19-09353

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	-			Agency Crash Number 19-09353		Investigating Officer/Deputy DEPUTY A. BREUNIG		
Crash Date 07/28/2019	Crash Time 03:17 PM		Date Arri 07/28/2	019	Time Arrived 03:41 PM			
Date Notified 07/28/2019	Time Notified 03:20 PM		Total Uni 02	its	Total Injured 06	Total Killed 00		
On Emergency Hit	t and Run	∠ Lane Clos	ure	Work Zone	Trailer or	r Towed	Reporting Threshold	
Government Property		hool Zone	School B	us Related	Tags		_	
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amende	t	Secondary Crash	
Description Diagram					I.	Reconstruction		
	(3				A	Photos By A BREUNIG Additional Infor	mation	
	USH 12							
		() 2						
NOT TO S	SCALE							
I, a sworn law enforcement UNIT 1 WAS TRAVELING SOUTH DUE TO THE TRAFFIC SIGNAL B 1. THE OPERATOR OF UNIT 1 S' UNIT 2 STATED THAT SHE HAD I	BOUND ON USH BEING RED. UNIT TATED THAT TH	I 12. UNIT 1 WAS Γ 2 WAS TRAVEL E TRAFFIC SIGN	S STOPPED ING SOUTI IAL HAD TU	D BEHIND OTHER VEH HBOUND BEHIND UNI JRNED GREEN BUT T	HICLE NORTH OF IT 1. UNIT 2 FAILE RAFFIC WASN'T M	D TO STOP A OVING YET.	ND REAR ENDED UNIT	
Location								
Location ON USH12 EB 367 FT N				Latitude 43.294066	238	Longitud	de 9137021	

19-09353

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Scene

	Filst Haimiui Event						First Harmful Event Location					
		TOR VEH IN TRANSPO	RT				ON ROA					
	Manı	ner of Collision					Light Cond					
	02	FRONT TO REAR					DAYLIG	HT				
	Road	Surface Condition(s)					Roadway	Factor(s)				
	DRY	,										
	Envii	ronment Factor(s)										
	NON	` ,					BACKUF	DUE TO	REGULAR	CONGES	STION	
	Wea	ther Condition(s)										
	CLC	OUDY										
	Anim	al Type						o Trafficway				
	Cras	h Classification - Location						ssification				
	PUE	SLIC PROPERTY					NO SPE	CIAL JURI	SDICTION			
	Triba	ll Land					Access Co	ontrol			Special Study	
							NO CON	TROL				
	With	•	lunction Location NTERSECTION-RELATED			Intersection FOUR-W	tion Type WAY INTERSECTION					
		ure Type		Reaso	ons for Closu	ire						
	LANE CLOSURE Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed				ιΔW	ENFORCE	MENT T	OW TRUC	:K			
	07/28/2019 03:41 PM						,					
		All Lanes Open 8/2019	Time All Lanes Open 04:00 PM			Scene Clear 3/2019	ed		ie Scene Clea 26 PM	ared		
i	Uni	Summary	.									
		Status		Vehic	le Ope	erating As CI	assification		Unit Type			
					.ASS				AUTOMO	BILE		
_	Vehicle Type								Operating A	s Endorse	ments	
0	(SPORT) UTILITY VEHICLE											
					# Citat	tions Issued		Total Traile	ers		zMat Types	
	4	ance?	Direction Of Travel	0	0.		0 Speed Lim	it	0 Total Lan	100		
_	YES		SOUTHBOUND		Pre CrashTire Mark		55	iit.	2	103		
UNIT	Most	Harmful Event: Collision Wi	ith		Special Function			<u> </u>	Emergency			
ا ر	MO	TOR VEH IN TRANSPO	RT	NO S	NO SPECIAL FUNCTION				NOT APPLICABLE			
		ic Way			raffic Control				Traffic Control Inoperative/Missing			
	DIVI	DED HWY MEDIAN W/E	BARRIER	TRA	RAFFIC SIGNAL			NO				
		ace Type			Curva				Road Grade			
		CKTOP (BITUMINOUS)		STR	AIGH	T			LEVEL			
		k Bus or HazMat										
	NO											
	,	Vehicle		I DI-4-	T			C+	Country of Is	auanaa		
		License Plate Number 107RUX			Туре	ITOMOBIL	_	St WI	UNITED S			
		Vehicle Identification Numb		Make		TOWIOBIL	.⊑	Year	Model	IAIES		
5	5	5TDBK3EH5AS017460			。 OTA			2010	HIGHLAND	DER		
		Color	<u> </u>		/ Style				Bus Use			
		GRY - GRAY		UT -	SPO	RT UTILIT	Y VEHICI	LE	NOT A BU	S		
	쁘	Initial Contact Point		Vehi	cle Da	mage		•				
E NO	≌	6REAR Extent Of Damage			EAR							
-	VEHICL	FUNCTIONAL DAMAG	iE	J 0K	LAK							
	>	Towed Due To Damage	· =	Vehi	cle Re	moved By						
		NOT TOWED			ERAT							
		What Driver Was Doing										
	STOP IN TRAFFIC											

