## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override   | Primary Crash Document #  |                   | Agency Crash Number In   |             | Investigating | Investigating Officer/Deputy |                     |  |
|--|---------------------------|-------------------|--------------------------|-------------|---------------|------------------------------|---------------------|--|
| Document Number Override Primary Crash Document #                                  |                           | 19-06073 DEPUTY E |                          |             |               |                              |                     |  |
| Crash Date   | Crash Date Crash Time     |                   | Date Arrived Time Arrive |             |               |                              |                     |  |
| 05/25/2019   |                           |                   |                          | 2019        | 08:42 AM      | 08:42 AM                     |                     |  |
| Date Notified  | Time Notified             |                   | Total U                  | nits        | Total Injured |                              | ed                  |  |
| 05/25/2019   | 08:34 AM                  | T                 | 02                       | T           | 02            | 00                           |                     |  |
| Crash Date 05/25/2019  Date Notified 05/25/2019  On Emergency  Government Property | t and Run                 | Lane Clo          |                          | ☐ Work Zone |               | or Towed                     | Reporting Threshold |  |
| Government Property  | Active Sc                 | chool Zone        | NO School                | Bus Related | Tags          |                              |                     |  |
| ✓ Reportable   | Crash Type<br>DT4000 (STA | NDARD CRAS        | SH)                      |             | Amend         | ed                           | Secondary Crash     |  |
| Description  | II.                       |                   |                          |             | •             |                              |                     |  |
| Diagram  |                           |                   | ×                        |             |               | Photos By  Additional Info   |                     |  |
|  | hw                        | y 23              |                          |             |               | NONE                         |                     |  |
| 02   | 01                        | cth wc            |                          |             | 01            |                              |                     |  |
| I, a sworn law enforcement   |                           |                   |                          |             |               | DAOTES SU                    | 10T0D0V0LF2 1115    |  |
| U1 WAS SLOWING TO TURN ON STRUCK U1. POSSIBLE INJURIE                              |                           |                   |                          |             |               |                              | IOTORCYCLES AND     |  |
|  |                           |                   |                          |             |               |                              |                     |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/25/2019

Crash Time 08:33 AM

|            | Loc   | ation  |  |  |  |  |  |   |                                    |
|------------|---|--|--|--|--|--|--|---|------------------------------------|
| ŀ          |   | STH23 WB   |  |  | Latitude   | )  |  | Longitud  | de                                 |
|            | -   | FT S   |  |  | 43.216   | 838324   |  |   | 199611                             |
|            | OF CTHWC EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY          |  |  |  |  | dinate   |  | Y Coord   | inate                              |
|            |   |  |  |  |  | 250464.8125 4789478  |  |   |                                    |
|            |   |  |  |  |  | ге Туре  |  | l   |                                    |
|            |   |  |  |  |  | 71   |  |   |                                    |
|            | Cra   | sh Scene   |  |  | - 1  |  |  |   |                                    |
| 1          | -   | Harmful Event  |  |  | First Ha   | rmful Event  | Location   |   |                                    |
|            | MO  | TOR VEH IN TRANSPO   | ORT  |  |  | DADWAY   |  |   |                                    |
|            | Man   | ner of Collision   |  |  | Light C  | ondition   |  |   |                                    |
|            | 02  | FRONT TO REAR  |  |  | DAYL   | GHT  |  |   |                                    |
|            | Roa   | d Surface Condition(s)   |  |  | Roadwa   | ay Factor(s)   |  |   |                                    |
|            | DR  | Y  |  |  |  |  |  |   |                                    |
|            | Envi  | ironment Factor(s)   |  |  |  |  |  |   |                                    |
|            | NOI   | NE   |  |  | NONE   |  |  |   |                                    |
|            | Wea   | ather Condition(s)   |  |  |  |  |  |   |                                    |
|            | CLC   | OUDY   |  |  |  |  |  |   |                                    |
|            | Anin  | nal Type   |  |  | Relatio  | n To Trafficw  | ay   |   |                                    |
|            |   |  |  |  |  | TRAFFICWAY - ON ROAD   |  |   |                                    |
|            |   | sh Classification - Location   |  |  |  | Crash Classification - Jurisdiction                                |  |   |                                    |
|            |   | BLIC PROPERTY al Land  |  |  |  | NO SPECIAL JURISDICTION  Access Control  NO CONTROL  Special Study |  |   | Special Study                      |
|            |   |  |  |  | NO CO  |  |  | Special state,  |                                    |
|            | With <b>NO</b>  | nin Interchange Area   | Junction Location INTERSECTION             |  | Intersection Type T-INTERSECTION   | NAI  |  |   |                                    |
|            | NO  |  | INTERSECTION                               |  | I - IIV I ENSECTIO   | /14  |  |   |                                    |
|            |   |  |  |  |  |  |  |   |                                    |
| ı          |   | t Summary  |  | I Vahiala One  | Landing A. Olansificat   |  |  |   |                                    |
|            | Unit  | Status   |  | •  | erating As Classificat   | ion  | Unit Type  | DII E   |                                    |
|            | Unit<br>IN T  | Status<br>FRANSIT  |  | Vehicle Ope  | I<br>erating As Classificat  | on   | AUTOMO   |   | ments                              |
|            | Unit<br>IN T<br>Vehi  | Status FRANSIT icle Type   |  | •  | I<br>erating As Classificat  | ion  |  |   | ments                              |
|            | Unit<br>IN T<br>Vehi  | Status FRANSIT icle Type SSENGER CAR   | Train/Bus # Recorded                       | D CLASS  | -  | on<br>  Total Tr   | AUTOMO Operating A   | As Endorser   |                                    |
|            | Unit<br>IN T<br>Vehi  | Status FRANSIT icle Type   | Train/Bus # Recorded                       | •  | -  |  | AUTOMO Operating A   | As Endorser   | ments<br>Mat Types                 |
