Wisconsin Motor Vehicle Crash Report

	Crash Date Crash Time			sn Document#	19-10985			DEPUTY C. GALLAGHER							
,					\neg	Date Arr	rived			Time Arrived					
Z	09/02/2019		05:30 PM	д		09/02/2				05:45 PM Total injured	Total	l Killed			
	Date Notified 09/02/2019		05:38 PM			Total Un 04	nt8			00	00	. miled			
SO	On Emergenc		and Run	Lane	Closu		1	Work Zor	16	Trailer or T	owe	d		Reporti Thresh	ng old
פ	Governm Proper		<u> </u>	School Zone	,	School E	200S F	relate0		Tags		.211. 			
	Reportable		Crash Type DT4000 (S	STANDARD CR	RASH)					Amended	é je	5 Narge	V	Seconda Crash	
	Location	andersy of the object	- kataketawa se salah	pur Çirindi (Androud Addide ne direber)	Ni Ania Agy	gggdad tribish	ia jyan	and programs and society	98 90000 R (800)					distance d	er ekseked
	ON USH12 WB 1.00 MI S OF SKIHI RD					rde 0587786 ordinate	- 1	Longitude -89.77211 Y Coordina	171 TI	al/LongSource LT/ILT n Roadway Link ID#			oadway Li	ink Offset	
	IN THE TOWN OF IN SAUK COUNT				1	537.2187	7	4809621.	5 53	320891		1112	-		
				-21-21-71	Ove	rride		LIDAL LANC							
(Crash Scene	mergheetighe.		i e rominalistikanistasi	Firet !	Harmful [©]	Even	t Location	enivirsisisten astro	real programs to the forest forest and the second s		a Pelektrik	3333A445		
}	First Harmful Event MOTOR VEH IN	TRANSPORT	r		1	ROADW			F.	e see					
}	Manner of Collision				Light	Condition									
1	05SIDESWIPE/S		CTION			LIGHT				\$					
	Road Surface Condi	ition(s)			Envir	onment F	-acto	or (s)	1221)					
	DRY				NON	ΙE	÷								
	Dondu 5	Roadway Factor(s)						n(s)	# - # 						
	, , , , ,					ther Cond	union	ub)							·
	WORK ZONE (CONSTRUCTION	Ņ/MAINTENA	ANCE/UTIL	ITY)	CLEAR										
}	Animal Type				Relation To Traffic					-hm4					
	A 1 21	1 "			200	TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction									
	Crash Classification PUBLIC PROPER			fairte. Tills af La Angell	NO S	SPECIA	L J	on - Jurisdicti URISDICT							
	Tribal Land					ss Contro			Spec	ial Słudy					
	Within Interchange A		nction Locatio	V	ī			section Type TAN INTE		ON					
	Work Zone Crash Lo	ocation		A		Zone Cr	rash	Туре							
	ACTIVITY AREA Workers Present			77.75 77.53 77.53	1	RK ON S		DULDER C	JK MEDI.	AN					
	NO		Time		NO										
	Work Zone Speed L	Jmit	j Ty	Advisory/Regula REGULATOR		eed Limi	it		Normal P	osted Speed Limit					
 	Unit Summary					to the silver of party		The shares to each							
Ì	Unit Status Vehicle Opera IN TRANSIT D CLASS				ng As C	lassificat	tion		Unit Type				·····		
2	Vehicle Type PASSENGER CAR									As Endorsements					:
-	Total Occs Train/Bus # Recorded Total # Citatio 1				Issuec	i		Total Trailer	'S	Total HazMat Ty	rpes				
╘	Insurance? Direction Of Travel Pre Cr YES SOUTHBOUND M				e	1	Speed Limit	!	Total Lanes						
LIND	Most Harmful Event: Collision With Special Function			Special Function NO SPECIAL	n	CTION	1_		Emergency Motor Vehicle Use NOT APPLICABLE						
	Traffic Way Traffic Control				·				Traffic Control Inoperative/Missing						
	DIVIDED HWY W/O TRAFFIC BARRI NO CONTR Surface Type Road Curvatu					OL			NO Road Grade						

