

6TL0B3P3D7
18-05891

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number 18-05891	Investigating Officer/Deputy DEPUTY S. PARKHURST	
Crash Date 06/06/2018		Crash Time 05:02 PM	Date Arrived 06/06/2018	Time Arrived 05:23 PM	
Date Notified 06/06/2018		Time Notified 05:04 PM	Total Units 03	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" 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	

Description

<p>Diagram</p> <p>Exit ramp from I90/94 to USH 12</p> <p>USH 12</p> <p>Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNITS 2 AND 3 WERE SLOWED AND STOPPED FOR A RED LIGHT ON USH 12. UNIT 1 WAS A TOW TRUCK AND TOWING A SEMI. AS UNIT 1 APPROACHED UNITS 2 AND 3 HE WAS UNABLE TO STOP. HE MANEUVERED TO BETWEEN UNITS 2 AND 3 IN AN ATTEMPT TO LESSEN THE IMPACT OF THE CRASH. HE STRUCK THE REAR RIGHT SIDE OF UNIT 2 AND FRONT LEFT SIDE OF UNIT 3. HE BELIEVED HE HAD TOO MUCH MOMENTUM TO STOP.

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Location

ON USH12 EB 540 FT S OF IH90 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568228145	Longitude -89.778356915
	X Coordinate 275634.15625	Y Coordinate 4827669.5
	Structure Type NO STRUCTURE	

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) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)	Operating As Endorsements			
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 3
	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 BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR				

01 UNIT	Vehicle					
	01 VEHICLE	License Plate Number 63700X	Plate Type SPX - SPECIAL X	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1XPFD9XXLN289548	Make PETERBILT MOTORS CO	Year 1990	Model TOW TRUCK	
		Color BLK - BLACK	Body Style TW - TOW TRUCK		Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	12--FRONT			

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		BRAKES	
	Driver Actions FAILURE TO CONTROL			
01	Driver Distractions NOT DISTRACTED			
	Owner Name CRAIG REDENBAUGH (608) 356-7400		Owner Address 1506 ISLAND ST LA CROSSE, WI 54603 , US	
Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
04	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		Individual CRAIG REDENBAUGH	
01	Trailer/Towed			
	Trailer Plate # PVV1703	Plate Type SPX - SPEC	Make KW	State OH
	Country of Issuance UNITED STATES	Organization/Company DAYTON FEIGHT LINES INC (800) 860-5102		Address 6450 POE AVE SUITE 311 VANDALIA, OH 45414 , US
UNIT	Unit Type TRUCK		Vehicle Identification Number 1XKBDJ9X9EJ387513	
	Individual			
UNIT	Driver CRAIG REDENBAUGH (608) 356-7400		Citations Issued 0	Sex MALE
	Date of Birth		Race WHITE	
	Address 1506 ISLAND ST LA CROSSE, WI 54603 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment		Safety Equipment	
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT		

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01	001	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 APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		01	001	Drug & Alcohol	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		
Drug Type							
Individual Condition APPEARED NORMAL							
Individual							
Passenger JOHN WINKER (800) 860-8102				Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
Address W5404 CTY RD G MAUSTON, WI 53948 , US				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Equipment	On Duty Crash			Safety Equipment SHOULDER & LAP BELT			
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER							
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
01	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			

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UNIT	INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #			
		Hospital	Date of Death	Time of Death			
	01	002	Non Motorist	Striking Unit #	Prior Action	Location	To/From School
			Action				
	Action Other						
	01	001	Drug & Alcohol	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		
			Drug Type				
Individual Condition APPEARED NORMAL							
UNIT	TRUCK BUS	Carrier					
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source DRIVER				
		Name CRAIG REDENBAUGH USDOT# 770639	Address 1506 ISLAND ST LA CROSSE, WI 54603 , US				
		GVWR MORE THAN 26,000 LB	Vehicle Configuration TRUCK MORE THAN 10,000 LBS, CAN NOT CLASSIFY	Cargo Body Type OTHER			
		US DOT # 770639	Carrier Type OTHER OPERATION/NOT SPECIFIED	Permitted Load NOT APPLICABLE			
		<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present	
		Measured Height	Measured Length	Measured Width	Measured Weight		

Unit Summary

UNIT	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 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 6
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		

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Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL
Truck Bus or HazMat NO			
Vehicle			
02	02	License Plate Number 4AC997	Plate Type AUT - AUTOMOBILE
		Vehicle Identification Number 2A8HR54P68R738103	Make CHEVROLET
UNIT	VEHICLE	Color BLU - BLUE	Body Style VN - VAN
		Country of Issuance UNITED STATES	Year 2008
UNIT	VEHICLE	Initial Contact Point 5--RIGHT REAR CORNER	Vehicle Damage 5--RIGHT REAR CORNER
		Extent Of Damage MINOR DAMAGE	Vehicle Removed By OPERATOR
UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Factors NOT APPLICABLE
		What Driver Was Doing STOP IN TRAFFIC	Driver Prior Action Other
02	02	Driver Actions NO CONTRIBUTING ACTION	
		Driver Distractions NOT DISTRACTED	
Owner Name CYNTHIA DRURY (507) 217-7566		Owner Address 122 W VAN DUSEN ST SPRINGFIELD, MN 56087 , US	
Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
Policy Holder			
Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO		Individual CYNTHIA DRURY	
Individual			
Citations Issued 0		Sex FEMALE	

