# **6TL09426SL** 19-03627

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Overrio	de	Primary Crash [	Document #	Agency 19-036	Crash Number		Investigating Officer/Deputy DEPUTY A. KULAS			
<u>7</u>	Crash Date 03/30/2019			Crash Time 08:15 PM		rived 2019	Time Ai				
61L094Z6SI	Date Notified 03/30/2019		Time Notified 08:15 PM		Total Units 03		Total In <b>02</b>	jured	Total Kille	d	
Š	On Emergency Hit		t and Run Lane Closu				·	ailer or	Towed	Reporting Threshold	
9	Government Property			School Zone School Bus Related NO		Bus Related	Tags			I	
	<b>✓</b> Reportable		Crash Type DT4000 (STA	NDARD CRASH	CRASH)			nended		Secondary Crash	
	Diagram		]		η	1		Re	construction	Ву	
			US	S HY 12							
	NOTTO							Ph	otos By		
	NOT TO SCALE										
									ditional Infor <b>DNE</b>	rmation	
				4.2							
				[60]							
				4 4 A	<u>.</u>						
			U1	14 2 2 A							
	I, a sworn law enfo							יוםח מא	/ED CIDE A	XLE OF (TRACTOR) UNIT	
	1. UNITS 2 AND 3 BOTH						ON THE KE	AK DKIV	LK SIDE A.	ALL OF (TRACTOR) UNIT	

