6TL0B17152

18-08881

Wisconsin Motor Vehicle Crash Report

	Document Number	Override	Primary Cra	sh Document#	1 ~	jency Cra	ash Number	****	Investigating Officer/Deputy DEPUTY I. HANSON						
ļ	Occab Data		Crash Time			te Arrive			Time Arrived		•	$\frac{1}{2}$			
25	Orash Date 08/13/2018		03:25 PM		- 1	3/13/201			03:40 PM						
7	Date Notified		Time Notifie		ı	tal Units			Total Injured		Killed				
-	08/13/2018		03:26 PM		03	}			02 00						
-0B17152	On Emergen	су	Hit and Run	☐ Lane (Closure	1	Work Zo	ne	☐ Trailer or T	owed	Reporting Threshold	dexendence.			
6TI	Governi Prope		Active	School Zone	Sc NO		s Related	_	Tags	٠.					
	☑ Reportable		Crash Type DT4000 (S	STANDARD CR	RASH)				Amended	2007), 2007,	Secondary Crash				
į	_ocation										**************************************	4			
_	ON LINN ST/ ST	H136 EB			Latitude		Longitude	l.a	t/LongSource	1	Access Control	1			
	246 FT W				43.4747	78630	-89.76983	369 TL	-T/ILT			ļ			
	OF LINN ST/ STI IN THE VILLAGE				X Coordi	inate	Y Coordina	te Or	i Roadway Link ID#		On Roadway Link Offset	1			
	IN SAUK COUNT		BARABOO		275976	.4687	4817268.	5 53	199906		246				
					Override	е [Tribal Land				Structure Type NO STRUCTURE				
(Crash Scene				J		<u> </u>								
_	First Harmful Event	 			First Har	mful Eve	ent Location	د الله				1			
	MOTOR VEH IN	TRANSPO	ORT		ON ROADWAY										
ŀ	Manner of Collision				Light Condition										
	02FRONT TO F	REAR		DAYLIGHT											
Ì	Road Surface Cond	fition(s)		and the second	Environn	nent Fac	tor(s)					1			
	DRY				NONE	- 100 m	en lag an <u>lag</u> a								
ľ	Roadway Factor(s)	•			Weather	Condition	on(s)					1			
	NONE			214, 2007 2007	CLEAR										
}	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD										
ŀ	Crash Classification	n - Location	-:		Crash Cl	assificat	ion - Jurisdicti	ion			1/1/- 1	1			
	PUBLIC PROPE	RTY		- ' '= '	NO SPI	ECIAL.	JURISDICT	ION							
Ì	Tribal Land		T A		Access (· ······	Speci	al Study						
}	Within Interchange	Area I	Junction Location		1		ersection Type	70e							
	NO		NON-JUNCTI			NC	T AN INTE	RSECTIO	N						
ŀ	Work Zone Crash L		as i	· ·	Work Zo	ne Crasi	h Type				****	1			
	ADVANCE WAR	* ***	À =		LANE										
ł	Workers Present	147			Law Enfo	orcemen	t Present					1			
	NO				NO							J			
Ì	Work Zone Speed	Limit -		Advisory/Regula	tory Speed	d Limit	}	Normal Po	osted Speed Limit			1			
	35			REGULATOR	Υ			35				J			
į	Jnit Summar	v 🗎										Ħ			
ſ	Unit Status			Vehicle Operatin	g As Class	sification	1	Unit Type				1			
	IN TRANSIT		ļ	D CLASS				AUTOM	OBILE						
_ 1	Vehicle Type PASSENGER C.	AR						Operating	As Endorsements						
-	Total Occs Train/Bus # Injured Total # Citation				Issued		Total Trailer	s	Total HazMat Ty	pes	way-r-	1			
1	1 1				0				0						
LIND	Insurance? Direction Of Travel YES EASTBOUND Pre Cra				rk 35			Total Lanes 2							
ב	Most Harmful Even MOTOR VEH IN	Special Function NO SPECIAL	ecial Function O SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE									

