WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		Primary Crash D	Oocument #	Agency 19-051	Crash Nur 65	nber		Investigating DEPUTY E						
9 7	Crash Date 05/05/2019		Crash Time 11:50 AM		Date Arr 05/05/2				Time Arrived	I					
6TL0B4X4L6	Date Notified 05/05/2019		Time Notified 11:50 AM		Total Ur 02	nits			Total Injured 01		otal Killed	i			
-0B	On Emergency	Hit	and Run	✓ Lane Closu	ire	Wor	k Zone		Trailer	or To	r Towed Reporting Threshold				
6TL	Government Property	Active Sc	hool Zone	School E NO	Bus Relate	d		Tags							
	✓ Reportable Crash Type DT4000 (STANDARD CRASH)				Amended Secondary Crash						
ĺ	Description Diagram									Pocor	nstruction	By			
	l				SH 12.		1	π	\neg	Recoi	istruction	Бу			
					1 參										
				27	i€ II			5		OFFI	s By CER CO	NNOLY			
					1			<u>_</u>							
										Addition PHO	onal Inforr TOS	mation			
				(ha		α	[-;		20 (1)						
							22								
				1	2	(i)	9								
							(12-91)								
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						l(T	5								
						[8] [8]	3)								
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								0	N.						
			1				'	NOT SCA	T TO						
								307	1LL						

UNIT 2 WAS NB ON USH 12 IN THE RIGHT LANE SLOWING IN TRAFFIC AND UNIT 1 WAS GOING TO CHANGE LANES TO GO INTO THE LEFT LANE. UNIT 1 THEN SAW DEBRIS AND A PEDESTRIAN IN THE LEFT LANE FURTHER NORTH OF HER LOCATION AND WENT BACK INTO THE RIGHT LANE AND STRUCK UNIT 2 IN THE LEFT SIDE REAR. UNIT 1 THEN ROLLED OVER AND CAME TO A REST ON 1TS TOP IN THE LEFT LANE FACING SE. OPERATOR OF UNIT 1 COMPLAINED OF SHOULDER PAIN AND WAS TRANSPORTED BY BARABOO EMS. ALL OCCUPANTS OF UNIT 2 WERE NOT INJURED AND DID NOT REQUIRE EMS. BOTH VEHICLES SUSTAINED DISABLING DAMAGE AND WERE BOTH REMOVED BY MIKES TOWING.