19-09353

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Г	Vehicle Factors			
		Driver Prior Action Other	NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION				
_	쁜	NO CONTRIBOTING ACTION				
LIND	VEHICL					
_	巨					
		Owner Name	Owner Address			
7	5	DANIEL H MOESCH (920) 623-0398	1900 W TELEMARK CIR GREEN BAY, WI 54313, US			
0	0	(320) 023-0330	OKCER BAT, WI 34313 , 00			
		2				
	,	Sequence Of Events Event				
	5	MOTOR VEH IN TRANSPORT				
	05	Event				
	03	Event				
	94	Event				
		Policy Holder				
L		Insurance Company	Individual			
–		SAFECO-INS-CO-OF-AMERICA	DANIEL MOESCH			
		ndividual				
		Driver	Citations Issued	Sex		
	۲	AARON DANIEL MOESCH (920) 883-8245	0	MALE		
	INDIVIDUA	(323) 333 3243	Date of Birth	Race WHITE		
LIND	=	Address	Driver License Number			
D	ቯ	7953 W OAKBROOK CIR				
	=	MADISON, WI 53717 , US	STATE: WISCONSIN COUNTRY: UN	ITED STATES		
	Sat	On Duty Crash ety Equipment	Safety Equipment			
		Seat Position	SHOULDER & LAP BELT			
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY				
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
5	001	Injury Severity	Airbag			
	0	POSSIBLE INJURY Ejected Ejection Path	NON DEPLOYED	Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT APP	LICABLE	NOT TRAPPED		
		Medical Transport	EMS Agency Identifier	EMS Run #		
		NOT TRANSPORTED				
		Hospital	Date of Death	Time of Death		
		Distracted By Source NOT APPLICABLE (NOT DISTRA	CTED)			
		Distracted By Action NOT DISTRACTED				
		Non Motorist Striking Unit # Location				
		Prior Action				
		THO FIGURE				

WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action							
	INDIVIDUAL								
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UNIT									
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	\leq								
		Action Other						To/From School	
		, tottom out of							
	,	Drug & Alachal	Suspected Alcohol U	se	Suspected Drug Use				
	L	Orug & Alcohol	NO		NO				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
				D T . T					
		Drug Test Given		Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN							
	_	Drug Type							
5	001	9 - 7							
		In all date of Open all the o							
		Individual Condition							
		ADDEADED NODMA	A 1						
		APPEARED NORMA	AL						
	1	ndividual							
	Ī	Passenger			Citations Issued		Sex		
		ZACHARY JOHN SHOWALTER (262) 623-0398							
					0		MALE		
	ĕ I				Date of Birth		Race		
—	<u>ا</u> م						WHITE		
LNO	NDIVIDUAL	Address			Driver License Number				
5		7953 W OAKBROOK	K CIR		Diver License Number				
	Z	MADISON, WI 53717			STATE: WISCONSIN	COUNTRY: UN	ITED STATES		
		12.0011, 111.001 11	. , 55						
		C	On Duty Crash		Safety Equipment				
	Saf	ety Equipment							
		Seat Position			SHOULDER & LAP BELT				
					SHOULDER & LAP BELT				
		3FRONT SEAT-RIG	GHT SIDE (TRAIN	N ENGINEER					
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
		Lye i lotection			Tint Compliance				
2	002	Ir.	njury Severity		Airbag				
0	5	injury _P	OSSIBLE INJUR	Y	NON DEPLOYED				
		Ejected	Ejection Pat	h	1		Trapped/Extricated		
		NOT EJECTED		CTED/NOT APPL	ICARI E		NOT TRAPPED		
			NOT LOCK	JIED/NOT ALLE					
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTE	:D						
		Hospital			Date of Death		Time of Death		
		_In	Distracted By Source		<u> </u>		l		
		Distracted By	Journal By Source						
		Distracted By Action							
			Striking Unit #	Location					
		Non Motorist	Zamang Orat #	Location					
		Prior Action							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/28/2019

