# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|              | Document Number Override   | Primary Crash D         | Crash Time    |           | 19-02266         DEPUT           Date Arrived         Time Arri |                       | DEPUTY A. SUKOWATEY Time Arrived 02:39 AM |                      |  |
|--------------|--|-------------------------|---------------|-----------|---|-----------------------|---|----------------------|--|
| א            | Crash Date <b>02/24/2019</b>   | Crash Time<br>02:00 AM  |               |           |   |                       |   |                      |  |
| ַם<br>פ      | Date Notified  | Time Notified           |               |           | s   | Total Injured Total N |   | ed                   |  |
| 2            | 02/24/2019   | 02:34 AM                | 02:34 AM      |           |   | 00 00                 |   |                      |  |
| O I LUB/DORS | On Emergency   | Hit and Run             | Lane Clos     |           | Work Zone   | Trailer or            | Towed                                     | Reporting Threshold  |  |
|              | Government Property  | Active Scl              | nool Zone     | School Bu | us Related  | Tags                  |   |                      |  |
|              | <b>✓</b> Reportable  | Crash Type DT4000 (STAI | NDARD CRASI   | H)        |   | Amended               | I   | Secondary Crash      |  |
|              | <b>Description</b>   |                         |               |           |   |                       |   |                      |  |
|              | Diagram  | US HWY 12               | ı             |           |   |                       | econstructio                              | n By                 |  |
|              |  | 00 IIII 12              |               |           |   |                       | hotos By                                  |                      |  |
|              |  |                         |               |           |   |                       | dditional Info                            | ormation             |  |
|              |  | (er)                    |               |           |   |                       |   |                      |  |
|              | 0,7  |                         |               |           |   |                       |   |                      |  |
|              | 01   |                         |               |           |   |                       |   |                      |  |
|              |  | Not to Scale            |               |           |   |                       |   |                      |  |
|              | J, a sworn law enforce   |                         |               |           |   |                       |   |                      |  |
|              | THE OPERATOR OF UNIT ON VEHICLE AND ENTERED THE ADVISE ME VIA PHONE THAT | WEST DITCH. THE         | RE WERE NO O  | CCUPANTS  | PRESENT UPON MY   | ARRIVAL. THE W        | ITNESS ANI                                | D PASSENGER DID      |  |
|              | INFORMED ME THAT NOBOD   | Y WAS INJURED. D        | ESPITE MANY A | TTEMPTS T | O CONTACT JACOB   | HE HAS YET TO IN      | IFORM LAW                                 | / ENFORCEMENT OF THE |  |

ACCIDENT. FURTHER INFORMATION AVAILABLE IN A TAPED REPORT ATTACHED TO THE CASE.

Location

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/24/2019

Crash Time 02:00 AM

|           | 0.30<br>OF   | USH12 EB<br>) MI S<br>S. GASSER ROAD   |   |   | 43.4320<br>X Coordin                          |                              |  | Longitud<br>-89.775  | 257434  |  |
|-----------|--|--|---|---|---|------------------------------|--|--|---|--|
|           |  | THE TOWN OF BARABO<br>SAUK COUNTY  |   | Structure Type  |   |                              |  |  |   |  |
|           |  |  |   |   | NO STRUCTURE                                  |                              |  |  |   |  |
| (         | Cra  | sh Scene   |   |   |   |                              |  |  |   |  |
| ]         | First  | Harmful Event  |   |   | First Harr                                    | mful Event                   | Location   |  |   |  |
|           | DIT  |  |   |   |   |                              | -OF-WAY (T   | RAFFICW  | AY)   |  |
|           |  | ner of Collision   | Light Con                                   |   |   |                              |  |  |   |  |
|           |  | NO COLLISION W/VEHICLE IN TRANSPORT  |   |   |   | Factor(s)                    |  |  |   |  |
|           | Road Surface Condition(s)  SNOW, SLUSH, ICE                        |  |   |   |   | racior(s)                    |  |  |   |  |
|           |  |  |   |   |   |                              |  |  |   |  |
|           |  | ronment Factor(s)  |   |   |   |                              |  |  |   |  |
|           |  | ATHER CONDITIONS   |   |   | NONE  |                              |  |  |   |  |
|           | Wea  | ather Condition(s)   |   |   |   |                              |  |  |   |  |
|           | SNO  | OW   |   |   |   |                              |  |  |   |  |
|           | Anim   | nal Type   |   | To Trafficw   | <sub>/ay</sub><br>NOT ON ROA                  | \D                           |  |  |   |  |
