WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrio	Primary Crash Document # Agence 19-00			,			ing Officer/Deputy 7 S. MESSNER			
Б 3	Crash Date 01/07/2019		Crash Time 06:35 PM			ate Arrived Time Arrived 1/07/2019 06:40 PM		d			
6TL09H5JP3	Date Notified 01/07/2019		Time Notified 06:35 PM		Total Un 02	its	Total Injure	d	Total Killer	d	
60	On Emergency	Hit	and Run	Lane Closu		Work Zone	Traile	r or 1	Γowed		Reporting Threshold
E	Government Property			hool Zone	School E	Bus Related	Tags			_	
	✓ Reportable		Crash Type DT4000 (STA	NDARD CRASH)		Amen	ded			Secondary Crash
	Description ■ Diagram							Re	construction	Bv	
			Old	Bluff Trail Road	d		*			,	
								Pho DE	otos By Puty s N	MESSNE	ER
						Not to Sca	ale				
			STOP	(2)				Add PH	ditional Infor IOTOS	mation	
		det	oris or	10 Init 2		10					
		8				CTH PF					
	O CO					STOP					
		5	tire tracks								
	10			l I							

UNIT 1, DRIVEN BY PAUL GANSHERT, WAS WESTBOUND ON CTH PF. UNIT 2, DRIVEN BY LEE UNDERWOOD, WAS SOUTHBOUND ON OLD BLUFF TRAIL ROAD. UNIT 2 FAILED TO YIELD RIGHT AWAY BY FAILING TO STOP AT THE STOP SIGN. UNIT 2 STRUCK UNIT 1 IN THE INTERSECTION OF OLD BLUFF TRAIL ROAD AND CTH PF. UNIT 2 WENT INTO THE SOUTHBOUND DITCH, COMING TO A REST, FACING SOUTHEAST. THERE WAS TOTALING DAMAGE TO THE VEHICLE. THE DRIVER WAS EXTRICATED FROM THE VEHICLE WITH SERIOUS INJURIES AND TRANSPORTED TO UW HOSPITAL. BOTH PASSENGERS ZACHARY EASON AND LEAH UNDERWOOD WERE IN THE BACKSEAT. LEAH WAS NOT WEARING A SEATBELT. BOTH PASSENGERS HAD SERIOUS INJURIES AND TRANSPORTED TO SAUK PRAIRIE HOSPITAL. AFTER BEING STRUCK BY UNIT 2, UNIT 1 CAME TO REST OFF THE ROADWAY ON THE WESTBOUND LANE. THE DRIVER OF UNIT 1 WAS TRANSPORTED TO PRAIRIE HOSPITAL AND MED-FLIGHTED TO UW HOSPITAL WITH BROKEN LEG AND ARM. PHOTOGRAPHS WERE TAKEN OF THE SCENE.

WISCONSIN MOTOR VEHICLE CRASH REPORT

Lc	ocation •										
IN	NTERSECTION						Latitude			Longitud	de
_	N OLD BLUFF TRL	-					43.29291	0643		-89.778	885761
	AT CTHPF SB						X Coordin	ate		Y Coord	linate
	IN THE TOWN OF PRAIRIE DU SAC							274573.375 4797093			
II	IN SAUK COUNTY						Structure			1	<u> </u>
								UCTURE			
L							NO STR	OCTORE			
Cı	rash Scene										
Fi	irst Harmful Event						First Harm	ıful Event Lo	ocation		
M	NOTOR VEH IN TRA	NSPORT	Т				ROADSI	DE			
М	Manner of Collision						Light Cond	dition			
08	8FRONT TO SIDE						DARK/U	NLIT			
R	toad Surface Condition((s)					Roadway	Factor(s)			
		(-)									
יין	PRY										
Eı	nvironment Factor(s)										
N	IONE						NONE				
W	Veather Condition(s)						1				
C	LOUDY										
Aı	nimal Type							o Trafficwa CWAY - O	•		
	Crash Classification - Lo	ecation							Jurisdiction		
	PUBLIC PROPERTY								ISDICTION		
	ribal Land								ISDICTION		Special Study
''	nibai Land						PARTIAL CONTROL				
W	Vithin Interchange Area	Jur	nction Location			Intersection					
	'ES		TERSECTION			FOUR-WAY INTERSECTION					
CI	Closure Type				Reasons for Closure						
F	ULL CLOSURE			LAW ENFORCE							
Di	ate Initial Lane/Rd Clos	sed	Time Initial Lane/Rd Closed				EMENT, TOW TRUCK, FIRE/EMS				
0	1/07/2019		06:40 PM		Date Scene Cleared		red Time S		ne Scene Cleared		
D	ate All Lanes Open		Time All Lanes Open								
0	1/07/2019		09:50 PM	01/07/2019			09	09:50 PM			
Uı	nit Summary		•								
	Init Status			Vehi	cle Ope	rating As C	lassification		Unit Type		
IN	N TRANSIT				LASS	J			AUTOMO	RII F	
	ehicle Type										ments
	ASSENGER CAR								Operating As Endorsements		
	otal Occs	TT	Frain/Bus # Recorded	Total # Citations Issue		ions Issued		Total Trail	ers	Total Haz	:Mat Types
1				0	•	.01.01.00000		0		0	71
	nsurance?		Direction Of Travel	+	Dra	CrashTire		Speed Lin	nit	Total Lan	es
	'ES		WESTBOUND			∪rasn i ire Mark		55		2	
	lost Harmful Event: Col			Spec	cial Fun			00	Emergency		icle Use
	NOTOR VEH IN TRA					IAL FUNC	TION		NOT APP		
Tr	raffic Way			Traff	ic Cont	rol			Traffic Cont	rol Inopera	tive/Missing
T١	TWO-WAY, NOT DIVIDED NO CO				CONT	ROL			Traffic Control Inoperative/Missing NO		
				Roa	d Curva	ture			Road Grade		
В	BLACKTOP (BITUMINOUS) STRAIGH								LEVEL		
	ruck Bus or HazMat			1					1		
N	10										
	Vehicle										
	License Plate Num	nber		Pla	te Type			St	Country of Is	suance	
	950VBR					томовіі	.E	WI	UNITED ST	TATES	
	Vehicle Identification	on Numbe	r	Mal				Year	Model		
5				то	YOTA			2007	PRIUS		
	J1DKB2000/19/1946								-		