Wisconsin Motor Vehicle Crash Report

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

										` '	
	ţ								e Eugenya		
							: <u>-</u>	M.		³⁸ .	
	4	fic Way O-WAY, NOT DIVIDED	Traffic Control NO CONTROL			Traffic NO	Control Inoper	ative/Missi	ng		
		ace Type ACKTOP (BITUMINOUS)	Road Curvature STRAIGHT			Road LEVE			4. =3.15.		
2		k Bus or HazMat			Berrar v v		gr ^{esere} s.	· · · · · · · · · · · · · · · · · · ·			
		Role DRIVER	***	Citations Issued			e Driver ddress	Individual			
5	0	Last Name HALE	Marine a vii	First Name MATTHEW	I	: 1		Middle Inii M	tial	Suffix	
		Street Address 709 JACQUELYN DR		Street Address 2				PO Box		J	
	4	City BARABOO	• • • • • • • • • • • • • • • • • • • •	State Wi				Country of Reside			
L N	INDIVIDUAL	DOB Sex Rac	æ	4.5	Eyes BLUE	1	Height 511	Weight 220	1	Number 393-8585 EXT.	
	2	Driver's License Number		State Wi		ense Jur	sidiction	Country of UNITED	STATE		
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENS				DL Expire 2018	Year		
		Equipment On Duty Accident	. 3	Safety Equipmen	nt				<u> </u>		
	L	Seat Position 1FRONT SEAT-LEFT SIDE (DRIV	/ER/MOTORC	NONE USED - VEHICLE OCCUPANT							
	0	Helmet Use		Helmet Complian	псе						
		Eye Protection	X /	Tint Compliance							
		Injury Seventy SUSPECTED M	IINOR INJURY	Airbag NON DEPLOY	′ED			847 4 MIL.			
UNIT	2	Ejected NOT EJECTED		Ejection Path NOT EJECTE		PPLICA	Trapped/Ex				
5	INDIVIDUAL	MedicalTransport NOT TRANSPORTED		EMS Agency Ide	ntifier		EMS Run #				
		Hospital		Date of Death			Time of De				
		Non Motorist Striking Unit #		Location			To/FromSc	shoot		· · · · · · · ·	
	<u>ہ</u>	Prior Action		Action							
	The same			Action Other							
	:	Drug & Alcoh APPEARED NO	n DRMAL								

Suspected Alcohol Use

Suspected Drug Use

Wisconsin Motor Vehicle Crash Report

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

	4	NO					NO						
LNO	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcoh	ol Test	Туре		Alcoh	ol Test Re	esults			
ر		Drug Test Given TEST NOT GIVEN		Drug	Test Ty	pe		Drug	Test Resu	lts			
		Drug Type											
		License Plate Number					Plate Type	70116		St		try of Issuance	
		511YEC Vehicle Identification N	lumber				AUT - AU	IOMC	DRIFF.	WI Year	Make	TED STATES	\dashv
		2G2WP552281113								2008		ITIAC	
		Model					Body Style				Color		
		GRAND PRIX					4D - 4DR			iii),	GRY	GRAY GRAY	
		Initial Contact Point 12FRONT					Vehicle Dar	mage		77.75 71.75	haili ^{ja}	•	
		Extent Of Damage					12FRON	ΙΤ	49)		,	
2	5	FUNCTIONAL DAN	MAGE					-		1.00m 1.00m 1.00m			
		Towed Due To Damag	je				Vehicle Fac	tors	VA.48. 2	7 47			
		NOT TOWED					NOT ADD		wy V				ŀ
		Vehicle Removed By OWNER				}	NOT APP	LICAI	DLC .				
		What Driver Was Doin	ıg				Driver Prior	Action	other		Busl	Jse	┪
		GOING STRAIGHT	_				52.0	b.	-0[red[6] ²⁷		NOT	A BUS	
		Driver Actions FOLLOWING TOO CLOSE					Driver Distr			ON			
<u>. </u>	VEHICLE	TOLLOWING TOO	OLOGE				ONITE EL		A11=1111	ON			
LIND							125%	25275					ŀ
_	3				Ú,		A CONTRACTOR OF THE PARTY OF TH						
		✓ Vehicle Owner	Same As Op	11.8					Use Ope	rator Addres	s		
		Organization Type INDIVIDUAL		Ä.	Compa	ny Name							
		Last Name	No. Anna	a. I	First Na					Middle	Suffix	Date of Birth	
		HALE	100 NO		MATT					M DO Boy			_
		Street Address 709 JACQUELYN I	DR -		Sueery	Address2				PO Box			
		City	1122		St	Zip Cod	е			Country of Resi	dence		\neg
		BARABOO			Wi	53913				UNITED STA	TES	NA	_
		Telephone Number (608) 393-8585 EX	Τ,										
	7	Event MOTOR VEH IN TR	RANSPORT										\neg
	8	Event :				·							
	2	Event											
	8	Event											
7	2	UTC Number AE753422	Issue To? 001	Statu 346.	ite Num 89(1)	ber	Seq Nun 001	n De IN	escription IATTENT	IVE DRIVING	l		

