

6TL0BFKD94

18-14286



# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0BFKD94

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| Document Number Override                       |   | Primary Crash Document #                     | Agency Crash Number<br><b>18-14286</b> | Investigating Officer/Deputy<br><b>DEPUTY H. LARKIN</b> |  |
| Crash Date<br><b>12/25/2018</b>                |   | Crash Time<br><b>05:30 PM</b>                | Date Arrived<br><b>12/29/2018</b>      | Time Arrived<br><b>05:38 PM</b>                         |  |
| Date Notified<br><b>12/25/2018</b>             |   | Time Notified<br><b>05:38 PM</b>             | Total Units<br><b>02</b>               | Total Injured<br><b>00</b>                              | Total Killed<br><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<br><b>NO</b>              |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash     |

## Description

|  |                                       |
|--|---------------------------------------|
| <p>Diagram</p>  <p>Not To Scale</p> <hr/> <p style="text-align: center;">US Highway 14</p>  <p style="text-align: center;">Unit 2                      Unit 1</p> | Reconstruction By                     |
|  | Photos By                             |
|  | Additional Information<br><b>NONE</b> |

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

UNIT 1 AND UNIT 2 WERE TRAVELING EB ON USH 14. A TRUCK IN FRONT OF THE UNITS STRUCK A DEER. THE TRUCK CONTINUED ON TRAVELING EB ON USH 14. UNIT 1 STRUCK THE DEAD DEER AS DID UNIT 2.

6TL0BFKD94

18-14286

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

**Location**

|   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| ON USH14 EB<br>555 FT E<br>OF COUNTY LINE RD<br>IN THE TOWN OF SPRING GREEN<br>IN SAUK COUNTY | Latitude<br><b>43.191115786</b>      | Longitude<br><b>-90.190433995</b> |
|   | X Coordinate<br><b>240751.765625</b> | Y Coordinate<br><b>4786981</b>    |
|   | Structure Type                       |                                   |

**Crash Scene**

|   |  |   |               |
|---|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (DEAD)</b>      |  | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> |  | Light Condition<br><b>DARK/UNLIT</b>                                  |               |
| Road Surface Condition(s)<br><b>DRY</b>                           |  | Roadway Factor(s)<br><br><b>NONE</b>                                  |               |
| Environment Factor(s)<br><b>NONE</b>                              |  |   |               |
| Weather Condition(s)<br><b>CLEAR</b>                              |  |   |               |
| Animal Type<br><b>DEER</b>  |  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land   |  | Access Control<br><b>NO CONTROL</b>                                   | Special Study |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>NON-JUNCTION</b> | Intersection Type<br><b>NOT AN INTERSECTION</b>                       |               |

**Unit Summary**

|             |   |   |   |                            |  |  |
|-------------|---|---|---|----------------------------|--|--|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>  |   | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|             | Vehicle Type<br><b>PASSENGER CAR</b>  |   |   |                            | Operating As Endorsements                            |  |
|             | Total Occs<br><b>2</b>  | Train/Bus # Injured                     | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|             | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>EASTBOUND</b> | <input type="checkbox"/> <b>Pre CrashTire Mark</b>    | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|             | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (DEAD)</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|             | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                                  |   | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|             | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                                |   | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |  |
|             | Truck Bus or HazMat<br><b>NO</b>  |   |   |                            |  |  |

|                                      |                |   |  |                                       |                     |   |
|--------------------------------------|----------------|---|--|---------------------------------------|---------------------|---|
| <b>UNIT</b>                          | <b>Vehicle</b> |   |  |                                       |                     |   |
|                                      | <b>01</b>      | License Plate Number<br><b>906XMZ</b>                     |  | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                                      |                | Vehicle Identification Number<br><b>1G1PG5SB7F7288968</b> |  | Make<br><b>CHEVROLET</b>              | Year<br><b>2015</b> | Model<br><b>CRUZE LTZ</b>                   |
|                                      | <b>VEHICLE</b> | Color<br><b>BLK - BLACK</b>                               |  | Body Style<br><b>4D - 4DR</b>         |                     | Bus Use<br><b>NOT A BUS</b>                 |
|                                      |                | Initial Contact Point<br><b>12--FRONT</b>                 |  | Vehicle Damage                        |                     |   |
| Extent Of Damage<br><b>NO DAMAGE</b> |                | <b>NO DAMAGE</b>  |  |                                       |                     |   |

