

6TL0B4X4K4

19-00536

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-00536</b>	Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>01/13/2019</b>		Crash Time <b>11:46 AM</b>	Date Arrived <b>01/13/2019</b>	Time Arrived <b>11:50 AM</b>	
Date Notified <b>01/13/2019</b>		Time Notified <b>11:46 AM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" 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

Diagram 	Reconstruction By
	Photos By <b>DEPUTY SCHLOUGH</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WB ON STH 33 AND TURNED LEFT OR SB ON SAND RD INTO THE PATH OF UNIT 2. UNIT 2 STRUCK THE RIGHT SIDE REAR OF UNIT 1. UNIT 1 PASSENGER HAD SUSPECTED MINOR INJURY BUT REFUSED EMS. INDIVIDUAL 8 IN UNIT 1 WAS PASSENGER ON LAP. UNIT 1 SUSTAINED DISABLING DAMAGE AND WAS TOWED BY MIKES TOWING. OPERATOR OF UNIT 1 CITED FOR FAIL TO YIELD WHILE MAKING LEFT TURN AND CHILD SAFETY RESTRAINT VIOLATION. UNIT 2 EB ON STH 33 APPROACHING INTERSECTION OF SAND RD AND STRUCK UNIT 1. UNIT 2 OPERATOR REPORTED NO INJURY AND HIS VEHICLE SUSTAINED DISABLING DAMAGE AND WAS TOWED BY BILLS TOWING. BOTH WITNESSES STATE UNIT 1 TURNED IN FRONT OF UNIT 2 WITHOUT YIELDING

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**Location**

ON SAND RD 50 FT S OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.514587446</b>	Longitude <b>-89.798014809</b>
	X Coordinate <b>273846.03125</b>	Y Coordinate <b>4821765</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</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>CLOUDY</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>01/13/2019</b>	Time Initial Lane/Rd Closed <b>11:50 AM</b>	<b>LAW ENFORCEMENT</b>	
Date All Lanes Open <b>01/13/2019</b>	Time All Lanes Open <b>12:30 PM</b>	Date Scene Cleared <b>01/13/2019</b>	Time Scene Cleared <b>12:50 PM</b>

**Unit Summary**

<b>UNIT</b>	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>8</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</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 CrashTire Mark	Speed Limit <b>55</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	<b>01</b>	License Plate Number <b>AY63736</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>5TDBKRFH2FS223389</b>		Make <b>TOYOTA</b>	Year <b>2015</b>	Model <b>HIGHLANDER</b>		

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UNIT VEHICLE	Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>5--RIGHT REAR CORNER</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>5--RIGHT REAR CORNER</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
	Owner Name <b>DIANA MARISA MULLINS (312) 730-0316</b>		Owner Address <b>4341 S WOOD ST CHICAGO, IL 60609 , US</b>	
	<b>Sequence Of Events</b>			
	01	01	Event <b>LEFT TURN</b>	
02	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
03	03	Event		
04	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>UNIQUE INS COMPANY</b>		Individual <b>DIANA MULLINS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DIANA MARISA MULLINS (312) 730-0316</b>		Citations Issued <b>2</b>	Sex <b>FEMALE</b>
	Address <b>4341 S WOOD ST CHICAGO, IL 60609 , US</b>		Date of Birth	Race <b>HISPANIC</b>
			Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01 001	<b>Safety 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	
	<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 APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<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	
01 001 UNIT INDIVIDUAL	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>KAYLA L GODINEZ (312) 730-0316</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>
	Address <b>4341 S WOOD ST CHICAGO, IL 60609 , US</b>			Date of Birth		Race <b>HISPANIC</b>
	Driver License Number					
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 002 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-CURTAIN</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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	

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	
		Distracted By Action	
		<b>Non Motorist</b>	Striking Unit # Location
		Prior Action	
		Action	
		Action Other To/From School	
		<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	
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		Passenger <b>BYRAN BUSTOS</b> <b>(773) 614-1733</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
		Date of Birth Race <b>HISPANIC</b>	
		Address <b>1830 S 59TH AVE</b> <b>CICERO, IL 60804 , US</b>	Driver License Number
		<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>	Helmet Compliance
		Helmet Use	Tint Compliance
		Eye Protection	Airbag <b>NON DEPLOYED</b>
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
UNIT	INDIVIDUAL	Ejected <b>NOT EJECTED</b> Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>	Distracted By Source

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other			
		To/From School			
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	01	003	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>					
UNIT	<b>INDIVIDUAL</b>	Passenger <b>LINDA G MULLINS (773) 475-1081</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>HISPANIC</b>	
		Address <b>4327 S HERMITAGE AVE CHICAGO, IL 60609 , US</b>		Driver License Number	
		<b>Safety Equipment</b>			
01	004	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Seat Position <b>5--SECOND SEAT-MIDDLE</b>	Helmet Compliance		
		Helmet Use	Tint Compliance		
		Eye Protection	Airbag <b>NON DEPLOYED</b>		
		<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 APPLICABLE</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>Distracted By</b>					
Distracted By Source					
Distracted By Action					