|            | Unit IN 7 Vehi PAS Tota 3 Insu                                  | Status TRANSIT icle Type SSENGER CAR al Occs rance?  | Train/Bus # Recorded  Direction Of Travel  | Total # Cita   | -  | Total Tra  | AUTOMO Operating A   | As Endorser   | Mat Types                          |
| 01         | Unit IN T Vehi PAS Tota 3 Insu YES                              | Status FRANSIT icle Type SSENGER CAR all Occs rance? S   | Direction Of Travel NORTHBOUND             | Total # Cita 1 Pre   | tions Issued  CrashTire  Mark  | Total Tra  | AUTOMO Operating A ailers  | Total Haz  Total Land   | Mat Types<br>es                    |
| 01         | Unit IN T Vehi PAS Tota 3 Insu YES                              | Status FRANSIT icle Type SSENGER CAR al Occs rance? S t Harmful Event: Collision \   | Direction Of Travel NORTHBOUND With        | Total # Cita 1 Pre Special Fun   | tions Issued  CrashTire  Mark  | Total Tra  0  Speed L  | AUTOMO Operating A ailers imit   | Total Haz  0 Total Land 2 Motor Vehi                                | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN 1 Vehi PAS Tota 3 Insu YES Mos                          | Status FRANSIT icle Type SSENGER CAR II Occs rance? S t Harmful Event: Collision \ TOR VEH IN TRANSPO  | Direction Of Travel NORTHBOUND With        | Total # Cita 1 Pre Special Fun   | crashTire Mark Mathematical Control Control MARCHART CONT | Total Tra  0  Speed L  | AUTOMO Operating A ailers imit Emergency NOT APP   | Total Haz  0 Total Land 2 Motor Vehi                                | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN T Vehi PAS Tota 3 Insu YES Mos MO                       | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance?  St Harmful Event: Collision \ TOR VEH IN TRANSPO   | Direction Of Travel NORTHBOUND With ORT    | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont  | CrashTire Mark lection IAL FUNCTION  | Total Tra  0  Speed L  | AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont  | Total Haz  0 Total Land 2 Motor Vehi                                | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN T Vehi PAS Tota 3 Insu YES MOS Traff                    | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance?  St Harmful Event: Collision V  TOR VEH IN TRANSPORT fic Way  O-WAY, NOT DIVIDED  | Direction Of Travel NORTHBOUND With ORT    | Total # Citar 1 Pre Special Fun NO SPEC Traffic Cont NO CONT   | crashTire Mark IAL FUNCTION TOL  | Total Tra  0  Speed L  | AUTOMO Operating A ailers imit Emergency NOT APP   | Total Haz  0 Total Land 2 Motor Vehi LICABLE rol Inoperat           | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN T Vehic PAS Total 3 Insu YES MOS Traff TWO Surfices     | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  rance?  It Harmful Event: Collision \ TOR VEH IN TRANSPO fic Way  O-WAY, NOT DIVIDED ace Type   | Direction Of Travel NORTHBOUND With ORT    | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | crashTire Mark Interest of the control of the contr | Total Tra  0  Speed L  | AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont  | Total Haz  0 Total Land 2 Motor Vehi LICABLE                        | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN T Vehic PAS Total 3 Insu YES MOS MO Traft TWO Surf. BLA | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance?  St Harmful Event: Collision V  TOR VEH IN TRANSPORT fic Way  O-WAY, NOT DIVIDED  | Direction Of Travel NORTHBOUND With ORT    | Total # Citar 1 Pre Special Fun NO SPEC Traffic Cont NO CONT   | crashTire Mark Interest of the control of the contr | Total Tra  0  Speed L  | AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade  | Total Haz  0 Total Land 2 Motor Vehi LICABLE                        | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN T Vehic PAS Total 3 Insu YES MOS MO Traft TWO Surf. BLA | Status  TRANSIT icle Type  SSENGER CAR al Occs  rance?  S  t Harmful Event: Collision N  TOR VEH IN TRANSPO fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOUS ek Bus or HazMat  | Direction Of Travel NORTHBOUND With ORT    | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva   | crashTire Mark Interest of the control of the contr | Total Tra  0  Speed L  | AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade  | Total Haz  0 Total Land 2 Motor Vehi LICABLE                        | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN T Vehi PAS Tota 3 Insu YES MOO Traff TWO BLA            | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  Tance?  St Harmful Event: Collision N  TOR VEH IN TRANSPO fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOUS Ek Bus or HazMat   | Direction Of Travel NORTHBOUND With ORT    | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH   | tions Issued  CrashTire Mark cition IAL FUNCTION rol ROL ature T   | Total Tra  0 Speed L  55   | AUTOMO Operating A ailers imit  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT   | Total Haz 0 Total Land 2 Motor Vehi LICABLE rol Inoperation         | Mat Types<br>es<br>icle Use        |
| 01         | Unit IN T Vehi PAS Tota 3 Insu YES MOO Traff TWO BLA            | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  rance?  St Harmful Event: Collision \ TOR VEH IN TRANSPO fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOUS EX Bus or HazMat  Vehicle  License Plate Number   | Direction Of Travel NORTHBOUND With ORT    | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH   | tions Issued  CrashTire Mark action IAL FUNCTION rol ROL ature T   | Total Tra  0 Speed L  55   | AUTOMO Operating A ailers imit  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT   | Total Haz  O Total Land 2 Motor Vehi LICABLE rol Inoperation        | Mat Types<br>es<br>icle Use        |
| UNIT 01    | Unit IN T Vehi PAS Tota 3 Insu YES MOO Traff TWO BLA            | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  Tance?  St Harmful Event: Collision N  TOR VEH IN TRANSPO fic Way  O-WAY, NOT DIVIDED ace Type  ACKTOP (BITUMINOUS Ek Bus or HazMat   | Direction Of Travel NORTHBOUND With DRT    | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH   | tions Issued  CrashTire Mark cition IAL FUNCTION rol ROL ature T   | Total Tra  0 Speed L  55   | AUTOMO Operating A ailers imit  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT   | Total Haz  O Total Land 2 Motor Vehi LICABLE rol Inoperation        | Mat Types<br>es<br>icle Use        |
| UNIT 01    | Unit IN T Vehi PAS Tota 3 Insu YES MOO Traff TWO BLA            | Status  TRANSIT icle Type  SSENGER CAR  II Occs  TAR Harmful Event: Collision National Tool VEH IN TRANSPORT  TOR VEH IN TRANSPORT  TOWAY, NOT DIVIDED  TOR VEH IN TRANSPORT  TO | Direction Of Travel NORTHBOUND With ORT S) | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make OLDSMO                                | CrashTire Mark ICTION ITAL FUNCTION ITAL FUN | Total Tra  0 Speed L  55   | AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED S' Model ALERO GI                    | Total Haz  0 Total Land 2 Motor Vehi LICABLE TOM)                   | Mat Types<br>es<br>icle Use        |
| UNIT 01    | Unit IN T Vehi PAS Tota 3 Insu YES MO Traff TWO Surf. BLA       | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  Tance?  Status  TOR VEH IN TRANSPORT  ICLE  ACKTOP (BITUMINOUS  Extense Plate Number  ACL2765  Vehicle Identification Nur  1G3NL12E81C22560  Color  | Direction Of Travel NORTHBOUND With ORT S) | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make OLDSMC Body Style                     | CrashTire Mark ICTION IN TOIL ITOMOBILE DBILE  | Total Tra  0 Speed L  55   | AUTOMO Operating A ailers imit  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED S' Model ALERO GI Bus Use           | Total Haz  0 Total Land 2 Motor Vehi LICABLE TOM)                   | Mat Types<br>es<br>icle Use        |
