6TL09XQXZN 18-14042

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | Agency Crash Number 18-14042 | | Investigating Officer/Deputy DEPUTY I. GALVAN Time Arrived 06:56 PM | | | |
|-------------------|--------------------------|-------------------------------------|------------------------------|-------------------------|--|--|--|--|
| N | Crash Date 12/18/2018 | Crash Time 06:45 PM | Date Arrived 12/18/2018 | | | | | |
| ğ | Date Notified 12/18/2018 | Time Notified 06:47 PM | Total Units 02 | Total Injured 02 | Total Killed 00 | | | |
| X60 | On Emergency Hi | t and Run Lane Clos | sure Work Zone | Trailer or | Towed Reporting Threshold | | | |
| 6TL09XQXZN | Government Property | Active School Zone | School Bus Related NO | Tags | , | | | |
| | Reportable | Crash Type DT4000 (STANDARD CRAS | sH) | Amended | Secondary Crash | | | |
| | Description | • | | • | <u> </u> | | | |
| | NORTH REEDSE ROAD | BURG | STOP | Ph | econstruction By notos By EPUTY ISAAC GALVAN Iditional Information HOTOS | | | |
| | | STOP | | | | | | |

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

UNIT 2 WAS STOPPED AT A STOP SIGN AT THE INTERSECTION OF NORTH REEDSBURG ROAD AND CTH A. UNIT 1 STRUCK UNIT 2 FRONT TO REAR. UNIT 1 CONTINUED NORTHBOUND ON CTH A FROM NORTH REEDSBURG ROAD. UNIT 2 SUFFERED INJURIES AND SELF TRANSPORTED TO ST.CLARE HOSPITAL IN BARABOO, WI. UNIT 1 WAS CITED AND TAKEN INTO CUSTODY FOR OPERATING WHILE UNDER THE INFLUENCE 4TH WITH INJURY. HIT AND RUN INJURY INVOLVED, FAILURE TO KEEP VEHICLE CONTROL AND FAILURE TO REPORT ACCIDENT TO POLICE. UNIT 1 AND 2 WERE REMOVED BY OWNERS.

