

6TL09T1TNM
19-10985

Wisconsin Motor Vehicle Crash Report

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

6TL09T1TNM

Document Number Override		Primary Crash Document #		Agency Crash Number 19-10985		Investigating Officer/Deputy DEPUTY C. GALLAGHER	
Crash Date 09/02/2019		Crash Time 05:30 PM		Date Arrived 09/02/2019		Time Arrived 05:45 PM	
Date Notified 09/02/2019		Time Notified 05:38 PM		Total Units 04		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input checked="" type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input checked="" type="checkbox"/> Secondary Crash

Location

ON USH12 WB 1.00 MI S OF SKIHI RD IN THE TOWN OF SUMPTER IN SAUK COUNTY		Latitude 43.40587786	Longitude -89.7721171	Lat/LongSource TLT/ILT	Access Control	
		X Coordinate 275537.2187	Y Coordinate 4809621.5	On Roadway Link ID# 5320891	On Roadway Link Offset 11127	
		Override <input type="checkbox"/>	Tribal Land		Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)		Weather Condition(s) CLEAR	
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type WORK ON SHOULDER OR MEDIAN	
Workers Present NO		Law Enforcement Present NO	
Work Zone Speed Limit 55	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 65	

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
Vehicle Type PASSENGER CAR		Operating As Endorsements			
Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 1	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
Surface Type		Road Curvature		Road Grade	

01

UNIT

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01	CONCRETE		STRAIGHT		DOWNHILL	
	Truck Bus or HazMat NO					
01	Role DRIVER			Citations Issued 1	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name MCCOMBS			First Name HOLDEN		Middle Initial R
UNIT	Street Address 700 OAKHILL LN			Street Address 2		PO Box
	City FORT ATKINSON			State WI	Zip Code 53538	Country of Residence UNITED STATES
INDIVIDUAL	DOB [REDACTED]	Sex M	Race W	Hair BROWN	Eyes BLUE	Height 510
	Weight 140			Phone Number (920) 723-7832 EXT.		
01	Driver's License Number [REDACTED]			State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE		DL Expire Year 2021
01	Equipment	On Duty Accident		Safety Equipment		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC			SHOULDER & LAP BELT		
INDIVIDUAL	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
01	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED	
UNIT	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #
	Hospital			Date of Death		Time of Death
INDIVIDUAL	Non Motorist	Striking Unit #		Location		To/From School
	Prior Action			Action		
01	Distracted By Action NOT DISTRACTED			Action Other		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			Action Other		
01	Drug & Alcoh	Individual Condition APPEARED NORMAL				
	Suspected Alcohol Use NO			Suspected Drug Use		
UNIT	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given		Drug Test Type		Drug Test Results	

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UNIT	INDIVIDUAL	TEST NOT GIVEN						
	Drug Type							
01	01	License Plate Number ACV2797	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
		Vehicle Identification Number 3VWLL7AJ3EM428117	Year 2014	Make VOLKSWAGEN				
		Model JETTA TDI	Body Style 4D - 4DR	Color BLU - BLUE				
		Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 12--FRONT					
		Extent Of Damage DISABLING DAMAGE	Vehicle Factors NOT APPLICABLE					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Driver Prior Action Other NOT A BUS					
		Vehicle Removed By EVERETTS TOWING						
		What Driver Was Doing GOING STRAIGHT						
		Driver Actions EXCEED SPEED LIMIT, SPEED TOO FAST/COND						
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address			
		Organization Type INDIVIDUAL	Company Name					
Last Name MCCOMBS	First Name HOLDEN	Middle R	Suffix	Date of Birth				
Street Address 700 OAKHILL LN	Street Address2		PO Box					
City FORT ATKINSON	St WI	Zip Code 53538	Country of Residence UNITED STATES					
Telephone Number (920) 723-7832 EXT.								
01	01	Event MOTOR VEH IN TRANSPORT						
02	02	Event						
03	03	Event						
04	04	Event						
01	01	UTC Number AE756578	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS-WORK AREA			
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver			
HOLDER	01	Organization Type INDIVIDUAL	Last Name MCCOMBS	First Name HOLDEN	Policy Holder Company			