# **6TL09426SL** 19-03627

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/30/2019

Crash Time 08:15 PM

L	_OC	ation									
F	ON	USH12 EB				Latitude			Longitud	le	
		? MI N				43.51922	2902		-89.786	161194	
		STH33 EB				X Coordina	ate		Y Coord	inate	
		HE TOWN OF DELTO SAUK COUNTY	)N			274821.4	1375		482224	8.5	
	IN 3	AUR COUNTY				Structure 7	Type		1		
							. ) [ -				
(	Cra	sh Scene									
Ī	First	Harmful Event				First Harm	ful Event Lo	cation			
	CAF	RGO/EQUIPMENT LO	SS OR SHIFT			ON ROA	DWAY				
t	Manı	ner of Collision				Light Cond	dition				
	NO	COLLISION W/VEHIC	LE IN TRANSPORT			DARK/U	NLIT				
F	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DR۱	1									
F	Envi	ronment Factor(s)									
	пои	NE			NONE						
ŀ	Wea	ther Condition(s)									
	CLE	AR									
ŀ	Anim	nal Type				Relation T	o Trafficway	,			
						TRAFFIC	CWAY - OI	N ROAD			
ľ	Cras	h Classification - Location	1			Crash Clas	ssification -	Jurisdiction			
	PUE	BLIC PROPERTY				NO SPECIAL JURISDICTION					
	Triba	al Land				Access Control Special Study			Special Study		
						NO CON	TROL				
		in Interchange Area	Junction Location		Intersection		OTION				
L	NO		NON-JUNCTION	NOT AN INTERSECTION			CTION				
		t Summary $\blacksquare$									
		Status Vehicle Operating As Cl					**				
		RANSIT		A CLASS		TRUCK					
		cle Type				Operating As Endorsements				nents	
		JCK TRACTOR (SEMI	•					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Tota	l Occs	Train/Bus # Recorded	Total # Cita	tions Issued	ed Total Trail		ers	Total Haz	Mat Types	
	1			0			1		0		
Ī	Insu	rance?	Direction Of Travel	Pre	CrashTire	)	Speed Lim	nit	Total Lan	es	
	YES	3	SOUTHBOUND		Mark		65		4		
ľ	Most	Harmful Event: Collision	With	Special Fur			•	Emergency			
		RGO/EQUIPMENT LO	SS OR SHIFT	NO SPEC	IAL FUNC	TION		NOT APPI			
		ic Way		Traffic Cont	trol			Traffic Conti	ol Inoperat	tive/Missing	
		DED HWY W/O TRAF	FIC BARRIER	NO CONT	ROL			NO			
	Surfa	асе Туре		Road Curva	ature			Road Grade			
ļ			IS)	OTRAIGH	<b>T</b>			LEVEL .			
		CKTOP (BITUMINOU		STRAIGH	1						
	Truc	k Bus or HazMat	·		· ·						
L	Truc <b>TRU</b>	k Bus or HazMat JCK OR TRUCK COM	BINATION > 10,000LBS G								
	Truc <b>TRU</b>	k Bus or HazMat	·				St	Country of Is:	suance		
	Truc <b>TRU</b>	k Bus or HazMat JCK OR TRUCK COM Vehicle	·	Plate Type		IED	St MI	Country of Is:			
	Truc	k Bus or HazMat  JCK OR TRUCK COM  Vehicle  License Plate Number	BINATION > 10,000LBS G	Plate Type		NED		-			
	Truc <b>TRU</b>	k Bus or HazMat JCK OR TRUCK COM Vehicle License Plate Number RB62156	BINATION > 10,000LBS G	Plate Type APO - AR			МІ	UNITED ST	ATES		
	Truc	k Bus or HazMat  JCK OR TRUCK COM  Vehicle  License Plate Number  RB62156  Vehicle Identification Nu	BINATION > 10,000LBS G	Plate Type APO - AF Make FREIGHT	PPORTION		MI Year	Model CASCADIA Bus Use	ATES		
	Truc	k Bus or HazMat  JCK OR TRUCK COM  Vehicle  License Plate Number  RB62156  Vehicle Identification Nu  3AKJHHDR7KSJY78	BINATION > 10,000LBS G	Plate Type APO - AR	PPORTION		MI Year	Model CASCADIA	ATES		
	Truc	k Bus or HazMat  JCK OR TRUCK COM  Vehicle  License Plate Number  RB62156  Vehicle Identification Nu  3AKJHHDR7KSJY78  Color	BINATION > 10,000LBS G	Plate Type APO - AF Make FREIGHT Body Style	PPORTION FLINER CO		MI Year	Model CASCADIA Bus Use	ATES		
	Truci	k Bus or HazMat  JCK OR TRUCK COM  Vehicle  License Plate Number  RB62156  Vehicle Identification Nu  3AKJHHDR7KSJY78  Color  BLK - BLACK	BINATION > 10,000LBS G	Plate Type APO - AF Make FREIGHT Body Style TC - TRA	PPORTION FLINER CO		MI Year	Model CASCADIA Bus Use	ATES		
;	Truci	k Bus or HazMat  JCK OR TRUCK COM  Vehicle  License Plate Number  RB62156  Vehicle Identification Nu  3AKJHHDR7KSJY76  Color  BLK - BLACK  Initial Contact Point	BINATION > 10,000LBS G	Plate Type APO - AF Make FREIGHT Body Style TC - TRA	PPORTION FLINER CO	ORP	MI Year	Model CASCADIA Bus Use	ATES		
5	Truc	k Bus or HazMat  JCK OR TRUCK COM  Vehicle  License Plate Number  RB62156  Vehicle Identification Nu  3AKJHHDR7KSJY78  Color  BLK - BLACK  Initial Contact Point  8LEFT SIDE REAR	BINATION > 10,000LBS G	Plate Type APO - AF Make FREIGHT Body Style TC - TRA	PPORTION FLINER CO CONTRACTOR CON	ORP	MI Year	Model CASCADIA Bus Use	ATES		

