### 6TL09426RK

18-09982

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

	Document Number Override	Primary Crash	Document #	Agency 18-099	Crash Number	Investigating DEPUTY A	Officer/Depu A. KULAS	ty
2	Crash Date 09/08/2018	Crash Time 08:20 PM		Date A		Time Arrived	j	
ב	Date Notified	Time Notified		09/08/ Total U		Total Injured	I Total Ki	illad
7	09/08/2018	08:20 PM		<b>01</b>	Tillo	00	00	illed
01 LU3420KN	On Emergency Hi	t and Run	Lane Clos	sure	Work Zone	<b>✓</b> Trailer	or Towed	Reporting Threshold
10	Government Property	Active So	chool Zone	School NO	Bus Related	Tags		
	<b>✓</b> Reportable	Crash Type DT4000 (STA	ANDARD CRAS	H)		Amend	led	Secondary Crash
Ì	Description	<u>'</u>				<u>'</u>		1
	CTH B  Not to Scale  =cow						Photos By  Additional In NONE	formation
	UNIT 1 WAS WESTBOUND ON COOWN UNIT 1. THE OPERATOR NORTH DITCH DECEASED. THE LARGE.	TH B. THERE W	AS A LARGE BRO	OWN COW	V IN THE MIDDLE OF TE ROADWAY, UNIT 1 CO	HE ROADWAY. A	HE COW. THI	E COW ENDED UP IN THE