Wisconsin Motor Vehicle Crash Report

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

Crash Data 00/02/2010

							-			Nomen A	
								٠			
	col	NCRETE	STRAIGHT			DOWN	IHILL.	A.			
10	Truc NO	k Bus or HazMat								A	
5		Role DRIVER	,	Citations Issued	i .	Use Add	Driver dress	Individual	UAL		
0	δ	Last Name MCCOMBS		First Name HOLDEN		····		Middle Ini R PO Box	tial .	Suffix	
		Street Address 700 OAKHILL LN		Street Address		Code	The second	Country o	(Davido	•••	
느	E E	FORT ATKINSON	ace	State W! Hair	53	538	eight	UNITED Weight	STATE		
LIND	INDIVIDUAL	DOB Sex M W		BROWN	Eyes BLUE	51 cense Jursio	10	140 Country o	(920)	723-7832 EXT.	
	2			WI License Status	S	STATE UNITED STATES DL Expire Year					
		License Type NON-CDL DRIVER'S LICENSE		VALID LICE	VALID LICENSE 2021 Safety Equipment						
		Equipment On Duty Accident		SHOULDER	X	=1 T					
	5	1FRONT SEAT-LEFT SIDE (DR	VER/MOTORC	Helmet Complia							
		Helmet Use		Tint Complianc			-				
		Eye Protection Injury Severity		Airbag	·						
	9	Injury NO APPAREN	T INJURY	NON DEPLO	YED		Trapped/Ex	dicated			
LINO	è	NOT EJECTED MedicalTransport		NOT EJECTI		PPLICA	NOT TRA	PPED		****	
⊃	INDIVIDUAL	NOT TRANSPORTED		Date of Death	eliniei		Time of De				
		Hospital	3				To/FromSo				
		Non Motorist Striking Unit #		Location			Torromso	11001	 .		
	δ	Prior Action		ACEON						•	
		Distracted By Action NOT DISTRACTED									
		Distracted By Source NOT APPLICABLE (NOT DISTRA		Action Other							
		Drug & Alcoh Individual Condit APPEARED N		Suspected Drug Use							
		NO.	Alcohol Test Type	Suspected Ditt				Alcohol T	est Resu	Ilfs	
		TEST NOT GIVEN	Orug Test Type					Drug Tes			

Wisconsin Motor Vehicle Crash Report

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

UNIT	NDIVIDUAL											
	ON I	TEST NOT GIVEN									100 Miles 100 Mi	
		Drug Type	1							I	17 1 2 Park 1 Pa	
		License Plate Number			1	ate Type		-	St		try of Issuance	
		ACV2797			Αl	JT - AU1	TOMOBILE		WI	_1	TED STATES	
		Vehicle Identification N							Year 2014	Make	KSWAGEN	
		3VWLL7AJ3EM428 Model	8117		Bo	dy Style			2014	Color	No. of the Control of	
		JETTA TDI			Į.) - 4DR			also.	Control of the Contro	BLUE	
		Initial Contact Point			ł	hicle Dan	nage		27.07 27.07 27.08	l	- N. 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	
		12FRONT							(1) (1) (1)	F-5.	AM AM	
5	7	Extent Of Damage			1-	-RIGHT	FRONT COR	NER,	12FRO	NT		
0	0.	DISABLING DAMA			110	hicle Fac	tora :	. 1977 1114				
	22.5	Towed Due To Damag		MAGE	1	ilide rac	iors	37 	W.			
		Vehicle Removed By	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- No	OT APPI	LICABLE	h		?		
		EVERETTS TOWN	1G					\\\ 	Day 1			
		What Driver Was Doin			Dri	iver Prior	Action Other	uich. QA	7	Bust	Jse A BUS	
	10000	GOING STRAIGHT					AL TENEDY	(1) (1) (1)		NO	A 1000	
LIND	VEHICLE	EXCEED SPEED L	Oriver Actions EXCEED SPEED LIMIT, SPEED TOO FAST/COND Very Vehicle Owner Same As Operator					i.v				
		Vehicle Owner Organization Type	Same As Op	erator Company Nan) na .	}	V Use Ope	erato	r Addres	S .		
		INDIVIDUAL		Company ven		,dP						
		Last Name		First Name	ig Ogaz			Middl	le	Suffix	Date of Birth	
		MCCOMBS		HOLDEN	. 14	/ <u> </u>		R				
		Street Address 700 OAKHILL LN	,	Street Addres	s2		1	РО В	iox			
		City		St Zip C	ode	 .		Coun	ntry of Resi	dence		
	710.av.4v.	FORT ATKINSON		WI 5353			1	UNI	TED STA	TES		
		Telephone Number	. 48. <i>d</i>									
		(920) 723-7832 EX	l _{ei} , with									
	9	MOTOR VEH IN TE							···			
	02	Event	A WA									
	63	Event									·· ————	
	04	Event										
5	ω	UTC Number AE756578	Issue To? 001	Statute Number 346.57(3)		Description DRIVING	on G TOO FAST	FOR	CONDIT	IONS-\	WORK AREA	
Insurance Company PROGRESSIVE-CLASSIC-INS-CO						Po Sa	olicy Holder ame As Owner	r	 Polic	Policy Holder Same As Driver		
LIND		Organization Type INDIVIDUAL	Last	Name COMBS		First Na	ame		Policy Ho!	der Com	pany	
		Summary					HOLDEN					