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

WISCONSIN MOTOR VEHICLE CRASH REPORT

L	_oc	ation 										
ſ	ON	USH12 WB					Latitude			Longitud	de	
		FT N					43.48709	99773		-89.777	387612	
	_	FERRYTOWN RD HE VILLAGE OF WES	ET DADADOO				X Coordin	ate		Y Coord	inate	
		AUK COUNTY	OI BARABOO				275411.3	375		481865	6.5	
	•						Structure 7					
							NO STR	UCTURE				
(Cras	sh Scene										
T	First	Harmful Event					First Harm	nful Event Lo	ocation			
	MOT	OR VEH IN TRANSPO	ORT				ON ROA					
ŀ	Manr	ner of Collision					Light Cond					
	05	SIDESWIPE/SAME DI	RECTION				DAYLIGHT					
ŀ	Road	Surface Condition(s)					Roadway	Factor(s)				
	DRY	•										
ŀ	Envir	ronment Factor(s)										
	NONE						DEBRIS PRIOR ACC					
ŀ	Weat	ther Condition(s)			1							
	CLE	AR										
ŀ	Anim	al Type					o Trafficwa					
L	Cras	h Classification - Location					Ssification -					
		SLIC PROPERTY						SDICTION				
ŀ	Tribal Land Within Interchange Area NO NON-JUNCTION						Access Co	ontrol			Special Study	
Ļ							NO CON	ITROL				
							rsection Type IT AN INTERSECTION					
-	_	ure Type	NON-JONGTION		Reaso	ons for Clos						
		IE CLOSURE			Neast) 15 IOI CIUS	sure					
-		Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	e e d	ΙΔW	ENEODCEMENT EIDE/EMS						
		5/2019	12:03 PM	seu	LAW ENFORCEMENT, FIRE							
ŀ		All Lanes Open	Time All Lanes Open		Date Scene Cleared			red Time Scene Cleared				
	05/0	5/2019	12:48 PM		05/05	5/2019		12	:48 PM			
Į	Jnit	Summary =										
T	Unit :	Status		Vehi	icle Ope	erating As C	lassification	1	Unit Type			
	IN T	RANSIT		DC	LASS				AUTOMOB	ILE		
Ī		cle Type							Operating As	Endorse	ments	
L		SENGER CAR										
	Total	Occs	Train/Bus # Recorded	Tota	ıl # Cita	tions Issued		Total Trail 0		otal Haz	Mat Types	
ŀ		ance?	Direction Of Travel	U				Speed Lin		Total Lan	00	
	YES		NORTHBOUND		Pre	CrashTire Mark	•	65		4		
ľ		Harmful Event: Collision			cial Fun	ction	TION		NOT APPL			
ļ		COR VEH IN TRANSPORT	UKI						Traffic Contro			
		•	PROTECTED (PAINTED >		fic Cont CONT					л шорега	uvenviissii iy	
ŀ		ace Type	I AIRTED		d Curva				NO Road Grade			
		ICRETE			RAIGH				LEVEL			
f		Bus or HazMat							1			
4	NO											
	1	/ehicle		-ים ו	to T:			St	Country of Iss	Hanco		
		License Plate Number 236NDC			te Type JT - AL	томовії	.E	WI	UNITED ST.			
		Vehicle Identification Nur	mber	Mal				Year	Model			
	9	1NXBR32E43Z00090	8	то	YOTA			2003	COROLLA	CE		
			· · · · · · · · · · · · · · · · · · ·			_						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style	Bus Use						
		RED - RED		4D - 4DR	NOT A BUS						
	щ	Initial Contact Point		Vehicle Damage	·						
E N	\overline{c}	1RIGHT FRONT CORN	ER								
5	VEHICL	Extent Of Damage		ALL AREAS							
	>	DISABLING DAMAGE		Vahiala Damayad Dy							
		Towed Due To Damage TOWED DUE TO DISAB	I ING DAMAGE	Vehicle Removed By MIKES TOWING							
		What Driver Was Doing		Vehicle Factors							
		CHANGING LANES									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions FAILURE TO CONTROL									
_	ĽE	ALOKE TO CONTROL									
LIND	VEHICL										
_	Œ										
		Owner Name		Owner Address							
7	01	LAURIE LEE DURANEY (608) 448-8448		301 E 3RD ST # 125 WAUNAKEE, WI 53597 , US							
0	0	(000) 440-0440		WAGNAREE, W 33337	, 00						
		Sequence Of Events Event									
	0	MOTOR VEH IN TRANS	PORT								
	7	Event									
	02	OVERTURN/ROLLOVER	R								
	03	Event									
		Event									
	04										
_	i	Policy Holder									
L		Insurance Company		Individual							
_		PROGRESSIVE-CLASSI	C-INS-CO	LAURIE DURANEY							
	ı	Individual									
		Driver		Citations Issued	Sex						
	7	LAURIE LEE DURANEY (608) 448-8448		0	FEMALE						
	DUAL	(000)		Date of Birth	Race WHITE						
EN O	M	Address		Driver License Number							
-	INDIVI	301 E 3RD ST # 125									
	=	WAUNAKEE, WI 53597	, US	STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	on Du	ty Crash	Safety Equipment							
	- Cu.	Seat Position		SHOULDER & LAP BELT							
			SIDE (DRIVER/MOTORCY	SHOOLDER & LAF BLET							
		Helmet Use	(Helmet Compliance							
				Tint Compliance							
		Eye Protection									
		Ipius	Severity	Airbag							
6	00	Injury POSS	SIBLE INJURY	NON DEPLOYED							
		Ejected	Ejection Path	1	Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE	TRAPPED/EXTRICATED						
		Medical Transport		TMC A managed laborations	TMC D #						
		EMS GROUND		EMS Agency Identifier 6000368	EMS Run #						

