18-12842

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document #		Crash Number 342	Investigating Officer/Deputy  DEPUTY A. MEEKER			
<b>3</b> F	Crash Date 11/17/2018	Crash Time 05:11 PM			rrived 2018	Time Arrived 05:17 PM			
B7D	Date Notified 11/17/2018	Time Notified 05:13 PM		Total U 03	nits	Total Injured <b>02</b>	Total Killed	i	
<b>.</b> 09	On Emergency	it and Run	and Run 🗸 Lane Closu		☐ Work Zone	Trailer or	Towed		Reporting Threshold
6TL	Government Property	Active Sc	hool Zone	School <b>NO</b>	Bus Related	Tags			
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amended			Secondary Crash

**Description** Diagram Reconstruction By Photos By A. MEEKER #9158 Additional Information **PHOTOS STH 33** unit Î unit 1 (K unit 2 unit 2 unit 1 unit 2 unit 1 unit 3 NOT TO NOT TO SCALE SCALE

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

UNIT #1 WAS TRAVELING EAST BOUND ON HWY 33. UNIT #1 STOPPED TO MAKE A LEFT TURN ONTO HWY 23. UNIT #2 WAS TRAVELING WEST BOUND ON HWY 33. UNIT #3 WAS STOPPED AT THE STOP SIGN ON HWY 23 AT THE HWY 33 INTERSECTION. UNIT #1 ATTEMPTED TO MAKE A LEFT TURN ONTO HWY 23. FAILING TO YIELD RIGHT OF WAY TO UNIT #2. UNIT #2 STRUCK UNIT #1 TURNING THEM AROUND, STRIKING UNIT #3, TWO SIGN POSTS, AND COMING TO REST IN THE MEDIAN. THE OCCUPANTS OF UNIT #2 WERE TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER FOR SUSPECTED INJURIES. PASSENGER IN UNIT #2 SUSTAINED A BROKEN PATELLA AND LACERATION TO THE RIGHT PINKY FINGER. UNIT #1 WAS CITED FOR FAILURE TO YIELD RIGHT OF WAY MAKING LEFT TURN AND NON REGISTRATION OF AN AUTO. PLEASE SEE NARRATIVE REPORT #18-12842 FOR MORE INFORMATION.

#### 6TL09B7D9L 18-12842

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	_oc	ation <b>——</b>											
Ī		STH33 EB						Latitude			Longitud	le	
	52 F							43.53219	94566		_	552456	
	OF (	COUNTY LAND FILL I	_N					X Coordin	ato		Y Coord	inate	
		HE TOWN OF EXCEL	SIOR					266353.4			482397		
	IN S	AUK COUNTY						Structure			102001		
									UCTURE				
L								NO STR	OCTORL				
(	Cras	sh Scene 💳											
Ī	First	Harmful Event						First Harm	nful Event Lo	ocation			
	MO	OR VEH IN TRANSPO	ORT					ON ROA	DWAY				
ŀ	Manr	er of Collision						Light Cond	dition				
	08	FRONT TO SIDE						DARK/U	NLIT				
ŀ	Road	Surface Condition(s)						Roadway	Factor(s)				
	DRY												
	Envir	onment Factor(s)											
	NON	IE						NONE					
	Mac	hor Condition(a)											
		her Condition(s)											
	CLO	UDY											
ŀ	Anim	al Type						Relation T	o Trafficway	/			
		•							CWAY - OI				
ŀ	Crash Classification - Location PUBLIC PROPERTY Tribal Land						Crash Clas	ssification -	Jurisdiction				
									SDICTION				
ŀ									Special Study				
								NO CONTROL					
-	Withi	n Interchange Area	Junction Location	1			Intersection						
	NO	i intoronango / troa	INTERSECTIO						RSECTION	ı			
ŀ		ıre Type				Reaso	ns for Closi						
		SURE-ONE DIRECTION	ON			Neaso	113 101 01031	ai <del>C</del>					
ŀ		Initial Lane/Rd Closed		ane/Rd Closed		ΙΔW	ENFORC	EMENT T	OW TRUC	K, FIRE/EM	s		
		7/2018	05:17 PM	ane/Na Closea		LAW	LINI OINO		OW 11100	, I III.	•		
ŀ		All Lanes Open	Time All Lan	es Onen		Data S	cene Clear	od	Tim	ne Scene Clear	od		
		7/2018	06:44 PM	ос орон			/2018	cu		:44 PM	eu		
L			00.441 III			11/17	2010						
ı		Summary =											
		Status					rating As C	lassification		Unit Type			
Ĺ		RANSIT			D C	LASS				AUTOMOB			
5		cle Type	_		_			·		Operating As	Endorser	nents	
1	•	ORT) UTILITY VEHICL									_		
		Occs	Train/Bus # Inju	ured		# Citat	ions Issued	·	Total Trail			Mat Types	
	01				02				0		0		
		ance?	Direction Of Tra				CrashTire		Speed Lim		Total Lane	es	
	YES		EASTBOUNI	ט	Ш		Mark		55		2		
		Harmful Event: Collision				ial Fun	ction AL FUNC	TION		NOT APPL			
		OR VEH IN TRANSP	DRT					TION					
		c Way				ic Contr				Traffic Contro	I Inoperat	ive/Missing	
		-WAY, NOT DIVIDED				CONT				NO			
ſ		се Туре				d Curva				Road Grade			
		CKTOP (BITUMINOU	S)		STR	AIGH	Γ			LEVEL			
ſ		Bus or HazMat									· · · · · · · · · · · · · · · · · · ·		
	NO												
٦	١	/ehicle											
		License Plate Number			Plat	е Туре			St	Country of Iss	uance		
		347WMX					томовіц	.Е	WI	UNITED ST			
		Vehicle Identification Nur	mber		Mak			•	Year	Model			
5	0	ZACCJBCB0HPG580			JE				2017	RENEGADE			
			<del>-</del>		1	-							