CTH A

NOT TO SCALE

6TL09XQXZN 18-14042

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/18/2018

Crash Time 06:45 PM

| Lo | Location | | | | | | | | | |
|--|--|--|---|--|-----------------------------|---|--|---|----------------------------|--|
| IN | TERSECTION | | | | Latitude | | | Longitud | e | |
| _ | N REEDSBURG RD | | | | 43.53218 | 34473 | | -89.738 | 973351 | |
| | T CTHA NB | | | | X Coordina | ate | | Y Coordi | nate | |
| | THE TOWN OF FAIRFI SAUK COUNTY | ELD | | | 278682.7 | 75 | | 482356 | 0.5 | |
| 114 | CACK COCKITI | | | | Structure 7 | Туре | | | | |
| | | | | | NO STR | UCTURE | | | | |
| Cr | ash Scene | | | | | | | | | |
| Fir | st Harmful Event | | | | First Harm | ıful Event I | Location | | | |
| М | OTOR VEH IN TRANSP | ORT | | | ON ROA | DWAY | | | | |
| Ma | anner of Collision | | | | Light Cond | dition | | | | |
| 02 | FRONT TO REAR | | | | DARK/U | NLIT | | | | |
| Ro | pad Surface Condition(s) | | | Roadway | Factor(s) | | | | | |
| DI | RY | | | | | | | | | |
| En | vironment Factor(s) | | | | | | | | | |
| N | ONE | | | | NONE | | | | | |
| We | eather Condition(s) | | | | | | | | | |
| CI | LEAR | | | | | | | | | |
| An | imal Type | | | | Relation T | o Trafficwa | av | | | |
| | | | | | | | ON ROAD | | | |
| 1 | ash Classification - Location | l | | | | | - Jurisdiction | | | |
| | JBLIC PROPERTY | | | | | | RISDICTION | | | |
| Tri | bal Land | | | | Access Co | | | | Special Study | |
| 14" | Aleja laterale en A | I househoud and | | Later C | NO CONTROL | | | | | |
| N | thin Interchange Area | Junction Location INTERSECTION | | Intersectio | on Type VAY INTERSECTION | | | | | |
| 146 | • | | | | | | | | | |
| Unit Summary | | | | | | | | | | |
| | nit Summary | I | I Volciala C | | | | | | | |
| Ur | nit Status | | Vehicle Ope | | | | Unit Type | DII E | | |
| Ur HI | nit Status T AND RUN | | Vehicle Ope | | | | Unit Type AUTOMO | | nents | |
| Un HI Ve | nit Status T AND RUN chicle Type | | | | | | Unit Type | | nents | |
| Ur HI Ve PA | nit Status T AND RUN shicle Type ASSENGER CAR | Train/Bus # Recorded | D CLASS | erating As C | lassification | | Unit Type AUTOMO Operating A | s Endorsen | | |
| Ur HI Ve PA | nit Status T AND RUN chicle Type | Train/Bus # Recorded | D CLASS | | lassification | | Unit Type AUTOMO Operating A | | | |
| Ve PA | nit Status T AND RUN shicle Type ASSENGER CAR | Train/Bus # Recorded Direction Of Travel | D CLASS Total # Cita 4 | erating As Ci | lassification | Total Tra | Unit Type AUTOMO Operating A | s Endorsen | Mat Types | |
| Ve PA | nit Status T AND RUN shicle Type ASSENGER CAR stal Occs surance? | | D CLASS Total # Cita 4 | erating As C | lassification | Total Tra | Unit Type AUTOMO Operating A | s Endorsen Total Hazi | Mat Types | |
| Urr Ver PA To 1 Ins | nit Status T AND RUN shicle Type ASSENGER CAR stal Occs surance? | Direction Of Travel EASTBOUND | Total # Cita 4 Pre Special Fun | erating As Ci tions Issued CrashTire Mark | lassification | Total Tra 0 Speed Li | Unit Type AUTOMO Operating A iilers imit Emergency | Total Hazi Total Lane 2 Motor Vehice | Mat Types | |
| Un Ve PA To 1 Ins YE Mc | ait Status T AND RUN chicle Type ASSENGER CAR cital Occs surance? ES ost Harmful Event: Collision OTOR VEH IN TRANSP | Direction Of Travel EASTBOUND With | Total # Cita 4 Pre Special Fun | erating As Ci tions Issued CrashTire Mark | lassification | Total Tra 0 Speed Li | Unit Type AUTOMO Operating A illers imit Emergency NOT APP | Total Hazi 0 Total Lane 2 Motor Vehi | Mat Types es cle Use | |
| Un HI Ve PA To 1 Ins YE Mc Mc Tra | ait Status T AND RUN chicle Type ASSENGER CAR cital Occs surance? ES cost Harmful Event: Collision OTOR VEH IN TRANSP affic Way | Direction Of Travel EASTBOUND With ORT | Total # Cita 4 Pre Special Fun NO SPEC Traffic Cont | crating As Continued As Continu | lassification | Total Tra 0 Speed Li | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont | Total Hazi 0 Total Lane 2 Motor Vehi | Mat Types es cle Use | |
| Uri HII Ve PA To 1 Ins YE Mc | ait Status T AND RUN chicle Type ASSENGER CAR stal Occs surance? ES cost Harmful Event: Collision OTOR VEH IN TRANSP affic Way VO-WAY, NOT DIVIDED | Direction Of Travel EASTBOUND With ORT | Total # Citar 4 Pre Special Fun NO SPEC Traffic Cont STOP SIG | crating As Continued As Continu | lassification | Total Tra 0 Speed Li | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont NO | Total Hazl 0 Total Lane 2 Motor Vehi LICABLE | Mat Types es cle Use | |
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| Urr HI Ve P/ To 1 Ins YE Mc Mc Su BI Tro | ait Status T AND RUN Shicle Type ASSENGER CAR Stal Occs Surance? ES Dost Harmful Event: Collision OTOR VEH IN TRANSP affic Way VO-WAY, NOT DIVIDED OTACE Type LACKTOP (BITUMINOU Cuck Bus or HazMat O Vehicle | Direction Of Travel EASTBOUND With ORT | Total # Citar 4 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH | crating As Continued As Continu | assification | Total Tra 0 Speed Li 45 | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL | Total Hazi Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types es cle Use | |
| Ur HI Ve PA To 1 Ins YE Mc Mr Tra Su BI Tra No | it Status T AND RUN chicle Type ASSENGER CAR stral Occs surance? ES cost Harmful Event: Collision OTOR VEH IN TRANSP affic Way VO-WAY, NOT DIVIDED urface Type LACKTOP (BITUMINOU uck Bus or HazMat D Vehicle License Plate Number 590MXX Vehicle Identification Nui | Direction Of Travel EASTBOUND With ORT | Total # Citar 4 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make | crating As Continued As Continu | assification | Total Tra 0 Speed Li 45 | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S' Model | Total Hazi Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types es cle Use | |
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| Un HII Ve PA To 1 Inst YE Md MM Tra TV Su BI Tra NO | it Status T AND RUN chicle Type ASSENGER CAR stral Occs surance? ES cost Harmful Event: Collision OTOR VEH IN TRANSP affic Way VO-WAY, NOT DIVIDED urface Type LACKTOP (BITUMINOU uck Bus or HazMat D Vehicle License Plate Number 590MXX Vehicle Identification Nui | Direction Of Travel EASTBOUND With ORT | Total # Cita 4 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style | crating As Continued As Continu | TION | Total Tra 0 Speed Li 45 St WI Year 2014 | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S' Model | Total Hazi Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types es cle Use | |
| Un HI Ve PA Too 1 Insured Min Tra TV Su BI Tru NO | and Status T AND RUN Schicle Type ASSENGER CAR Stal Occs Surance? ES Sost Harmful Event: Collision OTOR VEH IN TRANSP affic Way NO-WAY, NOT DIVIDED Inface Type LACKTOP (BITUMINOU uck Bus or HazMat O Vehicle License Plate Number 590MXX Vehicle Identification Num 1FMCU0GX9EUA353 Color | Direction Of Travel EASTBOUND With ORT | Total # Cita 4 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style UT - SPO | crating As Continued As Continu | TION | Total Tra 0 Speed Li 45 St WI Year 2014 | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model ESCAPE S Bus Use | Total Hazi Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types es cle Use | |
| Tropies of the state of the sta | init Status T AND RUN Schicle Type ASSENGER CAR Stal Occs Surance? ES Dost Harmful Event: Collision OTOR VEH IN TRANSP affic Way VO-WAY, NOT DIVIDED Urface Type LACKTOP (BITUMINOU Urck Bus or HazMat D Vehicle License Plate Number 590MXX Vehicle Identification Num 1 FMCU0GX9EUA359 Color Initial Contact Point | Direction Of Travel EASTBOUND With ORT | Total # Cita 4 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style | crating As Continued As Continu | TION | Total Tra 0 Speed Li 45 St WI Year 2014 | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model ESCAPE S Bus Use | Total Hazi Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types es cle Use | |
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| Ur HI Ve PA To 1 Insure Man Man Trans Su BI Trans No. | init Status T AND RUN Schicle Type ASSENGER CAR Stal Occs Surance? ES Dost Harmful Event: Collision OTOR VEH IN TRANSP affic Way VO-WAY, NOT DIVIDED Urface Type LACKTOP (BITUMINOU Urck Bus or HazMat D Vehicle License Plate Number 590MXX Vehicle Identification Num 1 FMCU0GX9EUA359 Color Initial Contact Point | Direction Of Travel EASTBOUND With ORT S) S) | Total # Citar 4 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style UT - SPO Vehicle Da | crating As Continued to the continued of | TION ETION | Total Tra 0 Speed Li 45 St WI Year 2014 | Unit Type AUTOMO Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model ESCAPE S Bus Use NOT A BU | Total Hazi Total Lane 2 Motor Vehi LICABLE rol Inoperat | Mat Types es cle Use | |

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18-14042

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Towed Due To Damage | | Vehicle Removed By | | | | | | |
|------|----------------------|---|---------------------|---|--------------------|--|--|--|--|--|
| | | NOT TOWED | | OWNER | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | GOING STRAIGHT | | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | |
| | | Driver Actions | | | | | | | | |
| | ш | EXCEED SPEED LIMIT, FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN | | | | | | | | |
| ╘ | CL | INATTENTIVE, CARELESS OR ERRATIC MANNER | | | | | | | | |
| LNO | VEHICL | | | | | | | | | |
| _ | /E | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| _ | 1 | LORI C METCALF | | 1720 EAST ST | | | | | | |
| 5 | 01 | (608) 448-9987 | | BARABOO, WI 53913 | , US | | | | | |
| | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 10 | Event MOTOR VEH IN TRANSPO | RT | | | | | | | |
| | 7 | Event | | | | | | | | |
| | 02 | | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | _ | Event | | | | | | | | |
| | 04 | | | | | | | | | |
| ⊨ | ļ | Policy Holder | | | | | | | | |
| LIND | | Insurance Company | AL INCUDANCE COMP | Individual | | | | | | |
| _ | | PROGRESSIVE-UNIVERSA | AL-INSURANCE-COMP | LORI METCALF | | | | | | |
| | I | ndividual | | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | | |
| | ļ | LORI C METCALF (608) 448-9987 | | 4 | FEMALE | | | | | |
| | INDIVIDUAL | (000) 440-3301 | | Date of Birth | Race WHITE | | | | | |
| LNO | | Address | | Driver License Number | | | | | | |
| 5 | D | 1720 EAST ST | | Driver License Number | | | | | | |
| | Z | BARABOO, WI 53913 , US | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | | | | | | | | |
| | | On Duty 0 | Crash | Safety Equipment | | | | | | |
| | Sat | ety Equipment | | Caroty Equipment | | | | | | |
| | | Seat Position | | RESTRAINT USE UNKNOWN | | | | | | |
| | | 1FRONT SEAT-LEFT SID | E (DRIVER/MOTORCY | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | _ | Injury Sev | veritv | Airbag | | | | | | |
| 6 | 90 | | ARENT INJURY | NOT APPLICABLE | | | | | | |
| | | | Ejection Path | | Trapped/Extricated | | | | | |
| | | NOT APPLICABLE | NOT EJECTED/NOT APF | PLICABLE | NOT APPLICABLE | | | | | |
| | | Medical Transport | | EMS Agency Identifier | EMS Run # | | | | | |
| | | NOT TRANSPORTED | | | | | | | | |
| | | Hospital | | Date of Death | Time of Death | | | | | |
| | | | | | | | | | | |
| | | Distracted By Distracted | d By Source | | | | | | | |
| | | | | | | | | | | |
| | Distracted By Action | | | | | | | | | |