Crash Time 03:17 PM

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		Action								
	_									
	INDIVIDUAL									
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UNIT										
5	2									
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	Z									
		Action Other					To/From School			
		Action Other					10/1101113011001			
		Suspec	ted Alcohol Use	Suspected Drug Use						
		Drug & Alcohol No		NO						
	1	Alashal Test Cives	Alcohol Toot Type			Alachal Toot Deculto				
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results				
		TEST NOT GIVEN								
		Drug Test Given	Drug Test Type		Drug Test Results	•				
		TEŠT NOT GIVEN			Ŭ					
	٠.				<u> </u>					
7	002	Drug Type								
0	ō									
		Individual Condition								
		APPEARED NORMAL								
	ı	ndividual								
		Passenger		Citations Issued	ations Issued Sex					
		ANNE ELISE TAMBLYN		0		FEMALE				
	7	(734) 395-5509								
)	(12.)		Date of Birth		Race				
—	۵					WHITE				
	NDIVIDUAL	Address		Driver License Number						
\supset		7953 W OAKBROOK CIR								
	Z	MADISON, WI 53717, US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		, , , , , , , , , , , , , , , , , , , ,								
		On Duty	/ Crash	Safety Equipment						
	Saf	ety Equipment								
		Seat Position		SHOULDER & LAP BELT						
				SHOULDER & LAP BELT						
		4SECOND SEAT-LEFT	SIDE(MOTORCYCLE/BI							
		Helmet Use		Helmet Compliance						
				·						
		Eye Protection								
		Eye Protection		Tint Compliance						
_	დ '	Injury S	everity	Airbag						
6	003	<i>Injury</i> _{SUSPI}	ECTED MINOR INJURY	NOT APPLICABLE						
		Ejected	Ejection Path			Trapped/Extricated				
		•								
		NOT EJECTED	NOT EJECTED/NOT APPL	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
		Поѕрітаї		Date of Death		Time of Death				
		Distract	ed By Source							
		Distracted By								
		Distracted By Action								
		Diotracted by Action								
		Striking	Unit # Location							
		Non Motorist								
		Prior Action	1							
		/ 10110/1								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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	INDIVIDUAL									
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		Action Other					To/From School			
	,	Orug & Alcohol NO	cted Alcohol Use	Suspected Drug Use NO						
		_	T	_		T				
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN	Drug Test Type		D T4 Dlt-					
		Drug Test Given TEST NOT GIVEN	Drug rest type		Drug Test Results					
	8	Drug Type								
6	003	2.ug .)po								
		Individual Condition								
		APPEARED NORMAL								
	ı	ndividual								
		Passenger		Citations Issued		Sex				
	إ	ANNA J MEINHOLZ (262) 443-7549		0		FEMALE				
	U	(202) 443-7349		Date of Birth		Race WHITE				
LIND	₽					WHILE				
5	INDIVIDUAL	Address 34730 BARTLETT RD		Driver License Number						
	Z	OCONOMOWOC, WI 530	066 , US	STATE: WISCONSIN	I COUNTRY: UN	ITED STATES				
	_	On Du	ty Crash	Safety Equipment						
	Saf	ety Equipment								
		Seat Position		SHOULDER & LAP BELT						
		6SECOND SEAT-RIGH	T SIDE							
		Helmet Use		Helmet Compliance						
		E D : :								
		Eye Protection		Tint Compliance						
	4	Injury	Severity	Airbag						
6	004	Injury POSS	SIBLE INJURY	NOT APPLICABLE						
		Ejected	Ejection Path	<u> </u>		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport	•	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
		Diatro	ated Dy Course							
	Distracted By Source									
		Distracted By Action								
		,								
		Strikin	g Unit # Location							
		Non Motorist								
		Prior Action	<u>.</u>							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Action										
	₹											
⊨	INDIVIDUAL											
L	7											
_												
	Z											
		Action Other								To/From School		
		Action Other								10/110111 School		
•		Susi	pected Alcohol U	Jse	Suspected Drug Use							
	1	Drug & Alcohol NO			NO							
ŀ		Alcohol Test Given		Alcohol Test Ty	/pe		Α	Alcohol Test	Results			
		TEST NOT GIVEN		,								
		Drug Test Given		Drug Test Type	,	Drug Test	t Results					
		TEŠT NOT GIVEN										
_	4	Drug Type				_1						
2	004											
		1 1 1 1 0 11										
		Individual Condition										
		APPEARED NORMAL										
	Uni	t Summary										
	Unit	Status			Vehicle Operating As Clas	sification	L	Jnit Type				
		RANSIT			D CLASS			AUTOMOBILE				