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<b>UNIT</b>	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	<b>01</b>	<b>004</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>		
<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>IRENE MORAN (773) 885-3567</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>HISPANIC</b>	
		Address <b>4327 S HERMITAGE AVE CHICAGO, IL 60609 , US</b>		Driver License Number	
		<b>Safety Equipment</b>			
<b>01</b>	<b>005</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	Helmet Compliance		
		Helmet Use	Tint Compliance		
		Eye Protection	Airbag <b>DEPLOYED-CURTAIN</b>		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</b>	
<b>01</b>	<b>005</b>	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>	Distracted By Source		
Distracted By Action					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
<b>01</b>	<b>005</b>	Action Other				To/From School	
		<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>FRANK J MORADO</b> <b>(312) 838-0949</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>3602 CLARENCE AVE</b> <b>BERWIN, IL 60402 , US</b>			Date of Birth		
					Race <b>HISPANIC</b>		
Driver License Number							
<b>01</b>	<b>006</b>	<b>Safety Equipment</b>		On Duty Crash			
		Seat Position <b>7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC</b>		Safety Equipment <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 APPLICABLE</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>Distracted By</b>		Distracted By Source			
		Distracted By Action					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
	Action						
	Action Other				To/From School		
	<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>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
Passenger <b>XARIYAH Z VIRTO</b> <b>(312) 404-6567</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>			
Address <b>4327 S HERMITAGE AVE</b> <b>CHICAGO, IL 60609 , US</b>			Driver License Number				
Date of Birth			Race <b>WHITE</b>				
On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
Seat Position <b>8--THIRD SEAT-MIDDLE</b>			Helmet Compliance				
Helmet Use			Tint Compliance				
Eye Protection			Airbag <b>NON DEPLOYED</b>				
<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 APPLICABLE</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>Distracted By</b>		Distracted By Source					
Distracted By Action							

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	Prior Action					
	Action					
	Action Other				To/From School	
<b>01 007</b>	<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>					
<b>UNIT</b>	<b>INDIVIDUAL</b>	Passenger <b>XAIDEN W BUSTOS</b>		Citations Issued <b>0</b>		
		Date of Birth		Sex <b>MALE</b>		
	Address <b>1830 S 59TH AVE CICERO, IL 60804 , US</b>		Race <b>HISPANIC</b>			
<b>01 008</b>	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Seat Position <b>OTHER</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 APPLICABLE</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>Distracted By</b>		Distracted By Source				
Distracted By Action						

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	<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>Violations</b>					
<b>01</b>	<b>008</b>	UTC Number <b>AD979512</b>	Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>	
		UTC Number <b>AD979513</b>	Issue To? <b>001</b>	Statute Number <b>347.48(4)(am)</b>	Description <b>VIOL OF CHILD SAFETY RESTRAINT - CHILD UNDER 4 YEARS OF AGE</b>	

## Unit Summary

<b>UNIT</b>	<b>02</b>	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 # Recorded		Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</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>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>							
		<b>Vehicle</b>							
		<b>02</b>	<b>02</b>	License Plate Number <b>KE3562</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1FMJU1G51BEF51328</b>				Make <b>FORD</b>	Year <b>2011</b>	Model <b>EXPEDITION</b>			

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19-00536

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	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			
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12--FRONT</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BILLS TOWING</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors			
Driver Prior Action Other	<b>NOT APPLICABLE</b>				
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>ROGER LEE ROBINSON (608) 548-6341</b>	Owner Address <b>608 EVERGREEN DR GRAND MARSH, WI 53936 , US</b>			
UNIT 02	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT 02	<b>Policy Holder</b>				
	Insurance Company <b>ALLSTATE-INS-CO</b>	Individual <b>ROGER ROBINSON</b>			
UNIT TRAILER/ TOWED	<b>Trailer/Towed</b>				
	Trailer Plate #	Plate Type	Make <b>HMDE</b>	State	Country of Issuance
	Unit Type <b>UTILITY TRAILER</b>	Individual <b>ROGER LEE ROBINSON (608) 548-6341</b>		Address <b>608 EVERGREEN DR GRAND MARSH, WI 53936 , US</b>	
	Vehicle Identification Number				
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ROGER LEE ROBINSON (608) 548-6341</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Date of Birth	Race <b>WHITE</b>		
	Address <b>608 EVERGREEN DR GRAND MARSH, WI 53936 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety 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			

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

02	009	Eye Protection		Tint Compliance			
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>		
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		Distracted By Source			
		Distracted By Action <b>NOT DISTRACTED</b>					
		<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
UNIT	INDIVIDUAL	Action Other				To/From School	
		<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>					

### Witness

WITN 01 ESS	Individual <b>KURT J HAUGEN</b> (608) 469-0133	Address <b>9777 WINDY ACRES</b> <b>MT HOREB, WI 53572 , US</b>	Date of Birth

### Witness

WITN 02 ESS	Individual <b>DAVID C EMERY</b> (608) 963-0913	Address <b>643 LAVALLE ST</b> <b>REEDSBURG, WI 53959 , US</b>	Date of Birth