Unit Summar Unit Status

Wisconsin Motor Vehicle Crash Report

	IN T	I TRANSIT D CLAS: chicle Type SPORT) UTILITY VEHICLE							AUTON	OBILE					
2			OCUEUNI E		L				Operatin	g As Endors	ements				
02		ORT) UTILIT	Train/Bus # Recor	ded	Total # Citations Is	ssued	Total Tra	ailer	<u> </u>	Total Ha	zMat Type	s			
	3		11000	·	0		0		.,,,,,,	0					
TINO	YES		Direction Of Trave		Pre Crasi Mark		Speed L 55	imit		Total La		• • • • • • • • • • • • • • • • • • • •			
ר			nt: Collision With		Special Function NO SPECIAL F	UNCTION				ncy Motor Ve PPLICABL		4			
	i	ic Way IDED HWY V	N/O TRAFFIC BA	RRI	Traffic Control NO CONTROL				Traffic C NO	ontrol Inope	ative/Missi	ng			
		ace Type			Road Curvature STRAIGHT				Road Gr			- Marian			
2		k Bus or HazM	fat)				DOWN			100			
02	NO	Dele				Citations Issued	. 1			D-1	Individual	Tyne			
02		Role DRIVER			487	0				Driver Iress	INDIVIDUAL				
0	22	Last Name CARLSON				First Name MARCIA					Middle Initial Suffix JEANNE				
		Street Addres	ss SPECT AVE			Street Address	2	-	Á		PO Box				
	A	City	400-71-			State WI		ip (ode	. (17)	Country o				
LIND	INDIVIDUAL	DOB	Sex	Rac W	e	Hair BROWN	Eyes BLUE			ight	Weight 185	Phone	Number 320-5048 EXT.		
_	<u>IND</u>	Driver's Licer			y.	State Wi			nse Jursid TE	liction	Country o	fissuanc	:e		
		License Type	DRIVER'S LICEN			License Status VALID LICEN			1777		UNITED STATES DL Expire Year 2020				
		vergerer (view ACID ACID)	On Duty A	Safety Equipme				**************************************							
		Equipment Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORC)				SHOULDER	& LAP E	BEL	ī						
	02	1FRONT Helmet Use	SEAT-LEFT SID	E (DRIV	ER/MOTORC	Helmet Complia	ence		*				11477-7-		
		Eye Protection	on	,	=	Tint Compliance									
			Injury Sev	erity	A H	Airbag									
	7	<i>Injur</i> Ejected	Y NO APP	ARENT	INJURY	NON DEPLO Ejection Path	YED			Trapped/E:	xtricated				
LIND	3	NOT EJEC	TED	\$		NOT EJECT	ED/NOT	ΑP	PLICA	NOT TRA	PPED				
Ś	INDIVIDUA	MedicalTrans	sport ISPORTED		₩	EMS Agency Id	entifier			EMS Run #	#				
	Z	Hospital				Date of Death				Time of De	ath				
		Non Mo	Striking I	nit#		Location				To/FromSo	chool				
		Prior Action	1000 015 000 000 000 000 000 000 000 000	-		Action									
	8	Distracted By Action NOT DISTRACTED													
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)					Action Other									
	Drug & Alcon Individual Condition APPEARED NORMAL														
	Suspected Alcohol Use NO					Suspected Drug Use . NO					and the same of th				
		Alcohol Test Given Alcohol Test Type TEST NOT GIVEN				pe				-	Alcohol Test Results				
		Drug Test Gi		ug Test Type						Drug Test Results					