19-03627

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR									
		What Driver Was Doing			Vehicle Fact									
		GOING STRAIGHT			volliolo i dol	0.0								
		Driver Prior Action Other			TIRES									
		Driver Actions												
	Щ	NO CONTRIBUTING A	CTION											
FIND	CL													
5	VEHICL													
	<b>&gt;</b>													
		Owner Name			Owner /	Owner Address								
5	01	MLT INC (989) 772-8879				OVER PKY EASANT, MI 4885	Ω 11 <b>S</b>							
0	0	(303) 112-0019			"" ' ' '	LASAN1, IIII 4003	0,03							
		Sequence Of Even	te											
		Event												
	01	CARGO/EQUIPMENT	LOSS OF	R SHIFT										
	02	Event												
	03	Event	Event											
		Event												
	<b>Q</b> CASH													
╘	ı	Policy Holder												
LIND		Insurance Company SECURA-INS-A-MUTU	AL-CO		Organizat	ion/Company								
	-	Trailer/Towed												
5			late Type			State		ry of Issuance						
0		Trailer Plate # Plate Type Make  D823565 STL - SEMI WALK				MI	UNIT	ED STATES						
			SIL - SE											
╘	ER/ ED	Unit Type SEMI TRAILER	SIL - SE	Organization/Company MLT INC		1	Addre <b>1841</b>	GOVER PKY						
LIND	RAILER/	Unit Type SEMI TRAILER Vehicle Identification Numl	per	Organization/Company		<u> </u>	Addre <b>1841</b>							
LIND	TRAILER/ TOWED	Unit Type SEMI TRAILER	per	Organization/Company MLT INC		,	Addre <b>1841</b>	GOVER PKY						
LIND		Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945	per	Organization/Company MLT INC	LOitations		Addre <b>1841</b>	GOVER PKY LEASANT, MI 48858 , US						
LIND		Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN04294	per	Organization/Company MLT INC	Citations		Addre <b>1841</b>	GOVER PKY LEASANT, MI 48858 , US						
LINO	AL _	Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945 Individual Driver	per	Organization/Company MLT INC	Citations 0	ssued	Addre <b>1841</b>	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race						
	AL _	Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945 Individual Driver DOUGLAS E KLAVER (517) 220-5996	per	Organization/Company MLT INC	O Date of B	ssued	Addre <b>1841</b>	GOVER PKY LEASANT, MI 48858 , US  Sex MALE						
TINO	AL _	Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945 Individual Driver DOUGLAS E KLAVER (517) 220-5996  Address	per	Organization/Company MLT INC	O Date of B	ssued	Addre <b>1841</b>	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race						
		Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945 Individual Driver DOUGLAS E KLAVER (517) 220-5996	per	Organization/Company MLT INC	Date of Bi	ssued	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
	AL _	Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945 Individual Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U	ser S	Organization/Company MLT INC (989) 772-8879	Date of Bi	rth ense Number MICHIGAN COUN	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
	INDIVIDUAL	Unit Type SEMI TRAILER  Vehicle Identification Numl 5WSAA4221 CN042945  Individual  Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U	per	Organization/Company MLT INC (989) 772-8879	Date of Bi	rth ense Number MICHIGAN COUN	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945 Individual Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U	ser S	Organization/Company MLT INC (989) 772-8879	O Date of Bi Driver Lic STATE:	rth ense Number MICHIGAN COUN	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
	INDIVIDUAL	Unit Type SEMI TRAILER Vehicle Identification Numl 5WSAA4221CN042945 Individual Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U	S Duty Crash	Organization/Company MLT INC (989) 772-8879	O Date of Bi Driver Lic STATE:	rth ense Number MICHIGAN COUN	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
	INDIVIDUAL	Unit Type SEMI TRAILER  Vehicle Identification Numl 5WSAA4221CN042945  Individual  Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U	S Duty Crash	Organization/Company MLT INC (989) 772-8879	Date of Bi Driver Lic STATE: Safety Eq	rth ense Number MICHIGAN COUN	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
	INDIVIDUAL	Unit Type SEMI TRAILER  Vehicle Identification Numl 5WSAA4221 CN042945  Individual  Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U  fety Equipment  Seat Position 1FRONT SEAT-LEFT	S Duty Crash	Organization/Company MLT INC (989) 772-8879	Date of Bi Driver Lic STATE: Safety Eq	rth ense Number MICHIGAN COUN uipment DER & LAP BELT ompliance	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
TINO	INDIVIDUAL	Unit Type SEMI TRAILER  Vehicle Identification Numl 5WSAA4221CN042945  Individual  Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U  fety Equipment  Seat Position 1FRONT SEAT-LEFT  Helmet Use	S Duty Crash	Organization/Company MLT INC (989) 772-8879	Date of British Driver Lice STATE: Safety Eq. SHOULI Helmet Co.	rth ense Number MICHIGAN COUN uipment DER & LAP BELT ompliance	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						
	INDIVIDUAL	Unit Type SEMI TRAILER  Vehicle Identification Numl 5WSAA4221CN042945  Individual  Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U  fety Equipment  Seat Position 1FRONT SEAT-LEFT Helmet Use  Eye Protection	S  SIDE (D	Organization/Company MLT INC (989) 772-8879	Date of Bi Date of Bi Driver Lic STATE: Safety Eq SHOULI Helmet Co	rth ense Number MICHIGAN COUN uipment DER & LAP BELT ompliance	Addre 1841 MT P	Sex MALE Race WHITE						
TINO	INDIVIDUAL	Unit Type SEMI TRAILER  Vehicle Identification Numl 5WSAA4221CN042945  Individual  Driver DOUGLAS E KLAVER (517) 220-5996  Address 1005 E MAIN ST DEWITT, MI 48820 , U  fety Equipment  Seat Position 1FRONT SEAT-LEFT Helmet Use	S  SIDE (D  y Severity  APPARI  Eject	Organization/Company MLT INC (989) 772-8879	Date of Bi Driver Lic STATE: Safety Eq SHOULI Helmet Co Tint Comp	rth ense Number MICHIGAN COUN uipment DER & LAP BELT ompliance	Addre 1841 MT P	GOVER PKY LEASANT, MI 48858 , US  Sex MALE Race WHITE						