05	Vehicle Type						C	Operating A	s Endorsem	nents		
•		SSENGER CAR										
	Total Occs Train/Bus # Recorded			Total # Citations Issued		otal Trailers		Total Hazl	√lat Types			
ļ	2		D: :: 01 T		1	0			0			
		rance?	Direction Of Tra		Pre CrashTire		peed Limit		Total Lane	:S		
L N	YES	• t Harmful Event: Collision W	SOUTHBOU	ND	Mark Special Function	55		morgonov	∠ Motor Vehic	olo I leo		
5		TOR VEH IN TRANSPO			NO SPECIAL FUNCTION			NOT APPL		Ne Ose		
		ic Way			Traffic Control TRAFFIC SIGNAL			Traffic Control Inoperative/Missing				
		DED HWY W/O TRAFFI	C BARRIER									
ŀ		ace Type			Road Curvature			Road Grade				
		ACKTOP (BITUMINOUS)	`		STRAIGHT			LEVEL				
		TOILIOI (DITOMINACOO))		STRAIGHT		L					
		k Bus or HazMat)		STRAIGHT		L					
_	NO)		STRAIGHT		Į L					
	NO	k Bus or HazMat			STRAIGHT							
	NO				Plate Type	St		ountry of Iss	suance			
	NO	k Bus or HazMat Vehicle				St WI	Co					
2	NO	k Bus or HazMat Vehicle License Plate Number			Plate Type		Co U	ountry of Is				
02	NO	Vehicle License Plate Number ABK8921	per		Plate Type AUT - AUTOMOBILE Make SUBARU	WI Ye	Co I U	ountry of Iss	ATES			
02	NO	Vehicle License Plate Number ABK8921 Vehicle Identification Numb JF2SHADC3DH412403	per		Plate Type AUT - AUTOMOBILE Make SUBARU Body Style	Ye 20	Co U Paar M D13 F6	ountry of Iss NITED ST odel ORESTER us Use	ATES			
05	00	Vehicle License Plate Number ABK8921 Vehicle Identification Numb JF2SHADC3DH412403 Color BLU - BLUE	per		Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY	Ye 20	Co U Paar M D13 F6	ountry of Iss NITED ST odel ORESTEF	ATES			
	00	Vehicle License Plate Number ABK8921 Vehicle Identification Numbur JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point	per		Plate Type AUT - AUTOMOBILE Make SUBARU Body Style	Ye 20	Co U Paar M D13 F6	ountry of Iss NITED ST odel ORESTER us Use	ATES			
	00	Vehicle License Plate Number ABK8921 Vehicle Identification Numbor JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point 12FRONT	per		Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY Vehicle Damage	VEHICLE	U U U Dear MM	ountry of Iss NITED ST odel ORESTER US USE OT A BUS	ATES R 2			
UNIT 02	00	Vehicle License Plate Number ABK8921 Vehicle Identification Numbur JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point 12FRONT Extent Of Damage	per 3		Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY	VEHICLE	U U U Dear MM	ountry of Iss NITED ST odel ORESTER US USE OT A BUS	ATES R 2	ONT		
	NO	Vehicle License Plate Number ABK8921 Vehicle Identification Numb JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE	per 3		Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY Vehicle Damage 1RIGHT FRONT CO	VEHICLE	U U U Dear MM	ountry of Iss NITED ST odel ORESTER US USE OT A BUS	ATES R 2	ONT		
	00	Vehicle License Plate Number ABK8921 Vehicle Identification Numb JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE Towed Due To Damage	per 3	.GF	Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY Vehicle Damage 1RIGHT FRONT CO Vehicle Removed By	VEHICLE	U U U Dear MM	ountry of Iss NITED ST odel ORESTER US USE OT A BUS	ATES R 2	ONT		
	00	Vehicle License Plate Number ABK8921 Vehicle Identification Numb JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE Towed Due To Damage TOWED DUE TO DISA	per 3	AGE	Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY Vehicle Damage 1RIGHT FRONT CO Vehicle Removed By EVERETTS TOWING	VEHICLE	U U U Dear MM	ountry of Iss NITED ST odel ORESTER US USE OT A BUS	ATES R 2	ONT		
	00	k Bus or HazMat Vehicle License Plate Number ABK8921 Vehicle Identification Numb JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE Towed Due To Damage TOWED DUE TO DISA What Driver Was Doing	per 3	\GE	Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY Vehicle Damage 1RIGHT FRONT CO Vehicle Removed By	VEHICLE	U U U Dear MM	ountry of Iss NITED ST odel ORESTER US USE OT A BUS	ATES R 2	ONT		
	00	Vehicle License Plate Number ABK8921 Vehicle Identification Numb JF2SHADC3DH412403 Color BLU - BLUE Initial Contact Point 12FRONT Extent Of Damage DISABLING DAMAGE Towed Due To Damage TOWED DUE TO DISA	per 3	\GE	Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY Vehicle Damage 1RIGHT FRONT CO Vehicle Removed By EVERETTS TOWING	VEHICLE	U U U Dear MM	ountry of Iss NITED ST odel ORESTER US USE OT A BUS	ATES R 2	ONT		