Wisconsin Motor Vehicle Crash Report

UNIT	INDIVIDUAL			·							
_	QN I	TEST NOT GIVEN									
		Drug Type								And the second s	
		Role PASSENGER			Citations Issued 0			e Driver ddress			
02	03	Last Name SMEEDING	···	daw.	First Name TIMOTHY		,_1		Middle Initial Suffix M		
		Street Address	- 41/5		Street Address 2	2		JAN.	PO Box		
		173 N PROSPECT	AVE		State		Zip Code				
UNIT	אטסו	MADISON DOB	Sex	Race W	WI Hair	Eyes	53726	Height	Weight Phone Number		
ר	INDIVIDUAL	Driver's License Num	M ber	<u> </u>	State	<u> </u>	License Jur		Country of		
		License Type			License Status		NOT LIGH	:NOED	DL Expire	Year	
		Equipment	Equipment On Duty Accident					<u> </u>	<u> </u>		
	3	Seat Position	eat PositionFRONT SEAT-RIGHT SIDE (TRAIN ENGINEE				BELT				
	03	Helmet Use									
		Eye Protection	ye Protection								
		Injury	Injury Seveni	Y RENT INJURY	Airbag NON DEPLO	YED					
╘	Ž	Ejected NOT EJECTED			Ejection Path NOT EJECTE	D/NO	T APPLICA	Trapped/E			
LINO	IDIVIDUAL	MedicalTransport NOT TRANSPORT	TED	XX V	EMS Agency Ide	entifier	•	EMS Run #	<i>t</i>		
	2	Hospital			Date of Death			Time of De	ath		
		Non Motorist	Striking Unit	# 37	Location			To/FromSo	hool		
		Prior Action		N. S.	Action	-					
:	8	Distracted By Action			-1						
:		Distracted By Source			Action Other						
	Costione!	Drug & Alcoh		ndition D NORMAL							
	Ή	Suspected Alcohol Us NO	se		Suspected Drug NO	Use		4.14.7	_		
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					1		
_	Q	Drug Test Given TEST NOT GIVEN	1	Drug Test Type					Drug Test	D Box Dountry of Residence NiTED STATES Feight Phone Number (608) 320-5055 EXT. Dountry of Issuance L Expire Year	
		Drug Type									

Wisconsin Motor Vehicle Crash Report

		,						1000				
		Role PASSENGER			Citations Issued		V U	se Driver Address	Individual	Туре		
02	2	Last Name SMEEDING			First Name FINNIAN		167 /	Address	Middle Init			
		Street Address 173 N PROSPECT			Street Address 2	?			РО Вох	ilis.		
	Ą	City MADISON	AAL		State WI		Zip Code 53726					
LIND	INDIVIDUAL	DOB	Sex M	Race	Hair	Eyes		Height	Weight	Phone Number (608) 320-5048 EXT.		
	ON N	Driver's License Num	ber	~ · · · · · · · · · · · · · · · · · · ·	State	1	Licerise Ju	ırsidiction	Country of Issuance			
		License Type			License Status				DL Expire Year			
		Equipment	Der 1 der de deutschein des geleines (generalieren des vollieges (generalieren des vol					*****				
	4	Seat Position 6SECOND SEAT	-SECOND SEAT-RIGHT SIDE				BELT					
	04	Helmet Use										
		Eye Protection			Tint Compliance	77.4						
		Injury	Injury Severity NO APPAR	ENT INJURY	Airbag NON DEPLOY	/ED		- I - 1/5	Adicated			
╘	D.	Ejected NOT EJECTED			Ejection Path NOT EJECTE		T APPLIC	Trapped/Ex				
TINO	NDIVIDUAL	MedicalTransport NOT TRANSPORT	TED	4. 4.	EMS Agency Ide	entifier		EMS Run #	<u> </u>	****		
	1	Hospital	Ì		Date of Death			Time of De	alh			
		Non Motorist	Striking Unit#		Location			To/FromSo	hool			
	04	Prior Action			Action			•				
	0	Distracted By Action								- B		
		Distracted By Source	111		Action Other				`			
		Drug & Alcoh		NORMAL	Suspected Drug	floo		·,				
	UAL	Suspected Alcohol Us NO		lalada Tarak	NO NO	Use			Alachel T	not Popullo		
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type								
	N	Drug Test Given TEST NOT GIVEN	I	Drug Test Type					D103 162	Box Intry of Residence ITED STATES Ight Phone Number (608) 320-5048 EXT. Intry of Issuance Expire Year		
		Drug Type						ı				

