Wisconsin Motor Vehicle Crash Report

	Document Number Override Prima						ash Number		Investigating Officer/Deputy DEPUTY E, KNULL		
2	Crash Date		Crash Time			18-11103 Date Arriv	ed		Time Arrived		
\exists	10/06/2018		01:42 PM			10/06/20			01:50 PM	1 ×	Izua d
×	Date Notified 10/06/2018		Time Notifie 01:42 PM	a		Total Units 02	3		Total Injured	00	Killed A
6TL0B4X4JN	On Emergency	₩	and Run	Lane	Closur	re [Work Zo	ne	☐ Trailer or T	Fowed	Reporting Threshold
3TL	Governme Property		Active	School Zone		School Bu NO	s Related		Tags		Visited
	∇ Reportable		Crash Type DT4000 (S	STANDARD CR	RASH)				Amended		Secondary Crash
ļ	Location	en northern C						#111114 P		,TA ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	INTERSECTION				Latitud		Longitude		2 11 2 1 3 2 2 2 1 2 2 2	Trira i	Access Control
	ON RAMP USH12 V AT USH12 NB	ЛR			<u></u>	775473 ordinate	-89.7792 Y Coordina		T/ILT Roadway Link ID#		On Roadway Link Offset
	IN THE TOWN OF D	DELTON				24.2187	4826508	177.50	109483		69
	IN SAUK COUNTY				Over	ride	Tribal Land	1 5	<u> </u>		Structure Type NO STRUCTURE
ļ	Crack Coops				0101						NO STRUCTURE
Ì	Crash Scene				First I	łarmful Ev	ent Location				
	MOTOR VEH IN TR	ANSPOR	Γ			ROADWA	Υ				
	Manner of Collision					Condition					
	02FRONT TO RE				1	LIGHT	J. /	Tibriji			
	Road Surface Conditio	n(s)			EUAILC	onment Fac	ctor(s)				
	DRY					E The					
	Roadway Factor(s)					ner Conditi	on(s)				
	NONE				CLO	Yau					
	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD						
	Crash Classification - I				1777		tion - Jurisdic				1.447
	PUBLIC PROPERT	Υ	47	2			JURISDICT		al Charle		
	Tribal Land		-		1	s Control	L	Speci	al Study		
	Within Interchange Are	- 4	ction Locatio	n RAMP-RELATE	D		ersection Typ OT AN INTE		ON		
1	Unit Summary		-1.5								
	Unit Status	4 (2) 4 (2)		Vehicle Operatin	g As Cl	assification	1	Unit Type			
	HIT AND RUN	7 1	1000	D CLASS				TRUCK			
01	Vehicle Type CARGO VAN (10,0	00 LBS OF	R LESS)						As Endorsements		
	Total Occs 7r	ain/Bus # Inj	ured	Total # Citations 0	Issued		Total Traile		Total HazMat Ty 0	pes	
TINO		rection Of Tr ORTHBOU		Pre Cras			Speed Limi	t	Total Lanes 1		
วั	Most Harmful Event: C			Special Function NO SPECIAL	FUNC	TION		Emergend NOT AP	y Motor Vehicle Us PLICABLE	е	
	Traffic Way ENTRANCE/EXIT F			Traffic Control NO CONTROL	L			Traffic Co	ntrol Inoperative/Mi	ssing	
	Surface Type			Road Curvature				Road Grade			
	CONCRETE			STRAIGHT	T UPHILL						
2	Truck Bus or HazMat										