Crash Date 12/18/2018

3 of 7

6TL09XQXZN 18-14042

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Non Motorist | Striking Unit | # | Location | | | | | | |
|------|-----------------------|--------------------------------|-------------------------|--------------------|------------------------|---|------------|----------------|--|-----------------|----------------|
| | | Prior Action | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action | | | | | | | | | |
| | | | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | | |
| UNIT | Ē | | | | | | | | | | |
| n | \geq | | | | | | | | | | |
| | Z | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | | | To/From School |
| | | | Cupposted A | laahal I | lo o | L Cusposted Drug Hoo | | | | | |
| | I | Drug & Alcohol | Suspected A | ICONOI C | ise | Suspected Drug Use | | | | | |
| | | Alcohol Test Given | | | Alcohol Test Type | • | | | Alcohol Tes | t Results | |
| | | TEST NOT GIVEN Drug Test Given | | | Drug Test Type | | Drug 7 | est Results | | | |
| | | TEST NOT GIVEN | | | J.ug . cc , pc | | Diag i | CSt results | | | |
| 01 | 001 | Drug Type | | | | | | | | | |
| 0 | Ō | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | NOT OBSERVED | | | | | | | | | |
| | | | | | | | | | | | |
| | ' | Violations UTC Number | Issue To? | Cto | tute Number | Description | | | | | |
| | 5 | Al388611 | 001 | | 5.63(2)(A)1 | OWI CAUSE INJUR | Y (2+) | | | | |
| | 05 | UTC Number Al388612 | Issue To? 001 | | tute Number 5.67(1) | Description HIT AND RUN-INVO | LVE IN | IJURY | | | |
| | 03 | UTC Number Al388613 | Issue To? 001 | | tute Number 5.70(1) | Description FAILURE OF OCCU | IPANT | TO NOTIF | Y POLICE | OF ACCID | ENT |
| | 94 | UTC Number Al388614 | Issue To? 001 | Stat 346 | tute Number 5.57(2) | Description FAILURE TO KEEP VEHICLE UNDER CONTROL | | | | | |
| | | t Summary • | | | | | | | | | |
| | | Status | | | | ehicle Operating As Class | sification | | Unit Type | DU E | |
| | | Cle Type | | | | D CLASS | | | AUTOMOBILE Operating As Endorsements | | |
| 02 | | SENGER CAR | | | | | | | | | |
| | | l Occs | Train/B | us # Re | | otal # Citations Issued | | Total Traile | ers | Total HazN | Mat Types |
| | 2 Insu | rance? | Direction | n Of Tra | o avel | | | 0 Speed Lim | it | 0 Total Lane | s |
| T | YES | | | BOUNI | | Pre CrashTire Mark | | 45 | | 2 | |
| UNIT | | Harmful Event: Collision | | | | pecial Function |) N | | Emergency Motor Vehicle Use | | |
| | _ | TOR VEH IN TRANS | SPORT | | | | JN | | NOT APPLICABLE | | |
| | | D-WAY, NOT DIVID | ED | | | Traffic Control STOP SIGN | | | Traffic Control Inoperative/Missing NO | | |
| | Surface Type | | | | Road Curvature | | | Road Grade | | | |
| | BLACKTOP (BITUMINOUS) | | | | S | TRAIGHT | | | LEVEL | | |
| | NO | k Bus or HazMat | | | | | | | | | |
| | | Vehicle | | | | | | | | | |
| | | License Plate Numbe | r | | | Plate Type | | St | Country of Is | | |
| | | 996TZY | | | | AUT - AUTOMOBILE | | WI | UNITED ST | TATES | |

