOW/STOPPING				Wastern RSL Tr			NOT A BUS
	Ш	Driver Actions NO CONTRIBUTIN	IG ACTION			Driver Distra			
╘	3				_	* 10000 100000 1000000 1000000			!
UNIT	VEHICL				S.				
				•	Š. J	<u>, 29</u> 5			
		▼ Vehicle Owner		1110		Ž	<b>☑</b> Use Op	perator Addres	s
		Organization Type INDIVIDUAL		Co	mpany Name	•			
		Last Name	74.5		st Name			Middle	Suffix Date of Birth
		BUCHANAN		7,000	RON			G	
		Street Address 1864 ELK AVE	A A	Str	eet Address2	2		PO Box	
		City	7000	St	Zip Co	de		Country of Resi	idence
		FRIENDSHIP		W	53934	<u> </u>		UNITED STA	TES
		Telephone Number (608) 403-7870 EX	T.				<u> </u>		
	01	Event MOTOR VEH IN T	RANSPORT						
	2	Event							
	03	Event							
	20	Event			<del></del>			· ·	
7	5	UTC Number AE765414	Issue To?	Statute <b>344.62</b>	Number (1)	Seq Num	Description OPERAT	n E MOTOR VEI	HICLE W/O INSURANCE
	,-i	Summary	· · · · · · · · · · · · · · · · · · ·			<u> </u>			

# 6TL09T1TM3

18-04803

# Wisconsin Motor Vehicle Crash Report

	Unit :	Status	· ·		Vehicle Operating	As Classification		Ţ	Unit Typ	e e			
		RANSIT			D CLASS			1	AUTO	MOBILE			
02		de Type SENGER V	AN					(	Operati	ng As Endors	ements		
		Occs	Train/Bus # Injured		Total # Citations Is 2	ssued	Total Trail	lers		Total Ha	zMat Type:	s	
LINIT	Insur NO	апсе?	Direction Of Travel NORTHBOUND		Pre Crasi Mark		Speed Lin			Total La		1875.75. - Francisco	
בֿן ב			t: Collision With		Special Function NO SPECIAL F	UNCTION		1	Emerge NOT A	ncy Motor Ve PPLICABL	hide Use E		
		c Way DED HWY V	N/O TRAFFIC BAR	RI	Traffic Control TRAFFIC SIGN	AL			Traffic (	Control Inope	rative/Missi	ng	
		ce Type CKTOP (BI	TUMINOUS)		Road Curvature STRAIGHT			- 1 1	Road G LEVE				
07	Truck	k Bus or HazM	lat							Į T			
~		Role DRIVER				Citations Issued 2	Internal			Driver dress	Individual INDIVID		
02	02	Last Name GRADEL	<del></del>			First Name CRYSTAL	<	d)	•		Middle Ini	tial	Suffix
		Street Addres				Street Address	2	,	Ż		PO Box		
L.	¥	City BARABOO			State WI	53	Zip Code 53913			Country o			
	INDIVIDUAL	DOB	Sex F	9	Hair BLACK	Eyes HAZEL	Height 505 License Jursidiction			Weight Phone Number (920) 344-9844 EXT.			
	2	Driver's Licer	Driver's License Number					Ens TA1		diction	Country o	STATI	
		License Type NON-CDL DRIVER'S LICENSE				License Status VALID LICENSE  DL Expire Year 2018							
		Equipn		cident		Safety Equipment SHOULDER & LAP BELT							
	8	Seat Position 1FRONT	SEAT-LEFT SIDE	(DRIV	ER/MOTORC	SHOULDER	& LAP BE	3L,1	l 				
	0	Helmet Use				Helmet Complia						.,.	
	Sun I Albania	Eye Protection	_ 6	13 13 13	X A	Tint Compliance	e 						
		Injur	Injury Sever NO APPA		INJURY	Airbag NON DEPLO	YED			I			***
LIND	INDIVIDUAL	Ejected NOT EJEC		<u> </u>	**************************************	Ejection Path NOT EJECTE		PF	PLICA	NOT TRA	APPED		
5	20		sport // ISPORTED	D.,	· Aus.	EMS Agency Id	entitier			EMS Run			
		Hospital				Date of Death				Time of Da			
		Non Motorist Striking Unit #				Location				To/FromS	chool		
	٥	Prior Action			Action								
	Individual Condition					Action Other							
		Drug & A											
		Suspected A	licohol Use			Suspected Drug	g Use						