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color BLK - BLACK		Body Style 4D - 4DR	Bus Use NOT A BUS						
	ш	Initial Contact Point		Vehicle Damage							
⊢	긋	12FRONT		1RIGHT FRONT CORNER, 2RIGHT SIDE FRONT, 3RIGHT SIDE MIDDLE, 4 RIGHT SIDE REAR, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12 FRONT							
UNIT	VEHICLE	Extent Of Damage									
_ ر	Ä	DISABLING DAMAGE	1								
		Towed Due To Damage	\	Vehicle Removed By							
		TOWED DUE TO DISABL	ING DAMAGE	EVERETTS TOWING							
		What Driver Was Doing	\	Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	ш	Driver Actions NO CONTRIBUTING ACTION									
-											
UNIT	VEHICL										
ا د	Ē										
		Owner Name		Owner Address							
_	_	PAUL J GANSHERT		S8219 DALE RD							
01	2	(608) 370-2146		LOGANVILLE, WI 53943 , US							
	,	Sequence Of Events									
	5	Event MOTOR VEH IN TRANSP	PORT								
	7	Event									
	05	RUN OFF ROADWAY LE	FT								
	03	Event									
	40	Event									
	_	 Policy Holder									
UNIT		Insurance Company		Individual							
n		DONEGAL-MUTUAL-INS	-co	PAUL GANSHERT							
	1	Individual									
		Driver		Citations Issued	Sex						
	7	PAUL J GANSHERT (608) 370-2146		0	MALE						
.	IDUAL	(000) 010 = 110		Date of Birth	Race WHITE						
늘	=	Address									
S	NDIV	S8219 DALE RD		Driver License Number							
	Z	LOGANVILLE, WI 53943	, US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Dut	y Crash	Safety Equipment							
	Oai			OUGUI DED & LAB DELT							
		Seat Position 1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY	SHOULDER & LAP BELT							
		Helmet Use	DE (DRIVER/MOTORCT	Helmet Compliance							
		Tielinet Ose		Heimer Compilance							
		Eye Protection		Tint Compliance							
01	00	Injury S		Airbag							
٦	0		ECTED SERIOUS INJUR	DEPLOYED-COMBINATION							
		Ejected	Ejection Path	LICARI E	Trapped/Extricated						
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPI	EMS Agency Identifier	NOT TRAPPED EMS Run #						
		EMS GROUND		6000555	1901029						
				1							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/07/2019