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/05/2019

Crash Time 11:50 AM

		Hospital ST CLARE HOSP			Date of Death			Time of Dea	th	
		Distracted By	Distracted By Source NOT APPLICABL	: .E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED								
	ļ	Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	L									
╘	INDIVIDUAL									
LIND	IIVIC									
	Z									
		Action Other								To/From School
	Ĺ	Drug & Alcohol	Suspected Alcohol U	se	Suspected Drug Use					I
		Alcohol Test Given		Alcohol Test Type				Alcohol Test	t Results	
		TEST NOT GIVEN Drug Test Given	NOT GIVEN			I 5 7	r (D)			
		TEST NOT GIVEN		Drug Test Type	/pe Drug Test Results			i		
6	001	Drug Type								
		Individual Condition								
		APPEARED NORM	AL							
	11	· Cummanı								
		Summary =		LV	shists Ossestian As Olsesi	(t) (t)		11.2.7		
		Status			ehicle Operating As Classi	incation		Unit Type	-	
		RANSIT		ט	CLASS			AUTOMOBILE		
02		cle Type SENGER VAN						Operating As Endorsements		
	Total	Occs	Train/Bus # Re	corded To	Total # Citations Issued Total Trai			ers	Total HazN	Mat Types
		ance?	Direction Of Tra	_	Due CreekTire		Speed Lim	nit	Total Lane	S
_	YES		NORTHBOU		Pre CrashTire Mark		65		4	
UNIT		Harmful Event: Collision			pecial Function O SPECIAL FUNCTIO	N		Emergency NOT APPI	Motor Vehic	cle Use
		TOR VEH IN TRANS	PURI		affic Control					ve/Missing
	TWO	D-WAY, DIVIDED, UN	NPROTECTED (P		O CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type			oad Curvature			Road Grade	!	
		ICRETE		S	TRAIGHT			LEVEL		
	NO	k Bus or HazMat								
	,	Vehicle								
		License Plate Number			Plate Type		St	Country of Is		
		624RLV	umbor		AUT - AUTOMOBILE Make		WI Year	UNITED ST	AIES	
02	02	Vehicle Identification N 2A8HR54P08R6148			HRYSLER		2008	Model TOWN		
		Color			Sody Style			Bus Use		
		BLU - BLUE			VN - VAN			NOT A BUS		