Wisconsin Motor Vehicle Crash Report

	Role DRIVER				Citations Is:	sued	U	se Driver Address	Individual Type INDIVIDUAL		
2	0	Last Name			First Name				Middle Ini		Suffix
		Street Address		· · · · · · · · · · · · · · · · · · ·	Street Addr	ess 2			PO Box		
_	JAL	City			State		Zip Code		Country o	f Residen	Ce
LNO	INDIVIDUAL	DOB	Sex M	Race W	Hair WHITE	Eyes		Height	Weight	Phone I	Number
	2	Driver's License Numb	ber		State		License Ju	ırsidiction	Country o	Na.	
		License Type			License Status DL Expire Year						
		Equipment	On Duty Accid	ent	Safety Equi	•					
	_	Seat Position 1FRONT SEAT-L	EFT SIDE (C	RIVER/MOTORC	RESTRAINT USE UNKNOWN						
	δ	Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
	1	Injury	Injury Severity NO APPAR	ENT INJURY	Airbag NOT APPLICABLE Ejection Path Trapped/Extricated						·
UNIT	INDIVIDUAL	Ejected NOT APPLICABLE			NOT EJE	CTED/NO	T APPLIC	A NOT APP	LICABLE	<u> </u>	
ā	ΣIO	MedicalTransport NOT TRANSPORT	ED		EMS Agend	The state		EMS Run #	·		
		Hospital			Date of Dea			Time of De			
		Non Motorist	Striking Unit #		Location	A'		To/FromSo	thoo!		MINATE .
	2	Prior Action			Action						
					1.87						4.42
					Action Othe	er E					
		Drug & Alcoh	Individual Con NOT OBSE	RVED	Suspected	Davis Has					
<u>_</u>	CAL	Suspected Alcohol Us	ie	Alashal Toot Tura	Suspected	Alcohol Te	ot Booulto				
UNIT	INDIVIDUAL	Alcohol Test Given		Alcohol Test Type Drug Test Type		Drug Test					- A-SA-C-
	Z	Drug Test Given TEST NOT GIVEN Drug Type	- 194 - 1943 - 1943	Drug Test Type		Diug Test	results		······		
		bring Type									
		Dele			Citations Is	nuod.			Individual	Type	
01		Role PASSENGER			0			se Driver Address	INDIVID	UAL	
0	02	Last Name			First Name Middle Initial Suffix					Suffix	
	:	Street Address			Street Addr	ess 2			PO Box		
	:	City			State		Zip Code		Country o	f Residen	ce

Personal

Wisconsin Motor Vehicle Crash Report

	A							•••		
UNIT	INDIVIDUAL	DOB		Race W	Hair	Eyes	3	Height	Weight	Phone Number
	2	Driver's License Numb	per		State	,	License Ju	rsidiction		Issuance
		License Type	· · · · · · · · · · · · · · · · · · ·	<u>,</u>	License Sta	itus	L	, (7.5) (1.5)	DL Expire	Year
		Equipment	On Duty Accid	ent	Safety Equi	pment				
		Seat Position 3FRONT SEAT-R	IGHT SIDE (TRAIN ENGINEE	RESTRAI	NT USE	JNKNOW	1 /3		
	02	Helmet Use	TOTT OPE (Helmet Con	npliance		Carlos Ca	F	
		Eye Protection			Tint Compli	ance	<u> </u>		<u> </u>	
		Injury	Injury Severity	ENT INJURY	Airbag NOT APP	LICABLE				
–	UAL	Ejected NOT APPLICABLE			Ejection Pa	th .	T APPLIC	Trapped/E	extricated	·
UNIT	INDIVIDUAL	MedicalTransport NOT TRANSPORT		<u> </u>	EMS Agend	7,7,7,7,7,7,7,7		EMS Run		
	Z	Hospital		1.00	Date of Dea	alh 🐪		Time of D	eath	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Non Motorist	Striking Unit #		Location			To/FromS	chool	
		Prior Action			Action					1.000.400
	02				J.P.					
					Action Othe	er				
		Drug & Alcoh	Individual Con	dition		<u></u>				
	7	Suspected Alcohol Us	500		Suspected	Drug Use	<u> </u>		<u> </u>	
LINO	INDIVIDUAL	Alcohol Test Given		Alcohol Test Type	I	Alcohol T	est Results			
_	Ź	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Tes	Results		•	1.110
		Drug Type				_				
		License Plate Number	•		Plate Type	<u>.</u>		St Co	ountry of Issu	ance
		Vehicle Identification N	Number	11 Marin 11 11 11 11 11 11 11 11 11 11 11 11 11	<u> </u>			Year M	ake	
		Mode!			Body Style		l S	Co	olor	