Crash Time 06:35 PM

	Hospital			Date of Death	Time of Death							
		SAUK PRAIRIE HOSE					I.					
		Distracted By UN	tracted By Source IKNOWN									
	Distracted By Action UNKNOWN											
		Non Motorist	king Unit #	Location								
		Prior Action										
		Action										
	AL											
UNIT	VIDU											
ر	INDIVIDUAL											
		Action Other							To/From School			
	L	Orug & Alcohol NO	spected Alcohol U	se	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						
10	001	Drug Type										
	0	Individual Condition										
		APPEARED NORMAL										
	llni	t Summary ==										
		Status —		V	ehicle Operating As Class	ification	Unit Type					
		RANSIT			CLASS		AUTOMOR	BILE				
7	Vehi	icle Type				Operating As Endorsements						
02	PAS	SENGER CAR										
	Total	Occs	Train/Bus # Red	corded To	otal # Citations Issued	ilers Total HazMat Types 0		lat Types				
		ance?	Direction Of Tra	_	Pre CrashTire	Speed Lir	imit Total Lane		3			
UNIT	YES		SOUTHBOU	_	Mark pecial Function	55	LEmarganau	2	la l la a			
Ď	MO	Harmful Event: Collision V		N	O SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE						
		ic Way D-WAY, NOT DIVIDED			raffic Control TOP SIGN		Traffic Contr	ol Inoperativ	ve/Missing			
		ace Type			oad Curvature		Road Grade					
		CKTOP (BITUMINOUS	S)		TRAIGHT		DOWNHIL	L				
	Truc NO	k Bus or HazMat		•			•					
		Vehicle										
		License Plate Number 174JKC			Plate Type AUT - AUTOMOBILE	St WI	Country of Iss					
		Vehicle Identification Num	ber		Make	Year	Model	AIES				
02	02	1G8ZG528XYZ107058		\$	SATURN	2000	SL1					
					Body Style ID - 4DR	NOT A BUS						

WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE		•								
5		12FRONT	4 DICUT EDONT CODNED 9 LEET 9	SIDE DEAD A LEET SIDE MIDDLE 10							
	王		1RIGHT FRONT CORNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10 LEFT SIDE FRONT, 11LEFT FRONT CORNER, 12FRONT, UNDERCARRIAGE								
	Ų	DISABLING DAMAGE									
		Towed Due To Damage	Vehicle Removed By								
		TOWED DUE TO DISABLING DAMAGE	EVERETTS TOWING								
		What Driver Was Doing	Vehicle Factors								
		GOING STRAIGHT									
			NOT APPLICABLE								
		Billyof T flot 7 tollott Guilot									
		Driver Actions									
	111	FAILED TO YIELD RIGHT-OF-WAY, DISREGARDED STOP SIGN									
—	VEHICLE	THE TO THE MOTE OF THE POINT OF									
UNIT	₽										
\supset	亩										
	>										
		Owner Name SHAUNNA M MILLS	Owner Address 234 N 2ND ST								
05	02	(608) 577-9815	MUSCODA, WI 53573 , US								
0	0	(666) 611 6616									
		Sequence Of Events									
	5	Event MOTOR VEH IN TRANSPORT									
	0	WOTOR VEH IN TRANSFORT									
	02	Event RUN OFF ROADWAY RIGHT									
	03	Event									
	C										
	4	Event									
	_										
_		Policy Holder									
		-									
Ϊ		Insurance Company	Individual								
LNO		-	Individual SHAUNNA MILLS								
N O		Insurance Company									
NO.		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO		Sex							
-NO		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD	SHAUNNA MILLS	Sex MALE							
-IND		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver	SHAUNNA MILLS Citations Issued								
		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD	SHAUNNA MILLS Citations Issued 3	MALE							
		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD	SHAUNNA MILLS Citations Issued 3	MALE Race							
IND		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST	Citations Issued 3 Date of Birth Driver License Number	MALE Race WHITE							
		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address	Citations Issued 3 Date of Birth	MALE Race WHITE							
		Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST	Citations Issued 3 Date of Birth Driver License Number	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US	Citations Issued 3 Date of Birth Driver License Number	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position	SHAUNNA MILLS Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHAUNNA MILLS Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE							
LIND	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY) Helmet Use Eye Protection	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE							
	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Injury Injury SUSPECTED SERIOUS INJUR	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE							
LIND	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury SUSPECTED SERIOUS INJUR Ejected Ejection Path	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE							
LIND	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Injury Injury SUSPECTED SERIOUS INJUR	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE NITED STATES							
LIND	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury SUSPECTED SERIOUS INJUR Ejected Ejection Path	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE NITED STATES Trapped/Extricated							
LIND	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity SUSPECTED SERIOUS INJUR Ejected NOT EJECTED NOT EJECTED/NOT APP	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	MALE Race WHITE NITED STATES Trapped/Extricated TRAPPED/EXTRICATED							
LIND	INDIVIDUAL	Insurance Company PROGRESSIVE-DIRECT-INSURANCE-CO Individual Driver LEE STANLEY UNDERWOOD (608) 577-9815 Address 234 N 2ND ST MUSCODA, WI 53573 , US On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury SUSPECTED SERIOUS INJUR Ejected NOT EJECTED Medical Transport	Citations Issued 3 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT PLICABLE EMS Agency Identifier	MALE Race WHITE NITED STATES Trapped/Extricated TRAPPED/EXTRICATED EMS Run #							

