



6TL0B4X4KQ  
19-02829

Wisconsin Motor Vehicle  
Crash Report

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

01 UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name JANUSIAK		First Name JESSICA		Middle Initial JEAN	
	Street Address 822 E MAIN ST		Street Address 2		PO Box	
	City REEDSBURG		State WI	Zip Code 53959	Country of Residence UNITED STATES	
	DOB [REDACTED]	Sex F	Race W	Hair BROWN	Eyes BROWN	
	Height 501		Weight 150	Phone Number (608) 477-7485 EXT.		
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2023	
	<b>Equipment</b>	On Duty Accident	Safety Equipment			
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death			
<b>Non Motorist</b>	Striking Unit #	Location	To/From School			
Prior Action		Action				
Distracted By Action NOT DISTRACTED		Action Other				
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other				
<b>Drug &amp; Alcohol</b>	Individual Condition APPEARED NORMAL					
Suspected Alcohol Use 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		
Drug Type						
01 UNIT INDIVIDUAL 02	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name PURIFOY		First Name DREW		Middle Initial C	
	Street Address 822 E MAIN ST		Street Address 2		PO Box	
	City REEDSBURG		State WI	Zip Code 53959	Country of Residence UNITED STATES	

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UNIT INDIVIDUAL 02	DOB	Sex M	Race B	Hair BROWN	Eyes	Height	Weight	Phone Number (608) 477-7485 EXT.
	Driver's License Number			State	License Jurisdiction NOT LICENSED	Country of Issuance		
	License Type			License Status NOT LICENSED			DL Expire Year	
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE			SHOULDER & LAP BELT				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
	<b>Injury</b>	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED.				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death			
UNIT INDIVIDUAL 02	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	<b>Drug &amp; Alcoh</b>	Individual Condition APPEARED NORMAL						
Suspected Alcohol Use 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		
Drug Type								
UNIT INDIVIDUAL 03	Role PASSENGER			Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL		
	Last Name PURIFOY			First Name HAYLEY		Middle Initial K	Suffix	
	Street Address 822 E MAIN ST			Street Address 2			PO Box	
	City REEDSBURG			State WI	Zip Code 53959	Country of Residence UNITED STATES		

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UNIT INDIVIDUAL 03	DOB	Sex F	Race B	Hair BROWN	Eyes	Height	Weight	Phone Number (608) 477-7485 EXT.	
	Driver's License Number			State	License Jurisdiction NOT LICENSED	Country of Issuance			
	License Type			License Status NOT LICENSED			DL Expire Year		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/B			SHOULDER & LAP BELT					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	<b>Injury</b>	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
Hospital			Date of Death		Time of Death				
UNIT INDIVIDUAL 03	<b>Non Motorist</b>	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition APPEARED NORMAL							
	Suspected Alcohol Use 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		
	Drug Type								
	UNIT INDIVIDUAL 04	Role PASSENGER			Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL		
Last Name			First Name HAYDEN		Middle Initial G	Suffix			
Street Address 822 E MAIN ST			Street Address 2			PO Box			
City REEDSBURG			State WI	Zip Code 53959	Country of Residence UNITED STATES				

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### Wisconsin Motor Vehicle Crash Report

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BARABOO, WI 53913  
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UNIT INDIVIDUAL 04	DOB	Sex F	Race B	Hair BROWN	Eyes	Height	Weight	Phone Number (608) 477-7485 EXT.	
	Driver's License Number			State	License Jurisdiction NOT LICENSED		Country of Issuance		
	License Type			License Status NOT LICENSED			DL Expire Year		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Seat Position 6--SECOND SEAT-RIGHT SIDE			SHOULDER & LAP BELT					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	<b>Injury</b>	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
Hospital			Date of Death		Time of Death				
UNIT INDIVIDUAL 04	<b>Non Motorist</b>	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcohol</b>	Individual Condition APPEARED NORMAL							
	Suspected Alcohol Use NO			Suspected Drug Use NO					
UNIT INDIVIDUAL 05	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type				Drug Test Results		
	Drug Type								
	Role PASSENGER			Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
Last Name PURIFOY			First Name LANDIN			Middle Initial R	Suffix		
Street Address 822 E MAIN ST			Street Address 2				PO Box		
City REEDSBURG			State WI		Zip Code 53969		Country of Residence UNITED STATES		

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1300 LANGE COURT  
BARABOO, WI 53913  
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UNIT INDIVIDUAL	DOB	Sex M	Race B	Hair BROWN	Eyes	Height	Weight	Phone Number (608) 477-7485 EXT.
	Driver's License Number			State	License Jurisdiction NOT LICENSED	Country of Issuance		
	License Type			License Status NOT LICENSED			DL Expire Year	
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Seat Position 7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTOR			SHOULDER & LAP BELT				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
	<b>Injury</b>	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical/Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death			
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	<b>Drug &amp; Alcohol</b>	Individual Condition APPEARED NORMAL						
Suspected Alcohol Use 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		
Drug Type								
UNIT INDIVIDUAL	License Plate Number ADH3423			Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2A4GM68456R902259					Year 2006	Make CHRYSLER	
	Model PACIFICA			Body Style UT - SPORT UTILITY VEHICLE		Color WHI - WHITE		
	Initial Contact Point NON-COLLISION							

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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Factors	
		Vehicle Removed By <b>OPERATOR</b>	<b>NOT APPLICABLE</b>	
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Driver Prior Action Other	
			Bus Use <b>NOT A BUS</b>	
		Driver Actions <b>SPEED TOO FAST/COND</b>		
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		
		<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type <b>INDIVIDUAL</b>		
Company Name				
Last Name <b>JANUSIAK</b>	First Name <b>JESSICA</b>	Middle <b>JEAN</b>	Suffix	Date of Birth
Street Address <b>822 E MAIN ST</b>	Street Address2	PO Box		
City <b>REEDSBURG</b>	St <b>WI</b>	Zip Code <b>53959</b>	Country of Residence <b>UNITED STATES</b>	
Telephone Number <b>(608) 477-7485 EXT.</b>				
UNIT	HOL DER	Event <b>DITCH</b>		
		Event		
		Event		
		Event		
Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
Organization Type <b>INDIVIDUAL</b>	Last Name <b>JANUSIAK</b>	First Name <b>JESSICA</b>	Policy Holder Company	

Description

Diagram

Reconstruction By
Photos By

Additional Information

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SLIDE OFF NO DAMAGE OBSERVED BY DEPUTY

NONE

OPERATOR SB ON CTH H LOST CONTROL ON THE SLUSH COVERED ROAD AND WENT INTO THE DITCH. VEHICLE PULLED OUT OF DITCH BY PLATTS TOWING AND WAS DRIVEN AWAY BY OPERATOR/OWNER. NO DAMAGE OBSERVED BY THIS DEPUTY.

### Signature

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

### Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name KNULL	Officer First Name ERIC	Officer Middle Name D	Suffix
DOT Officer ID 9141	DNR Officer ID		Officer Badge Number 9141	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		



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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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