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Ш	Initial Contact Point	\/e	ehicle Damage	
_	ij	7LEFT REAR CORNER		milioto Damago	
LNO	VEHICL				
5	프	Extent Of Damage	/-	-LEFT REAR CORNER, 8LEFT SIDE	EREAR
	VE	DISABLING DAMAGE			
		Towed Due To Damage	Ve	ehicle Removed By	
		TOWED DUE TO DISABLING D	AMAGE M	IKES TOWING	
		What Driver Was Doing	Ve	ehicle Factors	
		SLOW/STOPPING			
		Driver Prior Action Other	N	OT APPLICABLE	
		Driver Frior Action Other		· · · · · · · · · · · · · · · · · · ·	
		D: 4 #			
		Driver Actions			
	Щ	NO CONTRIBUTING ACTION			
╘	CI				
E N	王				
_	VEHICL				
		Owner Name		Owner Address	
		KRISTINE L RASPILLER		E14619 BURR SALEM RD	
07	02	(608) 479-2046		HILLSBORO, WI 54634 , US	
٦	0	(000)		,	
	9	Sequence Of Events			
		Event			
	01	MOTOR VEH IN TRANSPORT			
		Event			
	02				
		Frank			
	03	Event			
	0				
	04	Event			
	0				
_		Policy Holder			
늘		Policy Holder		Individual	
LIND	İ	Insurance Company	co	Individual	
LINO		Insurance Company PROGRESSIVE-CLASSIC-INS-	со	Individual KRISTINE RASPILLER	
LINO		Insurance Company	со	KRISTINE RASPILLER	
LINO		Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver	со		Sex
TINO		Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver KRISTINE L RASPILLER		KRISTINE RASPILLER	Sex FEMALE
TINO		Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver		KRISTINE RASPILLER Citations Issued	
		Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver KRISTINE L RASPILLER		KRISTINE RASPILLER Citations Issued 0	FEMALE
		Insurance Company PROGRESSIVE-CLASSIC-INS-C ndividual Driver KRISTINE L RASPILLER (608) 479-2046		Citations Issued O Date of Birth	FEMALE Race
UNIT		Insurance Company PROGRESSIVE-CLASSIC-INS-C ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address		KRISTINE RASPILLER Citations Issued 0	FEMALE Race
	ADIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-C ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD		Citations Issued O Date of Birth Driver License Number	Race WHITE
		Insurance Company PROGRESSIVE-CLASSIC-INS-C ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address		Citations Issued O Date of Birth	Race WHITE
	ADIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634, US	-	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-C ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US	-	Citations Issued O Date of Birth Driver License Number	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634, US	-	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-C ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US	-	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-O Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Tety Equipment On Duty Crash		Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-O Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Tety Equipment Seat Position	RIVER/MOTORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Seat Position 1FRONT SEAT-LEFT SIDE (D	RIVER/MOTORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS- Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Seat Position 1—FRONT SEAT-LEFT SIDE (DI Helmet Use	RIVER/MOTORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE
	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-O ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Seat Position 1FRONT SEAT-LEFT SIDE (D	RIVER/MOTORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT	Race WHITE
TIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CLASSIC-INS-O Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DI Helmet Use	RIVER/MOTORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE
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	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS- ndividual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DI Helmet Use Eye Protection Injury Injury NO APPARE	RIVER/MOTORCY	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE ITED STATES
TIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CLASSIC-INS- Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DI Helmet Use Eye Protection Injury Injury Figital Severity NO APPARE Ejected Injury From Injury Severity NO APPARE Ejected	RIVER/MOTORCY ENT INJURY on Path	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE ITED STATES Trapped/Extricated
TIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CLASSIC-INS- Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DI Helmet Use Eye Protection Injury Injury RO APPARE Ejected NOT EJECTED Injury RO APPARE Ejected NOT EJECTED	RIVER/MOTORCY ENT INJURY on Path EJECTED/NOT APPLI	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED
TIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CLASSIC-INS- Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DI Helmet Use Eye Protection Injury Injury NO APPARE Ejected NOT EJECTED Medical Transport	RIVER/MOTORCY ENT INJURY on Path EJECTED/NOT APPLI	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE ITED STATES Trapped/Extricated
TIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CLASSIC-INS- Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DI Helmet Use Eye Protection Injury Injury RO APPARE Ejected NOT EJECTED Injury RO APPARE Ejected NOT EJECTED	RIVER/MOTORCY ENT INJURY on Path EJECTED/NOT APPLI	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE EMS Agency Identifier	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED
TIND	INDIVIDUAL Sat	Insurance Company PROGRESSIVE-CLASSIC-INS- Individual Driver KRISTINE L RASPILLER (608) 479-2046 Address E14619 BURR SALEM RD HILLSBORO, WI 54634 , US Fety Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DI Helmet Use Eye Protection Injury Injury NO APPARE Ejected NOT EJECTED Medical Transport	RIVER/MOTORCY ENT INJURY on Path EJECTED/NOT APPLI	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By	Distracted By Sourc NOT APPLICABL	e LE (NOT DISTRA	CTED)							
		Distracted By Action NOT DISTRACTED)									
	L	Non Motorist	Striking Unit #	Location								
		Prior Action	Prior Action									
		Action										
	پ_											
⊨	INDIVIDUAL											
LNO	<u> </u>											
	N N											
		Action Other						To/From School				
	ا	Duran G. Alaakal	Suspected Alcohol U	Jse	Suspected Drug Use							
	L	Orug & Alcohol Alcohol Test Given	NO	Alcohol Test Type	NO		Alcohol Test Results					
		TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results						
02	002	Drug Type										
0	0											
		Individual Condition										
		APPEARED NORMAL										
	į	ndividual										
		Passenger LARRY L MYERS			Citations Issued 0	Sex MALE						
	NAL	(608) 489-3811			Date of Birth	Race						
LNO	N N	Address			Driver License Number		WHITE					
	INDIVIDUAL	S1598 SCENIC DR HILLSBORO, WI 54			STATE: WISCONSIN COUNTRY: UNITED STATES							
	_	THEEOBORO, WIO	1004 , 00		The state of the s							
	Saf	ety Equipment	On Duty Crash		Safety Equipment							
		Seat Position			SHOULDER & LAP BELT							
		2FRONT SEAT-M Helmet Use	IIDDLE		Helmet Compliance							
		Heimer Ose			neimet Compilance							
		Eye Protection			Tint Compliance							
02	003		Injury Severity		Airbag							
	0	Ejected	NO APPARENT I		NON DEPLOYED		Trapped/Extricated					
		NOT EJECTED		CTED/NOT APPL			NOT TRAPPED					
		Medical Transport NOT TRANSPORT	ED		EMS Agency Identifier		EMS Run #					
		Hospital			Date of Death		Time of Death					
		District 12	Distracted By Source	e								
		Distracted By										