|           | Cras   | sh Classification - Location   |   |   |   |                              | - Jurisdiction   |  |   |  |
|           | PUE  | BLIC PROPERTY  | NO SPE                                      | NO SPECIAL JURISDICTION   |   |                              |  |  |   |  |
|           | Triba  | al Land  |   |   |   | Access Control Special Study |  |  |   |  |
|           | With   | in Interchange Area  | Junction Location                           | In  | tersection Type                               | NO CONTROL                   |  |  |   |  |
|           | NO   | =  | NON-JUNCTION                                |   | OT AN INTERSE                                 | ECTION                       |  |  |   |  |
| i         | Uni  | t Summary  |   | L   |   |                              |  |  |   |  |
|           |  |  |   | Vehicle Operat  | ehicle Operating As Classification            |                              |  | Unit Type  |   |  |
|           |  | Ciarao   |   |   | ing 7 to Oldoomoation                         |                              |  |  |   |  |
|           | IN T   | RANSIT   |   | D CLASS   |   |                              | AUTOMO   |  |   |  |
| 10        | IN T   | TRANSIT icle Type  |   | · ·   | mg / to Classification                        |                              | AUTOMO   | BILE<br>As Endorsen  | nents   |  |
| 0.1       | Vehi   | RANSIT   | Train/Bus # Recorded                        | · ·   |   | Total Tr                     | AUTOMO Operating A   |  |   |  |
| 0.1       | Vehi   | TRANSIT<br>icle Type<br>SSENGER CAR  | Train/Bus # Recorded                        | D CLASS   |   |                              | AUTOMO Operating A   | As Endorsen  |   |  |
| UI        | Vehi<br>PAS<br>Tota<br>2   | TRANSIT icle Type SSENGER CAR Il Occs rance?   | Direction Of Travel                         | D CLASS  Total # Citation 1   |   | Total Tr.  0  Speed L        | AUTOMO Operating A   | Total Hazi  Total Lane   | Mat Types   |  |
| WII UT    | Vehi<br>PAS<br>Tota<br>2<br>Insu                                   | rance? KNOWN   | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra  | as Issued<br>ashTire<br>ark                   | Total Tr                     | AUTOMO Operating A ailers  | As Endorsen  Total Hazi  0  Total Lane 4   | Mat Types   |  |
| UNIT      | Vehi<br>PAS<br>Tota<br>2<br>Insu<br>UNI                            | TRANSIT icle Type SSENGER CAR II Occs rance? KNOWN t Harmful Event: Collision W  | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra Ma Special Function  | as Issued<br>ashTire<br>ark                   | Total Tr.  0  Speed L        | AUTOMO Operating A ailers Limit Emergency  | Total Hazi  Total Lane   | Mat Types   |  |
| ONI I UT  | IN T Vehi PAS Tota 2 Insu UNI Mos DIT                              | TRANSIT icle Type SSENGER CAR II Occs rance? KNOWN t Harmful Event: Collision W  | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra Ma Special Function  | ashTire<br>ark                                | Total Tr.  0  Speed L        | AUTOMO Operating A ailers Limit Emergency NOT APP  | Total Hazi  Total Lane  4  Motor Vehice  | Mat Types<br>es<br>cle Use                        |  |
|           | Vehi PAS Tota 2 Insu UNI Mos: DIT Traff                            | TRANSIT icle Type SSENGER CAR Il Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC   | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra Ma Special Function NO SPECIAL   | ashTire<br>ark<br>on<br>L FUNCTION            | Total Tr.  0  Speed L        | AUTOMO Operating A ailers  imit  Emergency NOT APP  Traffic Cont   | Total Hazi  Total Hazi  Total Lane  4  Motor Vehic  CLICABLE  trol Inoperati                   | Mat Types<br>es<br>cle Use                        |  |
| OINI OI   | Vehi PAS Tota 2 Insu UNI Most DITC Traff DIVI Surfa                | TRANSIT icle Type SSENGER CAR Il Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type  | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO   | ashTire<br>ashTire<br>ark<br>on<br>L FUNCTION | Total Tr.  0  Speed L        | AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grad   | Total Hazi  Total Hazi  Total Lane  4  Motor Vehic  CLICABLE  trol Inoperati                   | Mat Types<br>es<br>cle Use                        |  |
|           | IN T Vehi PAS Tota 2 Insul UNI Mosi DITC Traff DIVI Surfa          | TRANSIT icle Type SSENGER CAR II Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type NCRETE   | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO   | ashTire<br>ashTire<br>ark<br>on<br>L FUNCTION | Total Tr.  0  Speed L        | AUTOMO Operating A ailers  imit  Emergency NOT APP  Traffic Cont   | Total Hazi  Total Hazi  Total Lane  4  Motor Vehic  CLICABLE  trol Inoperati                   | Mat Types<br>es<br>cle Use                        |  |
| OINI OI   | IN T Vehi PAS Tota 2 Insul UNI Mosi DITC Traff DIVI Surfa          | TRANSIT icle Type SSENGER CAR II Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type NCRETE Ick Bus or HazMat   | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO   | ashTire<br>ashTire<br>ark<br>on<br>L FUNCTION | Total Tr.  0  Speed L        | AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grad   | Total Hazi  Total Hazi  Total Lane  4  Motor Vehic  CLICABLE  trol Inoperati                   | Mat Types<br>es<br>cle Use                        |  |