Unit Summary

Unit Status Vehicle Operating As Classification Unit Type

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UNIT	IN TRANSIT		D CLASS		AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
02	Truck Bus or HazMat NO					
UNIT	02		02		02	
	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address	
UNIT	Last Name CARLSON		First Name MARCIA		Individual Type INDIVIDUAL	
	Street Address 173 N PROSPECT AVE		Street Address 2		Middle Initial JEANNE	
	City MADISON		State WI		Suffix	
	DOB		Zip Code 53726		PO Box	
	Sex F	Race W	Hair BROWN	Eyes BLUE	Height 510	Country of Residence UNITED STATES
	Driver's License Number		State WI		Weight 185	
	License Type NON-CDL DRIVER'S LICENSE		License Jurisdiction STATE		Phone Number (608) 320-5048 EXT.	
	License Status VALID LICENSE		Country of Issuance UNITED STATES		DL Expire Year 2020	
	Equipment		On Duty Accident		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
UNIT	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Non Motorist		Striking Unit #		Location	
	Prior Action		To/From School			
	Distracted By Action NOT DISTRACTED		Action			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other			
Drug & Alcoh		Individual Condition APPEARED NORMAL				
Suspected Alcohol Use NO		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		

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UNIT	INDIVIDUAL	TEST NOT GIVEN					
		Drug Type					
02	03	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
		Last Name SMEEDING		First Name TIMOTHY		Middle Initial M	Suffix
UNIT	INDIVIDUAL	Street Address 173 N PROSPECT AVE		Street Address 2		PO Box	
		City MADISON		State WI	Zip Code 53726	Country of Residence UNITED STATES	
UNIT	INDIVIDUAL	DOB [REDACTED]	Sex M	Race W	Hair	Eyes	Height
		Weight		Phone Number (608) 320-5055 EXT.			
UNIT	INDIVIDUAL	Driver's License Number		State	License Jurisdiction NOT LICENSED	Country of Issuance	
		License Type		License Status		DL Expire Year	
UNIT	INDIVIDUAL	Equipment	On Duty Accident	Safety Equipment			
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE		SHOULDER & LAP BELT			
UNIT	INDIVIDUAL	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
UNIT	INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED		
UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location		To/From School	
		Prior Action		Action			
UNIT	INDIVIDUAL	Distracted By Action					
		Distracted By Source		Action Other			
UNIT	INDIVIDUAL	Drug & Alcoh	Individual Condition APPEARED NORMAL				
		Suspected Alcohol Use NO		Suspected Drug Use NO			
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					

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UNIT	02													
UNIT	INDIVIDUAL	04	Role PASSENGER			Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL				
			Last Name SMEEDING			First Name FINNIAN			Middle Initial A	Suffix				
			Street Address 173 N PROSPECT AVE			Street Address 2			PO Box					
			City MADISON			State WI		Zip Code 53726		Country of Residence UNITED STATES				
			DOB [REDACTED]	Sex M	Race	Hair	Eyes	Height	Weight	Phone Number (608) 320-5048 EXT.				
			Driver's License Number			State		License Jurisdiction		Country of Issuance				
			License Type			License Status			DL Expire Year					
			Equipment	On Duty Accident			Safety Equipment							
			Seat Position 6--SECOND SEAT-RIGHT SIDE			SHOULDER & LAP BELT								
			Helmet Use			Helmet Compliance								
Eye Protection			Tint Compliance											
Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED											
Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED								
Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #								
Hospital			Date of Death			Time of Death								
Non Motorist	Striking Unit #		Location			To/From School								
Prior Action			Action											
Distracted By Action														
Distracted By Source			Action Other											
Drug & Alcoh	Individual Condition APPEARED NORMAL													
Suspected Alcohol Use NO			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						
Drug Type														