Insurance Company

Wisconsin Motor Vehicle Crash Report

												(000) 550-4055	
╘	Σ	KEMPER-IN	NDEPEND	ENCE-IN	s-co	Polic Same	y Holder As Owner	, 🗀 Р	olicy Ho	lder Sam	e As Dri	ver	
TIND	H R R	Organization INDIVIDUAL	Гуре		st Name ALE	First Name)	Policy	/ Holder Co	трапу			
		Summar											
		Status	,		Vehicle Operation	g As Classification	1	Unit Type					
	IN T	RANSIT			D CLASS	•		AUTOM	OBILE		ingresia.	<u>\$</u>	
۵,		cle Туре						Operating	As Endors	sements	- F778	100 100 100 100 100 100 100 100 100 100	
05	PAS	SENGER C	AR			~~ -	_						
	Tota 2	l Occs	Train/Bus	# Injured	Total # Citations 0	Issued	Total Traile	ers	Total HazMat Types 0				
,	1	rance?	Direction (Pre Cra		Speed Limi	it	Total La	ines		<i>Y</i>	
UNIT	YES		EASTBO		☐ Mai		35		2	biolo Ilaa			
_	1	l Harmful Even TOR VEH IN			Special Function NO SPECIAL	FUNCTION		NOT AP	PLICABL	hicle Use .E			
	4	īc Way			Traffic Control			1116	ntrol Inope	rative/Missi	ng		
		D-WAY, NOT	DIVIDED)	NO CONTROL			NO Road Gra	-d-a	<u> </u>			
		ace Type ACKTOP (BIT	THMINO	IS)	Road Curvature STRAIGHT			LEVEL		J.			
02		k Bus or HazM					.: 1.3 - (1.5)))					
0	МО							.Ag					
		Role DRIVER				Citations Issue	d S	Use D		Individual	• •		
05	8	Last Name				First Name	1			Middle Ini	tial	Suffix	
		CORNING				ARLENE	2000 P. 1000			M PO Box]	
		Street Addres E8954 HILL				Street Address	2			PO Box			
		City				State	139	Code		Country o			
⊨	5	NORTH FR	···-		l n	Wi	539		ulu s	UNITED			
END	9	DOB	l s	ex	Race W	Hair BROWN	Eyes BROWN	Heig 500		Weight 160	1	Number 963-6181 EXT.	
	INDIVIDUAL	Driver's Licen	se Number			State WI	P			Country o			
		License Type				License Status	 	DL Expire	Year				
		NON-CDL I				VALID LICE				2021			
		Equipm	nent	in Duty Acci	dent/	Safety Equipme	ent						
		Seat Position		<u> </u>		SHOULDER	& LAP BEI	₋ T					
	8		SEAT-LEI	FT SIDE (DRIVER/MOTORC								
		Helmet Use	4			Helmet Compli	ance						
		Eye Protectio	n j			Tint Compliano	e					B-1991-1	
				jury Severil	nt	Airbag							
		Injur			RENT INJURY	NON DEPLO	YED						
J	INDIVIDUAL	Ejected NOT EJEC	TEN	V.,	•	Ejection Path NOT EJECT	ED/NOT AE		Trapped/E				
FIND	8	MedicalTrans		- 121		EMS Agency lo			EMS Run				
~	Ē	NOT TRAN	SPORTE	D									
	4	Hospital	MEN ^{AT}			Date of Death			Time of De	eath			
		Non Mot	orist S	triking Unit	#	Location			To/FromS	chool			
		Prior Action				Action							
	۵.	FROI ACTOU				7100011							
	02												