| ONIT OT   | IN T Vehi PAS Tota 2 Insu UNI Moss DIT Traff DIVI COI Truc NO      | TRANSIT icle Type SSENGER CAR II Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type NCRETE Ick Bus or HazMat   | Direction Of Travel SOUTHBOUND              | Total # Citation 1 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO   | ashTire<br>ashTire<br>ark<br>on<br>L FUNCTION | Total Tr.  0  Speed L        | AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grad   | Total Hazi  Total Hazi  Total Lane  4  Motor Vehic  CLICABLE  trol Inoperati                   | Mat Types<br>es<br>cle Use                        |  |
|           | IN T Vehi PAS Tota 2 Insu UNI Moss DIT Traff DIVI COI Truc NO      | RANSIT icle Type SSENGER CAR I Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type NCRETE Ick Bus or HazMat  Vehicle License Plate Number   | Direction Of Travel SOUTHBOUND              | Total # Citation  1  Pre Cra Ma Special Functic NO SPECIAI Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type  | ashTire<br>ark<br>on<br>L FUNCTION<br>DL      | Total Tr.  0 Speed L  65     | AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont NO Road Grad LEVEL  Country of Is  | Total Hazi  Total Lane  4 Motor Vehic PLICABLE trol Inoperati                                  | Mat Types<br>es<br>cle Use                        |  |
| ONIT OI   | IN T Vehi PAS Tota 2 Insu UNI Moss DIT Traff DIVI COI Truc NO      | TRANSIT icle Type SSENGER CAR II Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type NCRETE Ick Bus or HazMat  Vehicle License Plate Number 817RRF  | Direction Of Travel SOUTHBOUND ith BARRIER  | Total # Citation 1 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO  | ashTire<br>ark<br>on<br>L FUNCTION<br>DL      | Total Tr. 0 Speed L 65       | AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grad LEVEL  Country of Is UNITED S   | Total Hazi  Total Lane  4 Motor Vehic PLICABLE trol Inoperati                                  | Mat Types<br>es<br>cle Use                        |  |
|           | IN T Vehi PAS Tota 2 Insu UNI Moss DIT Traff DIVI COI Truc NO      | RANSIT icle Type SSENGER CAR I Occs rance? KNOWN It Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type NCRETE Ick Bus or HazMat  Vehicle License Plate Number   | Direction Of Travel SOUTHBOUND ith BARRIER  | Total # Citation  1  Pre Cra Ma Special Functic NO SPECIAI Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type  | ashTire ark on L FUNCTION DL e                | Total Tr.  0 Speed L  65     | AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont NO Road Grad LEVEL  Country of Is  | Total Hazi  Total Lane  4 Motor Vehic PLICABLE trol Inoperati                                  | Mat Types<br>es<br>cle Use                        |  |
|           | IN T Vehi PAS Tota 2 Insu UNI Mos DIT Traff DIVI Surfa COI Truc NO | TRANSIT Icle Type SSENGER CAR ICOCCS  Trance? KNOWN IT Harmful Event: Collision W CH Ific Way IDED HWY W/TRAFFIC Tace Type NCRETE Ick Bus or HazMat  Vehicle License Plate Number 817RRF Vehicle Identification Number 1G1PA5SH4D7308855 Color   | Direction Of Travel SOUTHBOUND ith BARRIER  | Total # Citation 1 Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO Make CHEVROLE Body Style                                     | ashTire ark on L FUNCTION DL e                | Total Tr. 0 Speed L 65       | AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont NO Road Grad LEVEL  Country of Is UNITED S Model CRUZE LS Bus Use                    | Total Hazi  Total Lane  4 Motor Vehic  PLICABLE  trol Inoperati  e  ssuance  TATES             | Mat Types<br>es<br>cle Use                        |  |
|           | IN T Vehi PAS Tota 2 Insu UNH Mos DITO Traff DIVI Truck NO         | TRANSIT Icle Type SSENGER CAR ICOCCS  TRANCE? KNOWN ICH Harmful Event: Collision W CH ICH ICH ICH ICH ICH ICH ICH ICH ICH  | Direction Of Travel SOUTHBOUND ith BARRIER  | Total # Citation 1  Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO Make CHEVROLE Body Style 4D - 4DR                           | ashTire ark on L FUNCTION DL e                | Total Tr. 0 Speed L 65       | AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Con NO Road Grade LEVEL  Country of Is UNITED S Model CRUZE LS                            | Total Hazi  Total Lane  4 Motor Vehic  PLICABLE  trol Inoperati  e  ssuance  TATES             | Mat Types<br>es<br>cle Use                        |  |
| I OII OII | IN T Vehi PAS Tota 2 Insu UNH Most DITU Trafff DIVI Truck NO       | TRANSIT Icle Type SSENGER CAR ICOCCS  France? KNOWN ICH Harmful Event: Collision W CH Fic Way IDED HWY W/TRAFFIC Fic Way IDED HWY W/TRAFFIC Fic Bus or HazMat  Vehicle  License Plate Number 817RRF  Vehicle Identification Numb 1G1PA5SH4D7308855  Color BLU - BLUE Initial Contact Point | Direction Of Travel SOUTHBOUND ith BARRIER  | Total # Citation 1  Pre Cra Ma Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO Make CHEVROLE Body Style 4D - 4DR Vehicle Dama              | ashTire ark on L FUNCTION  DL e  DMOBILE  TT  | St WI Year 2013              | AUTOMO Operating A ailers  Limit  Emergency NOT APP Traffic Cont NO Road Grad LEVEL  Country of Is UNITED S Model CRUZE LS Bus Use NOT A BU          | Total Hazi  Total Hazi  Total Lane  4  Motor Vehi  PLICABLE  trol Inoperati  e  ssuance  TATES | Mat Types es cle Use ive/Missing                  |  |