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UNIT	VEHICLE	License Plate Number 672YMK				Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 5TDJKRFH3GS278804				Year 2016	Make TOYOTA		
		Model HIGHLANDER		Body Style UT - SPORT UTILITY VEHICLE		Color RED - RED			
		Initial Contact Point 7--LEFT REAR CORNER		Vehicle Damage 7--LEFT REAR CORNER					
		Extent Of Damage FUNCTIONAL DAMAGE							
		Towed Due To Damage NOT TOWED		Vehicle Factors NOT APPLICABLE					
		Vehicle Removed By							
		What Driver Was Doing SLOW/STOPPING		Driver Prior Action Other			Bus Use NOT A BUS		
		Driver Actions NO CONTRIBUTING ACTION							
		UNIT	VEHICLE	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input checked="" type="checkbox"/> Use Operator Address	
Organization Type INDIVIDUAL				Company Name					
Last Name CARLSON				First Name MARCIA		Middle JEANNE	Suffix	Date of Birth [REDACTED]	
Street Address 173 N PROSPECT AVE				Street Address2			PO Box		
City MADISON				St WI	Zip Code 53726		Country of Residence UNITED STATES		
Telephone Number (608) 320-5048 EXT.									
Event MOTOR VEH IN TRANSPORT									
Event									
Event									
Event									
UNIT	HOL DER	Insurance Company USAA-CASUALTY-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver			
		Organization Type INDIVIDUAL	Last Name CARLSON	First Name MARCIA		Policy Holder Company			
Unit Summary									
Unit Status IN TRANSIT			Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE			
Vehicle Type			Operating As Endorsements						

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03 UNIT	PASSENGER VAN				
	Total Occs 8	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade HILLCREST	
	Truck Bus or HazMat NO				

03 UNIT 05 INDIVIDUAL 05 INDIVIDUAL 05 INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name GANGWAR		First Name RAJEEV		Middle Initial K	Suffix		
	Street Address 6429 TONKINESE TRL		Street Address 2		PO Box			
	City MADISON		State WI	Zip Code 53719	Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex M	Race A	Hair BLACK	Eyes BLACK	Height 507	Weight 165	Phone Number (608) 335-8422 EXT.
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2025			
	Equipment	On Duty Accident	Safety Equipment SHOULDER & LAP BELT					
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		Helmet Compliance					
	Helmet Use		Tint Compliance					
	Eye Protection		Airbag NON DEPLOYED					
	Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICA					
	Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED		EMS Run #			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		Date of Death			
	Hospital		Time of Death		To/From School			
	Non Motorist	Striking Unit #	Location		Action			
	Prior Action		Distracted By Action NOT DISTRACTED					
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL	Suspected Drug Use NO					
	Suspected Alcohol Use NO		Alcohol Test Given TEST NOT GIVEN					
	Alcohol Test Type		Alcohol Test Results		Drug Test Given			
	Drug Test Type		Drug Test Results					

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UNIT	INDIVIDUAL	TEST NOT GIVEN					
		Drug Type					
03	06	Role	Citations Issued	<input type="checkbox"/> Use Driver Address	Individual Type		
		PASSENGER	0		INDIVIDUAL		
UNIT	INDIVIDUAL	Last Name		First Name		Middle Initial	Suffix
		GADIYAR		ANANTH		J	
06	06	Street Address		Street Address 2		PO Box	
		7005 WILDBERRY DR					
UNIT	INDIVIDUAL	City		State	Zip Code	Country of Residence	
		MADISON		WI	53719	UNITED STATES	
06	06	DOB	Sex	Race	Hair	Eyes	Height
			M	I	BLACK	BROWN	
UNIT	INDIVIDUAL	Driver's License Number		State	License Jurisdiction	Country of Issuance	
06	06	License Type		License Status		DL Expire Year	
06	06	Equipment	On Duty Accident	Safety Equipment			
		Seat Position		SHOULDER & LAP BELT			
UNIT	INDIVIDUAL	3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE		Helmet Use			
				Helmet Compliance			
06	06	Eye Protection		Tint Compliance			
UNIT	INDIVIDUAL	Injury	Injury Severity	Airbag			
			NO APPARENT INJURY	NON DEPLOYED			
06	06	Ejected	Ejection Path	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPLICA	NOT TRAPPED			
UNIT	INDIVIDUAL	Medical Transport		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED					
06	06	Hospital		Date of Death		Time of Death	
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location		To/From School	
		Prior Action		Action			
06	06	Distracted By Action					
		Distracted By Source		Action Other			
UNIT	INDIVIDUAL	Drug & Alcoh	Individual Condition				
			APPEARED NORMAL				
06	06	Suspected Alcohol Use		Suspected Drug Use			
		NO		NO			
UNIT	INDIVIDUAL	Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN					
06	06	Drug Test Given		Drug Test Type		Drug Test Results	
		TEST NOT GIVEN					
Drug Type							