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

			Body Style UT - SPORT UTILITY VEHICLE	Bus Use NOT A BUS				
	Е		Vehicle Damage					
⊨	SLI	3RIGHT SIDE MIDDLE	volliolo Dalliago					
LNO	VEHICL	Extent Of Damage	ALL AREAS					
_	VE	DISABLING DAMAGE						
			Vehicle Removed By					
			STEVES AUTO SERVICE  Vehicle Factors					
		LEFT TURN	Vehicle Laciois					
		Driver Prior Action Other	NOT APPLICABLE					
	Е	Driver Actions FAILED TO YIELD RIGHT-OF-WAY						
⊨								
UNIT	VEHICL							
	VE							
		Driver Distractions						
		Driver Distractions NOT DISTRACTED						
7	01							
0	0							
		Owner Name	Owner Address S2086 S LADYSLIPPER CT					
		JAMES J FRAZIER (608) 393-0667	REEDSBURG, WI 53959, US					
		Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPORT						
		Event						
	02	MOTOR VEH IN TRANSPORT						
	03	Event TRAFFIC SIGN POST						
		Event						
	04	TRAFFIC SIGN POST						
╘	ı	Policy Holder						
LINO		Insurance Company PEKIN-INS-CO	Individual  JAMES FRAZIER					
		ndividual	VANIESTRAZIER					
		Driver	Citations Issued	Sex				
	7	JOSEY RUTH FRAZIER	02	FEMALE				
	NΑ	(608) 393-0667	Date of Birth	Race WHITE				
	ИD	Address	Driver License Number	White				
5	INDIVIDUAL	S2086 S LADYSLIPPER CT	Driver License Number					
	Z	REEDSBURG, WI 53959 , US	STATE: WISCONSIN COUNTRY: UN	NITED STATES				
		Equipment On Duty Crash	Safety Equipment					
		Seat Position	SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use	Helmet Compliance					

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/17/2018

		Eye Protection	Eye Protection			Tint Compliance					
10	001	Injury	Injury Severity NO APPARE	NT INJURY	Airbag <b>DEPLOYI</b>	ED-SIDE					
		Ejected			Ejection Pa			Trapped/Ex			
		NOT EJECTED				CTED/NOT API	PLICABL	NOT TRA			
		Medical Transport  OTHER			EMS Agend	cy Identifier		EMS Run #			
		Hospital			Date of Death			Time of Dea	ath		
		REEDSBURG ARE	A MED CTR								
		Non Motorist	Striking Unit #	Prior Action		Location			To/From School		
UNIT	INDIVIDUAL	Action Other  Suspected Alcohol Use NO  Alcohol Test Given			Suspected NO Alcohol Tes			Alcohol Tes	t Results		
		TEST NOT GIVEN			Drug Toot 7	Tuna		D 7 15			
	Drug Test Given TEST NOT GIVEN			Drug Test	гуре		Drug Test R	esults			
10	00	Drug Type  Individual Condition									
		APPEARED NORM	MAL								
	,	Violations									
	5	UTC Number AE141960	Issue To? 001	Statute Number <b>341.04(1)</b>	Seq Num <b>001</b>	Description NON-REGIST	RATION OF	- AUTO, ETC			
	05	UTC Number <b>AE141961</b>	Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Seq Num <b>001</b>	Description FAIL/YIELD V	VHILE MAK	NG LEFT T	URN		
	Uni	t Summary •									
	Unit	Status				ting As Classificati	on	Unit Type			
		RANSIT			D CLASS			AUTOMO			
02		cle Type SSENGER CAR						Operating A	s Endorsements		
		l Occs	Train/Bus	# Injured	Total # Citation	ns Issued	Total Trail	ers	Total HazMat Types  0		
		rance?	Direction			ashTire	Speed Lim	nit	Total Lanes		
UNIT	YES	Harmful Event: Collision	WESTB	DUND	Special Function	ark	55	Emergency	Motor Vehicle Use		
5		TOR VEH IN TRANS				L FUNCTION		NOT APP			
		ic Way <b>D-WAY, NOT DIVID</b> I	ED		Traffic Control NO CONTRO			Traffic Control Inoperative/Missing			
		ace Type			Road Curvatur			Road Grade			
		CKTOP (BITUMING	DUS)		STRAIGHT			LEVEL			
	Truc <b>NO</b>	k Bus or HazMat									