| UNIT 01    | Unit IN T Vehi PAS 3 Insu YES MOO Traff TWO Surf. NO            | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  Tance?  S  It Harmful Event: Collision Name  ACKTOP (BITUMINOUS  Extense Plate Number  ACL2765  Vehicle Identification Num  1G3NL12E81C22560  Color  RED - RED  | Direction Of Travel NORTHBOUND With ORT S) | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make OLDSMO Body Style CP - COU            | CrashTire Mark Interior ITOMOBILE  DBILE   | Total Tra  0 Speed L  55   | AUTOMO Operating A ailers imit Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED S' Model ALERO GI                    | Total Haz  0 Total Land 2 Motor Vehi LICABLE TOM)                   | Mat Types<br>es<br>icle Use        |
| 01 UNIT 01 | Unit IN T Vehit PAS 3 Insu YES MOO Traft TWO Surf. BLA          | Status  TRANSIT icle Type  SSENGER CAR  Il Occs  Tance?  Status  TOR VEH IN TRANSPORT  ICLE  ACKTOP (BITUMINOUS  Extense Plate Number  ACL2765  Vehicle Identification Nur  1G3NL12E81C22560  Color  | Direction Of Travel NORTHBOUND With ORT S) | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make OLDSMC Body Style                     | CrashTire Mark Interior ITOMOBILE  DBILE   | Total Tra  0 Speed L  55   | AUTOMO Operating A ailers imit  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED S' Model ALERO GI Bus Use           | Total Haz  0 Total Land 2 Motor Vehi LICABLE TOM)                   | Mat Types<br>es<br>icle Use        |
| UNIT 01    | Unit IN T Vehi PAS 3 Insu YES MOO Traff TWO Surf. NO            | Status  TRANSIT icide Type  SSENGER CAR  Il Occs  Tance?  Status  TOR VEH IN TRANSPORT   | Direction Of Travel NORTHBOUND With ORT S) | Total # Cita 1 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH  Plate Type AUT - AU Make OLDSMC Body Style CP - COU Vehicle Da | CrashTire Mark Interior ITOMOBILE  DBILE   | St WI Year 2001  | AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED S' Model ALERO GI Bus Use NOT A BU | Total Haz 0 Total Land 2 Motor Vehi LICABLE TOM)  SSUANCE TATES - S | Mat Types es icle Use tive/Missing |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/25/2019

Crash Time 08:33 AM

|      |            | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE      |          | nicle Removed By                        |                                 |  |  |
|------|------------|--|----------|---|---------------------------------|--|--|
|      |            | What Driver Was Doing                                  |          | nicle Factors                           |                                 |  |  |
|      |            | SLOW/STOPPING  |          | T ADDI ICADI E                          |                                 |  |  |
|      |            | Driver Prior Action Other                              | NO       | T APPLICABLE                            |                                 |  |  |
|      |            | Driver Actions   | <u> </u> |   |                                 |  |  |
| _    | ΊE         | NO CONTRIBUTING ACTION                                 |          |   |                                 |  |  |
| UNIT | VEHICL     |  |          |   |                                 |  |  |
|      | VE         |  |          |   |                                 |  |  |
|      |            | Owner Name   |          | Owner Address                           |                                 |  |  |
| _    | 1          | MINDY J MORK   |          | S13009 SHIFFLET RD # 98                 |                                 |  |  |
| 6    | 01         | (608) 459-0215   |          | SPRING GREEN, WI 53588 , US             |                                 |  |  |
|      |            | Sequence Of Events                                     |          |   |                                 |  |  |
|      | 01         | Event<br>MOTOR VEH IN TRANSPORT                        |          |   |                                 |  |  |
|      |            | Event  |          |   |                                 |  |  |
|      | 02         |  |          |   |                                 |  |  |
|      | 03         | Event  |          |   |                                 |  |  |
|      | 04         | Event  |          |   |                                 |  |  |
| _    |            | Policy Holder  |          |   |                                 |  |  |
| UNIT |            | Insurance Company                                      |          | ndividual                               |                                 |  |  |
| ر    |            | WISCONSIN-MUTUAL-INS-CO                                |          | MINDY MORK                              |                                 |  |  |
|      |            | Individual Driver                                      | IC       | Citations Issued                        | Sex                             |  |  |
|      | 7          | ALYSSA M MORK  | 1        |   | FEMALE                          |  |  |
| _    | INDIVIDUAL |  | С        | Date of Birth                           | Race WHITE                      |  |  |
|      | Ξ          | Address  |          | Oriver License Number                   |                                 |  |  |
| _    | IND        | S13009 SHIFFLET RD # 98<br>SPRING GREEN, WI 53588 , US | s        | STATE: WISCONSIN COUNTRY: UNITED STATES |                                 |  |  |
|      |            |  |          |   |                                 |  |  |
|      | Sat        | On Duty Crash fety Equipment                           | S        | Safety Equipment                        |                                 |  |  |
|      | Jul        | Seat Position  | F        | RESTRAINT USE UNKNOWN                   |                                 |  |  |
|      |            | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORC)                  |          | RESTRAINT GOE STRIKENIN                 |                                 |  |  |
|      |            | Helmet Use   | F        | Helmet Compliance                       |                                 |  |  |
|      |            | Eye Protection   | Т        | Tint Compliance                         |                                 |  |  |
| _    | Ξ          | Injury Severity  | A        | Airbag                                  |                                 |  |  |
| 6    | 00         | Injury NO APPARENT INJURY                              | N        | NON DEPLOYED                            |                                 |  |  |
|      |            | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A    | APPLIC   | CABLE                                   | Trapped/Extricated  NOT TRAPPED |  |  |
|      |            | Medical Transport                                      |          | EMS Agency Identifier                   | EMS Run #                       |  |  |
|      |            | NOT TRANSPORTED  |          | Onto of Dooth                           | Time of Death                   |  |  |
|      |            | Hospital   |          | Date of Death                           | Time of Death                   |  |  |
