

6TL09T1TM3
18-04803

Wisconsin Motor Vehicle
Crash Report

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

6TL09T1TM3

Document Number Override		Primary Crash Document #		Agency Crash Number 18-04803		Investigating Officer/Deputy DEPUTY J. BODDEN	
Crash Date 05/11/2018		Crash Time 03:30 PM		Date Arrived 05/11/2018		Time Arrived 03:42 PM	
Date Notified 05/11/2018		Time Notified 03:32 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input checked="" type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Location ON MAPLE ST 31 FT E OF USH12 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				Latitude 43.47387212	Longitude -89.7686391	Lat/LongSource TLT/ILT	Access Control
				X Coordinate 276069.9687	Y Coordinate 4817163.5	On Roadway Link ID# 5073513	On Roadway Link Offset 422
				Override <input type="checkbox"/>	Tribal Land		Structure Type

Crash Scene		First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02--FRONT TO REAR		Light Condition DAYLIGHT			
Road Surface Condition(s) WET		Environment Factor(s) WEATHER CONDITIONS			
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		Weather Condition(s) CLOUDY, RAIN			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD			
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
Tribal Land		Access Control NO CONTROL		Special Study	
Within Interchange Area NO	Junction Location NON-JUNCTION		Intersection Type NOT AN INTERSECTION		
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type LANE CLOSURE			
Workers Present NO		Law Enforcement Present NO			
Work Zone Speed Limit 30		Advisory/Regulatory Speed Limit REGULATORY		Normal Posted Speed Limit 30	

Unit Summary		Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
Vehicle Type UTILITY TRUCK/PICKUP TRUCK		Operating As Endorsements					
Total Occs 4	Train/Bus # Injured	Total # Citations Issued 1		Total Trailers 0	Total HazMat Types 0		
Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 30	Total Lanes 4		
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE			

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01	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
01 UNIT INDIVIDUAL 01 UNIT INDIVIDUAL 01 UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL		Last Name BUCHANAN		First Name AARON	
	Middle Initial G		Suffix		Street Address 1864 ELK AVE	
	Street Address 2		PO Box		City FRIENDSHIP	
	State WI		Zip Code 53934		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex M		Race W	
	Hair BROWN		Eyes HAZEL		Height 603	
	Weight 175		Phone Number (608) 403-7870 EXT.		Driver's License Number [REDACTED]	
	State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2018	
	Equipment		On Duty Accident		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
Non Motorist		Striking Unit #		Location		
Prior Action		To/From School				
Action		Action Other				
Drug & Alcoh		Individual Condition APPEARED NORMAL				

Suspected Alcohol Use

Suspected Drug Use

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UNIT INDIVIDUAL	NO		NO					
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results					
UNIT INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results					
	Drug Type							
UNIT 01	Role PASSENGER	Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL				
	Last Name BUCHANAN	First Name JONATHON		Middle Initial J Suffix				
UNIT INDIVIDUAL	Street Address 1864 ELK AVE		Street Address 2					
	City FRIENDSHIP		State WI	Zip Code 53934	Country of Residence UNITED STATES			
UNIT INDIVIDUAL	DOB [REDACTED]	Sex	Race	Hair	Eyes	Height	Weight	Phone Number (608) 403-7870 EXT.
	Driver's License Number		State	License Jurisdiction		Country of Issuance		
UNIT INDIVIDUAL	License Type		License Status		DL Expire Year			
	Equipment	On Duty Accident	Safety Equipment BOOSTER SEAT					
UNIT INDIVIDUAL	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/B		Helmet Compliance					
	Helmet Use		Tint Compliance					
UNIT INDIVIDUAL	Eye Protection		Airbag NON DEPLOYED					
	Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
UNIT INDIVIDUAL	Ejected NOT EJECTED		EMS Agency Identifier		EMS Run #			
	Medical Transport NOT TRANSPORTED		Date of Death		Time of Death			
UNIT INDIVIDUAL	Hospital		Location		To/From School			
	Non Motorist	Striking Unit #	Action		Action Other			
UNIT INDIVIDUAL	Prior Action		Action Other					
	Drug & Alcoh		Individual Condition APPEARED NORMAL					
UNIT INDIVIDUAL	Suspected Alcohol Use NO		Suspected Drug Use NO					
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results					
UNIT INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results					