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UNIT 03											
	Role PASSENGER				Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name GANGWAR				First Name SHAURYA				Middle Initial	Suffix	
	Street Address 6429 TONKINESE TRL				Street Address 2				PO Box		
	City MADISON				State WI		Zip Code 53719		Country of Residence UNITED STATES		
	DOB [REDACTED]		Sex F	Race I	Hair	Eyes	Height	Weight	Phone Number (608) 335-8422 EXT.		
	Driver's License Number				State		License Jurisdiction		Country of Issuance		
	License Type				License Status				DL Expire Year		
	Equipment	On Duty Accident			Safety Equipment						
	Seat Position 6--SECOND SEAT-RIGHT SIDE				CHILD RESTRAINT SYSTEM - FORWARD FACING						
Helmet Use				Helmet Compliance							
Eye Protection				Tint Compliance							
Injury	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED							
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED				EMS Agency Identifier			EMS Run #				
Hospital				Date of Death			Time of Death				
Non Motorist	Striking Unit #			Location			To/From School				
Prior Action				Action							
Distracted By Action											
Distracted By Source				Action Other							
Drug & Alcoh	Individual Condition APPEARED NORMAL										
Suspected Alcohol Use NO				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				
Drug Type											

UNIT
INDIVIDUAL

UNIT
INDIVIDUAL

UNIT
03

UNIT
INDIVIDUAL

UNIT
INDIVIDUAL

UNIT
INDIVIDUAL

UNIT
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03 UNIT	[Redacted]									
	Role PASSENGER				Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name GADIYAR				First Name ANVIKA				Middle Initial	Suffix
	Street Address 7005 WILDBERRY DR				Street Address 2				PO Box	
	City MADISON				State WI		Zip Code 53719		Country of Residence UNITED STATES	
	DOB [Redacted]		Sex F	Race I	Hair	Eyes	Height	Weight	Phone Number (608) 335-8422 EXT.	
	Driver's License Number				State		License Jurisdiction		Country of Issuance	
	License Type				License Status				DL Expire Year	
	Equipment		On Duty Accident			Safety Equipment				
	Seat Position 5--SECOND SEAT-MIDDLE				CHILD RESTRAINT SYSTEM - FORWARD FACING					
Helmet Use				Helmet Compliance						
Eye Protection				Tint Compliance						
Injury		Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED					
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED				EMS Agency Identifier			EMS Run #			
Hospital				Date of Death			Time of Death			
Non Motorist		Striking Unit #			Location			To/From School		
Prior Action				Action						
Distracted By Action				Action Other						
Distracted By Source				Action Other						
Drug & Alcoh		Individual Condition APPEARED NORMAL								
Suspected Alcohol Use NO				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			
Drug Type										