|      |            | Distracted By Source                                   |          |   |                                 |  |  |
|      |            | Distracted By Action UNKNOWN                           |          |   |                                 |  |  |

## 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   |                     |               | •                 |                       |                   |                       |                  |  |
| LIND | INDIVIDUAL | Action   |                     |               |                   |                       |                   |                       |                  |  |
|      | Ξ          | Action Other   |                     |               |                   |                       |                   |                       | To/From School   |  |
|      |            | Action Other   |                     |               |                   |                       |                   |                       | 10/1 form Concor |  |
|      | ı          | Drug & Alcohol   | Suspec<br><b>NO</b> | ted Alcohol U | Jse               | 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 |                       |                  |  |
| 6    | 001        | Drug Type  |                     |               |                   |                       |                   |                       |                  |  |
|      |            | Individual Condition                                   |                     |               |                   |                       |                   |                       |                  |  |
|      |            | APPEARED NORM  | <b>IAL</b>          |               |                   |                       |                   |                       |                  |  |
|      | ı          | Individual   |                     |               |                   |                       |                   |                       |                  |  |
|      |            | Passenger<br>RICHARD D PATT                            | EDSON               | J             |                   | Citations Issued      |                   | Sex                   |                  |  |
|      | UAL        | (608) 535-3610   | LINGOI              | •             |                   | O Date of Birth       |                   | MALE<br>Race<br>WHITE |                  |  |
| LINO | INDIVIDUAL | Address<br>E6376 CTH WC<br>SPRING GREEN, WI 53588 , US |                     |               |                   | Driver License Number |                   |                       |                  |  |
|      | Sat        | fety Equipment   | On Duty             | / Crash       |                   | Safety Equipment      |                   |                       |                  |  |
|      | -          | Seat Position  5SECOND SEAT                            | -MIDDI              | F             |                   | RESTRAINT USE U       | JNKNOWN           |                       |                  |  |
|      |            | Helmet Use   |                     | - <u>-</u>    |                   | Helmet Compliance     |                   |                       |                  |  |
|      |            | Eye Protection   |                     |               |                   | Tint Compliance       |                   |                       |                  |  |
| 5    | 005        | Injury   | Injury S            | everity       |                   | Airbag                |                   |                       |                  |  |
|      | 0          | Ejected  | POSSI               | BLE INJUI     | <b>c Y</b><br>th  | 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         |                  |  |
|      |            | Distracted By  | Distract            | ed By Source  | 9                 | •                     |                   |                       |                  |  |
|      |            | Distracted By Action                                   |                     |               |                   |                       |                   |                       |                  |  |
|      |            | Non Motorist   | Striking            | Unit #        | Location          |                       |                   |                       |                  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|     |            | Prior Action                      |                           |                       |                   |                      |                |  |
|-----|------------|-----------------------------------|---------------------------|-----------------------|-------------------|----------------------|----------------|--|
| İ   |            | Action                            |                           |                       |                   |                      |                |  |
|     | Ļ          |                                   |                           |                       |                   |                      |                |  |
| l⊨  | INDIVIDUAL |                                   |                           |                       |                   |                      |                |  |
| L L | M          |                                   |                           |                       |                   |                      |                |  |
|     | ND         |                                   |                           |                       |                   |                      |                |  |
|     |            |                                   |                           |                       |                   |                      |                |  |
|     |            | Action Other                      |                           |                       |                   |                      | To/From School |  |
|     |            | _                                 |                           |                       |                   |                      |                |  |
|     |            | Drug & Alcohol NO                 | ted Alcohol Use           | Suspected Drug Use NO |                   |                      |                |  |
|     |            | Alcohol Test Given                | Alcohol Test Ty           | уре                   |                   | Alcohol Test Results |                |  |
|     |            | TEST NOT GIVEN                    | Drug Toot Tune            |                       | 10 T 10 H         |                      |                |  |
|     |            | Drug Test Given TEST NOT GIVEN    | Drug Test Type            | <del>.</del>          | Drug Test Results | i                    |                |  |
| 10  | 002        | Drug Type                         |                           |                       | l                 |                      |                |  |
|     | 0          |                                   |                           |                       |                   |                      |                |  |
|     |            | Individual Condition              |                           |                       |                   |                      |                |  |