19-03627

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

		Medical Transport			EMS Agency Identifier			E	EMS Run #		
		NOT TRANSPORTED									
		Hospital			Date o	f Death		Т	ime of Dea	th	
		Distracted By NOT	acted By Source  APPLICABL	E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist	ing Unit #	Location							
		Prior Action									
LIND	INDIVIDUAL	Action									
		Action Other									To/From School
	L	Drug & Alcohol NO	ected Alcohol U	se	NO NO	cted Drug Use					
		Alcohol Test Given		Alcohol Test Type	е			А	Icohol Test	Results	
		TEST NOT GIVEN		Drug Test Type		1	Drug Toot	Describe			
		Drug Test Given TEST NOT GIVEN		Drug rest Type			Drug Test	Results			
6	001	Drug Type Individual Condition									
		APPEARED NORMAL									
		Carrier									
		Use Vehic	le Owner San	ne as Carrier		Source					
		Name Use Vehic				DRIVER					
6	01	MLT INC USDOT# 401351			Address 1841 GOVER PKY MT PLEASANT, MI 48858 , US						
	S	GVWR	Vehicle Co	onfiguration				Cargo B	ody Type		
⊢	BUS	MORE THAN 26,000 LE		UNIT TRUCK (3	OR MO	RE AXLES)		UNKNO			
LNO		US DOT #	Carrier Ty					Permitte			
_	CK	401351		TATE CARRIER				NOT A	PPLICAB	LE	
	TRUCK	OS/OW Load	ermit Number		nitted Vermitted	ehicle On Route	Escor	t Vehicle By Peri	Required	d 🖂 Es	scort Vehicle Present
	•	Measured Height	Measu	red Length		Measured Width			easured W	eight	
ا		t Summary		1.	, , , , ,		. ,.				
		Status 'RANSIT			/ehicle Op CLAS	perating As Classif	ication		Init Type	RII F	
ς.		cle Type			OLAG					s Endorseme	ents
02		SENGER VAN							-		
		I Occs	Train/Bus # Re			ations Issued		tal Trailers		Total HazM	at Types
	1			0	)		0			0	