Wisconsin Motor Vehicle Crash Report

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

													(000) 000-4000
]								
					Action Othe	er							<u> </u>
	eco cay								,			figur.	de walk
		Drug & Alcoh	Individual Con APPEARED								*.		N
		Suspected Alcohol Us			Suspected	Drug l	Jse					. مراج	
<u></u>	Z	NO Alcohol Test Given		Alcohol Test Type	NO.	Alcol	aol Te	st Results			<u> </u>	Asia.	
LIND	9	TEST NOT GIVEN		Alcohol rest type		المالم	101 16	ot Meanita		94	Property Company		
_	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	11.188	Drug Test Type		Drug	Test	Results		, and the h	Nag Zanasa		
		Drug Type	u								1		
									*.	`	J		
								V		(es está tel			
		Role PASSENGER			Citations Is 0	sued			Jse D Addr	river ess	Individual		
05	83	Last Name			First Name				4	•	Middle Init		Suffix
		Street Address			CASSIDY Street Addr		196	esta.	<i>?</i>		PO Box	<u> </u>	
		E8954 HILLTOP R	D			V							
	7	City NORTH FREEDOM	State Wi	S.	- 47	Zip Code 53951			Country of UNITED				
FIND	INDIVIDUAL	DOB	Sex	Race W	Hair BLACK		Eyes)WN	Heig 600		Weight 250		Number 477-5318 EXT.
	Š	Driver's License Numb	per		State Wi			License J STATE	ursidio	ction	Country of UNITED		
		License Type		<u> </u>	License Sta	atus		SIAIE			DL Expire		
		NON-CDL DRIVER			REVOKE								
		Equipment	On Duty Accid	ent	Safety Equ	pmeni	l						
		Seat Position 3FRONT SEAT-R	RIGHT SIDE (TRAIN ENGINEE	SHOULD	ER &	LAP	BELT					
	03	Helmet Use			Helmet Co	mplian	ce						- 10 AP - 10 A
		Eye Protection		· · · · · · · · · · · · · · · · · · ·	Tint Compl	iance					•••		
			Injury Seventy		Airbag						-		
		Injury	POSSIBLE		NON DEF		ED_						
–	S	Ejected NOT EJECTED			Ejection Pa)/NO	T APPLIC		Trapped/E			
LNO	INDIVIDUAL	MedicalTransport	74		EMS Agen					EMS Run #			
	2	NOT TRANSPORT Hospital	ED		Date of Dea	oth.			-	Time of De	hath.		
		Tiospitai			Date of De	a (11				Table of De	au i		
	e discontinui	Non Motorist	Striking Unit #		Location					To/FromSc	chool		
	;	Prior Action			Action	•				<u> </u>			***************************************
	03												
]								

Action Other

Wisconsin Motor Vehicle Crash Report

										Å	
								•••			
		Drug & Alcoh APPEARED									
		Suspected Alcohol Use NO			Suspected NO	Drug Use					
LIND	(DO)	Alcohol Test Given TEST NOT GIVEN	Alcohol Test T	уре		Alcohol Test Re	esults		T iilissuur	NAME OF THE PARTY	
⊃	NDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type	е		Drug Test Resi	ults	, 700 , 100 (100 (100 (100 (100 (100 (100 (100			
		Drug Type	<u> </u>						1,111	· · · · · · · · · · · · · · · · · · ·	
						ė	b.	12-12- 12-	i j		
		License Plate Number			Plate Type	TOMOBILE	\$1 .31	St Wi	1 .	y of Issuance ED STATES	
		Vehicle Identification Number 1G11C5SL9FF339399		,				Year 2015	Make	/ROLET	
		Model MALIBU 1LT			Body Style			12	Color BLU -	BLUE	tair
		Initial Contact Point 6REAR			Vehicle Da	mage	7# F				
05	8	Extent Of Damage MINOR DAMAGE			6REAR,	12-FRONT					
		Towed Due To Damage NOT TOWED		j)	Vehicle Fac	clors					
	The state of the s	Vehicle Removed By OWNER		4	NOT APP	LICABLE					
	A comment of the comm	What Driver Was Doing STOP IN TRAFFIC			Driver Prior	Action Other			NOT A	se A BUS	
_	Щ	Driver Actions NO CONTRIBUTING ACTION			Driver Distr	ractions TRACTED					
LNO	VEHICL										
	5										
		☑ Vehicle Owner Same As Op				Use Op	erator	Addre	ss	1. 10. de 77.	
		Organization Type INDIVIDUAL	Compan						Louis	Date of Birth	
		Last Name CORNING	First Nan	E			Middle M		Suffix	Date of Birth	
		Street Address E8954 HILLTOP RD	Street Ad				PO B		oldonoo		
	The state of the s	NORTH FREEDOM		Zip Cod 53951	ıe		1	ry of Res			
		Telephone Number (608) 963-6181 EXT.				,				***	
	2	MOTOR VEH IN TRANSPORT			•						
	02	Event									