Location

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

62° OF	N CTHB WB 7 FT W FHAUSNER RD THE TOWN OF TROY			Latitude 43.2512 X Coordii			Longitude -89.880233125 Y Coordinate	
	SAUK COUNTY			266189. Structure			4792739.5	
					RUCTURE	1		
Cra	ash Scene							
	st Harmful Event				mful Event	Location		
	MESTICATED ANIMAL	- ALIVE			ADWAY			
	nner of Collision  COLLISION W/VEHICL	F IN TRANSPORT		Light Cor				
	ad Surface Condition(s)	L III TRAITOT ORT			/ Factor(s)			-
DF	RY .			Í				
En	vironment Factor(s)							
	ONE			NONE				
				NONE				
	eather Condition(s)							
CL	.EAR							
	mal Type				To Trafficw	•		
	HER NON DOMESTICA	TED				ON ROAD		
	ash Classification - Location					- Jurisdiction		
	pal Land			Access C			Special Study	
				NO CO	NTROL			
	•	Junction Location		section Type				
NC		NON-JUNCTION	NO <sup>-</sup>	T AN INTERS	ECTION			
	<u> </u>							
	it Summary ==					T		
Un	it Status		Vehicle Operating	As Classificatio	n	Unit Type	RII F	
Un <b>IN</b>	it Status TRANSIT		Vehicle Operating D CLASS	As Classification	n	AUTOMO		
IN Vel	it Status	E		As Classificatio	n	AUTOMO	BILE s Endorsements	
Vel (SI	it Status TRANSIT hicle Type	E Train/Bus # Injured	D CLASS  Total # Citations I		Total Tra	AUTOMO Operating A	s Endorsements  Total HazMat Types	
Vel (SI Tot	it Status TRANSIT hicle Type PORT) UTILITY VEHICL	Train/Bus # Injured	D CLASS		Total Tra	AUTOMO Operating A	s Endorsements  Total HazMat Types  0	
Vel (SI Tot	it Status TRANSIT hicle Type PORT) UTILITY VEHICL al Occs urance?		D CLASS  Total # Citations I	ssued hTire	Total Tra	AUTOMO Operating A	s Endorsements  Total HazMat Types	
Un Vel (SI Tot 6 Ins YE	it Status TRANSIT hicle Type PORT) UTILITY VEHICL al Occs urance?	Train/Bus # Injured  Direction Of Travel  WESTBOUND	Total # Citations I 0 Pre Crasi Mark Special Function	ssued hTire	Total Tra  1 Speed L	AUTOMO Operating A sillers imit Emergency	Total HazMat Types  0  Total Lanes 2  Motor Vehicle Use	
Un Vel (SI Tot 6 Ins YE Mo	it Status TRANSIT hicle Type PORT) UTILITY VEHICLI al Occs urance? SS st Harmful Event: Collision W	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith	Total # Citations I.  O  Pre Crasi Mark Special Function NO SPECIAL F	ssued hTire	Total Tra  1 Speed L	AUTOMO Operating A silers imit Emergency NOT APP	Total HazMat Types  0  Total Lanes  2  Motor Vehicle Use  LICABLE	
Un Vel (SI Tot 6 Ins YE Mo DC Tra	it Status TRANSIT hicle Type PORT) UTILITY VEHICLI al Occs  urance? ES st Harmful Event: Collision W DMESTICATED ANIMAL  uffic Way	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith	D CLASS  Total # Citations I 0  Pre Crass Mark Special Function NO SPECIAL F Traffic Control	ssued hTire	Total Tra  1 Speed L	AUTOMO Operating A sillers imit  Emergency NOT APP Traffic Cont	Total HazMat Types  0  Total Lanes 2  Motor Vehicle Use	
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Un Ve (SI For	it Status TRANSIT hicle Type PORT) UTILITY VEHICLI al Occs  urance? ES st Harmful Event: Collision W DMESTICATED ANIMAL  uffic Way	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	D CLASS  Total # Citations I 0  Pre Crass Mark Special Function NO SPECIAL F Traffic Control	ssued hTire	Total Tra  1 Speed L	AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont NO	Total HazMat Types  0 Total Lanes  2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
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Un Vel (SI Tot 6 Ins YE Mo DC Tra	it Status TRANSIT hicle Type PORT) UTILITY VEHICLE al Occs  urance? ES st Harmful Event: Collision W DMESTICATED ANIMAL offic Way IO-WAY, NOT DIVIDED face Type LACKTOP (BITUMINOUS lock Bus or HazMat	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	D CLASS  Total # Citations I 0  Pre Cras Mark Special Function NO SPECIAL F  Traffic Control NO CONTROL Road Curvature	ssued hTire	Total Tra  1 Speed L	AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont NO Road Grade	Total HazMat Types  0 Total Lanes  2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
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Un Vel (SI Tot 6 Ins YE Mo DC Tra	it Status TRANSIT hicle Type PORT) UTILITY VEHICLI al Occs  urance? ES st Harmful Event: Collision W DMESTICATED ANIMAL  Iffic Way //O-WAY, NOT DIVIDED rface Type LACKTOP (BITUMINOUS lick Bus or HazMat )  Vehicle  License Plate Number	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	Total # Citations I 0 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT	hTire	Total Tra  1 Speed L  55	AUTOMO Operating A sillers imit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is	Total HazMat Types  0  Total Lanes  2  Motor Vehicle Use LICABLE  rol Inoperative/Missing	