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UNIT 03										
	Role PASSENGER			Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name KUDYA			First Name DIVYA			Middle Initial		Suffix	
	Street Address 6429 TONKINESE TRL			Street Address 2			PO Box			
	City MADISON			State WI		Zip Code 53719		Country of Residence UNITED STATES		
	DOB [REDACTED]	Sex F	Race I	Hair	Eyes	Height	Weight	Phone Number (608) 335-8422 EXT.		
	Driver's License Number			State		License Jurisdiction		Country of Issuance		
	License Type			License Status			DL Expire Year			
	Equipment	On Duty Accident		Safety Equipment						
				SHOULDER & LAP BELT						
Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/B										
Helmet Use										
Helmet Compliance										
Eye Protection										
Tint Compliance										
Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED							
Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #				
Hospital			Date of Death			Time of Death				
Non Motorist	Striking Unit #		Location			To/From School				
Prior Action			Action							
Distracted By Action										
Distracted By Source			Action Other							
Drug & Alcoh	Individual Condition APPEARED NORMAL									
Suspected Alcohol Use NO			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				

Drug Type

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Wisconsin Motor Vehicle
Crash Report

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

UNIT 03	[Redacted]											
	Role PASSENGER				Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL			
	Last Name GANGWAR				First Name MALA				Middle Initial		Suffix	
	Street Address 6429 TONKINESE TRL				Street Address 2				PO Box			
	City MADISON				State WI		Zip Code 53719		Country of Residence UNITED STATES			
	DOB [Redacted]		Sex F	Race I		Hair	Eyes	Height		Weight	Phone Number (608) 335-8422 EXT.	
	Driver's License Number				State		License Jurisdiction		Country of Issuance			
	License Type				License Status				DL Expire Year			
	Equipment		On Duty Accident			Safety Equipment						
	Seat Position 9--THIRD SEAT-RIGHT SIDE				SHOULDER & LAP BELT							
Helmet Use				Helmet Compliance								
Eye Protection				Tint Compliance								
Injury		Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED							
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA				Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED				EMS Agency Identifier				EMS Run #				
Hospital				Date of Death				Time of Death				
Non Motorist		Striking Unit #			Location				To/From School			
Prior Action				Action								
Distracted By Action												
Distracted By Source												Action Other
Drug & Alcoh		Individual Condition APPEARED NORMAL										
Suspected Alcohol Use NO				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				
Drug Type												

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Wisconsin Motor Vehicle Crash Report

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

UNIT 03	[Redacted]											
	Role PASSENGER				Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL			
	Last Name GADIYAR				First Name ANANYA				Middle Initial	Suffix		
	Street Address 7005 WILDBERRY DR				Street Address 2				PO Box			
	City MADISON				State WI		Zip Code 53719		Country of Residence UNITED STATES			
	DOB [Redacted]		Sex F	Race I		Hair	Eyes	Height		Weight	Phone Number	
	Driver's License Number [Redacted]				State		License Jurisdiction		Country of Issuance			
	License Type				License Status				DL Expire Year			
	Equipment		On Duty Accident			Safety Equipment						
	Seat Position 8--THIRD SEAT-MIDDLE				SHOULDER & LAP BELT							
	Helmet Use				Helmet Compliance							
Eye Protection				Tint Compliance								
Injury		Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED							
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA				Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED				EMS Agency Identifier				EMS Run #				
Hospital				Date of Death				Time of Death				
Non Motorist		Striking Unit #			Location			To/From School				
Prior Action				Action								
Distracted By Action												
Distracted By Source												Action Other
Drug & Alcoh		Individual Condition APPEARED NORMAL										
Suspected Alcohol Use NO				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				
Drug Type												

UNIT
INDIVIDUAL

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

UNIT 03	[Redacted]											
	Role PASSENGER				Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL			
	Last Name GANGWAR				First Name SHREYA				Middle Initial		Suffix	
	Street Address 6429 TONKINESE TRL				Street Address 2				PO Box			
	City MADISON				State WI		Zip Code 53719		Country of Residence UNITED STATES			
	DOB [Redacted]		Sex F	Race I	Hair		Eyes	Height		Weight	Phone Number (608) 335-8422 EXT.	
	Driver's License Number				State		License Jurisdiction		Country of Issuance			
	License Type				License Status				DL Expire Year			
	Equipment		On Duty Accident		Safety Equipment SHOULDER & LAP BELT							
	Seat Position 7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTOR				Helmet Use							
	Helmet Use				Helmet Compliance							
	Eye Protection				Tint Compliance							
Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED								
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA				Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED				EMS Agency Identifier				EMS Run #				
Hospital				Date of Death				Time of Death				
Non Motorist		Striking Unit #		Location				To/From School				
Prior Action				Action								
Distracted By Action				Action Other								
Distracted By Source				Action Other								
Drug & Alcoh		Individual Condition APPEARED NORMAL										
Suspected Alcohol Use NO				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				
Drug Type												