|     |            | APPEARED NORMAL                   |                           |                       |                   |                      |                |  |
|     |            | LIndividual                       |                           |                       |                   |                      |                |  |
|     |            | Passenger                         |                           | Citations Issued      |                   | Sex                  |                |  |
|     | Ļ          | WILLIAM C MASON<br>(608) 588-5238 |                           | 0                     |                   | MALE                 |                |  |
| _   | INDIVIDUAL | (000) 300-3230                    |                           | Date of Birth         |                   | Race<br>WHITE        |                |  |
| L   | IVI        | Address                           |                           | Driver License Number | r                 |                      |                |  |
| _   | IN         | 1020<br>PLAIN, WI 53577 , US      |                           |                       |                   |                      |                |  |
|     |            |                                   |                           |                       |                   |                      |                |  |
|     | Sat        | On Dut                            | y Crash                   | Safety Equipment      |                   |                      |                |  |
|     |            | Seat Position                     |                           | RESTRAINT USE U       | JNKNOWN           |                      |                |  |
|     |            | 3FRONT SEAT-RIGHT S Helmet Use    | SIDE (TRAIN ENGINEER      |                       |                   |                      |                |  |
|     |            | Heimet Ose                        |                           | Helmet Compliance     |                   |                      |                |  |
| İ   |            | Eye Protection                    |                           | Tint Compliance       |                   |                      |                |  |
| 2   | 003        | Injury S                          | everity                   | Airbag                |                   |                      |                |  |
|     | 0          | Injury POSS                       | IBLE INJURY Ejection Path | NON DEPLOYED          |                   | Trapped/Extricated   |                |  |
|     |            | NOT EJECTED                       | NOT EJECTED/NOT AP        | PLICABLE              |                   | NOT TRAPPED          |                |  |
|     |            | Medical Transport NOT TRANSPORTED |                           | EMS Agency Identifier |                   | EMS Run #            |                |  |
|     |            | Hospital                          |                           | Date of Death         |                   | Time of Death        |                |  |
|     |            | District                          | and Dec Courses           |                       |                   |                      |                |  |
|     |            | Distracted By                     | ted By Source             |                       |                   |                      |                |  |
|     |            | Distracted By Action              |                           |                       |                   |                      |                |  |
|     |            | Non Motorist Striking             | Unit # Location           |                       |                   |                      |                |  |
|     |            | Non Motorist                      |                           |                       |                   |                      |                |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|            |  | Prior Action   |  |                              |  |  |            |                     |   |   |                      |
|------------|--|--|--|------------------------------|--|--|------------|---------------------|---|---|----------------------|
| <br>       |  | Action   |  |                              |  |  |            |                     |   |   |                      |
|            |  |  |  |                              |  |  |            |                     |   |   |                      |
|            | AL   |  |  |                              |  |  |            |                     |   |   |                      |
| ╘          | INDIVIDUAL   |  |  |                              |  |  |            |                     |   |   |                      |
| L          | Ξ  |  |  |                              |  |  |            |                     |   |   |                      |
|            | N  |  |  |                              |  |  |            |                     |   |   |                      |
|            |  |  |  |                              |  |  |            |                     |   |   |                      |
|            |  | Action Other   |  |                              |  |  |            |                     |   |   | To/From School       |
|            |  | Action Other   |  |                              |  |  |            |                     |   |   | TO/FIGHT SCHOOL      |
|            |  | D  | Suspected Alco                               | ohol Use                     |  | Suspected Drug Use   |            |                     |   |   | 1                    |
|            | L  | Drug & Alcohol   | NO   |                              |  | NO   |            |                     |   |   |                      |
|            |  | Alcohol Test Given TEST NOT GIVEN  |  | Alcohol Te                   | est Type   |  |            |                     | Alcohol Tes   | t Results   |                      |
|            |  | Drug Test Given  |  | Drug Test                    | Type   |  | Drug T     | est Results         |   |   |                      |
|            |  | TEST NOT GIVEN   |  |                              | <b>71</b> -  |  | J.ug.      | oot recount         |   |   |                      |
| 10         | 003  | Drug Type  |  | <del></del>                  |  |  |            |                     |   |   |                      |
| 0          | Ō  |  |  |                              |  |  |            |                     |   |   |                      |
|            |  | Individual Condition   |  |                              |  |  |            |                     |   |   |                      |
|            |  | APPEARED NORM  | <b>IAL</b>                                   |                              |  |  |            |                     |   |   |                      |
|            |  |  | ··· · · <u>-</u>                             |                              |  |  |            |                     |   |   |                      |
|            | 1  | Violations   |  | 1                            |  |  |            |                     |   |   |                      |
|            | 01   | UTC Number<br>AE139884   | Issue To?<br><b>001</b>                      | Statute Number 343.07(1g)(a) | 2  | Description OPERATE MOTOR  | VEHICI     | LE BY PE            | RMITTEE W   | V/O PARE  | NT                   |
