

6TL09PBQ9F  
18-12110

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL09PBQ9F

Document Number Override		Primary Crash Document #	Agency Crash Number <b>18-12110</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>10/31/2018</b>		Crash Time <b>07:45 AM</b>	Date Arrived <b>10/31/2018</b>	Time Arrived <b>07:59 AM</b>	
Date Notified <b>10/31/2018</b>		Time Notified <b>07:45 AM</b>	Total Units <b>03</b>	Total Injured <b>02</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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">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 3 WAS SOUTH ON CTH A TURNING LEFT, EAST, ONTO CITY VIEW RD. UNIT 2 WAS SOUTH ON CTH A, SLOWING BEHIND UNIT 3. UNIT 1 WAS SOUTH ON CTH A. UNIT 1 OPERATOR STATED SHE LOOKED DOWN AND WHEN SHE LOOKED UP SHE REALIZED UNIT 2 WAS SLOWING. UNIT 1 OPERATOR COULD NOT SLOW ENOUGH. UNIT 1 CRASHED INTO UNIT 2 WHICH CAUSED UNIT 2 TO HIT UNIT 3.

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Location

ON CTHA SB 95 FT N OF CITY VIEW RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.489361214</b>	Longitude <b>-89.738738517</b>
	X Coordinate <b>278545.09375</b>	Y Coordinate <b>4818804</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</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>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>		Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</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>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

01 UNIT	<b>Vehicle</b>			
	License Plate Number <b>ACY3007</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GKDT13S062290009</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2006</b>	Model <b>ENVOY</b>
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FOLLOWING TOO CLOSE</b>				
	Driver Distractions <b>DISTRACTION/INATTENTION</b>				
01	01	Owner Name <b>ADDIE LOUISA CROSS (720) 878-1455</b>		Owner Address <b>1709 COTTONTAIL LN REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>ADDIE CROSS</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>ADDIE LOUISA CROSS (720) 878-1455</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>1709 COTTONTAIL LN REEDSBURG, WI 53959 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>		Safety Equipment	
	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>			
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance			
	Helmet Use	Tint Compliance			
	Eye Protection				
01	001	<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>	

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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
	01	001	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>				
01	<b>Violations</b>					
	UTC Number <b>AD9788881</b>	Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Seq Num <b>001</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</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 CAR</b>	Operating As Endorsements				
		Total Occs <b>3</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>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</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>HILLCREST</b>			
		Truck Bus or HazMat <b>NO</b>					
		02	02	<b>Vehicle</b>			
				License Plate Number <b>BKYM0M</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1G1ZK57B79F165388</b>	Make <b>CHEVROLET</b>			Year <b>2009</b>	Model <b>MALIBU LTZ</b>		
Color <b>RED - RED</b>	Body Style <b>4D - 4DR</b>			Bus Use <b>NOT A BUS</b>			

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UNIT	VEHICLE	Initial Contact Point <b>6--REAR</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 6--REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>	
		What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>JAMIE LYN HOVEY (608) 448-8508</b>	Owner Address <b>E11240 N POPLAR RD BARABOO, WI 53913 , US</b>	
02	02	<b>Sequence Of Events</b>		
		01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
UNIT	04	04	Event	
		<b>Policy Holder</b>		
UNIT	INDIVIDUAL	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>JAMIE HOVEY</b>	
		Driver <b>JAMIE LYN HOVEY (608) 448-8508</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>E11240 N POPLAR RD BARABOO, WI 53913 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</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 Use	Helmet Compliance			
Eye Protection	Tint Compliance			

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02	UNIT	INDIVIDUAL	002	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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		
			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				
002	002	Drug Type							
Individual Condition	<b>APPEARED NORMAL</b>								
02	UNIT	INDIVIDUAL	<b>Individual</b>						
Passenger <b>NOAH R HOVEY</b> <b>(608) 448-8508</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>							
Date of Birth [REDACTED]	Race <b>WHITE</b>								
Address <b>E11240 N POPLAR RD</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number								
<b>Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>							
Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	Helmet Use	Helmet Compliance							
Eye Protection	Tint Compliance								
003	<b>Injury</b>	Injury Severity <b>POSSIBLE 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 #							

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UNIT	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	<b>Individual</b>				
Passenger <b>STELLA I HOVEY (608) 448-8508</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>		
Address <b>E11240 N POPLAR RD BARABOO, WI 53913 , US</b>			Driver License Number			
<b>Equipment</b>		On Duty Crash	Safety Equipment			
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>			<b>BOOSTER SEAT</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			
	02	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	03	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>3</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>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</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>HILLCREST</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>164FHP</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1HGCR2F38DA075479</b>	Make <b>HONDA</b>	Year <b>2013</b>	Model <b>ACCORD LX</b>
		Color <b>GRY - GRAY</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>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		



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UNIT 03	VEHICLE 03	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Driver Distractions <b>NOT DISTRACTED</b>	
		Owner Name <b>JASON G ARENDSEE (608) 434-6805</b>	Owner Address <b>S2716 COUNTY ROAD A BARABOO, WI 53913 , US</b>
<b>Sequence Of Events</b>			
UNIT 04	INDIVIDUAL 01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		Event	
		Event	
		Event	
<b>Policy Holder</b>			
UNIT 03	INDIVIDUAL 005	Insurance Company <b>WEA-PROPERTY-&amp;-CASUALTY-INS-CO</b>	Individual <b>JASON ARENDSEE</b>
		<b>Individual</b>	
UNIT 03	INDIVIDUAL 005	Driver <b>JASON G ARENDSEE (608) 434-6805</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
UNIT 03	INDIVIDUAL 005	Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>S2716 COUNTY ROAD A BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT 03	INDIVIDUAL 005	<b>Equipment</b>	On Duty Crash
			Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
UNIT 03	INDIVIDUAL 005	<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
UNIT 03	INDIVIDUAL 005	Hospital	EMS Run #
			Date of Death
			Time of Death
UNIT 03	INDIVIDUAL 005	<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>SAMUEL J ARENDSEE</b> <b>(608) 434-6805</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
	Address <b>S2716 COUNTY ROAD A</b> <b>BARABOO, WI 53913 , 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>BOOSTER SEAT</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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03	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>MAGDELAYNA M ARENDSEE (608) 434-6805</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>S2716 COUNTY ROAD A BARABOO, WI 53913 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Driver License Number					
03	UNIT INDIVIDUAL	<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>6--SECOND 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		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School

6TL09PBQ9F  
18-12110

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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>			
	03 007			