19-03627

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		rance?	Direction Of Travel	Pre	CrashTire	Speed Lim	nit	Total Lanes		
╘	YES	3	SOUTHBOUND		Mark	65		4		
UNIT		t Harmful Event: Collision W	ith FTING CARGO OR ANYT	Special Fu	nction	•	NOT APP	Motor Vehicle Use LICABLE		
	Traf	fic Way		Traffic Con	trol		Traffic Cont	rol Inoperative/Missing		
	DIV	IDED HWY W/O TRAFFI	C BARRIER	NO CON	TROL		NO			
	Surf	ace Type		Road Curv	ature		Road Grade	)		
	BL	ACKTOP (BITUMINOUS)		STRAIGH	IT		LEVEL			
	Truc	k Bus or HazMat					•			
	NO									
		Vehicle								
		License Plate Number		Plate Type St		St	Country of Issuance			
		299YNW		AUT - A	UTOMOBILE	WI	UNITED ST	<b>TATES</b>		
~	<b>~</b> 1	Vehicle Identification Numb	per	Make		Year	Model			
02	05	1C4GP44351B214252		CHRYSL				MP		
		Color		Body Style Bus U				_		
		SIL - SILVER (ALUMIN	IUM)	VN - VAI			NOT A BU	S		
	щ	Initial Contact Point		Vehicle Da	amage					
LIND	VEHICLE	12FRONT								
5	표	Extent Of Damage			T SIDE FRONT, 11	LEFT FRO	NT CORNE	R, 12FRONT		
	7									
		Towed Due To Damage			emoved By					
		NOT TOWED	OPERATOR  Vehicle Factors							
		What Driver Was Doing		Vehicle Fa	actors					
		GOING STRAIGHT  Driver Prior Action Other		NOT AP	PLICABLE					
		Driver Prior Action Other		INOT A	LICABLE					
		Driver Actions								
	щ	NO CONTRIBUTING ACTION								
⊨	7									
LIND	Ĭ									
_	VEHICL									
		Owner Name		Owner Address						
02	02	BAR BUDDIES BOO C	ORP	124 2ND ST						
0	0	(608) 370-4354		BARABOO, WI 53913 , US						
		Sequence Of Even	ts							
	2	Event STRUCK BY FALLING	, SHIFTING CARGO OR AN	YTHING S	ET IN MOTION BY	MOTOR VE	HICLE			
		Event								
	05									
	03	Event								
		Event								
	04									
⊨		Policy Holder								
LINO		Insurance Company INDEMNITY-INS-CO-O	F-NORTH-AMERICA		zation/Company BUDDIES BOO COR	P				
		Individual		3,	2222222000					
		Driver		Citation	ns Issued		Sex			
	_1	DELORES ANN MEAD	OR	0			FEMALE			
	¥	(608) 477-7423		Date of	Birth		Race			
<b>-</b>	IDUA						WHITE			
_							1			