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UNIT 01	INDIVIDUAL								
	Drug Type								
	Role PASSENGER			Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name BUCHANAN			First Name DONOVAN			Middle Initial M	Suffix	
	Street Address 1864 ELK AVE			Street Address 2			PO Box		
	City FRIENDSHIP			State WI		Zip Code 53934	Country of Residence UNITED STATES		
	DOB [REDACTED]	Sex	Race	Hair	Eyes	Height	Weight	Phone Number (608) 403-7870 EXT.	
	Driver's License Number			State		License Jurisdiction	Country of Issuance		
	License Type			License Status			DL Expire Year		
	Equipment	On Duty Accident		Safety Equipment SHOULDER & LAP BELT					
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE									
Helmet Use	Helmet Compliance								
Eye Protection	Tint Compliance								
Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED						
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED					
Medical Transport NOT TRANSPORTED	EMS Agency Identifier			EMS Run #					
Hospital	Date of Death			Time of Death					
Non Motorist	Striking Unit #		Location			To/From School			
Prior Action	Action								
	Action Other								
Drug & Alcoh	Individual Condition APPEARED NORMAL								
Suspected Alcohol Use NO				Suspected Drug Use NO					
Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results				
Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results				

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UNIT 01	INDIVIDUAL									
	Drug Type									
	Role PASSENGER				Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name BUCHANAN				First Name JOSIAH				Middle Initial L	Suffix
	Street Address 1864 ELK AVE				Street Address 2				PO Box	
	City FRIENDSHIP				State WI		Zip Code 53934		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex	Race		Hair	Eyes	Height	Weight	Phone Number (608) 403-7870 EXT.
	Driver's License Number				State		License Jurisdiction		Country of Issuance	
	License Type				License Status				DL Expire Year	
	UNIT 04	Equipment	On Duty Accident				Safety Equipment			
Seat Position 6--SECOND SEAT-RIGHT SIDE				BOOSTER SEAT						
Helmet Use					Helmet Compliance					
Eye Protection					Tint Compliance					
Injury		Injury Severity NO APPARENT INJURY				Airbag NON DEPLOYED				
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED				EMS Agency Identifier				EMS Run #		
Hospital				Date of Death			Time of Death			
Non Motorist		Striking Unit #				Location			To/From School	
Prior Action					Action					
					Action Other					
UNIT 04	Drug & Alcoh	Individual Condition APPEARED NORMAL								
	Suspected Alcohol Use NO				Suspected Drug Use NO					
	Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test Results			

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UNIT	VEHICLE	01		INDIVIDUAL		01		01		
		Drug Type								
		License Plate Number JU8221			Plate Type LTK - LIGHT TRUCK		St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1D7HU18D95J577931					Year 2005	Make DODGE		
		Model RAM			Body Style PK - PICKUP			Color SIL - SILVER (ALUMINUM)		
		Initial Contact Point 6--REAR			Vehicle Damage 6--REAR					
		Extent Of Damage FUNCTIONAL DAMAGE			Vehicle Factors NOT APPLICABLE					
		Towed Due To Damage NOT TOWED			Vehicle Removed By OWNER					
		What Driver Was Doing SLOW/STOPPING			Driver Prior Action Other			Bus Use NOT A BUS		
		Driver Actions NO CONTRIBUTING ACTION			Driver Distractions NOT DISTRACTED					
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator <input checked="" type="checkbox"/> Use Operator Address										
Organization Type INDIVIDUAL			Company Name							
Last Name BUCHANAN			First Name AARON		Middle G	Suffix	Date of Birth [REDACTED]			
Street Address 1864 ELK AVE			Street Address2			PO Box				
City FRIENDSHIP		St WI	Zip Code 53934		Country of Residence UNITED STATES					
Telephone Number (608) 403-7870 EXT.										
01	01	Event MOTOR VEH IN TRANSPORT								
01	02	Event								
01	03	Event								
01	04	Event								
01	01	UTC Number AE765414	Issue To? 001	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE				

Unit Summary

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02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
	Vehicle Type PASSENGER VAN				Operating As Endorsements			
	Total Occs 4	Train/Bus # Injured	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0			
	Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4			
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL			
02	Truck Bus or HazMat NO							
02	05	Role DRIVER		Citations Issued 2	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL		
		Last Name GRADEL		First Name CRYSTAL		Middle Initial J	Suffix	
		Street Address 515 BADGER DR		Street Address 2		PO Box		
		City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES		
		DOB [REDACTED]	Sex F	Race W	Hair BLACK	Eyes HAZEL	Height 505	Weight 165
		Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES		
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2018		
		Equipment	On Duty Accident		Safety Equipment			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance					
	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
			Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	Suspected Alcohol Use			Suspected Drug Use				

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UNIT	INDIVIDUAL	NO		NO					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results					
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results					
		Drug Type							
02	06	Role PASSENGER	Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL				
		Last Name HELGESTAD	First Name HAIDEN	Middle Initial J	Suffix				
UNIT	INDIVIDUAL	Street Address 515 BADGER DR		Street Address 2		PO Box			
		City BARABOO	State WI	Zip Code 53913	Country of Residence UNITED STATES				
UNIT	INDIVIDUAL	DOB [REDACTED]	Sex	Race	Hair	Eyes	Height	Weight	Phone Number (920) 344-9844 EXT.
		Driver's License Number		State	License Jurisdiction		Country of Issuance		
UNIT	INDIVIDUAL	License Type		License Status			DL Expire Year		
		Equipment	On Duty Accident	Safety Equipment					
UNIT	INDIVIDUAL	Seat Position 8--THIRD SEAT-MIDDLE		SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
UNIT	INDIVIDUAL	Eye Protection		Tint Compliance					
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED					
UNIT	INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier			EMS Run #		
UNIT	INDIVIDUAL	Hospital		Date of Death			Time of Death		
		Non Motorist	Striking Unit #	Location			To/From School		
UNIT	INDIVIDUAL	Prior Action		Action					
				Action Other					
UNIT	INDIVIDUAL	Drug & Alcoh	Individual Condition APPEARED NORMAL						
		Suspected Alcohol Use NO			Suspected Drug Use NO				
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results					

