WISCONSIN MOTOR VEHICLE CRASH REPORT

Ī	Document Number Override	Primary Crash [Document #	, ,	Crash Number	Investigating		•	
,	Crash Date 07/04/2019	Crash Time Date Arrived Time Arrive		Time Arrived 06:53 PM	. NEUBA	JER			
5	Date Notified 07/04/2019	Time Notified 06:43 PM		Total U		Total Injured 03	Total 00	Killed	
֝֝֟֝֝֟֝֝֟֝֓֓֓֓֓֓֓֓֟֝֟֓֓֓֟֟֓֓֓֓֟֟֓֓֓֓֟֓֓֓֟֓֓֓֓֟	On Emergency Hit	and Run	Lane Clos	ure	Work Zone	Trailer	or Towed		Reporting Threshold
- -	Government Property	Active Sc	chool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amend	ed		Secondary Crash
	Description Diagram						Reconstru	ction By	
							Photos By DEP. W.		AUER
							Additional NONE, P		
	STOP								
				<u>J</u> -					
		_			NOT TO	SCALE			
	, a sworn law enforceme								
	UNIT 1 MOTORCYCLE WAS TRA AND THEN PERFORMED A U TU BEHIND UNIT 1, ALSO TRAVELIN STH 78 IN FRONT OF THEM. UNI 1 ON THE LEFT SIDE. UNIT 1 CA OF TRAFFIC. AIR BAGS DEPLOY MADISON HOSPITAL FOR A BRO OUT BY EMS ON SCENE.	RN BACK ONTO IG W/B ON STH IT 2 TOOK EVAS ME TO REST FA 'ED FOR UNIT 2,	STH 78. UNIT DR 78. UNIT 2 OBSEF SIVE ACTION IN A CING W/B IN THE , UNIT 1 DRIVER \	RIVER STA RVED UN ATTEMP E E/B LAN WAS THR	ATED THE SUN WAS IN IT 1 ENTER THE RIGH' I TO AVOID A COLLISI E ON ITS LEFT SIDE. U OWN FROM THE MOT	N HIS EYES AND T HAND TURN LA ON BUT WAS UN JNIT 2 CAME TO ORCYCLE. UNIT	DID NOT S NE AND TI ABLE TO D REST FACI 1 DRIVER N	EE UNIT HEN U T DO SO. U ING W/B WAS TRA	2. UNIT 2 WAS URN BACK ONTO JNIT 2 STRUCK UNIT IN THE W/B LANE ANSPORTED TO UW

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

	56 F OF	STH113 SB			Latitude 43.372924264 X Coordinate			Longitude -89.678402264 Y Coordinate		
		HE TOWN OF MERRI AUK COUNTY			283008.	15625		4805713		
					Structure NO STR	Type UCTURE				
(Cra	sh Scene								
	First	Harmful Event				First Harm	nful Event L	_ocation		_
	_	TOR VEH IN TRANSP	ORT			ON ROA				
	-	ner of Collision				Light Con				
		FRONT TO SIDE d Surface Condition(s)				Roadway				
	DRY	()				Roddway	1 actor(3)			
	Envi	ronment Factor(s)				1				
	NON	NE				NONE				
	Wea	ther Condition(s)								
	Anim	nal Type				Relation T	o Trafficwa	av		
						TRAFFIC	Relation To Trafficway TRAFFICWAY - ON ROAD			
		h Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
		al Land							Special Study	_
	Within Interchange Area YES Junction Location INTERSECTION					NO CONTROL				
					Intersection T T-INTERSE				•	
	Unit	t Summary =								_
		Status		Vehicle Op	erating As C	lassification	1	Unit Type		_
	IN TRANSIT M CLASS						MOTORC	YCLE		
01		cle Type FORCYCLE	•				Operating A	s Endorsements		
	Total Occs Train/Bus # Recorded 1			Total # Citations Issued 0		Total Tra	ilers	Total HazMat Types 0		
	Insur	ance?	Direction Of Travel	Pre CrashTire		Speed Lii		mit	Total Lanes	
⊢	YES	;	WESTBOUND						2	
LINO		Harmful Event: Collision		Special Fur NO SPEC	CTION			Emergency Motor Vehicle Use NOT APPLICABLE		
	Traff	ic Way		Traffic Conf	trol			Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDED		NO CONT				NO		
		ace Type	(C)	Road Curva STRAIGH				Road Grade		
		ACKTOP (BITUMINOU k Bus or HazMat	3)	STRAIGH				LEVEL		
	NO	N Buo of Flazivia								
	'	Vehicle								
		License Plate Number		Plate Type			St	Country of Is		
		824JL Vehicle Identification Nu	mhor	CYC - CY	rCLE		WI Year	UNITED STATES		
0	5	1HD1FBC18JB6803			DAVIDSO)N	2018	Model FLHR		
		Color		Body Style				Bus Use		
		BLU - BLUE	MC - MO	MC - MOTORCYCLE		NOT A DUC		S		
	Щ	Initial Contact Point		Vehicle Da	amage			•		_
UNIT	2	9LEFT SIDE MIDDL	. E	7LEFT	REAR CO	RNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10 LEFT FRONT CORNER			LEFT SIDE MIDDLE, 10LEFT	
5	VEHICL	Extent Of Damage DISABLING DAMAG	F						,	
	>	Towed Due To Damage		Vehicle Re	Vehicle Removed By					
		TOWED DUE TO DIS			EVERETTS TOWING					
										_