Form DT4000

19-09353

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	VEHICLE	Driver Actions FAILURE TO CONTROL						
02	02	Owner Name BRETT B THOMPSON (608) 345-1521			Owner Address 317 GLACIER RIDGE VERONA, WI 53593 ,			
		Sequence Of Events						
	01	Event MOTOR VEH IN TRANSI						
	02	Event						
	03	Event						
	04	Event						
_	i	Policy Holder						
LNO		Insurance Company			Individual			
_		ALLSTATE-INS-CO			BRETT THOMPSON			
	1	Individual						
		Driver			Citations Issued		Sex	
	٦ <u>ـ</u>	LAUREL A THOMPSON (608) 347-2111			1		FEMALE	
⊨	INDIVIDUAL				Date of Birth		Race WHITE	
	ΣI	Address 317 CL ACIED PINGE TRI			Driver License Number			
	Z	317 GLACIER RIDGE TRL VERONA, WI 53593 , US			STATE: WISCONSIN CO	OUNTRY: UNI	ITED STATES	
		On Du	ty Crash		Safety Equipment			
	Saf	fety Equipment						
		Seat Position 1FRONT SEAT-LEFT S	IDE (DRIVE	R/MOTORCY	SHOULDER & LAP BELT			
		Helmet Use	IDE (DITITE		Helmet Compliance			
		Eye Protection			Tint Compliance			
	ıo	Injury 9	Severity		Airbag			
05	900	Injury POSS	SIBLE INJUI	RY	DEPLOYED-FRONT			
		Ejected	Ejection Pa	ath			Trapped/Extricated	
		NOT EJECTED	NOT EJE	CTED/NOT APP	LICABLE		NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #	
		Hospital			Date of Death		Time of Death	
		Distracted By NOT A	ted By Source	e LE (NOT DISTRA	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	g Unit #	Location				
		Prior Action		1				
		<u> </u>						

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/28/2019

Crash Time 03:17 PM

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		Action							
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	INDIVIDUAL								
-	J								
UNIT	₽								
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_									
	Z								
		Action Other						To/From School	
		Sus	pected Alcohol Use	2	Suspected Drug Use			<u> </u>	
	- 1	Drug & Alcohol NO			NO				
	_	or ag a Alborion No			140				
		Alcohol Test Given	1	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN							
				· -					
		Drug Test Given		Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN							
	ıo	Drug Type	L.						
02	005	Diag Type							
	0								
		Individual Condition							
		APPEARED NORMAL							
		ndividual							
		Passenger			Citations Issued		Sex		
		EMMA ROSE THOMPSON (608) 477-9270			0		FEMALE		
	7								
	JA				Date of Birth		Race		
_	٦						WHITE		
	INDIVIDUAL	Address			Driver License Number				
5	<u></u>	317 GLACIER RIDGE TRL			Diver Electise (Valide)				
	Z	VERONA, WI 53593			STATE: WISCONSIN	I COLINTRY: IIN	ITED STATES		
	=	VERONA, WI 33393 ,	03		OTATE: WIGGONOM		IIED GIAILG		
	Į.	I On I	Duty Crash		Safety Equipment				
	Saf	ety Equipment	Duty Clasii		Salety Equipment				
	Jai	ety Equipment							
		Seat Position			SHOULDER & LAP BELT				
		3FRONT SEAT-RIGH	IT SIDE (TRAIN	ENGINEER					
			II OIDE (IIIAIII	LITOINELIX					
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
		_,			Time Compilation				
05	900	Injur	ry Severity		Airbag				
0	ŏ	injury _{PO}	SSIBLE INJURY	•	DEPLOYED-FRONT				
		Ejected	Ejection Path				Trapped/Extricated		
		•			IOADI E				
		NOT EJECTED	NOT EJEC	TED/NOT APPL			NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		ι ισομιιαι			Date of Death		Time of Death		
		Dist	tracted By Source						
		Distracted By							
		Distracted By Action							
		Strik	king Unit #	Location					
		Non Motorist	.9						
		Prior Action							

19-09353

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/28/2019

Crash Time 03:17 PM

		Action						
	INDIVIDUAL							
EN S	ĕ							
5	\geq							
	Z							
		Action Other						To/From School
		Orug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		,,,,,				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
05	900	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					
	,	Violations						
		UTC Number	Issue To?	Statute Number	Description			
	5	AE753223	005	346.57(2)	FAILURE TO KEEP	VEHICLE UNDE	R CONTROL	