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UNIT INDIVIDUAL 07	Drug Type					
	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name HELGESTAD		First Name ASHTON		Middle Initial R	Suffix
	Street Address 515 BADGER DR		Street Address 2		PO Box	
	City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES	
	DOB [REDACTED]	Sex	Race	Hair	Eyes	Height
	Driver's License Number		State	License Jurisdiction	Country of Issuance	
	License Type		License Status		DL Expire Year	
	Equipment	On Duty Accident		Safety Equipment		
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/B		BOOSTER SEAT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
UNIT INDIVIDUAL 07	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
	Hospital		Date of Death	Time of Death		
	Non Motorist	Striking Unit #		Location	To/From School	
	Prior Action		Action			
UNIT INDIVIDUAL 07	Drug & Alcoh		Individual Condition APPEARED NORMAL			
	Suspected Alcohol Use NO		Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		

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UNIT	INDIVIDUAL	Drug Type					
		Role PASSENGER	Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL		
UNIT	INDIVIDUAL	Last Name HELGESTAD		First Name GAVIN		Middle Initial A	Suffix
		Street Address 515 BADGER DR		Street Address 2		PO Box	
UNIT	INDIVIDUAL	City BARABOO		State WI	Zip Code 53913	Country of Residence UNITED STATES	
		DOB [REDACTED]	Sex	Race	Hair	Eyes	Height
UNIT	INDIVIDUAL	Driver's License Number		State	License Jurisdiction	Country of Issuance	
		License Type		License Status		DL Expire Year	
UNIT	INDIVIDUAL	Equipment	On Duty Accident	Safety Equipment SHOULDER & LAP BELT			
		Seat Position 6--SECOND SEAT-RIGHT SIDE		Helmet Use			
UNIT	INDIVIDUAL	Helmet Compliance		Eye Protection			
		Tint Compliance		Airbag NON DEPLOYED			
UNIT	INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICA			
		Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
UNIT	INDIVIDUAL	Hospital		Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Location		To/From School	
UNIT	INDIVIDUAL	Prior Action		Action			
		Action Other					
UNIT	INDIVIDUAL	Drug & Alcoh	Individual Condition APPEARED NORMAL				
		Suspected Alcohol Use NO		Suspected Drug Use NO			
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		

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UNIT	VEHICLE	02	02	INDIVIDUAL											
				Drug Type											
				License Plate Number 933ZMC		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES						
				Vehicle Identification Number 1GNDV33177D148777				Year 2007	Make CHEVROLET						
				Model UPLANDER		Body Style VN - VAN			Color RED - RED						
				Initial Contact Point 12--FRONT		Vehicle Damage									
				Extent Of Damage DISABLING DAMAGE		12--FRONT									
				Towed Due To Damage NOT TOWED		Vehicle Factors									
				Vehicle Removed By OWNER		NOT APPLICABLE									
				What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other			Bus Use NOT A BUS						
				Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		Driver Distractions CARELESS/INATTENTION									
				<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input checked="" type="checkbox"/> Use Operator Address							
				Organization Type INDIVIDUAL		Company Name									
				Last Name GRADEL		First Name CRYSTAL		Middle J	Suffix	Date of Birth [REDACTED]					
				Street Address 515 BADGER DR		Street Address2			PO Box						
				City BARABOO		St WI	Zip Code 53913		Country of Residence UNITED STATES						
				Telephone Number (920) 344-9844 EXT.											
				02	02	01	01	Event MOTOR VEH IN TRANSPORT							
								Event							
								Event							
Event															
02	02	02	02	UTC Number AE756415	Issue To? 005	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR VEHICLE W/O INSURANCE							
				UTC Number	Issue To?	Statute Number	Seq Num	Description							

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02	3	AE756416	005	346.14(1)	001	AUTOMOBILE FOLLOWING TOO CLOSELY
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Description

<p>Diagram</p> <p>not to scale</p>	<p>Reconstruction By</p>
	<p>Photos By</p>
	<p>Additional Information NONE</p>

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

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name BODDEN	Officer First Name JOSEPH	Officer Middle Name R	Suffix
DOT Officer ID 9196		DNR Officer ID	Officer Badge Number 9196	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	

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

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