WISCONSIN MOTOR VEHICLE CRASH REPORT

								` ,				
		Distracted By	Distracted By Source UNKNOWN	9								
		Distracted By Action UNKNOWN										
	,	Non Motorist	Striking Unit #	Location								
		Prior Action										
		Action										
	UAL											
LNO	INDIVIDUAL											
	IND											
		Action Other						To/From School				
								10/From School				
	L	Drug & Alcohol	Suspected Alcohol U NO		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										
	ı	ndividual										
		Passenger LEAH MARIE UNDERWOOD (608) 739-1566			Citations Issued 0		Sex FEMALE					
_	INDIVIDUAL				Date of Birth Race WHITE							
	INID	Address			Driver License Number							
ر	IND		234 N 2ND ST MUSCODA, WI 53573 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty Crash		Safety Equipment							
	Sat	fety Equipment Seat Position										
		Seat Position 6SECOND SEAT-RIGHT SIDE			NONE USED - VEHICLE OCCUPANT							
		Helmet Use			Helmet Compliance							
		Eye Protection		Tint Compliance								
05	003	Injury	Injury Severity SUSPECTED SER	RIOUS INJUR	Airbag NON DEPLOYED							
		NOT EJECTED	Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport			EMS Agency Identifier		EMS Run #					
		EMS GROUND Hospital			6000555 Date of Death		1901028 Time of Death					
		SAUK PRAIRIE HO										
		Distracted By	Distracted By Source	;								

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action											
		Non Motorist	Striking Unit #	Location									
		Prior Action											
		Action											
	INDIVIDUAL												
	Ī												
5	οN												
	Z												
		Action Other		To/From School									
	ļ		Suspected Alcohol	Use	Suspected Drug Use								
	L	Drug & Alcohol	NO		NO								
		Alcohol Test Given		Alcohol Test Type	;		Alcohol Test Results						
		TEST NOT GIVEN		Drug Test Type		Drug Test Results							
		Drug Test Given TEST NOT GIVEN		Drug rest type		Drug Test Nesults							
02	003	Drug Type											
	0												
		Individual Condition											
		APPEARED NORMAL											
		امرانيانما											
		Individual			Citations Issued		Sex						
		Passenger ZACHARY ADAM EASON (770) 634-1431					MALE						
	UAI				Date of Birth Race								
LIND	/ID	Address			Driver License Number		WHITE						
5	NDIVIDUAL	Address 206 W DEAN AVE			STATE: WISCONSIN COUNTRY: UNITED STATES								
	=	MONONA, WI 537	16 , US										
			On Duty Crash		Safety Equipment								
	Sat	fety Equipment	On Duty Clash		Safety Equipment								
		Seat Position			SHOULDER & LAP BELT								
		4SECOND SEAT	-LEFT SIDE(MOT	ORCYCLE/BI	Helmet Compliance								
		Heimet Ose			neimet Compilance								
		Eye Protection			Tint Compliance								
~	4		Injury Severity		Airbag								
05	004		000. 20.22 02		NON DEPLOYED								
		Ejected NOT EJECTED	Ejection P	ath E CTED/NOT APPI	ICARI E		Trapped/Extricated NOT TRAPPED						
		Medical Transport	NOT EST	CILDINOT ATT	EMS Agency Identifier		EMS Run #						
		EMS GROUND			6000555		1901030						
		Hospital SAUK PRAIRIE HO	OSP		Date of Death		Time of Death						
		Distracted By	Distracted By Source	pe e									
		Distracted By Action											
		DISTINGUEU DY ACTION											

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/07/2019

Crash Time 06:35 PM

		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	A							
UNIT	INDIVIDUAL							
n	JOI							
	=							
		Action Other						To/From School
	L	Orug & Alcohol	Suspected Alco NO	hol Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type		D. T. A. D. J. I.		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	004	Drug Type				1		
)							
		Individual Condition						
		APPEARED NORM	//AL					
	,	Violations						
	01	UTC Number Al389037	Issue To? 002	Statute Number 346.46(1)	Description FAIL/STOP AT STO	P SIGN		
	02	UTC Number Al389038	Issue To? 002	Statute Number 347.48(2m)(c)	Description OPERATOR FAIL/H	AVE PASSENGE	R/SEATBELTED	
	03	UTC Number BB340002	Issue To? 002	Statute Number 346.62(2)	Description RECKLESS DRIVIN	G-ENDANGER S	AFETY	