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18-08881

Wisconsin Motor Vehicle Crash Report

	(25) (3) (25) (3)															
	63	Event														
	8	Event														
١	2020 (UE)	Insurance Co	mpany				1	Policy	Holde						<u> </u>	
LND	1000	PROGRESS			NSUE st Nar			Same	As Ow	ner	L	olicy Hoy Holder C	older Same As Driver			
		Organization INDIVIDUAL			IMRC			RLENE				7 110.007 0	ompany		· · · · · · · · · · · · · · · · · · ·	
	Unit	Summar	y =										12.5			
	i	Status				Vehicle Operating	As Clas	sification			Unit Type		1000		7	
		RANSIT				D CLASS					AUTOM		975 Selve - 1	TELL SE		
03		de Type SENGER C	ΛĐ								Operating As Endorsements					
0		Occs		us # Injured		Total # Citations Is	sued		Total Tr	railen	s / Total HazMat Types					
	1					0	0 0				0			<u></u>		
LINO	Insur	ance?	;	n Of Travel BOUND		Pre Crasi Mark			Speed I	Limit	• •	Total L 2	anes			
ā		Harmful Even				Special Function NO SPECIAL F	UNCT	ION	111) P	Emergen NOT AF	cy Motor V PLICAB	ehicle Use LE			
	Traff	ic Way D-WAY, NOT				Traffic Control NO CONTROL			- 101		Traffic Co	ontrol Inope	erative/Missir	ng		
		ace Type	וטואוט	בט		Road Curvature		.50		4-1-1 1	Road Gra	arie				
		CKTOP (BI	TUMINO	OUS)		STRAIGHT		.d/ E4	4.65.97		LEVEL					
65		k Bus or HazM						(A. (A.)	Wile C	À			**			
03	NO							Pa.	jāmus)	4167 V			•			
		Role DRIVER				Citatio	ns Issued	1. 1.7 1.7 1.7			Oriver ress	Individual INDIVIDI				
03	2	Last Name HEIDEMAN	JN			28.	First Name LOIS						Middle Init	ial	Suffix	
		Street Addres	ss				Street Address 2						РО Вох		<u> 1</u>	
		N1966 KOl	אא אט				State		12	Zip C	ode		Country of	Resider	nce	
_	Z	LODI					WI		- 1	5356			UNITED STATES			
NN	INDIVIDUA	DOB		Sex F	Rac W	e i	Hair BLON	۱D	Eyes BLUE		Hei 50	ght 5	Weight Phone Number (608) 228-1888 EXT			
	Ď	Driver's Licer	nse Numi	<u> </u>	i ees	la de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición dela composición de la composición dela	State				ıse Jursid	iction	Country of			
		Linean Ton		- AND -	103.	Purindan Peu	WI	e Status		STA	TE		DI. Expire		<u>S</u>	
		License Type NON-CDL		R'S LICENS	Ē	74 <u></u> 3		D LICEN	SE				2021	1001		
		Equipn	nent	On Duty Acc	ident		Safety	Equipme	nt							
		Seat Position	1 ()		: :*		SHOU	JLDER 8	& LAP I	BEL	Т					
	2	1FRONT Helmet Use	SEAT-L	ER/MOTORC	Helme	t Complia	nce						******			
			1994 				=	14							· Active.	
		Eye Protection	ac ac					ompliance)							
Injury Severity NO APPARENT INJURY						INJURY	Airbag NON	DEPLO'	YED						•	
	Ejected NOT EJECTED MedicalTransport NOT TRANSPORTED Hospital						-	n Path				Trapped/l		•	***	
E								EJECTE		AP	PLICA	NOT TR				
⋽							EMS A	Agency Ide	enulier			EMS Run	Run#			
		Hospital		· 			Date o	f Death				Time of D	eath			
	nospital															