Wisconsin Motor Vehicle Crash Report

Constitution of the Consti											
LITE CARROLL STATE OF THE STATE											
Control of the second											
Control Paleston									Andrew A.		
		License Plate Number		·	Plate			St WI	Country of Issuance UNITED STATES		
		672YMK Vehicle Identification Number		****	AUI	- AUTOMOBILE		Year	Make		
ary data to a se		5TDJKRFH3GS278804						2016	ТОУОТА		
nonemanne.		Model HIGHLANDER			Body -	Style SPORT UTILITY VI	EHIC	:LE 🧳	Color RED - RED		
A CAP CAP WAR		Initial Contact Point 7LEFT REAR CORNER	4•		Vehic	le Damage					
02	02	Extent Of Damage FUNCTIONAL DAMAGE			7LE	FT REAR CORNE	R				
- Valenta		Towed Due To Damage			Vehic	le Factors	1000 1000 1000				
occupant.		NOT TOWED		•	NOT	APPLICABLE		ÿ j	,		
i i i i i i i i i i i i i i i i i i i		Vehicle Removed By					7(5)				
oplica ji Granuspunite		What Driver Was Doing SLOW/STOPPING			Driver	Prior Action Other		**	NOT A BUS		
H	<u> </u>	Driver Actions NO CONTRIBUTING ACTIO	N				(D) ²⁷				
TIND	VEHICL			A.							
a primarile de la constante de	2	✓ Vehicle Owner Same As	s Operate	or 🧷		Use Ope	rato	r Addres	S		
		Organization Type		Company Name	• 7						
		INDIVIDUAL Last Name		First Name	r N. al		Midd	ie	Suffix Date of Birth		
		CARLSON		MARCIA				NNE	· 		
i i i i i i i i i i i i i i i i i i i		Street Address 173 N PROSPECT AVE	Oliva	Street Address2	2		PO E	Box			
od ini inseranti nimes		City MADISON	ŷ Y	St Zip Cox				ntry of Resi			
u está sil od delay coda		MADISON WI 53* Telephone Number (608) 320-5048 EXT.				UNITED OTATED					
	Event MOTOR VEH IN TRANSPORT					ı					
	02	Event									
	03	Event ·									
	04	Event									
_	8	Insurance Company USAA-CASUALTY-INS-CO		11-20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Policy Holder Same As Owner	,	⊘ Polic	y Holder Same As Driver		
TIND	겵	Organization Type	Last Name		F	irst Name MARCIA		Policy Hol	der Company		
L.	•	Summary	. And the Angelow	a - As Cherry Tolks - early	or property	o o company and a company of the com	2.00	ugyereve z	Service August 1997 and 1997 a		
Ì		Status		Vehicle Operating	As Cla	ssification		t Type			
		RANSIT		D CLASS				томові	LE Endorsements		