6TL0B655P5

19-08128

WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doin U TURN	ng		Vel	nicle Factors				
		Driver Prior Action Oth	ner		NC	NOT APPLICABLE				
		Driver Actions								
	ш		, LOOK	ED BUT DID NOT SEE						
UNIT										
5	VEHICL									
	>									
		Owner Name MICHAEL J KELLY	Y			Owner Address 226 FRONT ST				
01	6	(608) 393-4341	•			MERRIMAC, WI 53561, US				
	;	Sequence Of Events Event								
	2	MOTOR VEH IN TE	RANSP	ORT						
	05	Event LEFT TURN								
	03	Event CROSS CENTERL	INE							
	04	Event								
_	ı	Policy Holder								
UNIT		Insurance Company				ndividual				
		ERIE-INS-CO			'	MICHAEL KELLY				
		Individual Driver			T	Citations Issued	Sex			
	_	MICHAEL J KELLY (608) 393-4341)	MALE				
.	INDIVIDUAL			Ī	Date of Birth	Race WHITE				
UNIT	₹	Address			ı	Driver License Number				
ا ر	2	226 FRONT ST MERRIMAC, WI 53561 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment	On Duty	n Duty Crash		Protective Gear				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use				NONE Helmet Compliance				
					-					
		NO		UNKNOWN						
		Eye Protection NO			Tint Compliance UNKNOWN					
01	00		Injury S	· · · · · · · · · · · · · · · · · · ·	,	Airbag				
	0	Ejected	SUSPE	ECTED SERIOUS INJUR Ejection Path		NOT APPLICABLE	Trapped/Extricated			
		NOT APPLICABLE	•	NOT EJECTED/NOT AP			NOT TRAPPED			
		Medical Transport EMS GROUND				EMS Agency Identifier 6000555	EMS Run #			
	Hospital UW HEALTH-AMERICAN CENTER			ı	Date of Death Time of Death					
		Distracted By	Distracto	ed By Source						
		Distracted By Action UNKNOWN								
		Non Motorist	Striking	Unit # Location						
		Prior Action								

WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	INDIVIDUAL	Action Others						To/Erom Cahool		
		Action Other						To/From School		
	L	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e		Alcohol Tes	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	rug Test Given Drug Test Typ			Drug Test R	esults			
6	001	Drug Type		<u> </u>		l				
		Individual Condition								
		APPEARED NORMAL								
		Summary								
		Status RANSIT			/ehicle Operating As Class O CLASS	ification	Unit Type AUTOMO	Unit Type AUTOMOBILE		
02		cle Type SSENGER VAN		•			Operating A	As Endorsements		
		Train/Bus # Recorded			Total # Citations Issued Total 0		l Trailers	Total HazMat Types 0		
	Insu	rance?	Direction Of Travel		Pre CrashTire		ed Limit	Total Lanes		
L N D		t Harmful Event: Collision With		5	✓ Mark Special Function NO SPECIAL FUNCTIO	55		Motor Vehicle Use		
	Traff	FOR VEH IN TRANSPOI	RT		raffic Control	/IN		NOT APPLICABLE Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDED			NO CONTROL		NO Bood Crod	NO Road Grade		
		ace Type ACKTOP (BITUMINOUS))		Road Curvature STRAIGHT		LEVEL			
		k Bus or HazMat					1			
		Vehicle								
		License Plate Number 836SRF			Plate Type AUT - AUTOMOBILE	St WI	Country of Is UNITED S			
02	05	Vehicle Identification Numb			Make	Year	Model			
0	0	2C4RC1CG0DR736817 Color	7		CHRYSLER Body Style	2013	Bus Use	MP		
		DBL - BLUE, DARK			VN - VAN		NOT A BU	NOT A BUS		
⊨	CLE	Initial Contact Point 12FRONT			Vehicle Damage					
LINO	VEHICL	Extent Of Damage DISABLING DAMAGE			11LEFT FRONT CORNER, 12FRONT					
		Towed Due To Damage TOWED DUE TO DISA	BI ING DAMA		Vehicle Removed By EVERETTS TOWING					
		What Driver Was Doing	DAMA	-	Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other			NOT APPLICABLE					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/04/2019

Crash Time 06:40 PM

	щ	Driver Actions NO CONTRIBUTING ACT	TION						
⊨	CE								
LINO	VEHICL								
	>								
		Owner Name		Owner Address					
02	05	NICOLE J MITTENZWEI (608) 669-0578		E10711 COUNTY ROAD O SAUK CITY, WI 53583, US					
_		(***, *** **		, , , , , , , , , , , , , , , , , , , ,					
	(Sequence Of Events							
	2	Event MOTOR VEH IN TRANSP	ORT						
		Event							
	02								
	03	Event							
	40	Event							
		Policy Holder							
UNIT		Insurance Company		Individual					
\supset		PROGRESSIVE-CASUAL	TY-INS-CO	NICOLE MITTENZWEI					
	ı	Individual							
		Driver NICOLE J MITTENZWEI (608) 669-0578		Citations Issued 0	Sex FEMALE				
	INDIVIDUAL			Date of Birth	Race				
LNO	1	Address		Driver License Number	WHITE				
5	ğ	E10711 COUNTY ROAD O SAUK CITY, WI 53583, US							
	=			STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty	v Crash	Safety Equipment					
	Sat	fety Equipment	,	curaty Equipment					
		Seat Position	DE (DRIVER/MOTORCY	SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
02	005	Injury S	everity	Airbag					
_	0	Ejected SUSPI	ECTED MINOR INJURY Ejection Path	DEPLOYED-FRONT	Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APF	PLICABLE	NOT TRAPPED				
		Medical Transport	ı	EMS Agency Identifier	EMS Run #				
		NOT TRANSPORTED Hospital		Date of Death	Time of Death				
		·							
		Distracted By NOT A	ed By Source APPLICABLE (NOT DISTRA	ACTED)					
		Distracted By Action NOT DISTRACTED							
		Non Motorist Striking	Unit # Location						
		Prior Action							
					-				