Wisconsin Motor Vehicle Crash Report

		Initial Contact	Point		Vehicle Damag	зе						
		6REAR			LIMICNICIAIN							
2	5	Extent Of Dar			UNKNOWN							
		Towed Due T			Vehicle Factors							
		NOT TOWE										
		Vehicle Remo	•		NOT APPLIC	CABLE			, tes a cons	5.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00		
		OPERATO			Deive Deies As	U Other		Dun	Use	Control of the contro		
		What Driver \ BACKING	vas Doing		Driver Prior Ac	don Oater			T A BUS			
		Driver Actions	3	W10 - 4	Driver Distracti	ons			. Alle			
	Щ	UNSAFE B	ACKING		UNKNOWN	IF DISTRA	CTED					
UNIT	迈							,		Ç.		
5	VEHICL				•			"8411 7772				
		•										
		□ Vehiele	Owner Same As Opera	tor		Tillse One	erator Addr	ASS				
				Company Nam		1000 011		: :	195 196 198			
		Organization ORGANIZA	TION/COMPANY	UHAUL.	16	.5	in.	Sugar	4 "			
		Last Name		First Name	****	100 P	Middle	Suffix	Date of Birth			
		Street Addres	SS	Street Address	:2		PO Box					
		City	·	St Zip Co	ode		Country of R	esidence		***		
)					
		Telephone N	umber									
	DECEM-	Event			Africa.	· A				·		
	5	MOTOR VE	H IN TRANSPORT			/// /***						
	2	Event			i i i i i i i i i i i i i i i i i i i	÷						
		Event								· · · · · · · · · · · · · · · · · · ·		
	03			100 mg/								
	04	Event	. The second		rije. V							
	Unit	Summar	v 1									
	Unit	Status	2.5. 2.5. 2.5. 2.5.		g As Classificatio	n	Unit Type					
		RANSIT		D CLASS			AUTOMO					
02		cle Type ORT) UTILIT	Y VEHICLE				Operating A	AS Endors	ements			
	•	Occs	Train/Bus # Injured	Total # Citations	Issued	Total Trails	ers	Total Ha	ızMat Types			
	4			0		0		0				
TINO	insui YES	rance?	Direction Of Travel NORTHBOUND	Pre Cra Ma		Speed Lim		Total La				
ī		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL			FUNCTION		Emergency NOT APP	Motor Ve	hicle Use E			
	Traffic Way Traffic Control			Traffic Control NO CONTRO			Traffic Con	trol Inoper	rative/Missing			
		2.4.5.4.		Road Curvalure			Road Grad	e				
		NCRETE		STRAIGHT			UPHILL					
02	Truc NO	k Bus or HazM	at									
		Role DRIVER			Citations Issue	sd F	Use Dr		Individual Type			
02	65	Last Name			First Name		Address INDIVIDUAL Middle Initial Suffix			Suffix		
	03	PRIBEK		RANDAL				JOSEPH				

Wisconsin Motor Vehicle Crash Report

		Street Address 1835 ORCHARD LN		Street Addr	ess 2			PO Box			
	Z	City OSHKOSH		State WI		Zip Code 54902			f Residence STATES		
LNO	INDIVIDUAI	DOB Sex M	Race W	Hair GRAY	Eyes GRE		Height 600	Weight 214		1-4355 EXT.	
	2	Driver's License Number		State WI		License Ju STATE	ırsidiction	UNITED	f Issuance STATES	<i>i</i>	
		License Type NON-CDL DRIVER'S LICENS	E	License Sta				DL Expire 2019	Year		
		Equipment On Duty Acc	cident	Safety Equi	ipment		2-10 2000 2-10 10 2000 2000 - 10 2000 2000 - 10 2000	12.12.1, 12.	•		
		Seat Position 1FRONT SEAT-LEFT SIDE	(DRIVER/MOTORC	SHOULD	ER & LAP	BELT					
	93	Helmet Use	····	Helmet Cor	mpliance	, die	10000 10000				
		Eye Protection		Tint Compli	lance						
		Injury Sever	ity RENT INJURY	Airbag NON DEF	LOYED	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
E	INDIVIDUAL	Ejected NOT EJECTED		Ejection Pa		T APPLIC	Trapped/E				
LNO	5	MedicalTransport NOT TRANSPORTED		EMS Agend	cy Identifier	uilf St	EMS Run #	#			
	Z	Hospital		Date of Dea	alh		Time of De	ath			,
		Non Motorist Striking Uni	L#	Location			To/FromSo	chool			
	. 03	Prior Action		Action Action Other							
			and Man - 1	ACION Out	 		<u>.</u>				
		Drug & Alcoh Individual C APPEARE	D NORMAL	Suspected	Data Maa						
_	UAL	Suspected Alcohol Use NO	Alcohol Test Type	NO	Alcohol Te	et Bosulto					
LIND	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	4. 7587		Drug Test						
	Z	Drug Test Given TEST NOT GIVEN	Drug Test Type		Ding lest						
		Drug Type				-					
8		Role PASSENGER		Citations Is 0		V U	se Driver Address	Individual INDIVID	UAL		
02	9	Last Name PRIBEK		First Name LINDA				Middle Initial Suffix K			
		Street Address 1835 ORCHARD LN		Street Addr	ress 2			РО Вох			
		City		State		Zio Code		Country of	f Residence		