6TL0BFKD94

18-14286

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|                           |  |  |  |  |
|---------------------------|--|--|--|--|
| UNIT<br>VEHICLE           | Towed Due To Damage<br><b>NOT TOWED</b>                            |  | Vehicle Removed By<br><b>OPERATOR</b>                                    |  |
|                           | What Driver Was Doing<br><b>GOING STRAIGHT</b>                     |  | Vehicle Factors  |  |
|                           | Driver Prior Action Other  |  | <b>NOT APPLICABLE</b>  |  |
|                           | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                    |  |  |  |
| 01                        | Driver Distractions<br><b>NOT DISTRACTED</b>                       |  |  |  |
|                           | Owner Name<br><b>ALICIA LAINE KLEIST<br/>(608) 604-3039</b>        |  | Owner Address<br><b>24699 HOPE LN<br/>RICHLAND CENTER, WI 53581 , US</b> |  |
| <b>Sequence Of Events</b> |  |  |  |  |
| UNIT<br>01                | 01   | Event<br><b>NON DOMESTICATED ANIMAL (DEAD)</b> |  |  |
|                           | 02   | Event  |  |  |
|                           | 03   | Event  |  |  |
|                           | 04   | Event  |  |  |
| <b>Policy Holder</b>      |  |  |  |  |
| UNIT                      | Insurance Company<br><b>AMERICAN-FAMILY-INS-CO</b>                 |  | Individual<br><b>ALICIA KLEIST</b>                                       |  |
|                           | <b>Individual</b>  |  |  |  |
| UNIT<br>INDIVIDUAL        | Driver<br><b>ALICIA LAINE KLEIST<br/>(608) 604-3039</b>            |  | Citations Issued<br><b>0</b>   | Sex<br><b>FEMALE</b>                     |
|                           | Address<br><b>24699 HOPE LN<br/>RICHLAND CENTER, WI 53581 , US</b> |  | Date of Birth  | Race<br><b>WHITE</b>                     |
|                           | Driver License Number  |  | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>                           |  |
|                           | <b>Equipment</b>   |  | On Duty Crash  |  |
| UNIT<br>01                | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>    |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                       |  |
|                           | Helmet Use   |  | Helmet Compliance  |  |
|                           | Eye Protection   |  | Tint Compliance  |  |
|                           | <b>Injury</b>  |  | Injury Severity  |  |
| 001                       | Ejected<br><b>NOT EJECTED</b>                                      |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                        | Trapped/Extricated<br><b>NOT TRAPPED</b> |
|                           | <b>NO APPARENT INJURY</b>  |  | Airbag<br><b>NON DEPLOYED</b>  |  |

6TL0BFKD94

18-14286

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   |                   |  |               |   |  |          |                |
|---|-------------------|--|---------------|---|--|----------|----------------|
| <b>UNIT</b>                                 | <b>INDIVIDUAL</b> | Medical Transport<br><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<br><b>NO</b>                                      | Suspected Drug Use<br><b>NO</b>                    |          |                |
|   |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                          |               | Alcohol Test Type   | Alcohol Test Results                               |          |                |
|   |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>                             |               | Drug Test Type  | Drug Test Results                                  |          |                |
|   |                   | Drug Type  |               |   |  |          |                |
|   |                   | Individual Condition<br><b>APPEARED NORMAL</b>                       |               |   |  |          |                |
| <b>UNIT</b>                                 | <b>INDIVIDUAL</b> | <b>Individual</b>  |               |   |  |          |                |
|   |                   | Passenger<br><b>AMY MARIE CRARY<br/>(608) 415-9440</b>               |               | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                               |          |                |
|   |                   | Date of Birth  |               | Race<br><b>WHITE</b>  |  |          |                |
|   |                   | Address<br><b>27214 US HWY 14<br/>RICHLAND CENTER, WI 53581 , US</b> |               | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |          |                |
|   |                   | <b>Equipment</b>   |               | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |          |                |
|   |                   | Seat Position<br><b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>     |               | Helmet Compliance   |  |          |                |
|   |                   | Helmet Use   |               | Tint Compliance   |  |          |                |
|   |                   | Eye Protection   |               | Airbag<br><b>NON DEPLOYED</b>   |  |          |                |
|   |                   | <b>Injury</b>  |               | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>NON DEPLOYED</b>                      |          |                |
|   |                   | Ejected<br><b>NOT EJECTED</b>  |               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                       | Trapped/Extricated<br><b>NOT TRAPPED</b>           |          |                |
| Medical Transport<br><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                                     |          |                |