Wisconsin Motor Vehicle Crash Report

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

		Non Motorist Striking Unit #		Location	Feet -		To/FromScho	ool
		Prior Action	· · · · · · · · · · · · · · · · · · ·	Action				
	4							<u> </u>
				Action Other	er			
		Drug & Alcoh APPEARED NO	n PRMAL	•				The state of the s
	ML	Suspected Alcohol Use NO		Suspected NO				4 4
LIND	NDIVIDUAL	TEST NOT GIVEN	cohol Test Type		Alcohol Test Res			The second secon
	<u>N</u>	Drug Test Given Dr TEST NOT GIVEN	ug Test Type		Drug Test Resul	ts		100 1770 1770 1770 1770 1770 1770 1770
		Drug Type				777 777 877 877	10 May 10	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
						뛖		
		License Plate Number		Plate Type		St	Coun	try of Issuance
		527AVW			TOMOBILE	<i>🍠</i> WI	UNIT	ED STATES
		Vehicle Identification Number 4T1BF1FK7FU948558				Ye.		
		Model		Body Style			Color	· · · · · · · · · · · · · · · · · · ·
		CAMRY		SD - SEC			RED	- RED
		Initial Contact Point 6REAR		Vehicle Da	mage			
03	8	Extent Of Damage		6-REAR	1225 123 133			
٥		MINOR DAMAGE Towed Due To Damage		Vehicle Fa	<u>#</u>			14.14
		NOT TOWED	<u></u>	-	*** e**			
		Vehicle Removed By OWNER	A A	NOT APE	PLICABLE			
		What Driver Was Doing		Driver Prio	r Action Other		Bus U	
		STOP IN TRAFFIC Driver Actions		Driver Dist	ractions		וטא	A BUS
	Щ	NO CONTRIBUTING ACTION	à ä		TRACTED			
F	11CLE	A TOTAL OF THE PARTY OF THE PAR						
⋾	ζĒ		Table					
		4 100 A					<u></u>	· · · · · · · · · · · · · · · · · · ·
		Vehicle Owner Same As Opera			Use Ope	rator Ad	ldřess	
		Organization Type // // INDIVIDUAL	Company Nan	ne				
		Last Name	First Name		1	Middle	Suffix	Date of Birth
		HEIDEMANN Street Address	LOIS Street Address	s2	1	ELAINE PO Box		
		N1966 KOHN RD						
		City LODI	St Zip C WI 5355		1	-	f Residence STATES	
		Telephone Number	1		l.			
		(608) 228-1888 EXT. Event						
	Σ	MOTOR VEH IN TRANSPORT						

Event

Wisconsin Motor Vehicle Crash Report

					(606) 356-463
Event			***		
E vent					<u> </u>
nsurance Cor	npany FAMILY-INS-CO		Policy Holder Same As Owner	Policy Holde	er Same As Driver
Organization 1	ype Last Name HEIDEMA		First Name LOIS	Policy Holder Comp	pany
escription =					
Diagram			***************************************	alifa e a Taga	Reconstruction By
				ur i Taga Tagan	Photos By
الملاح		private d	rive to walgreens		
					Additional Information NONE
sth 136				# · # · # · # · # · # · # · # · # · # · # ·	-
	1 1	2 3)		
	-				
			not	scale	
AT HIM AND GET	HIS ATTENTION, UNIT 1 STA	ATED HE LOOKED U	P AND WAS UNABLE TO S	STOP IN TIME. UNIT 1	VAY SHOP AND WAS TRYING TO WAVE . STRUCK THE REAR OF UNIT 2. DUE T WESTBOUND TRAFFIC TO CLEAR. 910:
ignature					
	w enforcement officer, a	gree that I have no	ot added any CJIS data	in this report.	
	nent Agency				
Agency Space	·····			14.1	· · · · · · · · · · · · · · · · · · ·
Officer Rank	Officer Last Name	Officer First	Name Off	ficer Middle Name	Suffix

Wisconsin Motor Vehicle Crash Report

DOT Officer ID 9109 DNR Officer ID				Offic 910	er Badge Number 9	
Officer EMail		1				
Local Agency Number	Law Er	nforcement Agency Juri	isdiction		Law Enforcement Agency ty COUNTY SHERIFF	pe <u>i</u>
Law Enforcement Agency Na SAUK COUNTY SHERIF		TEN		Agency Name K COUNTY SHER	IFF	2000 - 10
Law Enforcement Agency Str 1300 LANGE COURT	eet Address		Law E	Inforcement Agency	Street Address2	
Law Enforcement Agency Cit BARABOO	у	LEA State WI		Law Enforcement / 53913	Agency Zip Code	
Law Enforcement Agency Ph (608) 356-4895 EXT.	one Number	ORI Number WI0570000		BFUNC Agency 5600	TraCS Agency	Number