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Crash Report

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

UNIT 03
 VEHICLE 03
 UNIT 03
 POL DEF 03

License Plate Number 562PJS				Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
Vehicle Identification Number 5FNRL5H43CB047970						Year 2012		Make HONDA	
Model ODYSSEY EX				Body Style VN - VAN			Color BRZ - BRONZE		
Initial Contact Point 6--REAR				Vehicle Damage 6--REAR, 12--FRONT					
Extent Of Damage FUNCTIONAL DAMAGE				Vehicle Factors NOT APPLICABLE					
Towed Due To Damage NOT TOWED				Vehicle Factors NOT APPLICABLE					
Vehicle Removed By OWNER				Driver Prior Action Other NOT A BUS					
What Driver Was Doing SLOW/STOPPING				Bus Use NOT A BUS					
Driver Actions NO CONTRIBUTING ACTION									
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator					<input checked="" type="checkbox"/> Use Operator Address				
Organization Type INDIVIDUAL				Company Name					
Last Name GANGWAR			First Name RAJEEV			Middle K	Suffix	Date of Birth	
Street Address 6429 TONKINESE TRL				Street Address2			PO Box		
City MADISON		St WI	Zip Code 53719		Country of Residence UNITED STATES				
Telephone Number (608) 335-8422 EXT.									
Event MOTOR VEH IN TRANSPORT									
Event									
Event									
Event									
Insurance Company STATE-FARM-GENERAL-INS-CO				<input checked="" type="checkbox"/> Policy Holder Same As Owner			<input checked="" type="checkbox"/> Policy Holder Same As Driver		
Organization Type INDIVIDUAL		Last Name GANGWAR		First Name RAJEEV			Policy Holder Company		

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
Vehicle Type				Operating As Endorsements	

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Wisconsin Motor Vehicle
Crash Report

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

04 UNIT	(SPORT) UTILITY VEHICLE					
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade HILLCREST		
	Truck Bus or HazMat NO					
04 UNIT INDIVIDUAL 13 INDIVIDUAL 13 INDIVIDUAL 13 INDIVIDUAL 13 INDIVIDUAL 13	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name HARRIS		First Name MARK		Middle Initial A	Suffix
	Street Address 1149 JACKSON ST		Street Address 2		PO Box	
	City BELOIT		State WI	Zip Code 53511	Country of Residence UNITED STATES	
	DOB [REDACTED]	Sex M	Race W	Hair	Eyes BROWN	Height 601
	Weight 270	Phone Number (608) 770-4639 EXT.				
	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2023	
	Equipment	On Duty Accident	Safety Equipment			
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORC		SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #			
Hospital		Date of Death	Time of Death			
Non Motorist	Striking Unit #	Location	To/From School			
Prior Action		Action				
Distracted By Action NOT DISTRACTED						
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other				
Drug & Alcoh	Individual Condition APPEARED NORMAL					
Suspected Alcohol Use NO		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		