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/04/2019

Crash Time 06:40 PM

	Action								
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A									
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₽									
≥									
Z									
_									
	Action Other					To/From School			
	Suspect	ed Alcohol I Ise	Suspected Drug Use						
- 1	Drug & Alcohol No	34 / 1100/101 000							
_	orug a Albono. No		INO						
	Alcohol Test Given	Alcohol Test Type	;		Alcohol Test Results				
	TEST NOT GIVEN								
		D T .T							
	Drug Test Given	Drug Test Type		Drug Test Results					
	TEST NOT GIVEN								
2	Drug Type	I		1					
0	2.29 1,700								
0									
	Individual Condition								
	APPEARED NORMAL								
	,								
	Individual								
	Passenger		Citations Issued		Sex				
	CORY MICHAEL MITTENZWEI (608) 434-0992		١٥		MALE				
7									
7			Date of Birth						
					WHILE				
>	Address		Driver License Number						
)	2						
Z	SAUK CITY, WI 53583 , US		STATE: WISCONSI	N COUNTRY: UN	ITED STATES				
Į.		Crook	Safety Equipment						
_	I On Duty		Carcty Equipment						
Sat	On Duty	Clasii	1						
Saf	fety Equipment	Ciasii							
Sat	fety Equipment Seat Position	CidSii	SHOULDER & LAP	BELT					
Sat	Seat Position			BELT					
Sat	Seat Position 3FRONT SEAT-RIGHT S		SHOULDER & LAP	BELT					
Sat	Seat Position			BELT					
Sat	Seat Position 3FRONT SEAT-RIGHT S		SHOULDER & LAP	BELT					
Sat	Seat Position 3FRONT SEAT-RIGHT S		SHOULDER & LAP	BELT					
Sat	Seat Position 3FRONT SEAT-RIGHT S Helmet Use		SHOULDER & LAP Helmet Compliance	BELT					
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection	IDE (TRAIN ENGINEER	SHOULDER & LAP Helmet Compliance Tint Compliance	BELT					
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection	IDE (TRAIN ENGINEER	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag						
Sat	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection	IDE (TRAIN ENGINEER	SHOULDER & LAP Helmet Compliance Tint Compliance						
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection	IDE (TRAIN ENGINEER everity PARENT INJURY	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag		Trapped/Extricated				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se NO AP	Everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT		Trapped/Extricated				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se Injury NO AP Ejected NOT EJECTED	IDE (TRAIN ENGINEER everity PARENT INJURY	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT		NOT TRAPPED				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Selected NOT EJECTED Medical Transport	Everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT						
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se Injury NO AP Ejected NOT EJECTED	Everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT		NOT TRAPPED				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Selected NOT EJECTED Medical Transport	Everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT		NOT TRAPPED				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Selected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	EVERITY PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se Injury Injury Se NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Selected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	EVERITY PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By	EVERITY PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se Injury Injury Se NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	EVERITY PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By	EVERITY PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Striking	everity PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By	everity PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Striking	everity PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	Seat Position 3FRONT SEAT-RIGHT S Helmet Use Eye Protection Injury Se NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Striking	everity PARENT INJURY Ejection Path NOT EJECTED/NOT APPL	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
	005	Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Passenger CORY MICHAEL MITTENZ (608) 434-0992 Address E10711 COUNTY ROAD COSAUK CITY, WI 53583, U	Action Other Drug & Alcohol Suspected Alcohol Use NO	Action Other Drug & Alcohol NO	Action Other Drug & Alcoho Suspected Alcohol Use NO	Action Other Drug & Alcoho NO			

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	INDIVIDUAL	Action							
	Ĭ								
		Action Other					To/From School		
		, touch out of							
•	,	Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use					
	L		I Alashal Tank Time	NO		Alaskal Tark Daniska			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results			
		Drug Test Given	Drug Test Type		Drug Test Results				
		TEST NOT GIVEN							
05	003	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		L Individual							
		Passenger		Citations Issued		Sex			
	_	ETHAN C MITTENZWEI		0		MALE			
	INDIVIDUAL	(608) 669-0578		Date of Birth		Race WHITE			
FNO	9	Address		Debag Lisaasa Norshar		WHILE			
5		Address E10711 COUNTY ROAD		Driver License Number					
	Z	SAUK CITY, WI 53583 , US							
	Sat	C - 1 F 1	ty Crash FIRST-RESPONDER	Safety Equipment					
		Seat Position	FING I-RESPONDER	CHILD RESTRAINT SYSTEM - FORWARD FACING					
		6SECOND SEAT-RIGH	T SIDE						
•		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Lyc i folcollon		Till Compliance					
05	004		Severity	Airbag					
0	ŏ		ECTED MINOR INJURY	NON DEPLOYED		T			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL	ICABI F		Trapped/Extricated NOT TRAPPED			
		Medical Transport	1101 2020125/110171112	EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted By Distract	oted By Source	•		•			
		Distracted By Action							
		Non Motorist Striking	g Unit # Location						
		Prior Action	1						

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Crash Date 07/04/2019

Crash Time 06:40 PM

LINO	INDIVIDUAL	Action					
		Action Other Suspected Alcohol U	lse .	Suspected Drug Use			To/From School
	L	Drug & Alcohol NO		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					
		Individual Condition					
		APPEARED NORMAL					