Wisconsin Motor Vehicle Crash Report

_	INDIVIDUAL	оѕнкоѕн			wı		54902			STATES		
UNIT	ā	DOB	1	Race W	Hair BLOND	Eyes GRE	EN	Height 502	Weight 150		umber 31-4355 EXT.	
_	2	Driver's License Numb	Г		State			Jursidiction	V 6v	f Issuance		
	2	Driver's License (valid	DGI		WI		STATE		UNITED STATES			
		License Type			License Statu	_		.48.4	DL Expire 2019	Year		
		NON-CDL DRIVER	On Duty Accide	ent	VALID LICE Safety Equipn			164,	1 - 7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	withly		
		Equipment	On Duty Accide	5111	Salety Equipm	nem						
		Seat Position			SHOULDER	R & LAP	BELT					
	2	4SECOND SEAT	-LEFT SIDE(I	MOTORCYCLE/B	Helmet Camp	Vices	***		- 4 - 4			
		Helmet Use			Helmet Comp	oliance	, lib	¹⁹⁹ veyed	fis.			
		Eye Protection			Tint Complian	ice					*****	-
		Injury	Injury Severity		Airbag							
		Ejected	NO APPARE	NT INJURY	NON DEPL		<u> </u>	Trapped/E	viricated			
⊨	È	NOT EJECTED			NOT EJECT		T APPLI					
LNO	INDIVIDUAL	MedicalTransport	red		EMS Agency	ldentifier		EMS Run	#			
	Z	Hospital			Date of Death	1		Time of De	eath		<u> </u>	
			F == 1777			Ţ.		T-15	ah a al			
		Non Motorist	Striking Unit #	<u>,</u> 2}*	Location	A.s.		To/FromS	cnool			
	04	Prior Action			Action Action Other							
			Individual Con-	dition 1945-1949				 				
		Drug & Alcoh	APPEARED									
		Suspected Alcohol Us NO			Suspected Dr NO	ug Use						
느	Ž	Alcohol Test Given	#34 544 74.	Alcohol Test Type	A	lcohol Te	st Results	i				
LIND	NDIVIDU	TEST NOT GIVEN			<u></u>		- "				-	
	2	Drug Test Given TEST NOT GIVEN		Drug Test Type		Orug Test	Results					
	2017/10 2517/10 2517/2	Drug Type	*									
	_	Role PASSENGER			Citations Issu 0	ed		Use Driver Address	Individual			
02	05	Last Name		-	First Name		1		Middle Ini		Suffix	•
	J	TROUDT Street Address			GARY Street Address	20 2			JAMES PO Box			
		1875 QUEENS DR	t		Sucet Modles			LO ROX				
		City					Zip Code	•	Country of Residence			