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action									
	ı	Non Motorist	triking Unit #	Location							
		Prior Action									
		Action									
	7										
_	Ž										
LIND	₽										
\supset	INDIVIDUAL										
	Ξ										
		Action Other						To/From School			
		10.	unnantad Alaahal I	Uaa	L Cusposted Drug Hos						
	L	Orug & Alcohol N	uspected Alcohol (O	use	Suspected Drug Use NO						
	ſ	Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN		Alcohol rest Type			Alcohol Test Nesults				
		Drug Test Given		Drug Test Type		Drug Test Results					
		TEST NOT GIVEN									
02	003	Drug Type		<u> </u>							
0	8										
		Individual Condition									
		APPEARED NORMAL									
		Individual									
	[Passenger			Citations Issued		Sex				
		Passenger SHELIA M MYERS			Citations Issued 0		Sex FEMALE				
		Passenger					FEMALE Race				
L		Passenger SHELIA M MYERS (608) 489-3811			Date of Birth		FEMALE				
LIND		Passenger SHELIA M MYERS (608) 489-3811			0		FEMALE Race				
LIND	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811	534 , US		Date of Birth		Race WHITE				
LINO		Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR	334 , US		Date of Birth Driver License Number		Race WHITE				
LINO	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546	534 , US		Date of Birth Driver License Number		Race WHITE				
LINO	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546			Date of Birth Driver License Number STATE: WISCONSI Safety Equipment	N COUNTRY: UN	Race WHITE				
LIND	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position	n Duty Crash		Date of Birth Driver License Number STATE: WISCONS	N COUNTRY: UN	Race WHITE				
TINO	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-L	n Duty Crash	ORCYCLE/BI	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP	N COUNTRY: UN	Race WHITE				
TINO	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position	n Duty Crash	ORCYCLE/BI	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment	N COUNTRY: UN	Race WHITE				
TINO	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-L	n Duty Crash	ORCYCLE/BI	Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAP Helmet Compliance	N COUNTRY: UN	Race WHITE				
TINO	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-LI Helmet Use	n Duty Crash	ORCYCLE/BI	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP	N COUNTRY: UN	Race WHITE				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-Li Helmet Use	n Duty Crash EFT SIDE(MOT		Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	N COUNTRY: UN	Race WHITE				
UNIT UNIT	INDIVIDUAL	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-Li Helmet Use	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT	INJURY	Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAP Helmet Compliance	N COUNTRY: UN	Race WHITE				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-L Helmet Use Eye Protection Injury Ejected	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT	INJURY ath	Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	N COUNTRY: UN	Race WHITE ITED STATES Trapped/Extricated				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-L Helmet Use Eye Protection Injury Ejected NOT EJECTED	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT	INJURY	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	N COUNTRY: UN	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-L Helmet Use Eye Protection Injury Ejected	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT Ejection Pa NOT EJE	INJURY ath	Date of Birth Driver License Number STATE: WISCONS Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	N COUNTRY: UN	Race WHITE ITED STATES Trapped/Extricated				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Seat Position 4SECOND SEAT-Li Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT Ejection Pa NOT EJE	INJURY ath	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	N COUNTRY: UN	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-LI Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT I Ejection Pa NOT EJE	INJURY ath ECTED/NOT APPL	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier	N COUNTRY: UN	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED EMS Run #				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-Li Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORTEI Hospital	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT Ejection Pa NOT EJE	INJURY ath ECTED/NOT APPL	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier	N COUNTRY: UN	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED EMS Run #				
	NDIVIDUAL Safe	Passenger SHELIA M MYERS (608) 489-3811 Address S1598 SCENIC DR HILLSBORO, WI 546 Fety Equipment Seat Position 4SECOND SEAT-LI Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	n Duty Crash EFT SIDE(MOT jury Severity O APPARENT I Ejection Pa NOT EJE	INJURY ath ECTED/NOT APPL	Date of Birth Driver License Number STATE: WISCONSI Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier	N COUNTRY: UN	FEMALE Race WHITE ITED STATES Trapped/Extricated NOT TRAPPED EMS Run #				