Un Vel (SI Tot 6 Ins YE Mo DC Tra	it Status TRANSIT hicle Type PORT) UTILITY VEHICLI hicle Type PORT) UTILITY VEHICLI hicle Type PORT) UTILITY VEHICLI hicle Type LIFT STATE ANIMAL HICLE TYPE LACKTOP (BITUMINOUS HICLE BUS OF HAZMAT  Vehicle License Plate Number 187BEX	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	Total # Citations I 0  Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT  Plate Type AUT - AUTOM	hTire	Total Tra 1 Speed L 55	AUTOMO Operating A sillers simit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S	Total HazMat Types  0  Total Lanes  2  Motor Vehicle Use LICABLE  rol Inoperative/Missing	
Un Vel (SI Tot 6 Ins YE Mo DC Tra	it Status TRANSIT hicle Type PORT) UTILITY VEHICLI ral Occs  urance? SS st Harmful Event: Collision W DMESTICATED ANIMAL offic Way //O-WAY, NOT DIVIDED race Type LACKTOP (BITUMINOUS rick Bus or HazMat )  Vehicle  License Plate Number 187BEX Vehicle Identification Num	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	Total # Citations I 0 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT	hTire	Total Tra  1 Speed L  55	AUTOMO Operating A silers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is	Total HazMat Types  0  Total Lanes  2  Motor Vehicle Use LICABLE  rol Inoperative/Missing	
Unin Velocity (SI) Toto 6 Ins. YES	it Status TRANSIT hicle Type PORT) UTILITY VEHICLI hicle Type PORT) UTILITY VEHICLI hicle Type PORT) UTILITY VEHICLI hicle Type LICENSE TRANSITE ANIMAL HICLENSE Plate Number 187BEX Vehicle Identification Num	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	Total # Citations I 0  Pre Crasimark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT  Plate Type AUT - AUTOM Make FORD Body Style	SSUED THE CONTRACTOR OF THE CO	Total Tra 1 Speed L 55  St WI Year 2000	AUTOMO Operating A silers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model EXCURSIC Bus Use	Total HazMat Types  0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
Un IN Vel (SI Toto 6 Ins. Mod DC Tran TW Sui BL Tru NC	it Status TRANSIT inicle Type PORT) UTILITY VEHICLI al Occs  urance?  SS st Harmful Event: Collision W DMESTICATED ANIMAL  offic Way  VO-WAY, NOT DIVIDED  rface Type  ACKTOP (BITUMINOUS  ick Bus or HazMat  )  Vehicle  License Plate Number  187BEX  Vehicle Identification Num  1FMSU41F1YEB1955  Color TAN - TAN	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	Total # Citations I 0  Pre Crasi Mark Special Function NO SPECIAL F  Traffic Control NO CONTROL Road Curvature STRAIGHT  Plate Type AUT - AUTOM Make FORD Body Style UT - SPORT U	obile	Total Tra 1 Speed L 55  St WI Year 2000	AUTOMO Operating A sillers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model EXCURSIO	Total HazMat Types  0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
Unin No Velocities (SI	it Status TRANSIT inicle Type PORT) UTILITY VEHICLI al Occs  urance? ES st Harmful Event: Collision W DMESTICATED ANIMAL offic Way VO-WAY, NOT DIVIDED race Type LACKTOP (BITUMINOUS rick Bus or HazMat D Vehicle License Plate Number 187BEX Vehicle Identification Num 1FMSU41F1YEB1955 Color TAN - TAN Initial Contact Point	Train/Bus # Injured  Direction Of Travel  WESTBOUND  Vith - ALIVE	Total # Citations I 0  Pre Crasimark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT  Plate Type AUT - AUTOM Make FORD Body Style	obile	Total Tra 1 Speed L 55  St WI Year 2000	AUTOMO Operating A silers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model EXCURSIC Bus Use	Total HazMat Types  0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	
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Un IN Vel (SI Toto 6 Ins. Mod DC Tran TW Sui BL Tru NC	it Status TRANSIT inicle Type PORT) UTILITY VEHICLI al Occs  urance? ES st Harmful Event: Collision W DMESTICATED ANIMAL offic Way VO-WAY, NOT DIVIDED race Type LACKTOP (BITUMINOUS rick Bus or HazMat D Vehicle License Plate Number 187BEX Vehicle Identification Num 1FMSU41F1YEB1955 Color TAN - TAN Initial Contact Point	Train/Bus # Injured  Direction Of Travel WESTBOUND  Vith - ALIVE  Direction Of Travel WESTBOUND  Direction Of Travel WESTBOUND	Total # Citations I 0  Pre Crasi Mark Special Function NO SPECIAL F  Traffic Control NO CONTROL Road Curvature STRAIGHT  Plate Type AUT - AUTOM Make FORD Body Style UT - SPORT U Vehicle Damage	obile	Total Tra 1 Speed L 55  St WI Year 2000	AUTOMO Operating A silers  imit  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model EXCURSIC Bus Use	Total HazMat Types  0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing	

#### 6TL09426RK

18-09982

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage TOWED DUE TO DISABLING D		Vehicle Rem	-			
		What Driver Was Doing		Vehicle Fact				
		GOING STRAIGHT		vernoie i ace	013			
		Driver Prior Action Other		NOT APPL	ICABLE			
		Driver Actions NO CONTRIBUTING ACTION						
_	ΊE	NO CONTRIBOTING ACTION						
LINO	VEHICL							
_	VE							
		Driver Distractions NOT DISTRACTED						
_								
0	01							
		Owner Name		Owner A	Address			
		VERNON H KNUTH			DECKER ST	40 110		
		(608) 415-0508		LOGAI	NVILLE, WI 539	143 , US		
		Sequence Of Events Event						
	01	DOMESTICATED ANIMAL - AL	IVE					
	02	Event						
	0	-						
	03	Event						
	04	Event						
╘		Policy Holder		1				
LINO		Insurance Company PROGRESSIVE-CASUALTY-IN	IS-CO	Individual	N KNUTH			
	_	Trailer/Towed		T Z I I I I				
_		Trailer Plate # Plate Type	Make		State	Count	ry of Issuance	
0		y <sub>1</sub> ·	BIGO			004	., 6, 100000.100	
	R/ D	Unit Type	Individual			Addre		
LINO	ILE WEI	UTILITY TRAILER  Vehicle Identification Number	NORMAN B YODER (608) 415-0508	S6685 SPING VALLEY RD LOGANVILLE, WI 53943 , US				
$\supset$	TRAILER/ TOWED	venicle identification Number						
		Individual						
		Driver		Citations I	ssued		Sex	
	7	VERNON H KNUTH		0			MALE	
	INDIVIDUAL	(608) 415-0508		Date of Bi	rth		Race WHITE	
LINO	ИD	Address		Drivership	and a Niverban		WHITE	
5	D	Address 110 ROECKER ST			ense Number			
	Z	LOGANVILLE, WI 53943, US		STATE:	WISCONSIN C	OUNTRY: UN	ITED STATES	
		Equipment On Duty Crash	1	Safety Eq	uipment			
		Seat Position		SHOUL	DER & LAP BEI	т		
		1FRONT SEAT-LEFT SIDE (D	RIVER/MOTORCY	CHOOLE	C G EAT DEL			
		· · · · · · · · · · · · · · · · · · ·		_i				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
5	001	Injury	Injury Severity	IN HIBY	Airbag					
	0		NO APPARENT	INJURY	NON DEPLOYED					
		Ejected NOT EJECTED			Ejection Path Trapped/Extrica NOT EJECTED/NOT APPLICABL NOT TRAPPE					
		Medical Transport			EMS Agency Identi	ifier	EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
		Action								
LINO	INDIVIDUAL									
		Action Other								
	L	Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given			Alcohol Test Type Alcohol Test Results					
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN			Drug Test Type Drug Test Results					
7	001	Drug Type								
	C									
		Individual Condition  APPEARED NORI	MAL							
		L Individual								
		Passenger			Citations Issued		Sex			
	_	NORMAN J MAST	•		0		MALE			
_	INDIVIDUA	(608) 727-2990			Date of Birth		Race WHITE			
LNO	<u> </u>	Address			Driver License Nun	nber				
<b>)</b>	IND	E5144 FRIENDSH LOGANVILLE, WI			STATE: WISCONSIN COUNTRY: UNITED STATES					
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position			SHOTH DED 8 1	AD BELT				
			-RIGHT SIDE		SHOULDER & LAP BELT					
		6SECOND SEAT-RIGHT SIDE Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
	O.		Injury Severity		Airbag					
2	005	Injury	NO APPARENT	INJURY	NON DEPLOYE	D				

### 6TL09426RK

18-09982

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

- 1		Ejected			Ejection Path		Trapped/Extricated		
		NOT EJECTED			NOT EJECTED/N	NOT APPLICABL	NOT TRAPPED		
		Medical Transport			EMS Agency Identif	ier	EMS Run #		
		NOT TRANSPOR	TED						
		Hospital			Date of Death		Time of Death		
			Striking Unit #	Prior Action		Location		To/From School	
		Non Motorist							
		Action	•		<u>'</u>				
	۸L								
H۱	Ď								
	10								
⊃	INDIVIDUAL								
	Z								
		Action Other							
	Г	Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use	е			
	L	nug & Alconoi	NO		NO				
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	ı						
2	002	Drug Type							
9	Ō								
		Individual Condition							
		individual Condition							
		APPEARED NOR	RAAL						
			WAL						
			MAL						
	ı	Individual	MAL						
	I	Individual Passenger	MAL		Citations Issued		Sex		
		Individual Passenger DUENE N MEST	MAL		0		Sex MALE		
		Individual Passenger	WAL				MALE Race		
╘		Individual Passenger DUENE N MEST	WAL		0		MALE		
LINC		Passenger DUENE N MEST (608) 727-2990  Address			0	ber	MALE Race		
LIND		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH	IIP DR		O Date of Birth	ber	MALE Race		
LIND	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address	IIP DR		O Date of Birth	ber	MALE Race		
TINO		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH	IIP DR I 53943 , US		Date of Birth  Driver License Num	ber	MALE Race		
LIND		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI	IIP DR		O Date of Birth	ber	MALE Race		
LIND		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI	IIP DR I 53943 , US		Date of Birth Driver License Num Safety Equipment		MALE Race		
LIND		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI	IIP DR I 53943 , US		Date of Birth  Driver License Num		MALE Race		
LINO		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N	IIP DR I 53943 , US		Date of Birth Driver License Num Safety Equipment SHOULDER & LA	AP BELT	MALE Race		
LIND		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI	IIP DR I 53943 , US		Date of Birth Driver License Num Safety Equipment	AP BELT	MALE Race		
LIND		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use	IIP DR I 53943 , US		Date of Birth  Driver License Num  Safety Equipment  SHOULDER & LA	AP BELT	MALE Race		
LIND		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N	IIP DR I 53943 , US		Date of Birth Driver License Num Safety Equipment SHOULDER & LA	AP BELT	MALE Race		
	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use	IIP DR 1 53943 , US On Duty Crash		Date of Birth  Driver License Num  Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance	AP BELT	MALE Race		
	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use	IIP DR 1 53943 , US On Duty Crash  IIDDLE	N IIIDV	Date of Birth  Driver License Num  Safety Equipment  SHOULDER & LA  Helmet Compliance  Tint Compliance	AP BELT	MALE Race		
		Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use	IIP DR 1 53943 , US On Duty Crash	NJURY	Date of Birth Driver License Num  Safety Equipment SHOULDER & LA  Helmet Compliance  Tint Compliance  Airbag NON DEPLOYED	AP BELT	MALE Race WHITE		
	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use  Eye Protection  Injury  Ejected	IIP DR 1 53943 , US On Duty Crash  IIDDLE	NJURY	Date of Birth Driver License Num Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED Ejection Path	AP BELT	MALE Race WHITE  Trapped/Extricated		
	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Seat Position 8THIRD SEAT-N Helmet Use  Eye Protection  Injury  Ejected NOT EJECTED	IIP DR 1 53943 , US On Duty Crash  IIDDLE	NJURY	Date of Birth Driver License Num Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED Ejection Path NOT EJECTED/N	AP BELT  O  NOT APPLICABL	MALE Race WHITE  Trapped/Extricated NOT TRAPPED		
	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use  Eye Protection  Injury  Ejected NOT EJECTED  Medical Transport	IIP DR I 53943 , US On Duty Crash  IIDDLE  Injury Severity NO APPARENT I	NJURY	Date of Birth Driver License Num Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED Ejection Path	AP BELT  O  NOT APPLICABL	MALE Race WHITE  Trapped/Extricated		
	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use  Eye Protection  Injury  Ejected NOT EJECTED  Medical Transport NOT TRANSPOR	IIP DR I 53943 , US On Duty Crash  IIDDLE  Injury Severity NO APPARENT I	NJURY	Date of Birth Driver License Num Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED Ejection Path NOT EJECTED/N EMS Agency Identif	AP BELT  O  NOT APPLICABL	MALE Race WHITE  Trapped/Extricated NOT TRAPPED  EMS Run #		
	INDIVIDUAL	Passenger DUENE N MEST (608) 727-2990  Address E5144 FRIENDSH LOGANVILLE, WI  Equipment Seat Position 8THIRD SEAT-N Helmet Use  Eye Protection  Injury  Ejected NOT EJECTED  Medical Transport	IIP DR I 53943 , US On Duty Crash  IIDDLE  Injury Severity NO APPARENT I	NJURY	Date of Birth Driver License Num Safety Equipment SHOULDER & LA Helmet Compliance Tint Compliance Airbag NON DEPLOYED Ejection Path NOT EJECTED/N	AP BELT  O  NOT APPLICABL	MALE Race WHITE  Trapped/Extricated NOT TRAPPED		

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/08/2018

		Mars Madaria	Striking Unit #	Prior Action		Location		To/From School
		Non Motorist						
		Action						
	NDIVIDUAL							
╘	2							
LNO	≥							
	9							
	=							
		Action Other						
			-					
		Orug & Alcohol	Suspected Alcohol	Use	Suspected Drug Us	se		
	_						TALLET (D. II	
		Alcohol Test Given TEST NOT GIVEN	ı		Alcohol Test Type		Alcohol Test Results	
					Drug Test Type		Drug Test Results	
		Drug Test Given TEST NOT GIVEN	1				Drug root resource	
_	က	Drug Type						
6	003							
		In dividual Constition						
		Individual Condition						
		APPEARED NOR	MAL					
		Individual					T-	
		Passenger NORMAN B YOD	FR		Citations Issued  0		Sex MALE	
	A F				Date of Birth		Race	
_	Ž				Date of Birtin		WHITE	
LINO	INDIVIDUAL	Address			Driver License Nun	nber		
<b>–</b>	₫	S6685 SPRING V						
	=	LOGANVILLE, W	1 53943 , US					
		Equipment	On Duty Crash		Safety Equipment			
		Seat Position			SHOULDER & L	AD BELT		
		3FRONT SEAT-	RIGHT SIDE (TRA	IN ENGINEER	SHOULDER & L	LAF BELT		
		Helmet Use			Helmet Compliance	e		
		Eye Protection			Tint Compliance			
5	004	Injury	Injury Severity	IN III DV	Airbag	-		
	0	Ejected	NO APPARENT	INJURY	NON DEPLOYE  Ejection Path	ט	Trapped/Extricated	
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED	
		Medical Transport			EMS Agency Ident		EMS Run #	
		NOT TRANSPOR	TED					
		Hospital			Date of Death		Time of Death	
		Non Motorist	Striking Unit #	Prior Action	•	Location	•	To/From School
		NON WICKENSE						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/08/2018

LINO	INDIVIDUAL	Action							
		Action Other							
	E	Drug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Us	se			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
6	004	Drug Type							
		Individual Condition	ndividual Condition						
		APPEARED NORMAL							
	ı	Individual							
		Passenger KATHRYN J MEST			Citations Issued  0		Sex FEMALE		
	¥				Date of Birth		Race		
⊨	Ĭ						WHITE		
	INDIVIDUAL	Address E5144 FRIENDSHIP DR LOGANVILLE, WI 53943 , US			Driver License Number				
		,	,						
		Equipment On Duty Crash			Safety Equipment				
		Seat Position 4SECOND SEAT	LEET SIDE/MOT	DRCVCI E/RI	SHOULDER & LAP BELT				
		Helmet Use	-LEFT SIDE(INOT	JKC I CLE/BI	Helmet Compliance				
		Eye Protection			Tint Compliance				
_	900		Injury Severity		Airbag				
5	8	Injury	NO APPARENT II	NJURY	NON DEPLOYE	D	Town and (Fortising to a)		
		Ejected NOT EJECTED			Ejection Path  NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Ident	ifier	EMS Run #		
		NOT TRANSPORT Hospital	ED		Date of Death		Time of Death		
							2. 2.34		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/08/2018

LIND	INDIVIDUAL	Action							
		Action Other							
	E	Orug & Alcohol	Suspected Alcohol I	Jse	Suspected Drug Us	se			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	ı		Drug Test Type		Drug Test Results		
6	002	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
	I	ndividual							
		Passenger MATTHEW N MEST			Citations Issued Sex  MALE				
	AL				Date of Birth Race				
_	DO				Date of Birtin		WHITE		
	INDIVIDUAL	Address E5144 FRIENDSHIP RD LOGANVILLE, WI 53943, US			Driver License Number				
	Z								
		Equipment On Duty Crash			Safety Equipment				
		Seat Position 5SECOND SEAT	r-MIDDLE		CHILD RESTRAINT SYSTEM - FORWARD FACING				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
٦	900	Injury	Injury Severity NO APPARENT	INJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED			Ejection Path	NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Identi		EMS Run #		
		NOT TRANSPORT	ΓED						
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School	

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/08/2018

						` ,	
TIND	INDIVIDUAL	Action					
		Action Other					
	L	Drug & Alcoh	Suspected Alcohol Use NO	Suspected Drug Use NO			
		Alcohol Test Give		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIV	EN	Drug Test Type	Drug Test Results		
10	900	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
	Pro	perty Owne	r				
PROP 01		idual ETT TYLER JAQ 8) 544-3969	UISH	Address E8517 COUNTY ROAD B SAUK CITY, WI 53583, US			
		ed Objects St	truck				
	5	Striking Unit 01	Struck Object  DOMESTICATED ANIMAL - ALIVE		Structure Number	Damage Tag Number	