|            |  |  |  |                              |  |  |            |                     |   |   |                      |
| ı          | Unit   | t Summary  |  |                              |  |  |            |                     |   |   |                      |
| I<br>      |  | t Summary Status   |  |                              | Ve   | ehicle Operating As Class  | sification |                     | Unit Type   |   |                      |
|            | Unit:  | Status<br>RANSIT   |  |                              |  | ehicle Operating As Class  | sification |                     | TRUCK   |   |                      |
| 05         | Unit   | Status  RANSIT  cle Type   | ID TDIICK                                    |                              |  | · -  | sification |                     |   | As Endorsen   | nents                |
|            | Unit : IN T Vehic  | Status<br>RANSIT   |  | #Recorded                    | D  | · -  | sification | Total Traile        | TRUCK Operating A   | as Endorsen   |                      |
|            | Unit : IN T Vehic  | Status RANSIT cle Type LITY TRUCK/PICKU  |  | #Recorded                    | D  | CLASS  | ification  | Total Traile        | TRUCK Operating A   |   |                      |
|            | Unit : IN T Vehic UTIL Total 1   | Status TRANSIT Cle Type LITY TRUCK/PICKU I Occs rance?   | Train/Bus  Direction                         | Of Travel                    | D To   | ctal # Citations Issued  Pre CrashTire   | sification | 0<br>Speed Lim      | TRUCK Operating A   | Total Hazi  | Mat Types            |
| 02         | Unit : IN T Vehic UTIL Total 1 Insur YES   | Status  RANSIT  cle Type  LITY TRUCK/PICKU  I Occs  rance?   | Direction NORTHI                             | Of Travel                    | то<br>1  | ctal # Citations Issued  Pre CrashTire Mark  | dification | 0                   | TRUCK Operating A   | Total Hazi  0  Total Lane 2   | Mat Types            |
|            | Unit : IN T Vehic UTII Total 1 Insur YES   | Status TRANSIT Cle Type LITY TRUCK/PICKU I Occs rance?   | Direction NORTHI on With                     | Of Travel                    | 1 To 1 Sp  | ctal # Citations Issued  Pre CrashTire   |            | 0<br>Speed Lim      | TRUCK Operating A   | Total Hazl  0 Total Lane 2 Motor Vehice                                     | Mat Types            |
| 02         | Unit : IN T Vehic UTIL Total 1 Insur YES Most MO   | Status  RANSIT  cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  ic Way  | Direction NORTHI on With                     | Of Travel                    | To 1   | ctal # Citations Issued  Pre CrashTire Mark  pecial Function   |            | 0<br>Speed Lim      | TRUCK Operating A ers it Emergency  | Total Hazi  0 Total Lane 2 Motor Vehic                                      | Mat Types es cle Use |
| 02         | Unit a IN T Vehicle UTIL Total 1 Insur YES Most MOTTREST                                   | Status  RANSIT  cle Type  LITY TRUCK/PICKU  I Occs  rance?  B  t Harmful Event: Collision  TOR VEH IN TRANS  ic Way  D-WAY, NOT DIVIDI   | Direction NORTHI on With                     | Of Travel                    | To 1 Sp N Tr N   | CLASS  otal # Citations Issued  Pre CrashTire Mark  pecial Function O SPECIAL FUNCTION  raffic Control O CONTROL   |            | 0<br>Speed Lim      | TRUCK Operating A  ers  it  Emergency NOT APP Traffic Cont NO   | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat                  | Mat Types es cle Use |
| 02         | Unit : IN T Vehic UTIL Total 1 Insur YES Most MO Trafff TWC                                | Status  RANSIT  cle Type  LITY TRUCK/PICKU  I Occs  rance?  I Harmful Event: Collision  TOR VEH IN TRANS  ic Way  D-WAY, NOT DIVIDI  ace Type  | Train/Bus  Direction  NORTHI  On With  SPORT | Of Travel                    | To 1 Si N Tr   | Pre CrashTire Mark Decial Function O SPECIAL FUNCTION O CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL  |            | 0<br>Speed Lim      | TRUCK Operating A  Pers  it  Emergency NOT APP  Traffic Cont NO  Road Grade   | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE                               | Mat Types es cle Use |
| 02         | Unit: Vehic UTIL Total 1 Insur YES Most MO Traff TWC Surfa                                 | Status  RANSIT  cle Type  LITY TRUCK/PICKU  I Occs  rance?  B  t Harmful Event: Collision  TOR VEH IN TRANS  ic Way  D-WAY, NOT DIVIDI   | Train/Bus  Direction  NORTHI  On With  SPORT | Of Travel                    | To 1 Si N Tr   | CLASS  otal # Citations Issued  Pre CrashTire Mark  pecial Function O SPECIAL FUNCTION  raffic Control O CONTROL   |            | 0<br>Speed Lim      | TRUCK Operating A  ers  it  Emergency NOT APP Traffic Cont NO   | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE                               | Mat Types es cle Use |
| 02         | Unit: Vehic UTIL Total 1 Insur YES Most MO Traff TWC Surfa                                 | Status  RANSIT cle Type LITY TRUCK/PICKU I Occs  rance?  I Harmful Event: Collision TOR VEH IN TRANS ic Way D-WAY, NOT DIVIDI ace Type ACKTOP (BITUMING  | Train/Bus  Direction  NORTHI  On With  SPORT | Of Travel                    | To 1 Si N Tr   | Pre CrashTire Mark Decial Function O SPECIAL FUNCTION O CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL DOAD CONTROL  |            | 0<br>Speed Lim      | TRUCK Operating A  Pers  it  Emergency NOT APP  Traffic Cont NO  Road Grade   | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE                               | Mat Types es cle Use |
| 02         | Unit IN T Vehical Vehical Vehical Total 1 Insur YES Most MOT Trafff TWO Surfa BLA Truck NO | Status  TRANSIT  Cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  TOR VEH IN TRANS  TOWAY, NOT DIVIDION  TOR TYPE  ACKTOP (BITUMING)  K Bus or HazMat  | Direction NORTHI ON With SPORT               | Of Travel                    | To 1 Sp N Tr N Ro  | Pre CrashTire Mark pecial Function O SPECIAL FUNCTIO raffic Control O CONTROL oad Curvature TRAIGHT  |            | Speed Lim           | TRUCK Operating A  Ders  it  Emergency NOT APP  Traffic Cont NO Road Grade SAG(BOT  | Total Hazi<br>0<br>Total Lane<br>2<br>Motor Vehi<br>LICABLE<br>rol Inoperat | Mat Types es cle Use |
| 02         | Unit IN T Vehical Vehical Vehical Total 1 Insur YES Most MOT Trafff TWO Surfa BLA Truck NO | Status  RANSIT  Cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  TOR Way  D-WAY, NOT DIVIDI  TOR TYPE  ACKTOP (BITUMING  TOR BUT BUT BUT BUT BUT BUT BUT BUT BUT BUT   | Direction NORTHI ON With SPORT               | Of Travel                    | To 1 Signature S | Pre CrashTire Mark pecial Function O SPECIAL FUNCTIO O CONTROL Oad Curvature TRAIGHT   | DN         | Speed Lim 55        | TRUCK Operating A  ors  it  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  | Total Hazi<br>0<br>Total Lane<br>2<br>Motor Vehi<br>LICABLE<br>rol Inoperat | Mat Types es cle Use |
| UNIT 02    | Unit IN T Vehical Vehical Vehical Total 1 Insur YES Most MOT Trafff TWO Surfa BLA Truck NO | Status  RANSIT  cle Type  LITY TRUCK/PICKU I Occs  rance?  St Harmful Event: Collision TOR VEH IN TRANS fic Way  D-WAY, NOT DIVIDI ace Type  ACKTOP (BITUMING IK Bus or HazMat  Vehicle  License Plate Number  NZ7540  | Direction NORTHI ON With SPORT  ED  DUS)     | Of Travel                    | To 1 Sp N Tr N Ro S  | Plate Type  CLASS  Pre CrashTire Mark  Decial Function  O SPECIAL FUNCTION  O CONTROL  DOAD CURVATURE  TRAIGHT  Plate Type  LTK - LIGHT TRUCK  | DN         | Speed Lim 55  St WI | TRUCK Operating A  Properating A  Description  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED ST                  | Total Hazi<br>0<br>Total Lane<br>2<br>Motor Vehi<br>LICABLE<br>rol Inoperat | Mat Types es cle Use |