Wisconsin Motor Vehicle Crash Report

									Á		
		COUNCOU		wi		54904		UNITED	STATES	200 000 000 000 000	
LINO	NDIVIDUAL	OSHKOSH DOB Sex Race M W		Hair BROWN	Eyes GRE		Height 507	Weight 182	Phone Num (920) 312-	-3701 EXT.	
	2	Driver's License Number		State WI		License J	ursidiction	Country of UNITED	Issuance STATES	<u>j</u>	
		License Type		License Stat			100000	DL Expire 2024	Year		_
		COMMERCIAL DRIVER LICENSE (CI On Duty Accident) -	Safety Equip				The second secon	V 2000 1 - 100 - 100 - 100 1 - 100 - 100 - 100		_
		Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN	ENGINEE	SHOULDE	R & LAP	BELT					
	05	Helmet Use		Helmet Com	ipliance	504					
		Eye Protection		Tint Complia	ince	T.	,				
	Ĺ	Injury Severity NO APPARENT IN	JURY	Airbag NON DEPI Ejection Pati	74.9		Trapped/Ex	dricated			_
Ħ	5	Ejected NOT EJECTED		NOT EJEC	TED/NO	T APPLIC		APPED			
LIND	INDIVIDUAL	MedicalTransport NOT TRANSPORTED		EMS Agency	y Identifier		EMS Run #	ŧ			
	Z	Hospital		Date of Dea	th		Time of De	ath			
		Non Motorist Striking Unit #		Location			To/FromSo	hool			
	95	Prior Action		Action Action Other	r						
		Individual Condition									
		Drug & Alcoh APPEARED NORI	/AL	Suspected [Orug Use						
LIND	NDIVIDUAL	, 107	ol Test Type	1	Alcohol Te	st Results	.=-				_
_	<u>Q</u>	Drug Test Given Drug TEST NOT GIVEN	Test Type		Drug Test	Results					
		Drug Type						_			
٥.		Role PASSENGER		Citations Iss 0	sued		Jse Driver Address	Individual INDIVID	UAL.		
02	90	Last Name TROUDT		First Name DINA				Middle Ini	tial Su	ıffix	_
		Street Address 1875 QUEENS DR		Street Addre	ess 2			PO Box	1		
		City		State		Zip Code		Country o	f Residence		_

Wisconsin Motor Vehicle Crash Report

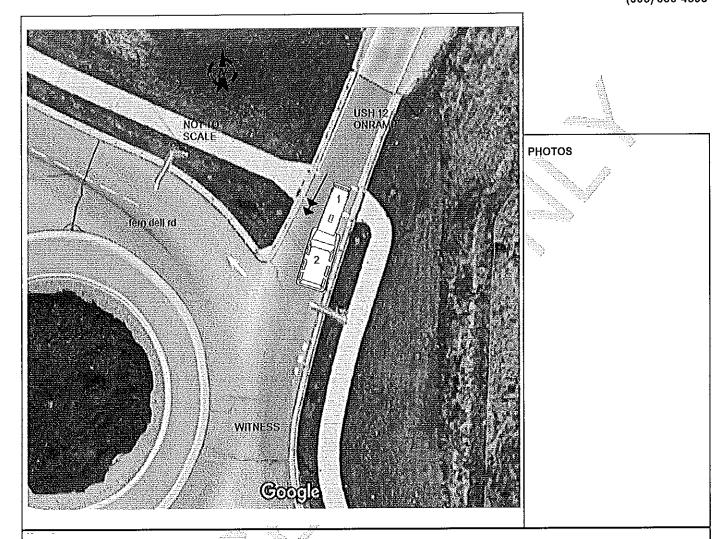
									1			
╘	NDIVIDUAL	OSHKOSH	I C I I	Race	WI Hair	Evas	54904	Height			Phone Number	_
UNIT		DOB		N	BROWN	Eyes GRE	EN	504		Weight 121	(920) 252-1084 EXT.	
	2	Driver's License Number	ber		State WI		License . STATE	Jursidiction	- [1	UNITED	STATES	
		License Type NON-CDL DRIVER			License Status VALID LICE	NSE			7 m m m 1	DL Expire 2021	Year	
		Equipment	On Duty Accide	ent	Safety Equipm	ent			iga.			
		Seat Position 6SECOND SEAT	-RIGHT SIDE		SHOULDER	& LAP	BELT		100			
	90	Helmet Use			Helmet Compl	iance	J.S.	1000g		···		
		Eye Protection			Tint Compliand	ce						
		Injury	Injury Severity NO APPARE	NT INJURY	Airbag NON DEPLO	OYED		AS TO SERVICE		·		
	Z	Ejected		A******	Ejection Path	y	TABBLE	Тгарре				
LIND	Ē	NOT EJECTED MedicalTransport			NOT EJECT EMS Agency lo	43.41.15.	I APPLI	CA NOT		PPED		_
ر	INDIVIDUAL	NOT TRANSPORT	rED									
		Hospital			Date of Death			Time o	of Dear	th		
		Non Motorist	Striking Unit #	À	Location	<i>3</i> °		To/Fro	mSch	00[-
	90	Prior Action	1		Action							
					Action Other							
		Drug & Alcoh	Individual Cond									
	WAL	Suspected Alcohot Us NO	se .	77	Suspected Dru NO	ıg Use						
UNIT	Ž	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Al	cohol Te	st Results	i				
_	INDIVIE	Drug Test Given TEST NOT GIVEN		Drug Test Type	Dı	rug Test	Results					
		Drug Type										
		License Plate Numbe 784HED	r		Plate Type AUT - AUTO	MOBII	E	St WI	1	ntry of Issu TED STA		
		Vehicle Identification	Number		AGITAGIO	/INODIL	· 	Year	Make		11	
		5XYZWDLA8HG4I	60207		Dark Char			2017	ļ	INDAI		
		Model SANTA FE S		1 ' '				l	Color BLK - BLACK			

