

6TL0BNZLX9
18-07528

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0BNZLX9

| | | | | | |
|--|--------------------------------------|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 18-07528 | Investigating Officer/Deputy DEPUTY A. BREUNIG | |
| Crash Date 07/13/2018 | | Crash Time 11:45 AM | Date Arrived 07/13/2018 | Time Arrived 12:01 PM | |
| Date Notified 07/13/2018 | | Time Notified 11:48 AM | Total Units 03 | Total Injured 00 | 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 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>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.

UNIT 1 WAS TRAVELING EASTBOUND ON STH 23/STH 33. UNIT 1 WAS HAULING ITEMS IN THE BED OF THE TRUCK. UNIT 2 WAS FOLLOWING UNIT 1. UNIT 3 WAS FOLLOWING UNIT 2. UNIT 1 LOST A CHAIR OFF THE BED OF THE TRUCK. UNIT 1 CONTINUED EASTBOUND. UNIT 2 SLOWED QUICKLY AND SWERVED TO THE RIGHT AVOID STRIKING THE CHAIR. UNIT 3 SLOWED QUICKLY AND ATTEMPTED TO AVOID STRIKING UNIT 2. UNIT 3 REAR ENDED UNIT 2.

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Location

| | | |
|--|------------------------------------|-----------------------------------|
| ON STH23 EB 1073 FT W OF STH136 EB IN THE TOWN OF REEDSBURG IN SAUK COUNTY | Latitude 43.532628684 | Longitude -89.958665361 |
| | X Coordinate 260931.9375 | Y Coordinate 4824218.5 |
| | 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) 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 NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|------------|--|---|--|--|--------------------------------|
| UNIT 01 | Unit Status NON-CONTACT | Vehicle Operating As Classification D CLASS | Unit Type TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | Operating As Endorsements | |
| | Total Occs 2 | Train/Bus # Injured | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? UNKNOWN | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|-----------------------|---|--|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number 90383D | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1FTZR15X4WPA52997 | Make FORD | Year 1998 | Model RANGER |
| | Color RED - RED | Body Style PK - PICKUP | | Bus Use NOT A BUS |
| | Initial Contact Point NON-COLLISION | Vehicle Damage | | |
| | Extent Of Damage NO DAMAGE | NO DAMAGE | | |

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| | | | | | | |
|---------------------------|------------|---|--|---|------------------------------|--------------------|
| UNIT | VEHICLE | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | |
| | | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | | |
| | | Driver Actions NO CONTRIBUTING ACTION | | | | |
| 01 | 01 | Driver Distractions UNKNOWN IF DISTRACTED | | | | |
| | | Owner Name MICHAEL GEIER (608) 524-3128 | Owner Address 615 EXHIBIT CIR REEDSBURG, WI 53959 , US | | | |
| Sequence Of Events | | | | | | |
| UNIT | INDIVIDUAL | 01 | Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE | | | |
| | | 02 | Event | | | |
| | | 03 | Event | | | |
| | | 04 | Event | | | |
| UNIT | INDIVIDUAL | 01 | 001 | Driver JORDAN HOOF (608) 495-0607 | Citations Issued 1 | Sex MALE |
| | | | | Date of Birth | Race WHITE | |
| | | Address 318 N WALNUT ST REEDSBURG, WI 53959 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | Equipment | On Duty Crash | Safety Equipment | | |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | RESTRAINT USE UNKNOWN | | | |
| | | Helmet Use | Helmet Compliance | | | |
| | | Eye Protection | Tint Compliance | | | |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE | | |
| | | Ejected NOT APPLICABLE | Ejection Path NOT EJECTED/NOT APPLICABL | Trapped/Extricated NOT APPLICABLE | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | | |

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| | | | | | | |
|--|---|--|---|---------------------------------|---|----------------|
| UNIT | 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 | | Suspected Drug Use | |
| | 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 NOT OBSERVED | | | | | |
| | UNIT | Individual | | | | |
| Passenger MARY HOOF (608) 495-0607 | | | Citations Issued 0 | | Sex FEMALE | |
| Address 318 N WALNUT ST REEDSBURG, WI 53959 , US | | | Date of Birth | | Race WHITE | |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| Equipment | | On Duty Crash | | Safety Equipment | | |
| Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | | RESTRAINT USE UNKNOWN | | | |
| Helmet Use | | | Helmet Compliance | | | |
| Eye Protection | | | Tint Compliance | | | |
| Injury | | Injury Severity NO APPARENT INJURY | | Airbag NOT APPLICABLE | | |
| Ejected NOT APPLICABLE | | | Ejection Path NOT EJECTED/NOT APPLICABL | | Trapped/Extricated NOT APPLICABLE | |
| 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 | |

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| | | | | | | |
|------|------------|-------------------------------|---|------------------------------------|-----------------------|--|
| UNIT | INDIVIDUAL | Action | | | | |
| | | Action Other | | | | |
| | 01 | 002 | Drug & Alcohol | | Suspected Alcohol Use | Suspected Drug Use |
| | | | 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 NOT OBSERVED | | | |
| | 01 | Violations | | | | |
| | | UTC Number AE753068 | Issue To? 001 | Statute Number 348.10(2) | Seq Num 001 | Description OPERATE VEH./FAIL/PREVENT LEAKING LOAD |

Unit Summary

| | | | | | | | | | |
|------|----|---|--|---|--|---|---------------------------|--|--------------------------------|
| UNIT | 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | | | |
| | | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | | Operating As Endorsements | | |
| | | Total Occs 2 | | Train/Bus # Injured | | Total # Citations Issued 0 | | Total Trailers 0 | Total HazMat Types 0 |
| | | Insurance? YES | | Direction Of Travel EASTBOUND | | <input type="checkbox"/> Pre Crash Tire Mark | | Speed Limit 55 | Total Lanes 2 |
| | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | | Traffic Way TWO-WAY, NOT DIVIDED | | | Traffic Control NO CONTROL | | | Traffic Control Inoperative/Missing NO | |
| | | Surface Type CONCRETE | | | Road Curvature STRAIGHT | | | Road Grade DOWNHILL | |
| | | Truck Bus or HazMat NO | | | | | | | |

| | | | | | | | |
|------|----|---|--|--|--|---------------------|---|
| UNIT | 02 | Vehicle | | | | | |
| | | License Plate Number 594199 | | Plate Type LTK - LIGHT TRUCK | | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1B7GG42N42S675545 | | Make DODGE | | Year 2002 | Model DAKOTA SLT |
| | | Color GRN - GREEN | | Body Style PK - PICKUP | | | Bus Use NOT A BUS |
| | | Initial Contact Point 6--REAR | | Vehicle Damage | | | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | | 6--REAR | | | |
| | | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | |

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| | | | | |
|---------------------------|--|---|--|--|
| UNIT VEHICLE | What Driver Was Doing SLOW/STOPPING | Vehicle Factors | | |
| | Driver Prior Action Other | NOT APPLICABLE | | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Driver Distractions NOT DISTRACTED | | | |
| 02 | 02 | Owner Name MICHAEL MCHARDIE (608) 524-2729 | Owner Address 1407 INVERNESS CT REEDSBURG, WI 53959 , US | |
| Sequence Of Events | | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| 02 | 02 | Event | | |
| 03 | 03 | Event | | |
| 04 | 04 | Event | | |
| Policy Holder | | | | |
| UNIT | | Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO | Individual MICHAEL MCHARDIE | |
| Individual | | | | |
| UNIT INDIVIDUAL | Driver MICHAEL MCHARDIE (608) 524-2729 | Citations Issued 0 | Sex MALE | |
| | | Date of Birth | Race WHITE | |
| | Address 1407 INVERNESS CT REEDSBURG, WI 53959 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 02 003 | Equipment | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | |
| | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | |
| | 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 # | |

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| | | | | | | | |
|---|---------------|--|------------------------------------|--------------------------------|--|---|--|
| UNIT | INDIVIDUAL | 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 | | | | | |
| | | UNIT | INDIVIDUAL | Individual | | | |
| Passenger NATHAN GARCIA (608) 209-4135 | | | | Citations Issued 0 | Sex MALE | | |
| | | | | Date of Birth | Race WHITE | | |
| Address 123 TOWER ST #110 PRAIRIE DU SAC, WI 53578 , US | | | | Driver License Number | | | |
| Equipment | On Duty Crash | | | Safety Equipment | | | |
| Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | | | SHOULDER & LAP BELT | | | |
| Helmet Use | | | | Helmet Compliance | | | |
| Eye Protection | | | | Tint Compliance | | | |
| UNIT | INDIVIDUAL | | | 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 | |