6TL0BFKD94

18-14286

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|             |                   |  |                                    |                                 |
|-------------|-------------------|--|------------------------------------|---------------------------------|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Action   |                                    |                                 |
|             |                   | Action Other                                   |                                    |                                 |
| <b>01</b>   | <b>002</b>        | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|             |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |
|             |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |
|             |                   | Drug Type                                      |                                    |                                 |
|             |                   | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |

## Unit Summary

|             |           |   |   |   |  |                                |  |  |  |
|-------------|-----------|---|---|---|--|--------------------------------|--|--|--|
| <b>UNIT</b> | <b>02</b> | Unit Status<br><b>IN TRANSIT</b>  |   | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |  |  |
|             |           | Vehicle Type<br><b>PASSENGER CAR</b>  |   |   |  | Operating As Endorsements      |  |  |  |
| <b>UNIT</b> | <b>02</b> | Total Occs<br><b>2</b>  | Train/Bus # Injured                     | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b>                     | Total HazMat Types<br><b>0</b> |  |  |  |
|             |           | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>EASTBOUND</b> | <input type="checkbox"/> <b>Pre Crash Tire Mark</b>   | Speed Limit<br><b>55</b>                       | Total Lanes<br><b>2</b>        |  |  |  |
|             |           | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (DEAD)</b> |   |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |  |
|             |           | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                                  |   |   | Traffic Control<br><b>NO CONTROL</b>           |                                | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |  |
|             |           | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                                |   |   | Road Curvature<br><b>STRAIGHT</b>              |                                | Road Grade<br><b>LEVEL</b>                           |  |  |
|             |           | Truck Bus or HazMat<br><b>NO</b>  |   |   |  |                                |  |  |  |

|             |                |                |           |   |                                       |                             |   |  |
|-------------|----------------|----------------|-----------|---|---------------------------------------|-----------------------------|---|--|
| <b>UNIT</b> | <b>VEHICLE</b> | <b>Vehicle</b> |           |   |                                       |                             |   |  |
|             |                | <b>02</b>      | <b>02</b> | License Plate Number<br><b>836VJC</b>                     | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>             | Country of Issuance<br><b>UNITED STATES</b> |  |
|             |                |                |           | Vehicle Identification Number<br><b>3G2JB12F35S149108</b> | Make<br><b>PONTIAC</b>                | Year<br><b>2005</b>         | Model<br><b>SUNFIRE</b>                     |  |
|             |                |                |           | Color<br><b>SIL - SILVER (ALUMINUM)</b>                   | Body Style<br><b>CP - COUPE</b>       | Bus Use<br><b>NOT A BUS</b> |   |  |
|             |                |                |           | Initial Contact Point<br><b>12--FRONT</b>                 | Vehicle Damage                        |                             |   |  |
|             |                |                |           | Extent Of Damage<br><b>NO DAMAGE</b>                      | <b>NO DAMAGE</b>                      |                             |   |  |
|             |                |                |           | Towed Due To Damage<br><b>NOT TOWED</b>                   | Vehicle Removed By<br><b>OPERATOR</b> |                             |   |  |
|             |                |                |           | What Driver Was Doing<br><b>GOING STRAIGHT</b>            | Vehicle Factors                       |                             |   |  |
|             |                |                |           | Driver Prior Action Other                                 | <b>NOT APPLICABLE</b>                 |                             |   |  |