|           | IN T Vehi PAS Tota 2 Insu UNH Most DITU Trafff DIVI Truck NO       | TRANSIT Icle Type SSENGER CAR ICOCCS  TRANCE? KNOWN ICH Harmful Event: Collision W CH ICH ICH ICH ICH ICH ICH ICH ICH ICH  | Direction Of Travel SOUTHBOUND ith BARRIER  | Total # Citation  1  Pre Cra Ma Special Function NO SPECIAI  Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO Make CHEVROLE Body Style 4D - 4DR Vehicle Dama  1RIGHT FI | ashTire ark on L FUNCTION DL e  DMOBILE ET    | St WI Year 2013              | AUTOMO Operating A ailers  Imit Emergency NOT APP Traffic Con NO Road Grad LEVEL  Country of Is UNITED S Model CRUZE LS Bus Use NOT A BU T SIDE FROM | Total Hazi  Total Hazi  Total Lane  4  Motor Vehia  LICABLE  trol Inoperati  e  SSUANCE  TATES | Mat Types es cle Use ive/Missing  HT SIDE REAR, 5 |  |
|           | IN T Vehi PAS Tota 2 Insu UNH Mos DITO Traff DIVI Truck NO         | TRANSIT icle Type SSENGER CAR II Occs  rance? KNOWN t Harmful Event: Collision W CH fic Way IDED HWY W/TRAFFIC ace Type NCRETE tk Bus or HazMat  Vehicle  License Plate Number 817RRF  Vehicle Identification Numt 1G1PA5SH4D7308855  Color BLU - BLUE Initial Contact Point 12FRONT       | Direction Of Travel SOUTHBOUND ith  BARRIER | Total # Citation  1  Pre Cra Ma Special Function NO SPECIAI  Traffic Control NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO Make CHEVROLE Body Style 4D - 4DR Vehicle Dama  1RIGHT FI | ashTire ark on L FUNCTION  DL e  DMOBILE  TT  | St WI Year 2013              | AUTOMO Operating A ailers  Imit Emergency NOT APP Traffic Con NO Road Grad LEVEL  Country of Is UNITED S Model CRUZE LS Bus Use NOT A BU T SIDE FROM | Total Hazi  Total Hazi  Total Lane  4  Motor Vehia  LICABLE  trol Inoperati  e  SSUANCE  TATES | Mat Types es cle Use ive/Missing  HT SIDE REAR, 5 |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|     |            | Towed Due To Damage TOWED DUE TO DISABLING |                                  | /ehicle Removed By<br>MIKES TOWING |                                |  |  |
|-----|------------|--|----------------------------------|------------------------------------|--------------------------------|--|--|
|     |            | What Driver Was Doing                      |                                  | /ehicle Factors                    |                                |  |  |
|     |            | GOING STRAIGHT                             |                                  |                                    |                                |  |  |
|     |            | Driver Prior Action Other                  | N                                | NOT APPLICABLE                     |                                |  |  |
|     | Ξ.         | Driver Actions SPEED TOO FAST/COND         | l_                               |                                    |                                |  |  |
| LNO | VEHICL     |  |                                  |                                    |                                |  |  |
| 5   | ÆΗ         |  |                                  |                                    |                                |  |  |
|     | >          |  |                                  |                                    |                                |  |  |
|     |            | Owner Name  JACOB SPRECHER                 |                                  | Owner Address 390 5TH STREET       |                                |  |  |
| 2   | 01         | UAGOD OF REGILER                           |                                  | PRAIRIE DU SAC, WI 53578 , US      |                                |  |  |
|     |            |  |                                  |                                    |                                |  |  |
|     |            | Sequence Of Events                         |                                  |                                    |                                |  |  |
|     | 10         | Event DITCH                                |                                  |                                    |                                |  |  |
|     | 02         | Event                                      |                                  |                                    |                                |  |  |
|     | 03         | Event                                      |                                  |                                    |                                |  |  |
|     | 4          | Event                                      |                                  |                                    |                                |  |  |
|     | 04         |  |                                  |                                    |                                |  |  |
|     | ļ          | ndividual                                  |                                  |                                    |                                |  |  |