19-03627

### WISCONSIN MOTOR VEHICLE CRASH REPORT

Ŋ	INDIV	545 QUARRY ST BARABOO, WI 53913	, US		STATE: WISCONSII	N COUNTRY: U	NITED STAT	ES			
	Sat	fety Equipment	Duty Crash		Safety Equipment SHOULDER & LAP BELT						
		Seat Position									
		1FRONT SEAT-LEF	T SIDE (DRIVE	R/MOTORCY							
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
7	2	Inj	ury Severity		Airbag						
02	005		APPARENT I		NON DEPLOYED		I =				
		Ejected  NOT EJECTED	Ejection Pa	ath :CTED/NOT APF	PLICABLE	Trapped/Ex					
		Medical Transport	1.101.202		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	)								
		Hospital			Date of Death		Time of Dea	ath			
		Distracted By No	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action									
		NOT DISTRACTED	iking Unit #	Location							
		Non Motorist	iking Onit #	Location							
		Prior Action									
		Action									
TINO	INDIVIDUAL										
		Action Other						1	Γo/From School		
		Su	spected Alcohol U	Jse	Suspected Drug Use						
	L	Drug & Alcohol No	)	T	NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	oe		Alcohol Tes	t Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resul	ts	5			
02	002	Drug Type									
)	0										
		Individual Condition									
		APPEARED NORMA	L								
		t Summary =	-								
		Status RANSIT			Vehicle Operating As Class  D CLASS	ification	Unit Type AUTOMO	BILF			
3		cle Type						s Endorsemer	nts		
03		SSENGER CAR	Train/Dur # D	a a a d a d	T . I # O': :	T-4-1 T	iloro	Total !!**	A Turner		
	Total	I Occs	Train/Bus # Re		Total # Citations Issued  0	Total Tra	illers	Total HazMa	ıt rypes		
			_1					<u> </u>			

19-03627

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Insu	rance?	Direction Of Travel	Pre CrashTire	Speed L	imit	Total Lanes				
l⊨	NO		SOUTHBOUND	☐ Mark	65		4				
LIND		t Harmful Event: Collision Wi	ith FTING CARGO OR ANYT	Special Function NO SPECIAL FUNCTION	<u>.</u>	NOT APP	Motor Vehicle Use LICABLE				
		fic Way		Traffic Control		Traffic Conf	trol Inoperative/Missing				
	DIV	IDED HWY W/O TRAFFI	C BARRIER	NO CONTROL		NO					
	Surf	ace Type		Road Curvature		Road Grade	9				
	BLA	ACKTOP (BITUMINOUS)	)	STRAIGHT	STRAIGHT LEVEL						
		ck Bus or HazMat	<u>'</u>								
	NO										
	,	Vehicle									
		License Plate Number		Plate Type	Country of Is	Country of Issuance					
		J486NM		<b>AUT - AUTOMOBILE</b>	FL	UNITED S	TATES				
<u>س</u>	~	Vehicle Identification Numb	per	Make	Year	Model	Model				
03	03	1G3NF52E1XC372871		OLDSMOBILE	OLDSMOBILE 1999 ALERO						
		Color		Body Style		Bus Use					
		SIL - SILVER (ALUMIN	IUM)	4D - 4DR		NOT A BU	S				
	щ	Initial Contact Point		Vehicle Damage							
⊨	VEHICLE	12FRONT									
L NO	主	Extent Of Damage		12FRONT, TOP, UNDER	CARRIAGE	i					
_	Ą	DISABLING DAMAGE									
l		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISA	BLING DAMAGE	BILLS TOWING							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	Щ	NO CONTRIBUTING A	CTION								
⊨	占										
LIND	VEHICLE										
_ ا	Æ										
		Owner Name		Owner Address							
		TYLER PATRICK SCH	AUB	1200 SILVER DR APT3							
03	03	(608) 448-9006		BARABOO, WI 53913 , US							
		Sequence Of Even	ts								
		Event									
	5	STRUCK BY FALLING	, SHIFTING CARGO OR AN	IYTHING SET IN MOTION B	Y MOTOR V	EHICLE					
		Event									
	02										
		Event									
	03										
		Event									
	9	LVCIII									
		la di di de al									
		Individual		Oitetiene leeved							
		Driver TYLER PATRICK SCH	ALIR	Citations Issued		Sex					
	7	(608) 448-9006	AUD	0		MALE					
	Ş	(***,		Date of Birth		Race WHITE					
LIND	INDIVIDUAL			D: 1: :: :							
5		Address 1200 SILVER DR APT3	1	Driver License Number							
	Z	BARABOO, WI 53913		STATE: WISCONSIN C	OUNTRY: U	NITED STAT	ES				
			•								
			Durky Crook								
	Sa	fety Equipment	Duty Crash								
	Jai	ioty Equipment									