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UNIT	INDIVIDUAL	Driver CYNTHIA DRURY (507) 217-7566		Date of Birth	Race WHITE		
		Address 122 W VAN DUSEN ST SPRINGFIELD, MN 56087 , US		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES			
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Helmet Use			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag NON DEPLOYED			
		Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABL			
		Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED		EMS Run #	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		Date of Death	
		Hospital		Time of Death			
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Prior Action		
		Action		Location	To/From School		
		Action Other					
		Drug & Alcohol		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	
		Drug Type		Individual Condition APPEARED NORMAL			
		Individual					
		Passenger RHEA GRUNDL (507) 217-7566		Citations Issued 0		Sex FEMALE	
				Date of Birth		Race WHITE	

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UN	INDIV	Address 122 W VAN DUSEN ST SPRINGFIELD, MN 56087 , US		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES			
		Equipment On Duty Crash		Safety Equipment			
02	004	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI		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 APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
02	004	Drug & Alcohol 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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
UNIT	INDIVIDUAL	Passenger HAYWARD DRURY (507) 217-7566		Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
		Address 122 W VAN DUSEN ST SPRINGFIELD, MN 56087 , US		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES			
		Equipment On Duty Crash					

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02	005	Safety Equipment		SHOULDER & LAP BELT			
		Seat Position 6--SECOND SEAT-RIGHT SIDE		Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag NON DEPLOYED			
		Injury		Injury Severity NO APPARENT INJURY			
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		02	005	Action			
Action Other							
Drug & Alcohol				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		
Drug Type							
Individual Condition APPEARED NORMAL							
Individual							
Passenger VICTORIA GRUNDL (507) 217-0742				Citations Issued 0	Sex FEMALE		
Address 122 W VAN DUSEN ST SPRINGFIELD, MN 56087 , US				Date of Birth	Race WHITE		
Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES		Safety Equipment SHOULDER & LAP BELT					
Equipment		On Duty Crash					
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		Helmet Compliance					
Helmet Use							

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UNIT	INDIVIDUAL	02	006	Eye Protection	Tint Compliance				
				Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED		
				Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #		
		Hospital	Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action	Location		To/From School		
		Action							
		Action Other							
		02	006	Drug & Alcohol	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					
Drug Type									
Individual Condition APPEARED NORMAL									

Unit Summary

UNIT	03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
		Total Occs 2	Train/Bus # Injured	Total # Citations Issued 00	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 6	
		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 BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO					

03	03	Vehicle			
		License Plate Number 185XLS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMZU73K44ZB24674	Make FORD	Year 2004	Model EXPLORER

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UNIT	VEHICLE	Color BLK - BLACK	Body Style 4H - HATCHBACK 4 DOOR	Bus Use NOT A BUS
		Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 11--LEFT FRONT CORNER	
		Extent Of Damage MINOR DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions NO CONTRIBUTING ACTION		
		Driver Distractions NOT DISTRACTED		
03	03	Owner Name CARRIE COLE (608) 963-6650	Owner Address E11305A MOON RD BARABOO, WI 53913 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	02	Event		
		Event		
UNIT	03	Event		
		Event		
UNIT	04	Event		
		Event		
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO	Individual CARRIE COLE	
		Driver CARRIE COLE (608) 963-6650	Citations Issued 0	Sex FEMALE
UNIT	INDIVIDUAL	Date of Birth	Race WHITE	
		Address E11305A MOON RD BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use	Helmet Compliance	

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03	UNIT	INDIVIDUAL	007		Eye Protection	Tint Compliance			
			Injury		Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED			
			Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
			Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #			
			Hospital		Date of Death	Time of Death			
			Non Motorist		Striking Unit #	Prior Action	Location	To/From School	
			Action						
			Action Other						
			Drug & Alcohol		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					
03	UNIT	INDIVIDUAL	007		Drug Type				
			Individual Condition APPEARED NORMAL						
			Individual						
			Passenger BRYCE ALBRECHT		Citations Issued 0		Sex MALE		
			Address 506 BOWMAN RD WISCONSIN DELLS, WI 53965 , US		Date of Birth Race WHITE				
03	UNIT	INDIVIDUAL	008		On Duty Crash		Safety Equipment		
			Equipment		CHILD RESTRAINT SYSTEM - FORWARD FACING				
			Seat Position 6--SECOND SEAT-RIGHT SIDE		Helmet Compliance				
			Helmet Use		Tint Compliance				
			Eye Protection		Airbag NON DEPLOYED				
Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED					

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UNIT	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
	Hospital		Date of Death	Time of Death		
	Non Motorist	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	Drug & Alcohol	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		
	Drug Type					
	Individual Condition APPEARED NORMAL					

03 008