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**WISCONSIN MOTOR VEHICLE CRASH REPORT** 

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

	,	Vehicle										
			Plate Type	St	Country of Issuance							
			AUT - AUTOMOB		UNITED STATES							
05	05		Make FORD	Yea <b>200</b>								
			Body Style UT - SPORT UTILITY VEHICLE Bus Use NOT A BUS									
	Щ	Initial Contact Point	Vehicle Damage									
	2	12FRONT	4 DICUT EDONT	CODNED 44	LEET FRONT CORNER 42 FRONT							
5	VEHICL	DISABLING DAMAGE	1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT									
		TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SI	ERVICE								
		What Driver Was Doing	Vehicle Factors									
		GOING STRAIGHT  Driver Prior Action Other	NOT APPLICABL	E								
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION										
		Driver Distractions										
		NOT DISTRACTED										
05	02											
		Owner Name	Owner Address	OT 1 OT 15T								
		DONALD CLARENCE GROSKREUTZ (608) 415-5147	2701 E MAIN S	STLOT 157 , WI 53959  , U:	8							
		(666)										
	,	L Sequence Of Events										
		Event										
	5	MOTOR VEH IN TRANSPORT  Event										
	05	EVOIT										
	03	Event										
	9	Event										
E	ı	Policy Holder										
UNIT		Insurance Company HARFORD-MUTUAL-INS-CO	Individual DONALD GROS	SKREUTZ								
	ı	Individual										
		Driver	Citations Issued		Sex							
	7	DONALD CLARENCE GROSKREUTZ (608) 415-5147	0		MALE							
	7	,	Date of Birth		Race WHITE							
		Address	Driver License Nur	mber								
<b>ס</b>	INDIVIDUA	2701 E MAIN ST LOT 157 REEDSBURG, WI 53959 , US			Y: UNITED STATES							

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Equipment	On Duty Crash		Safety Equipment						
		Seat Position			SHOULDER & I	_AP BELT					
			LEFT SIDE (DRIVE	R/MOTORCY	Halmat Compliance						
		Helmet Use			Helmet Complianc	e					
		Eye Protection			Tint Compliance						
			Linium Coverity		Airbog						
02	Injury Severity POSSIBLE INJURY				Airbag  DEPLOYED-FR	ONT					
		Ejected			Ejection Path		Trapped/Extricated				
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED				
	Medical Transport  EMS GROUND				EMS Agency Ident	ifier	EMS Run #				
		Hospital			Date of Death		Time of Death				
		REEDSBURG AR	EA MED CTR								
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action		1		1					
_	INDIVIDUAL										
LNO	<u></u>										
5	$\geq$										
	Z										
		Action Other									
			Suspected Alcohol U	50	Suspected Drug U	50					
	L	Orug & Alcohol	NO	se	NO	56					
		Alcohol Test Given TEST NOT GIVEN	I		Alcohol Test Type		Alcohol Test Results				
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN									
02	005	Drug Type									
								_			
		Individual Condition									
		APPEARED NOR	MAL								
	1	Individual									
		Passenger NANCY ANN GRO	SKREUTZ		Citations Issued  0		Sex FEMALE				
	¥	(608) 415-5147			Date of Birth		Race				
							WHITE				
LINO	(608) 415-5147  Address 2701 E MAIN ST # 157 REEDSBURG, WI 53959 , US			Driver License Nur	mber						
			STATE: WISCO	NSIN COUNTRY: U	NITED STATES						
		Equipment	On Duty Crash		Safety Equipment						
		Seat Position	<u> </u>		SHOULDER & L	AP BELT					
			RIGHT SIDE (TRAI	N ENGINEER							
		Helmet Use			Helmet Complianc	е					