| 02         | Unit IN T Vehical Vehical Vehical Total 1 Insur YES Most MOT Trafff TWO Surfa BLA Truck NO | Status  RANSIT  Cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  TOR Way  D-WAY, NOT DIVIDI  TOR TYPE  ACKTOP (BITUMING  TOR BUT BUT BUT BUT BUT BUT BUT BUT BUT BUT   | Direction NORTHI SPORT  ED  DUS)             | Of Travel                    | To 1 Sp N Tr N Ro  | Pre CrashTire Mark pecial Function O SPECIAL FUNCTIO O CONTROL Oad Curvature TRAIGHT   | DN         | Speed Lim 55        | TRUCK Operating A  ors  it  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat  TOM)            | Mat Types es cle Use |
| UNIT 02    | Unit : IN T Vehic UTIII Total 1 Insur YES Most MOO Trafff TWO Surfa BLA NO                 | Status  RANSIT  Cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  TOR VEH IN TR | Direction NORTHI SPORT  ED  DUS)             | Of Travel                    | To 1 Sp N Tr N Ro  | Pre CrashTire Mark Decial Function O SPECIAL FUNCTION O CONTROL DOAD CURVATURE TRAIGHT  Plate Type LTK - LIGHT TRUCK Make GENERAL MOTORS O BODY Style  | DN         | St WI Year 2015     | TRUCK Operating A Operating A  it  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED ST Model SIERRA K: Bus Use      | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat  TOM)            | Mat Types es cle Use |
| UNIT 02    | Unit : IN T Vehic UTIII Total 1 Insur YES MOST TRAff TWO Surfac BLA Truck NO               | Status  RANSIT  Cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  TOR VEH IN TR | Direction NORTHI SPORT  ED  DUS)             | Of Travel                    | To 1 Sp N Tr N Ro  | Pre CrashTire Mark Decial Function O SPECIAL FUNCTION O CONTROL DOAD CURVATURE TRAIGHT  Plate Type LTK - LIGHT TRUCK Make GENERAL MOTORS O BODY STYLE BODY | DN         | St WI Year 2015     | TRUCK Operating A Operating A  Operating A  It  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED ST  Model SIERRA K | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat  TOM)            | Mat Types es cle Use |
| 02 UNIT 02 | Unit : IN T Vehic UTIII Total 1 Insur YES MOST TRAff TWO Surfac BLA Truck NO               | Status  RANSIT  Cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  TOR VEH IN TR | Direction NORTHI SPORT  ED  DUS)             | Of Travel                    | To 1 Sp N Tr N Ro  | Pre CrashTire Mark Decial Function O SPECIAL FUNCTION O CONTROL DOAD CURVATURE TRAIGHT  Plate Type LTK - LIGHT TRUCK Make GENERAL MOTORS O BODY Style  | DN         | St WI Year 2015     | TRUCK Operating A Operating A  it  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED ST Model SIERRA K: Bus Use      | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat  TOM)            | Mat Types es cle Use |
| UNIT 02    | Unit : IN T Vehic UTIII Total 1 Insur YES Most MOO Trafff TWO Surfa BLA NO                 | Status  RANSIT  Cle Type  LITY TRUCK/PICKU  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANS  TOR VEH IN TR | Direction NORTHI SPORT  ED  DUS)             | Of Travel                    | To 1  Sp N  Tr N  Ro  S'  F  L   | Pre CrashTire Mark Decial Function O SPECIAL FUNCTION O CONTROL DOAD CURVATURE TRAIGHT  Plate Type LTK - LIGHT TRUCK Make GENERAL MOTORS O BODY STYLE BODY | DN         | St WI Year 2015     | TRUCK Operating A Operating A  it  Emergency NOT APP Traffic Cont NO Road Grade SAG(BOT  Country of Is UNITED ST Model SIERRA K: Bus Use      | Total Hazi  0 Total Lane 2 Motor Vehi LICABLE rol Inoperat  TOM)            | Mat Types es cle Use |

Form DT4000

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|          |                | Towed Due To Damage                         |   | Vehicle Removed By                      |                 |                         |  |  |
|----------|----------------|---|---|---|-----------------|-------------------------|--|--|
|          |                | TOWED DUE TO DISABL                         | ING DAMAGE  | GEORGES AUTO BODY                       | •               |                         |  |  |
|          |                | What Driver Was Doing                       |   | Vehicle Factors                         | Vehicle Factors |                         |  |  |
|          | GOING STRAIGHT |   |   |   |                 |                         |  |  |
|          |                | Driver Prior Action Other                   |   | NOT APPLICABLE                          |                 |                         |  |  |
|          |                | Driver Actions                              |   |   |                 |                         |  |  |
| <b>-</b> | J.             |   | Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER |   |                 |                         |  |  |
| UNIT     | VEHICLE        |   |   |   |                 |                         |  |  |
|          | >              |   |   |   |                 |                         |  |  |
|          |                | Owner Name  JAMES JEFFREY HARW              | OOD   | Owner Address<br>E4603 HORSESHOE        | RD PO BOX/358   |                         |  |  |
| 07       | 02             | (608) 290-6665                              |   | SPRING GREEN, W                         |                 |                         |  |  |
|          |                |   |   |   |                 |                         |  |  |
|          | 9              | Sequence Of Events                          |   |   |                 |                         |  |  |
|          |                | Event                                       |   |   |                 |                         |  |  |
|          | 5              | MOTOR VEH IN TRANSP                         | PORT  |   |                 |                         |  |  |
|          | 02             | Event                                       |   |   |                 |                         |  |  |
|          | 03             | Event                                       |   |   |                 |                         |  |  |
|          | 04             | Event                                       |   |   |                 |                         |  |  |
|          |                | D. II                                       |   |   |                 |                         |  |  |
| ╘        |                | Policy Holder                               |   | T                                       |                 |                         |  |  |
| UNIT     |                | Insurance Company SCHWARZ                   |   | Individual  JAMES HARWOOD               |                 |                         |  |  |
|          | ı              | Individual                                  |   |   |                 |                         |  |  |
|          |                | Driver                                      |   | Citations Issued                        | Sex             |                         |  |  |
|          | بِ             | JAMES JEFFREY HARW<br>(608) 290-6665        | OOD   | 1                                       | MALE            |                         |  |  |