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	Striking	Unit #	Location							
		Prior Action										
		Action										
	٩L											
LNO	INDIVIDUAL											
5	IDIV											
	=											
		Action Other	To/From School									
		Suspected Alcohol Use				Suspected Drug Use						
	L	Drug & Alcohol	NO	ica / liconor oc		NO						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	•		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
05	004	Drug Type										
J	0											
		Individual Condition										
		APPEARED NORN										
	į	Individual Citations Issued I Say										
		Passenger DALTON JOHN RASPILLER			Citations Issued 0		Sex MALE					
_	INDIVIDUAL	(620) 877-0735				Date of Birth	Race WHITE					
	IM	Address				Driver License Number						
_	N	E14619 BURR SAL HILLSBORO, WI 54				STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty	Crash		Safety Equipment						
	Sat	fety Equipment	On Duty	Clasii		Safety Equipment						
		Seat Position 6SECOND SEAT-	-RIGHT	SIDE		SHOULDER & LAP BELT						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
02	900	la is sur	Injury S	everity		Airbag						
0	ŏ	Ejected	NO AP	PARENT IN	JURY	NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED			TED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #				
		Hospital				Date of Death		Time of Death				
		Diotropts d. B.	Distracte	ed By Source								
		Distracted By Distracted By Action										
		Diotidoted by Action										

8 of 9

Crash Time 11:50 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/05/2019

Crash Time 11:50 AM

		Non Motorist	Striking Unit #	Location					
		Prior Action							
 		Action							
	_								
_	INDIVIDUAL								
LNO	VID								
_	ND								
	=								
		Action Other						To/From School	
		Action Other						10/1101113011001	
		Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use				
		Alcohol Test Given	NO	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN		Alcohol Test Type			Alcohor rest results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
05	005	Drug Type							
		Individual Condition							
		APPEARED NOR	MAL						
		APPEARED NOR	MAL						