6TL09XQXZN

18-14042

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 05 | 05 | Vehicle Identification Number 3C4PDCBG5CT308660 | | Make DODG | E | Year 2012 | Model JOURNEY SX | | |
|----------|-----------|---|------------------------------------|---|--|---------------------|--------------------------------|--|--|
| | | Color BLU - BLUE | | Body St | yle | | Bus Use NOT A BUS | | |
| | щ | Initial Contact Point | | Vehicle Damage | | | | | |
| LNO | 딜 | 6REAR | | 6 854 | D 7 LEET DEAD CO | DNED | | | |
| 5 | VEHICL | Extent Of Damage FUNCTIONAL DAMAGE | | 0KEA | AR, 7LEFT REAR CO | KNEK | | | |
| | | Towed Due To Damage NOT TOWED | | | Removed By | | | | |
| | | What Driver Was Doing | | OPER/ Vehicle | | | | | |
| | | GOING STRAIGHT | | | DD. 10 4 D. 5 | | | | |
| | | Driver Prior Action Other | | NOT A | PPLICABLE | | | | |
| | | Driver Actions NO CONTRIBUTING ACT | ION | | | | | | |
| ╘ | SLE | NO CONTRIBUTING ACT | ION | | | | | | |
| L | VEHICL | | | | | | | | |
| | > | | | | | | | | |
| | | Owner Name | | _ | ner Address | | | | |
| 05 | 05 | JENNIFER L DIAZ TEGEN (608) 434-3156 | | | 2125 SURREY LN BARABOO, WI 53913 , US | | | | |
| | | | | | | | | | |
| | ; | Sequence Of Events | | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSP | ORT | | | | | | |
| | 05 | Event | | | | | | | |
| | 03 | Event | | | | | | | |
| | 9 | Event | | | | | | | |
| _ | ı | Policy Holder | | | | | | | |
| LIND | | Insurance Company STATE-FARM-GENERAL-INS-CO | | | dual | | | | |
| | | Individual | -ins-co | JEN | NIFER DIAZ TEGEN | | | | |
| | | Driver | | Citati | ons Issued | | Sex | | |
| | 7 | JENNIFER L DIAZ TEGE! (608) 434-3156 | N | 0 | | | FEMALE | | |
| - | INDIVIDUA | (, | | Date | of Birth | | Race HISPANIC | | |
| | ≥ | Address 2125 SURREY LN | | Driver License Number | | | | | |
| | Ĭ | BARABOO, WI 53913 , U | s | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | |
| | Sat | On Duty fety Equipment | Crash | Safety Equipment | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | | | |
| | | 1FRONT SEAT-LEFT SI Helmet Use | DE (DRIVER/MOTORCY | Holm | et Compliance | | | | |
| | | | | Heliff | er compliance | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| 05 | 005 | Injury S Injury SUSPI | everity ECTED MINOR INJURY | Airba NON | g I DEPLOYED | | | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APF | PLICAB | LE | | Trapped/Extricated NOT TRAPPED | | |

6TL09XQXZN 18-14042

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Medical Transport | | EMS Agency Identifier | | EMS Run # | | | | |
|-------------|---|---------------------------------------|---------------|-----------------------|---|-------------------|--------------------------------|----------------|--|--|
| | | NOT TRANSPORTED | | | | | | | | |
| | Hospital Distracted By Source | | | | Date of Death | | Time of Death | | | |
| | · | Distracted By | By Source | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |
| | | Non Motorist Striking U | Init # | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| LIND | INDIVIDUAL | Action | | | | | | | | |
| | | A 11 O11 | | | | | | T./5 | | |
| | | Action Other | | | | | | To/From School | | |
| | L | Orug & Alcohol NO | d Alcohol Use | e | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | |
| 05 | 002 | Drug Type | | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | | |
| | | Individual | | | | | | | | |
| | Ī | Passenger | | | Citations Issued | | Sex | | | |
| | | BRIAN J TEGEN | | | 0 | | MALE | | | |
| _ | DUAI | (608) 477-3617 | | | Date of Birth | | Race WHITE | | | |
| Z | | Address | | | Driver License Number | | | | | |
| > | Address 2125 SURREY LN BARABOO, WI 53913 , US | | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | Sat | On Duty C | Crash | | Safety Equipment | | | | | |
| | Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER Helmet Use | | | | SHOULDER & LAP BELT | | | | | |
| | | | | | Helmet Compliance | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| 05 | 003 | Injury Sev | erity | R INJURY | Airbag NON DEPLOYED | | | | | |
| | | Ejected E | Ejection Path | | | | Trapped/Extricated NOT TRAPPED | | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORTED | | | | | | | | |

6TL09XQXZN 18-14042

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/18/2018

Crash Time 06:45 PM

| | | Hospital | | | Date of Death | | Time of Death | |
|------|------------|-----------------------------------|---------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | ļ | Distracted By | Distracted By Source | 9 | | | | |
| | | Distracted By Action | | | | | | |
| | , | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| | UAL | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| | IND | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | L | Drug & Alcohol | Suspected Alcohol U NO | lse | Suspected Drug Use NO | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | |
| 02 | 003 | Drug Type | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORM | MAL | | | | | |