|     | INDIVIDUAL | Driver JACOB SPRECHER                      |                                  | Citations Issued 1                 | Sex<br>MALE                    |  |  |
|     |            |  |                                  | Date of Birth                      | Race                           |  |  |
| ╘   |            |  |                                  |                                    | WHITE                          |  |  |
|     | Δ          | Address 390 5TH STREET                     |                                  | Driver License Number              |                                |  |  |
|     | Z          | PRAIRIE DU SAC, WI 53578                   | , US                             | STATE: WISCONSIN COUNTRY: UN       | ITED STATES                    |  |  |
|     |            |  |                                  |                                    |                                |  |  |
|     | Sat        | On Duty Cra<br><b>ety Equipment</b>        | ash                              | Safety Equipment                   |                                |  |  |
|     |            | Seat Position                              |                                  | RESTRAINT USE UNKNOWN              |                                |  |  |
|     |            | 1FRONT SEAT-LEFT SIDE                      | (DRIVER/MOTORCY                  |                                    |                                |  |  |
|     |            | Helmet Use                                 |                                  | Helmet Compliance                  |                                |  |  |
|     |            | Eye Protection                             |                                  | Tint Compliance                    |                                |  |  |
| _   | Ξ.         | Injury Severity                            |                                  | Airbag                             |                                |  |  |
| 5   | 00         |  | RENT INJURY                      | NON DEPLOYED                       |                                |  |  |
|     |            |  | ection Path  OT EJECTED/NOT APPL | ICABI F                            | Trapped/Extricated NOT TRAPPED |  |  |
|     |            | Medical Transport                          | JI LOLOTEDINOT ATTE              | EMS Agency Identifier              | EMS Run #                      |  |  |
|     |            | NOT TRANSPORTED                            |                                  |                                    |                                |  |  |
|     |            | Hospital                                   |                                  | Date of Death                      | Time of Death                  |  |  |
|     |            | Distracted By Distracted B                 | By Source                        |                                    |                                |  |  |
|     |            | Distracted By Action UNKNOWN               |                                  |                                    |                                |  |  |
|     |            | Non Motorist Striking Unit                 | t # Location                     |                                    |                                |  |  |
|     |            |  |                                  |                                    |                                |  |  |

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

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

|      |            | Prior Action                                     |                       |                     |                       |                             |                   |                      |                |  |
|------|------------|--|-----------------------|---------------------|-----------------------|-----------------------------|-------------------|----------------------|----------------|--|
|      |            | Action   |                       |                     |                       |                             |                   |                      |                |  |
|      |            |  |                       |                     |                       |                             |                   |                      |                |  |
|      | NDIVIDUAL  |  |                       |                     |                       |                             |                   |                      |                |  |
| LINO | ם          |  |                       |                     |                       |                             |                   |                      |                |  |
| 5    | ≥          |  |                       |                     |                       |                             |                   |                      |                |  |
|      | Z          |  |                       |                     |                       |                             |                   |                      |                |  |
|      |            |  |                       |                     |                       |                             |                   |                      |                |  |