Wisconsin Motor Vehicle Crash Report

1	475345	Initial Contact Point		Vehicle Dam	age			
1		12FRONT			•			
		Extent Of Damage		12FRON	Г			
02	02	FUNCTIONAL DAMAGE						
		Towed Due To Damage		Vehicle Fact	ors			
		NOT TOWED						
		Vehicle Removed By		NOT APPL	ICABLE			
		OWNER						
		What Driver Was Doing		Driver Prior A	Action Other		Bus U	Jse State
		STOP IN TRAFFIC					NOT	A BUS
		Driver Actions		Driver Distra	ctions			
	Ш	NO CONTRIBUTING ACTION		NOT DIST	RACTED			
 								The same of the sa
FIND	Ĭ							100 100 100 100 100 100 100 100 100 100
	VEHICL						-/	
						497		7000-00-00-00-00-00-00-00-00-00-00-00-00
				<u> </u>		//g		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		☑ Vehicle Owner Same As Operato	or		Use Oper	rator Addre	SS =	
		Organization Type	Company Name	}		- 11,10, 111,100 - 110,000		
		INDIVIDUAL			<u></u> ,	-	77.2.2.7	
		Last Name	First Name		10.00	Viiddle	Suffix	Date of Birth
		PRIBEK	RANDAL		75.65 \$ _	JOSEPH		
		Street Address	Street Address2	2	1724	PO Box		
		1835 ORCHARD LN	A. 150 A			1. <i>17</i>	1.1	
		City	St Zip Coo			Country of Res		
	ritali (15)	OSHKOSH	Wi 54902			UNITED 317	4163	
		Telephone Number (920) 231-4355 EXT.						
	42.0	Event		· · · · · ·	· 101.			
	9	MOTOR VEH IN TRANSPORT		7				
		Event			-0.00- -0.00-			
	2							
	6	Event						
	03			/===				
	04	Event		3.07 3.07 3.77				
Į	0							
أے	5	Insurance Company		Pol	licy Holder me As Owner	IJ Poli	çy Hold	er Same As Driver
LIND	ALPA KASA	PEKIN-INS-CO Organization Type Last Name	2 2557 2 2557 2557	First Na			older Com	
	뎚	Organization Type Last Name INDIVIDUAL PRIBEK		RAND		1 0 10 110	//doi 00///	polity
{ 	Des	cription						
	Dlag							Reconstruction By
	Diag							
								Photos By WITNESS
								AAIIME99
								Additional Information

Wisconsin Motor Vehicle Crash Report

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



UNIT 1 IS A UHAUL. WENT THROUGH ROUNDABOUT AND ONTO USH 12 ONRAMP. STOPPED IN TRAFFIC AND BACKED UP INTO UNIT 2 THAT HAD STOPPED BEHIND UNIT 1. OPERATOR OF UNIT 1 DID SPEAK TO OPERATOR OF UNIT 2 HOWEVER DID NOT GIVE ANY INFORMATION AND LEFT THE SCENE. NO INJURIES REPORTED. FUNCTIONAL DAMAGE TO UNIT 2. UNKNOWN IF ANY DAMAGE TO UNIT 1.

Signature

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

Agency Space					
Officer Rank	Officer Last Name	Officer First	Name	Officer Middle Name	Suffix
DEP	KNULL	ERIC		D	
DOT Officer ID 9141		DNR Officer ID		Officer Badge Number 9141	
Officer EMail				* *	
4 mm 24 mm m					
Local Agency Number	Law En	forcement Agency Jurisdic	tion	Law Enforcement Ag	
Local Agency Number Law Enforcement Age SAUK COUNTY SH	SAUK ncy Name	·································	TAS Agency Name	COUNTY SHERIE	

Law Enforcement Agency City

LEA State

Law Enforcement Agency Zip Code

Wisconsin Motor Vehicle Crash Report

BARABOO	WI	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