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|------|------------|--|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | 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 | | |

Unit Summary

| | | | | | | |
|------|----|---|---|---|--|--------------------------------|
| UNIT | 03 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | | Vehicle Type PASSENGER CAR | Operating As Endorsements | | | |
| | | Total Occs 2 | Train/Bus # Injured | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 |
| | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | Traffic Control Inoperative/Missing NO | |
| | | Surface Type CONCRETE | | Road Curvature STRAIGHT | Road Grade DOWNHILL | |
| | | Truck Bus or HazMat NO | | | | |

| | | | | | |
|---------------------------|-----------------------|---|--|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number 323UHW | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 3FAFP31392R110604 | Make FORD | Year 2002 | Model FOCUS ZX3 |
| | | Color SIL - SILVER (ALUMINUM) | Body Style 2H - HATCHBACK 2 DOOR | | Bus Use NOT A BUS |
| | | Initial Contact Point 12--FRONT | Vehicle Damage | | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | 1--RIGHT FRONT CORNER, 12--FRONT | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | | |
| Driver Prior Action Other | NOT APPLICABLE | | | | |

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| | | | |
|---------------------------|-------------------|--|--|
| UNIT 03 | VEHICLE 03 | Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL | |
| | | Driver Distractions UNKNOWN IF DISTRACTED | |
| | | Owner Name ROBERT SHUTES (608) 647-0045 | Owner Address 493 E KINDER ST RICHLAND CENTER, WI 53581 , US |
| Sequence Of Events | | | |
| UNIT 04 | INDIVIDUAL 01 | Event MOTOR VEH IN TRANSPORT | |
| | | Event | |
| | | Event | |
| | | Event | |
| Policy Holder | | | |
| UNIT 03 | INDIVIDUAL 005 | Insurance Company STATE-FARM-GENERAL-INS-CO | Individual ROBERT SHUTES |
| | | Individual | |
| UNIT 03 | INDIVIDUAL 005 | Driver ROBERT SHUTES (608) 647-0045 | Citations Issued 0 |
| | | | Sex MALE |
| UNIT 03 | INDIVIDUAL 005 | Date of Birth | Race WHITE |
| | | Address 493 E KINDER ST RICHLAND CENTER, WI 53581 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES |
| UNIT 03 | INDIVIDUAL 005 | Equipment | On Duty Crash |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | Safety Equipment SHOULDER & LAP BELT |
| UNIT 03 | INDIVIDUAL 005 | Helmet Use | Helmet Compliance |
| | | Eye Protection | Tint Compliance |
| UNIT 03 | INDIVIDUAL 005 | Injury | Injury Severity NO APPARENT INJURY |
| | | Ejected NOT EJECTED | Airbag NON DEPLOYED |
| UNIT 03 | INDIVIDUAL 005 | Medical Transport NOT TRANSPORTED | Ejection Path NOT EJECTED/NOT APPLICABL |
| | | Hospital | Trapped/Extricated NOT TRAPPED |
| UNIT 03 | INDIVIDUAL 005 | EMS Agency Identifier | EMS Run # |
| | | Date of Death | Time of Death |
| Non Motorist | | Striking Unit # | Prior Action |
| | | Location | To/From School |

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|--------------------|--|---|--|----------|----------------|
| UNIT INDIVIDUAL | 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 AMBER SHUTES (608) 647-0016 | Citations Issued 0 | Sex FEMALE | | |
| | Address 493 E KINDER ST RICHLAND CENTER, WI 53581 , US | Date of Birth | | | |
| | Race WHITE | | | | |
| | Driver License Number | STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| UNIT INDIVIDUAL | Equipment | On Duty Crash | Safety Equipment | | |
| | Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | 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 |

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|------|------------|--------------|---|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Action | | | |
| | | Action Other | | | |
| | 03 | 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 | | |