|      |            | Action Other                                     |                       |                     |                       |                             |                   |                      | To/From School |  |
|      |            |  |                       |                     |                       |                             |                   |                      |                |  |
|      | ,          | Drug & Alcohol                                   | Suspected Alcohol Use |                     |                       | Suspected Drug Use          |                   |                      |                |  |
|      | -<br>[     | Alcohol Test Given                               | 1123                  |                     | Alcohol Test Type     |                             |                   | Alcohol Test Results |                |  |
|      |            | TEST NOT GIVEN                                   |                       |                     | Alcohol Test Type     |                             |                   | Alcohol Test Nesults |                |  |
|      |            | Drug Test Given                                  |                       |                     | Drug Test Type        |                             | Drug Test Results |                      |                |  |
|      |            | TEŠT NOT GIVEN                                   |                       |                     |                       |                             |                   |                      |                |  |
| 5    | 00         | Drug Type  |                       |                     |                       |                             |                   |                      |                |  |
|      |            |  |                       |                     |                       |                             |                   |                      |                |  |
|      |            | Individual Condition                             |                       |                     |                       |                             |                   |                      |                |  |
|      |            | NOT OBSERVED                                     |                       |                     |                       |                             |                   |                      |                |  |
|      |            |  |                       |                     |                       |                             |                   |                      |                |  |
|      | l<br>i     | Individual                                       |                       |                     |                       | Citations Issued            |                   | Sex                  |                |  |
|      | _          | Passenger<br>MCKENZIE DAHLEN<br>(920) 992-5480   |                       |                     | 0                     |                             | FEMALE            |                      |                |  |
|      | INDIVIDUAL |  |                       |                     | Date of Birth         |                             | Race              |                      |                |  |
| LINO |            | A 11   |                       |                     |                       |                             |                   | WHITE                |                |  |
| 5    |            | Address 4625 HAYES RD # 7 MADISON, WI 53704 , US |                       |                     | Driver License Number |                             |                   |                      |                |  |
|      | Z          |  |                       |                     | STATE: WISCONSIN      | N COUNTRY: UN               | ITED STATES       |                      |                |  |
|      |            |  |                       |                     |                       |                             |                   |                      |                |  |
|      | Saf        | On Duty Crash fety Equipment                     |                       |                     |                       | Safety Equipment            |                   |                      |                |  |
|      |            | Seat Position                                    |                       |                     |                       | RESTRAINT USE UI            | NKNOWN            |                      |                |  |
|      |            | 3FRONT SEAT-R                                    | IGHT S                | IDE (TRAI           | N ENGINEER            |                             |                   |                      |                |  |
|      |            | Helmet Use                                       |                       |                     | Helmet Compliance     |                             |                   |                      |                |  |
|      |            | Eye Protection                                   |                       |                     | Tint Compliance       |                             |                   |                      |                |  |