## Wisconsin Motor Vehicle Crash Report

	A	NO			NO						
LIND		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	-	Alcohol Te					
_	Ž	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test	Results				
		Drug Type									
						_			The second secon	To a second seco	Ĵ.
		Role PASSENGER			Citations Is	sued	Use ✓ Add	Driver dress	Individual INDIVIDU		<del>.'</del> 1
02	9	Last Name HELGESTAD			First Name		· · · · · ·		Middle Initi	al	Suffix
		Street Address 515 BADGER DR			Street Addr	ress 2			PO Box		
	4	City BARABOO			State WI		Zip Code 53913	2 1 1 1 1 1 1	Country of UNITED		
LIND	NDIVIDUA	DOB	Sex	Race	Hair	Eyes	- 111-5	eight	Weight	Phone	Number 344-9844 EXT.
		Driver's License Numb	per		State		License Jursi	diction	Country of	Issuanc	е
		License Type			License Sta	atuś	100 mm		DL Expire	Year	
		Equipment	On Duty Accide	ent	Safety Equ	ipment			<u> </u>		
		Seat Position 8THIRD SEAT-M	IDDI F		SHOULD	ER & LAP	BELT				
	90	Helmet Use			Helmet Co	mpliance				•	
		Eye Protection	<u></u>		Tint Compl	lance					
		Injury	Injury Severity	NT INJURY	Airbag NON DEF	PLOYED			,_,		110.07
E	J V	Ejected NOT EJECTED			Ejection Pa		T APPLICA	Trapped/E			
LIND	DIVIDUA	MedicalTransport NOT TRANSPORT	ED 🗳	7 2.5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	EMS Agen	cy Identifier		EMS Run #	‡		
	2	Hospital	Ā Ā		Date of De	ath	-	Time of De	ath		
		Non Motorist	Striking Unit #	· · · · · · · · · · · · · · · · · · ·	Location		·	To/FromSo	hool	1.70	
		Prior Action	<i> </i>		Action		<u>-</u>	•			
	90		** <u>**</u> ********************************								
					Action Oth	er	P. (P. 10)		•		*****
	toditicio.	Drug & Alcoh	Individual Cond APPEARED								
•		Suspected Alcohol Us NO	se		Suspected NO	Drug Use					
LIND		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Te	st Results				
_		Drug Test Given TEST NOT GIVEN		Drug Test Type	·····	Drug Test	Results				

# Wisconsin Motor Vehicle Crash Report

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	INDIVIDUAL					•				Ą VETĘ,		
	Carring	Drug Type	•••									٦
									·	×.	8.	
										May.		
		Role PASSENGER		-	Citations Is:	sued		Use Driver Address	individual INDIVIDI			
02	0	Last Name			First Name		1	, mar	Middle Init		Suffix	٦
	0	HELGESTAD Street Address			ASHTON Street Addr	ess 2		AND THE	R PO Box			$\dashv$
		515 BADGER DR			0.0007,000				2			
	7	City BARABOO	-		State WI		Zip Coo 53913		Country of UNITED			
LIND	8	DOB	Sex	Race	Hair	Eyes		Height	Weight	Phone	Number	┪
<b>-</b>	INDIVIDUA	Driver's License Numb	her		State	<u> </u>	License	Jursidiction	Country of	1	344-9844 EXT.	$\dashv$
	Z	Dilver's Excesse Mulia				3.4%					·	_
		License Type			License Sta	itus	Silver T	fv'	DL Expire	Year		
		Equipment	On Duty Accid	ent	Safety Equi	pment	) 	-				
		Seat Position			вооѕте	R SEAT						
	0	4SECOND SEAT	-LEFT SIDE(	MOTORCYCLE/B	Helmet Cor	mpliance						$\dashv$
		Helmet Use			neillet Coi	iipiiance						
		Eye Protection	<del></del>		Tint Compli	ance						
		Injury	Injury Severity	ENT INJURY	Airbag NON DEF	LOYED						
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LNO	DIVIDUAL	NOT EJECTED  MedicalTransport	ie,	<u>. 19 </u>	EMS Agend		LAFFI	EMS Run				_
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## Wisconsin Motor Vehicle Crash Report

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

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07	8	Last Name			First Name GAVIN				ANTERIOR	Middle Init	ial	Suffix
		HELGESTAD Street Address			Street Addr	ess 2				PO Box		<u> </u>
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		License Type			License Sta	ntus				DL Expire	Үеаг	
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Crash Date 05/11/2018
Crash Time 03:30 PM

# Wisconsin Motor Vehicle Crash Report

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		City BARABOO			St WI	Zip Code 53913	ė		Country of Res			
		Telephone Number				1000.0			1			
		(920) 344-9844 EX	τ									
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#### Wisconsin Motor Vehicle Crash Report

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

18-04803 (608) 356-4895 346.14(1) 001 **AUTOMOBILE FOLLOWING TOO CLOSELY** 005 AE756416 Description = Reconstruction By Diagram Photos By ₩. Pine St. N Additional Information NONE not to scale UNIT 1 HAD STOPPED FOR THE TRAFFIC LIGHT AT W PINE ST AND STH 136. UNIT 2 FAILED TO STOP AND CRASHED INTO UNIT 1 CAUSING FUNCTIONAL DAMAGE TO UNIT 1 AND DISABLING DAMAGE TO UNIT 2. **Signature** , a sworn law enforcement officer, agree that I have not added any CJIS data in this report. Law Enforcement Agency Agency Space\_ Officer First Name Officer Middle Name Suffix Officer Rank Officer Last Name BODDEN **JOSEPH** R DEP DNR Officer ID Officer Badge Number DOT Officer ID 9196 9196 Officer EMail Law Enforcement Agency Jurisdiction Law Enforcement Agency type Local Agency Number **COUNTY SHERIFF** SAUK Law Enforcement Agency Name TAS Agency Name

SAUK COUNTY SHERIFFS DEPARTMEN

SAUK COUNTY SHERIFF

# Wisconsin Motor Vehicle Crash Report

Law Enforcement Agency Street Address 1300 LANGE COURT		Law E	Enforcement Agency Stree	t Address2
Law Enforcement Agency City BARABOO	LEA State WI	•	Law Enforcement Agence 53913	cy Zip Code
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000		BFUNC Agency 5600	TraCS Agency Number 205