| _        | INDIVIDUAL     | (008) 230-0003                              |   | Date of Birth                           | Race<br>WHITE   |                         |  |  |
| UNIT     | Σ              | Address                                     |   | Driver License Number                   | l l             |                         |  |  |
| ١        |                | E4603 HORSESHOE RD<br>SPRING GREEN, WI 5358 |   | STATE: WISCONSIN COUNTRY: UNITED STATES |                 |                         |  |  |
|          | _              | Of Kill Concern, Will Cook                  | 50 , GG   | OTATE. MICOGNOM COCKTICT. CHITED CTATES |                 |                         |  |  |
|          |                | On Dut                                      | v Crash   | Safety Equipment                        |                 |                         |  |  |
|          | Sat            | fety Equipment                              | y Olusii  | Salety Equipment                        |                 |                         |  |  |
|          |                | Seat Position                               |   | NONE USED - VEHIC                       | LE OCCUPANT     |                         |  |  |
|          |                | 1FRONT SEAT-LEFT SI                         | IDE (DRIVER/MOTORCY   |   |                 |                         |  |  |
|          |                | Helmet Use                                  |   | Helmet Compliance                       |                 |                         |  |  |
|          |                | Eye Protection                              |   | Tint Compliance                         |                 |                         |  |  |
| ~        | 4              | Injury S                                    | Severity  | Airbag                                  |                 |                         |  |  |
| 02       | 004            | Injury <sub>NO AF</sub>                     | PPARENT INJURY  | NON DEPLOYED                            |                 |                         |  |  |
|          |                | Ejected                                     | Ejection Path   |   | * * *           | Extricated (Extricated) |  |  |
|          |                | NOT EJECTED                                 | NOT EJECTED/NOT AP  |   |                 | RAPPED                  |  |  |
|          |                | Medical Transport NOT TRANSPORTED           |   | EMS Agency Identifier                   | EMS Ru          | n#                      |  |  |
|          |                | Hospital                                    |   | Date of Death                           | Time of I       | Death                   |  |  |
|          |                |   |   | 34.0 0. 2 04.11                         | 76 011          | <del> </del>            |  |  |
|          |                | Distracted By OTHE                          | ted By Source<br>R DISTRACTION (ANIMAL  | _, FOOD, GROOMING)                      |                 |                         |  |  |
|          |                | Distracted By Action                        | NG AWAY FROM TASK E   | TC)                                     |                 |                         |  |  |
|          |                | OTHER ACTION (LOOKII                        | NO AVVAI FRUIVI IASK E  | 10)                                     |                 |                         |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/25/2019

Crash Time 08:33 AM

|     |            | Non Motorist                      | Striking Unit #       | Location                  |                             |                   |                      |                |
|-----|------------|-----------------------------------|-----------------------|---------------------------|-----------------------------|-------------------|----------------------|----------------|
|     |            | Prior Action                      |                       | <b>'</b>                  |                             |                   |                      |                |
|     |            | Action                            |                       |                           |                             |                   |                      |                |
|     | AL.        |                                   |                       |                           |                             |                   |                      |                |
| LNO | IDO        |                                   |                       |                           |                             |                   |                      |                |
| 5   | INDIVIDUAL |                                   |                       |                           |                             |                   |                      |                |
|     | <b>=</b>   |                                   |                       |                           |                             |                   |                      |                |
|     |            | Action Other                      |                       |                           |                             |                   |                      | To/From School |
|     |            |                                   | 0 (   A               |                           |                             |                   |                      |                |
|     | 1          | Drug & Alcohol                    | Suspected Alcol<br>NO | noi Use                   | Suspected Drug Use NO       |                   |                      |                |
|     |            | Alcohol Test Given TEST NOT GIVEN |                       | Alcohol Test Type         |                             |                   | Alcohol Test Results |                |
|     |            | Drug Test Given                   |                       | Drug Test Type            |                             | Drug Test Results |                      |                |
|     |            | TEŠT NOT GIVEN                    |                       |                           |                             |                   |                      |                |
| 05  | 004        | Drug Type                         |                       |                           |                             |                   |                      |                |
|     |            | Individual Condition              |                       |                           |                             |                   |                      |                |
|     |            |                                   |                       |                           |                             |                   |                      |                |
|     |            | APPEARED NORM                     | IAL                   |                           |                             |                   |                      |                |
|     | ,          | Violations                        |                       |                           |                             |                   |                      |                |
|     | 05         | UTC Number AE139883               | Issue To?<br>004      | Statute Number 346.14(1m) | Description AUTOMOBILE FOLL | OWING TOO CL      | .OSELY               |                |