|      |            |  |                       |                     |                       |                             |                   |                      |                |  |
| 5    | 002        | Iniurv   | Injury S              | everity<br>PARENT I | Airbag                |                             |                   |                      |                |  |
|      | O I        | Ejected  | NO AP                 | Ejection Pa         | th                    | NON DEPLOYED                |                   | Trapped/Extricated   |                |  |
|      |            | NOT EJECTED                                      |                       |                     | CTED/NOT APPL         | ICABLE                      |                   | NOT TRAPPED          |                |  |
|      |            | Medical Transport                                |                       |                     | EMS Agency Identifier |                             | EMS Run #         |                      |                |  |
|      |            | NOT TRANSPORTED                                  |                       |                     | Data of Dooth         | Time of Dooth               |                   |                      |                |  |
|      | Hospital   |  |                       |                     |                       | Date of Death Time of Death |                   |                      |                |  |
|      |            | Distracted By                                    | Distracte             | ed By Source        | 9                     | •                           |                   | •                    |                |  |
|      |            | Distracted By Action                             |                       |                     |                       |                             |                   |                      |                |  |
|      |            |  |                       |                     | T                     |                             |                   |                      |                |  |
|      |            | Non Motorist                                     | Striking              | Unit #              | Location              |                             |                   |                      |                |  |
|      |            |  |                       |                     | 1                     |                             |                   |                      |                |  |

Crash Time 02:00 AM

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/24/2019

Crash Time 02:00 AM

|                   |            | Prior Action                         |                       |                                    |   |                   |                      |                |
|-------------------|------------|--------------------------------------|-----------------------|------------------------------------|---|-------------------|----------------------|----------------|
| TIND              | INDIVIDUAL | Action                               |                       |                                    |   |                   |                      |                |
|                   |            | Action Other                         |                       |                                    |   |                   |                      | To/From School |
|                   | L          | Orug & Alcohol                       | Suspected Alcoh<br>NO | ol Use                             | 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 |                      |                |
| 0                 | 005        | Drug Type                            |                       | •                                  |   |                   |                      |                |
|                   |            | Individual Condition  NOT OBSERVED   |                       |                                    |   |                   |                      |                |
|                   | 1          | /iolations                           |                       |                                    |   |                   |                      |                |
|                   | 01         | UTC Number<br>AD980429               |                       | Statute Number<br><b>346.70(1)</b> | Description FAILURE OF OPERA                      | ATOR TO NOTIF     | Y POLICE OF ACCIE    | DENT           |
| 1                 | Witı       | ness ———                             |                       |                                    |   |                   |                      |                |
| WITN 01<br>ESS 01 |            | idual<br>(ENZIE DAHLEN<br>) 992-5480 |                       |                                    | Address<br>4625 HAYES RD # 7<br>MADISON, WI 53704 | , US              | D                    | ate of Birth   |
| _                 |            |                                      |                       | i e                                |   |                   |                      |                |