6TL0BFKD94

18-14286

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| UNIT<br>VEHICLE                             | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>   |  |   |   |  |
|   | 02  | 02                                       | Driver Distractions<br><b>NOT DISTRACTED</b>                    |   |  |
|   |   |  | Owner Name<br><b>ERIC M JOHNSON<br/>(608) 393-1855</b>          | Owner Address<br><b>651 LAKEVIEW AVE<br/>MERRIMAC, WI 53561 , US</b>    |  |
| <b>Sequence Of Events</b>                   |   |  |   |   |  |
| UNIT<br>INDIVIDUAL                          | 02  | 003                                      | 01  | Event<br><b>DOMESTICATED ANIMAL - DEAD</b>                              |  |
|   |   |  | 02  | Event   |  |
|   |   |  | 03  | Event   |  |
|   |   |  | 04  | Event   |  |
| <b>Policy Holder</b>                        |   |  |   |   |  |
| UNIT<br>INDIVIDUAL                          | 02  | 003                                      | Insurance Company<br><b>PROGRESSIVE-CASUALTY-INS-CO</b>         | Individual<br><b>ERIC JOHNSON</b>                                       |  |
|   |   |  | <b>Individual</b>   |   |  |
|   |   |  | Driver<br><b>TAYLOR JENE JOHNSON<br/>(608) 393-1855</b>         | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                               |
|   |   |  |   | Date of Birth   | Race<br><b>WHITE</b>                               |
|   |   |  | Address<br><b>651 LAKEVIEW AVE<br/>MERRIMAC, WI 53561 , US</b>  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
|   |   |  | <b>Equipment</b>  | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|   |   |  | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |   |  |
|   |   |  | Helmet Use  | Helmet Compliance   |  |
|   |   |  | Eye Protection  | Tint Compliance   |  |
|   |   |  | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>NON DEPLOYED</b>                      |
| Ejected<br><b>NOT EJECTED</b>               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b> | Trapped/Extricated<br><b>NOT TRAPPED</b> |   |   |  |
| Medical Transport<br><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  |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|  |  |  |   |   |  |                              |                      |
|--|--|--|---|---|--|------------------------------|----------------------|
| UNIT   | INDIVIDUAL   | Action   |   |   |  |                              |                      |
|  |  | Action Other                                   |   |   |  |                              |                      |
|  |  | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b>          |   | Suspected Drug Use<br><b>NO</b>          |                              |                      |
|  |  |  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |   | Alcohol Test Type                        | Alcohol Test Results         |                      |
|  |  | Drug Test Given<br><b>TEST NOT GIVEN</b>       |   | Drug Test Type  | Drug Test Results                        |                              |                      |
|  |  | Drug Type                                      |   |   |  |                              |                      |
|  |  | Individual Condition<br><b>APPEARED NORMAL</b> |   |   |  |                              |                      |
|  |  | UNIT   | INDIVIDUAL                                  | <b>Individual</b>   |  |                              |                      |
|  |  |  |   | Passenger<br><b>BRIANNA K JOHNSON</b>                                   |  | Citations Issued<br><b>0</b> | Sex<br><b>FEMALE</b> |
|  |  |  |   |   |  | Date of Birth                | Race<br><b>WHITE</b> |
| Address<br><b>651 LAKEVIEW AVE<br/>MERRIMAC, WI 53561 , US</b> |  |  |   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |                              |                      |
| <b>Equipment</b>   | On Duty Crash  |  |   | Safety Equipment  |  |                              |                      |
|  | Seat Position<br><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<br><b>NO APPARENT INJURY</b>                     |  |   | Airbag<br><b>NON DEPLOYED</b>   |  |                              |                      |
|  | Ejected<br><b>NOT EJECTED</b>                                    |  |   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                       | Trapped/Extricated<br><b>NOT TRAPPED</b> |                              |                      |
|  | Medical Transport<br><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               |                      |

6TL0BFKD94

18-14286

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|             |                   |              |  |                                    |                                 |
|-------------|-------------------|--------------|--|------------------------------------|---------------------------------|
| <b>UNIT</b> | <b>INDIVIDUAL</b> | Action       |  |                                    |                                 |
|             |                   | Action Other |  |                                    |                                 |
|             | <b>02</b>         | <b>004</b>   | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|             |                   |              | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |
|             |                   |              | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |
|             |                   |              | Drug Type                                      |                                    |                                 |
|             |                   |              | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |