

6TL0B3P3DC  
18-09569

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0B3P3DC

Document Number Override		Primary Crash Document #	Agency Crash Number <b>18-09569</b>	Investigating Officer/Deputy <b>DEPUTY S. PARKHURST</b>	
Crash Date <b>08/29/2018</b>		Crash Time <b>04:34 PM</b>	Date Arrived <b>08/29/2018</b>	Time Arrived <b>04:50 PM</b>	
Date Notified <b>08/29/2018</b>		Time Notified <b>04:36 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>Empty lot</p> <p>CTH BD</p> <p>Log Lodge Ct</p> <p>1000 Log Lodge Ct</p> <p>#2 #1</p> <p>Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS BACKING OUT OF PARKING STALL AND STRUCK THE RIGHT SIDE OF UNIT 2.

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## Location

<b>PARKING LOT</b> <b>LOG LODGE CT LOT 1000</b> <b>(HOUSE/BUILDING 1000)</b>  <b>IN THE VILLAGE OF WEST BARABOO</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.480357033</b>	Longitude <b>-89.76926171</b>
	X Coordinate <b>276043.5625</b>	Y Coordinate <b>4817885.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>02--FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

<b>01</b> <b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>4</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>10</b>	Total Lanes <b>0</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>01</b> <b>UNIT</b>	<b>Vehicle</b>					
	<b>01</b>	License Plate Number <b>ABY8608</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1G2ZF58B674276263</b>	Make <b>PONTIAC</b>	Year <b>2007</b>	Model <b>G6/VALUE L</b>	
	<b>VEHICLE</b>	Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>6--REAR</b>			

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>BACKING</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>UNSAFE BACKING</b>		
01	01	Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>BECKY ANN SCHULTZ (608) 445-0606</b>	Owner Address <b>1160 19TH ST # 5 REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
<b>Policy Holder</b>				
UNIT	INDIVIDUAL	01	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>BECKY SCHULTZ</b>
		01	Driver <b>BECKY ANN SCHULTZ (608) 445-0606</b>	Citations Issued <b>0</b>
		01		Sex <b>FEMALE</b>
		01		Race <b>WHITE</b>
01	001	01	Address <b>1160 19TH ST # 5 REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		01	<b>Equipment</b>	On Duty Crash
		01	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		01	Helmet Use	Helmet Compliance
01	001	01	Eye Protection	Tint Compliance
		01	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
01	001	01	Airbag <b>NON DEPLOYED</b>	
		01	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>JOESPH J SCHULTZ</b> <b>(608) 445-0606</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>1160 19TH ST # 5</b> <b>REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: OTHER JURISDICTION COUNTRY: TURKEY</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT INDIVIDUAL	Action				
	Action Other				
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Individual</b>				
	Passenger <b>LILIAN F SCHULTZ (608) 445-0606</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
	Address <b>1160 19TH ST # 5 REEDSBURG, WI 53959 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Driver License Number				
UNIT INDIVIDUAL	<b>Equipment</b>	On Duty Crash	Safety Equipment		
	Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>			
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School

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UNIT 01	INDIVIDUAL 003	Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		Passenger <b>ISSAC A SCHULTZ</b> <b>(608) 445-0606</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>1160 19TH ST # 5</b> <b>REEDSBURG, WI 53959 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>		
Driver License Number						
UNIT 01	INDIVIDUAL 004	<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School

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CRASH REPORT

UNIT	INDIVIDUAL	Action			
		Action Other			
	01	004	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition <b>APPEARED NORMAL</b>		

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
		Total Occs <b>4</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>10</b>	Total Lanes <b>0</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>ACE5689</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1D4GP45R26B758544</b>	Make <b>DODGE</b>	Year <b>2006</b>	Model <b>CARAVAN</b>
		Color <b>WHI - WHITE</b>	Body Style <b>VN - VAN</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>3--RIGHT SIDE MIDDLE</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>3--RIGHT SIDE MIDDLE</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		

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UNIT 02	VEHICLE 02	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>FATIH M ELLEK (608) 350-8378</b>	Owner Address <b>905 CHURCH ST WISCONSIN DELLS, WI 53965 , US</b>	
<b>Sequence Of Events</b>				
UNIT 01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 04	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>FAITH ELLEK</b>		
	<b>Individual</b>			
UNIT INDIVIDUAL 02	Driver <b>ERCEMA OZDAY (608) 350-8378</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>905 CHURCH ST WISCONSIN DELLS, WI 53965 , US</b>		Driver License Number <b>UNKNOWN STATE: OTHER JURISDICTION COUNTRY: TURKEY</b>	
	<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death		
<b>Non Motorist</b>				
Striking Unit #	Prior Action	Location	To/From School	



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UNIT INDIVIDUAL	Action				
	Action Other				
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Individual</b>				
	Passenger <b>EMRE ARAS (773) 658-2428</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
	Address <b>4124 RIVER RD WISCONSIN DELLS, WI 53965 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>		
Driver License Number <b>STATE: OTHER JURISDICTION COUNTRY: TURKEY</b>					
UNIT INDIVIDUAL	<b>Equipment</b>	On Duty Crash	Safety Equipment		
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
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CRASH REPORT

UNIT INDIVIDUAL	Action				
	Action Other				
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Individual</b>				
	Passenger <b>ISMAILCAN CAKIR (872) 817-0936</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
	Address <b>905 CHURCH ST WISCONSIN DELLS, WI 53965 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Driver License Number <b>STATE: OTHER JURISDICTION</b>				
UNIT INDIVIDUAL	<b>Equipment</b>	On Duty Crash	Safety Equipment		
	Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
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		Action Other					
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
				Passenger <b>LYUBOMIA G SHINDEVA</b> <b>(608) 844-6073</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
				Address <b>131 E ADAMS ST</b> <b>LAKE DELTON, WI 53940 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
				Driver License Number <b>STATE: OTHER JURISDICTION COUNTRY: TURKEY</b>			
<b>Equipment</b>	On Duty Crash			Safety Equipment			
	Seat Position <b>9--THIRD SEAT-RIGHT SIDE</b>			<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>NON DEPLOYED</b>			
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			
	Hospital		Date of Death	Time of Death			
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UNIT	INDIVIDUAL	Action		
		Action Other		
02	008	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		