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection			Tint Compliance					
02	003	Injury	Injury Severity SUSPECTED MIN	IOR INJURY	Airbag  DEPLOYED-FR	ONT				
		NOT EJECTED			Ejection Path  NOT EJECTED/	NOT APPL	ICABL	Trapped/Ext		
		Medical Transport  EMS GROUND			EMS Agency Ident 6001024	ifier		EMS Run #		
		Hospital			Date of Death			Time of Death		
		REEDSBURG ARE		I D : A ::	Location					
		Non Motorist	Striking Unit #	Prior Action	Location					To/From School
		Action								
UNIT	INDIVIDUAL									
		Action Other								
	,	Prug & Alcohol NO			Suspected Drug Us	se				
	L	Alcohol Test Given			NO Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN						Alcohol 1es	results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug Test R	esults		
02	003	Drug Type								
		Individual Condition								
		APPEARED NORM	//AL							
		t Summary Status			Vehicle Operating As (	Naccification		Unit Type		
		RANSIT			D CLASS	Diassilleation		AUTOMOI	BILE	
03		cle Type SSENGER CAR		1				Operating As Endorsements		
		Occs	Train/Bus # Inju		Total # Citations Issue	d	Total Traile	ers	Total Hazi	Mat Types
_	Insu	ance?	Direction Of Tra		Pre CrashTir	е	Speed Lim	it	Total Lane	s
UNIT		Harmful Event: Collision			Special Function NO SPECIAL FUNC	CTION	l	NOT APPI		cle Use
		ic Way D-WAY, NOT DIVIDI	FD		Traffic Control STOP SIGN			Traffic Conti	ol Inoperati	ve/Missing
	Surfa	асе Туре		1	Road Curvature			Road Grade		
		CKTOP (BITUMING	DUS)		STRAIGHT			LEVEL		
	NO	N Dus of Flaziviat								
	1	Vehicle								
		License Plate Number 662WZH	r		Plate Type <b>AUT - AUTOMOBI</b>	LE	St WI	Country of Issuance UNITED STATES		
03	03	Vehicle Identification I KNAGM4A74F555			Make KIA MOTORS CO	RPORA	Year 2015	Model OPTIMA LX	(	

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

			Body Style 4D - 4DR	Bus Use NOT A BUS				
_	ᄪ	Initial Contact Point	Vehicle Damage					
LINO	VEHICLE	12FRONT Extent Of Damage	12FRONT					
_	VE	MINOR DAMAGE						
			Vehicle Removed By  OWNER					
		· ·	Vehicle Factors					
		STOP IN TRAFFIC	NOT APPLICABLE					
		Driver Prior Action Other	NOT AFFLICABLE					
		Driver Actions NO CONTRIBUTING ACTION						
_	ΊE	NO CONTRIBUTING ACTION						
LIND	VEHICL							
	VE							
		Driver Distractions						
		NOT DISTRACTED						
~	8							
03	03							
		Owner Name JODI J VOGEL	Owner Address 635 N PARK ST					
		(608) 963-9072	REEDSBURG, WI 53959 , US					
		Sequence Of Events Event						
	01	MOTOR VEH IN TRANSPORT						
	02	Event						
	03	Event						
	04	Event						
_		Policy Holder						
LNO		Insurance Company	Individual					
_		AMERICAN-FAMILY-INS-CO	JODI VOGEL					
	I	Individual Driver	Citations Issued	Leav				
		CLAYTON SHFFIELD MEAD	0	Sex MALE				
	UAI	(608) 963-9072	Date of Birth	Race				
LIND	/ID	Address	Driver License Number	WHITE				
5	INDIVIDUAL	106 MINOR ST PO BOX/11	Driver License Number					
	<b>=</b>	LIME RIDGE, WI 53942 , US	STATE: WISCONSIN COUNTRY: UN	NITED STATES				
		Equipment On Duty Crash	Safety Equipment					
		Seat Position	SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY						
		Helmet Use	Helmet Compliance					