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(608) 356-4895

UNIT	INDIVIDUAL	TEST NOT GIVEN								
		Drug Type								
04	14	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL				
		Last Name HARRIS-PATTERSON		First Name LAURA		Middle Initial ANN	Suffix			
UNIT	INDIVIDUAL	Street Address 1149 JACKSON ST		Street Address 2		PO Box				
		City BELOIT		State WI	Zip Code 53511	Country of Residence UNITED STATES				
UNIT	INDIVIDUAL	DOB	Sex F	Race W	Hair	Eyes	Height	Weight	Phone Number (608) 770-4639 EXT.	
		Driver's License Number			State	License Jurisdiction		Country of Issuance		
UNIT	INDIVIDUAL	License Type		License Status			DL Expire Year			
		Equipment	On Duty Accident		Safety Equipment					
UNIT	INDIVIDUAL	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE		SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
UNIT	INDIVIDUAL	Eye Protection		Tint Compliance						
		Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
UNIT	INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier			EMS Run #			
UNIT	INDIVIDUAL	Hospital		Date of Death			Time of Death			
		Non Motorist	Striking Unit #		Location			To/From School		
UNIT	INDIVIDUAL	Prior Action		Action						
		Distracted By Action								
UNIT	INDIVIDUAL	Distracted By Source		Action Other						
		Drug & Alcoh	Individual Condition APPEARED NORMAL							
UNIT	INDIVIDUAL	Suspected Alcohol Use NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test Results		
UNIT	INDIVIDUAL	Drug Test Given TEST NOT GIVEN		Drug Test Type				Drug Test Results		
		Drug Type								

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

UNIT 04										
	Role PASSENGER			Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name HARRIS			First Name SYDNEE			Middle Initial M	Suffix		
	Street Address 1149 JACKSON ST			Street Address 2			PO Box			
	City BELOIT			State WI		Zip Code 53511		Country of Residence UNITED STATES		
	DOB [REDACTED]	Sex F	Race	Hair	Eyes	Height	Weight	Phone Number (608) 770-4639 EXT.		
	Driver's License Number			State		License Jurisdiction		Country of Issuance		
	License Type			License Status			DL Expire Year			
	Equipment		On Duty Accident		Safety Equipment					
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/B		SHOULDER & LAP-BELT							
	Helmet Use			Helmet Compliance						
	Eye Protection			Tint Compliance						
	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED					
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier			EMS Run #			
Hospital			Date of Death			Time of Death				
Non Motorist		Striking Unit #		Location			To/From School			
Prior Action			Action							
Distracted By Action										
Distracted By Source			Action Other							
Drug & Alcoh		Individual Condition APPEARED NORMAL								
Suspected Alcohol Use NO			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				
Drug Type										

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Crash Report

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

UNIT					
	License Plate Number ACT8351		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3C4PDDDG7CT230398		Year 2012	Make DODGE	
	Model JOURNEY CR		Body Style UT - SPORT UTILITY VEHICLE	Color RED - RED	
	Initial Contact Point 6--REAR		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		6--REAR		
	Towed Due To Damage NOT TOWED		Vehicle Factors		
	Vehicle Removed By OWNER		NOT APPLICABLE		
	What Driver Was Doing SLOW/STOPPING		Driver Prior Action Other	Bus Use NOT A BUS	
	Driver Actions NO CONTRIBUTING ACTION				
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name		
	Last Name HARRIS		First Name MARK	Middle A	Suffix Date of Birth
	Street Address 1149 JACKSON ST		Street Address2		PO Box
City BELOIT		St WI	Zip Code 53511	Country of Residence UNITED STATES	
Telephone Number (608) 770-4639 EXT.					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	04	Insurance Company AMERICAN-FAMILY-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
	04	Organization Type INDIVIDUAL	Last Name HARRIS	First Name MARK	Policy Holder Company