19-03627

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

						Safety Equipment					
		Seat Position				SHOULDER & LAP	BELT				
		1FRONT SEAT-LE Helmet Use	FT SI	DE (DRIVE	R/MOTORCY	Helmet Compliance					
		Eye Protection				Tint Compliance					
	~	П	njury S	overity		Airbag					
03	003	I		BLE INJUR	27	DEPLOYED-FRONT					
		Ejected	000.	Ejection Pa		DEI EGTED I KOKI		Trapped/Extricated			
		NOT EJECTED			CTED/NOT APPI						
		Medical Transport				EMS Agency Identifier EMS Run #					
		EMS GROUND				6000123		T: (D :			
		Hospital ST CLARE HOSP				Date of Death		Time of Death			
			Distracto	ed By Source	E (NOT DISTRA	CTED)					
		Distracted By Action	Distracted By Action								
		NOT DISTRACTED			<b>.</b>						
		Non Motorist	Striking	Unit #	Location						
		Prior Action									
		Action									
	_										
_	INDIVIDUAL										
L N D	9										
$\supset$	≦										
	Z										
		Action Other							To/From School		
		Suspected Alcohol Use				Suspected Drug Use					
	L	Drug & Alcohol	O			NO					
		Alcohol Test Given			Alcohol Test Type	<b>)</b>		Alcohol Test Results			
		TEST NOT GIVEN			Davis Took Too						
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	<b>;</b>			
က	က	Drug Type									
03	003										
		Individual Condition									
		EMOTIONAL (DEPR	RESSE	D, ANGRY	, DISTURBED, E	ETC)					
		ndividual									
		Passenger				Citations Issued		Sex			
	۲	WADE ANTHONY E (608) 393-1378	BRITZ	(E		0		MALE			
	Ď	(000) 393-1370				Date of Birth		Race WHITE			
L		Address				Driver License Number					
$\supset$	INDIVIDUA	1029 7TH ST	40	•			I COUNTRY: !!	HTED STATES			
	=	BARABOO, WI 539	13 , U	5		STATE: WISCONSIN	N COUNTRY: UN	IIIED STATES			
			On Duty	Crash							
	Sat	Safety Equipment On Duty Crash									

Crash Date 03/30/2019
Crash Time 08:15 PM

# **6TL09426SL** 19-03627

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/30/2019

Crash Time 08:15 PM

						Safety Equipment						
		Seat Position				SHOULDER & LAP	DELT					
		3FRONT SEAT-F	RIGHT S	SIDE (TRA	IN FNGINEER	SHOULDER & LAP	DELI					
		Helmet Use		JUL (IIIA	III EIIOINEEN	Helmet Compliance						
		Eye Protection				Tint Compliance						
03	004	, .	Injury S	everity		Airbag						
0	8	Injury	POSSI	BLE INJU		DEPLOYED-FRONT						
		Ejected		Ejection Pa				Trapped/Extricated NOT TRAPPED				
		NOT EJECTED		NOT EJE	CTED/NOT APPL							
		Medical Transport				EMS Agency Identifier						
		EMS GROUND Hospital				6000123  Date of Death		Time of Death				
		ST CLARE HOSP				Date of Death	Time of Death					
		Distracted By Source										
		Distracted By Action										
	·	Non Motorist	Striking	Unit #	Location							
		Prior Action										
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		Action Other							To/From School			
			Suspec	ted Alcohol I	Use	Suspected Drug Use						
	L	Drug & Alcohol	NO			NO						
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results				
		<b>TEST NOT GIVEN</b>										
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
03	004	Drug Type			1		•					
0	0											
		Individual Condition										
		APPEARED NORM	MAL									