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

		Eye Protection			Tint Compliance						
03	004	Injury	Injury Severity NO APPARENT I	NJURY	Airbag NON DEPLOYE	D					
		Ejected			Ejection Path Trapped/Extricated						
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED				
		Medical Transport NOT TRANSPOR	TED		EMS Agency Ident	itier	EMS Run #				
		Hospital			Date of Death		Time of Death				
		Non Motorist Striking Unit # Prior Action				Location		To/From School			
		Action									
LIND	INDIVIDUAL										
		Action Other									
	E	Drug & Alcohol	Suspected Alcohol L	Jse	Suspected Drug Use NO						
		Alcohol Test Given	1		Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	I		7.11001101 1001 1960		7 11001101 1 001 1 1000110				
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results				
03	004	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	ì	Individual									
		Passenger JODI JEAN VOGE			Citations Issued  0		Sex FEMALE				
	DUAL	(608) 963-9072			Date of Birth		Race				
⊢	DO						WHITE				
	INDINI	Address 635 N PARK ST REEDSBURG, WI 53959 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	KEEDSBOKG, WI					III D OTATEO				
		Equipment	On Duty Crash		Safety Equipment						
		Seat Position			SHOULDER & L	AP BELT					
			RIGHT SIDE (TRAI	N ENGINEER	Helmet Compliance						
			Helmet Use								
		Eye Protection			Tint Compliance						
03	900	Injury	Injury Severity		Airbag	_					
_	0	Ejected	NO APPARENT I	NJUKY	NON DEPLOYED  Ejection Path Trapped/Extricated						
		NOT EJECTED			=	NOT APPLICABL	NOT TRAPPED				
					_1		1				

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/17/2018

		Manufacture :			E140 :		T = 10 D			
		Medical Transport			EMS Agency Ident	itier	EMS Run #			
		NOT TRANSPOR	TED							
		Hospital			Date of Death		Time of Death			
			Striking Unit #	Prior Action		Location		To/From School		
		Non Motorist	Ottiking Onit #	1 HOI ACION		Location		TO/T TOTAL SCHOOL		
		[ A ('								
		Action								
	INDIVIDUAL									
_	3									
LIND	₽									
5	≥									
_	⊒									
	Z									
		Action Other								
			Suspected Alcohol L	lse	Suspected Drug U	20				
		Drug & Alcohol	NO	736	NO	36				
			•							
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results			
		TEST NOT GIVEN	l							
		Drug Test Given			Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN	l							
	10	Drug Type								
03	002	Drug Type								
_	0									
		Individual Condition								
		Individual Condition								
		APPEARED NOR	MΔI							
		ATTEARED NOR	·····							
		las d'astribus al								
		Individual								
		Passenger TABITHA LILLENE HARRINGTON (608) 963-9072			Citations Issued		Sex			
					0		FEMALE			
	₹				Date of Birth		Race			
_	7						WHITE			
	INDIVIDUAL	Address			Driver License Nur	nher				
5		104 BROWN QUA	AL CT							
	Z	MADISON, WI 537			STATE: WISCONSIN COUNTRY: UNITED STATES					
			,		omizi modelicim oddimim olim zb omizi					
			On Duty Crash		Safety Equipment					
		Equipment								
		Seat Position			SHOULDER & L	AP BELT				
		4SECOND SEAT	Γ-LEFT SIDE(MOT	ORCYCLE/BL						
		Helmet Use		J. (0. 022, 2.	Llalmat Campliana					
		neimei ose			Helmet Compliance	e				
		Eye Protection			Tint Compliance					
က	900		Injury Severity		Airbag					
03	8	Injury	NO APPARENT I	NJURY	NON DEPLOYE	D				
		Ejected			Ejection Path		Trapped/Extricated			
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED			
							_			
		Medical Transport			EMS Agency Ident	itier	EMS Run #			
		NOT TRANSPOR	TED							
		Hospital			Date of Death		Time of Death			
			Striking Unit #	Prior Action	•	Location		To/From School		
		Non Motorist								
				1		1		Ī		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/17/2018

						` '
LIND	INDIVIDUAL	Action				
		Action Other				
	E	Drug & Alcoh	Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Give	n	Alcohol Test Type	Alcohol Test Results	
		TEST NOT GIV	EN	7		
		Drug Test Given		Drug Test Type	Drug Test Results	
		TEST NOT GIV	EN	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2. ag . co coano	
	9	Drug Type				
03	900	Drug Type				
		Individual Condition	on			
		APPEARED NO	DRMAL			
	Pro	perty Owne	r			
10	Gove	ernment JK COUNTY HW	V NEDT	Address 620 STH 136		
		3) 356-3855	I DEFI	PO BOX 26		
PROP OWNER	(000	,, 000 0000		BARABOO, WI 53913 , US		
# 8						
	Fixe	ed Objects S				
	_	Striking Unit	Struck Object		Structure Number	Damage Tag Number
	2	01	TRAFFIC SIGN POST			337755
	2	Striking Unit	Struck Object		Structure Number	Damage Tag Number
	02	01	TRAFFIC SIGN POST			337756