Description

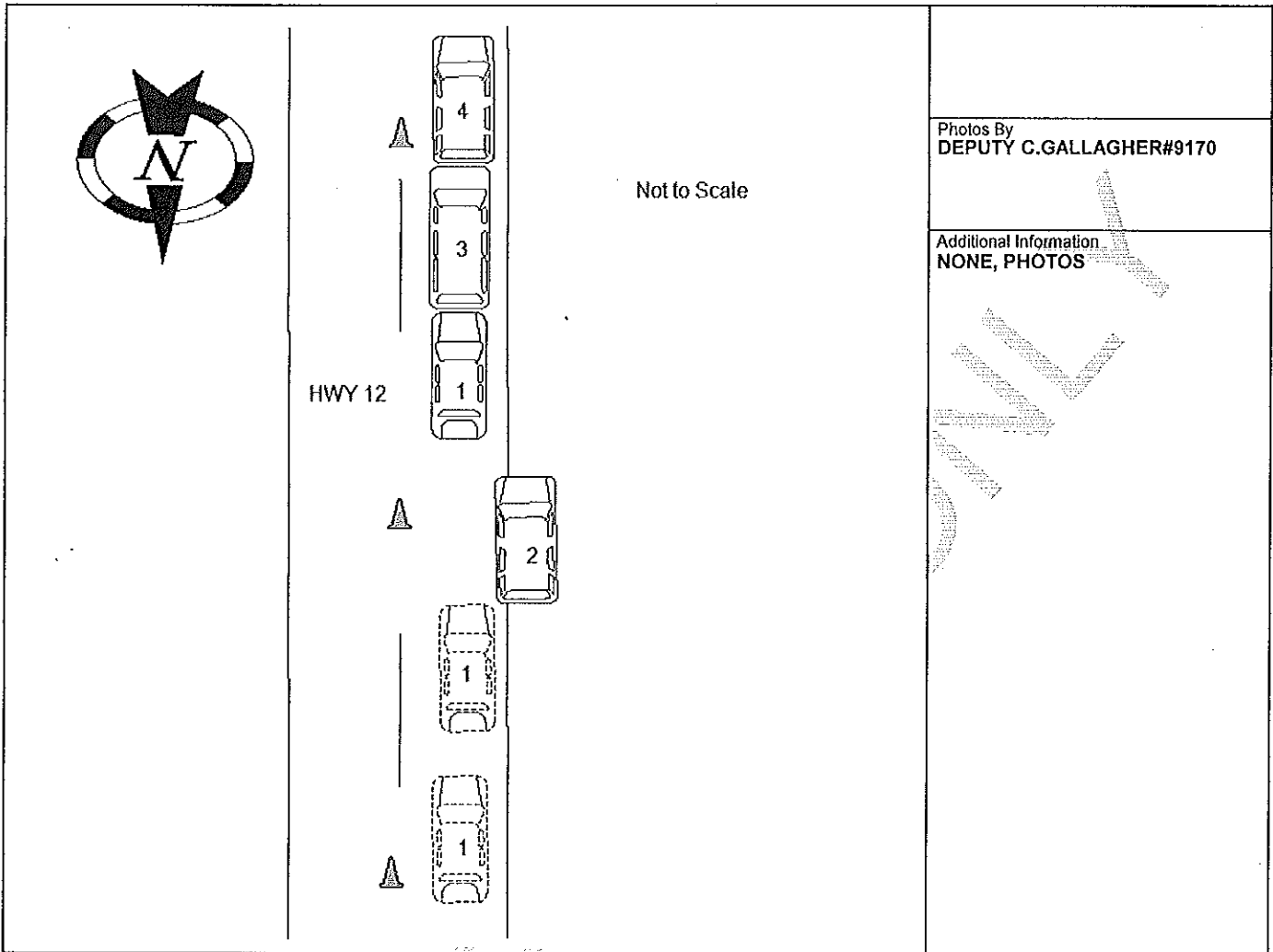
Diagram

Reconstruction By

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Wisconsin Motor Vehicle
Crash Report

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



UNITS 2,3 AND 4 WERE SLOWING DOWN DUE TO TRAFFIC BEING BACKED UP AND ALMOST TO STANDSTILL IN THE CONSTRUCTION AREA OF STH 12 / SKI HI RD. UNIT 1 CONTINUED AND SIDE SWIPE THE BACK PANEL OF UNIT 2. AFTER SCRAPING UNIT 2'S BACK PANEL, UNIT 1 CONTINUED FORWARD INTO UNIT 3. UNIT 1 INITIATED CONTACT WITH UNIT 3'S REAR BUMPER CAUSING UNIT 3 TO COLLIED WITH UNIT 4'S REAR BUMPER.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name GALLAGHER	Officer First Name CHRISTOPHER	Officer Middle Name M	Suffix
DOT Officer ID 9170		DNR Officer ID	Officer Badge Number 9170	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMENT			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205	