Wisconsin Motor Vehicle Crash Report

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

Crash Date 00/02/2019

								1	\$1V-1					
93	PAS	SSENGER V	AN					<u> </u>						
	Tota 8	l Occs	Train/B	us # Recorded	Total # Citations I	ssued	Total Traile	ers	Total Ha	ezMat Type	S			
LIND	Insu	rance?	1	on Of Travel	Pre Cras Marl		Speed Lim		Total La			AAA CAA SAA SAA SAA SAA SAA		
ົວ		t Harmful Even TOR VEH IN			Special Function NO SPECIAL I	FUNCTION		Emerger NOT A	ncy Motor Ve PPLICABL	ehicle Use .E	<u>.#</u>	Control of the Contro		
		ic Way IDED HWY V	V/O TR	AFFIC BARF	Traffic Control NO CONTROL			Traffic C	ontrol Inope	rative/Missi	ing È	Accounting to		
	1	ace Type NCRETE			Road Curvature STRAIGHT			Road Gr HILLCI		1,000 pg 1,000 pg 1,0				
23	Truc	k Bus or HazM	lat							2				
<u>~</u>		Role DRIVER				Citations Issue 0		Use Add	Driver Iress	INDIVID	ÜAL			
8	8	Last Name GANGWAF	₹			First Name RAJEEV			First State	K 🦪	tial	Suffix		
		Street Addre		TRL		Street Address	2	Ž,	**************************************	РО Вох				
L	M	City MADISON				State WI		Code 719 <i></i>	<u> </u>	Country of Residence UNITED STATES				
LIND	INDIVIDUAL	DOB]	Sex M	Race A	Hair BLACK	Eyes_ BLACK	50	js.	Weight 165				
	2	Driver's Licer	se Num	ber		State WI		teense Jursidiction Country of Issuance UNITED STATES DI. Expire Year 2025						
			License Type NON-CDL DRIVER'S LICENSE On Duty Accident				NSE _\	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Dt. Expire Year				
		Equipn	Equipment Seat Position				ent j							
	in .			EFT SIDE (I	ORIVER/MOTOR	SHOULDER	& LAP BE	LT						
	02	Helmet Use		****		Helmet Compliance								
		Eye Protection	n			Tint Compliand	æ					100 E 10 E		
		InJur	у	Injury Severit	Y ENT INJURY	Airbag NON DEPLO	YED							
⊢	Š	Ejected NOT EJEC	TED	<u></u>		Ejection Path NOT EJECT	ED/NOT A		Trapped/E					
LNO	INDIVIDUAL	MedicalTrans	-	red (1)		EMS Agency lo	dentifier		EMS Run	#				
	Z	Hospital	.A.			Date of Death		•	Time of De	eath				
		Non Mo	torist	Striking Unit	#	Location			To/FromSo	chool				
		Prior Action		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU		Action			l		Dispute the state of the state			
	05	Distracted By	Action	D ²										
		Distracted By NOT APPL	Source	E (NOT DIST	RACTED)	Action Other	*							
	enetik	Drug & /	Alcoh	Individual Co		•								
		Suspected A NO	Icohol U	se	- A** ·	Suspected Drug Use NO					,			
		Alcohol Test TEST NOT			Alcohol Test Type	Type Alcohol Te					est Resu	its		
		Drug Test Gi			Drug Test Type				Drug Test Results					

Wisconsin Motor Vehicle Crash Report

LIND	NDIVIDUAL											
	N N	TEST NOT GIVEN										
maters to applicate supplying any owner of property of		Drug Type							·	Alexandria de la companya della companya della companya de la companya della comp		
8		Role PASSENGER			Citations Issued 0	វ		se Driver Address	Individual			
03	90	Last Name GADIYAR			First Name ANANTH				Middle Init J	ial Suffix		
The state of the s		Street Address 7005 WILDBERRY	DR		Street Address	2		3.33. ²⁴	PO Box			
de la company de	1	City MADISON			State WI		Zip Code 53719	in the second se	Country of UNITED	Residence STATES		
LIND	INDIVIDUAL	DOB	Sex M	Race I	Hair BLACK	Eyes BRO		Height	Weight Phone Number (608) 213-7646 EXT.			
- Proposition Committee		Driver's License Numl	1		State	۱	License J	ursidiction	Country of	<u> </u>		
To Company of the Com		License Type			License Status		, X		Dl. Expire	Year		
ered jyd difficadad drespyramakteiderf judiob (e po		Equipment	On Duty Accid	lent	Safety Equipme	ent				·		
	90	Seat Position 3FRONT SEAT-F	SHOULDER	& LAP	BELT							
and the second second	0	Helmet Use	elmet Use									
and a second		Eye Protection		- A	Tint Compliance	е						
Amend to a school operation		Injury	Injury Severity NO APPAR	ENT INJURY	Airbag NON DEPLO	YED			MARKET AND ADDRESS OF THE PARKET AND ADDRESS			
E	DUA	Ejected NOT EJECTED			Ejection Path NOT EJECTE	ED/NO	T APPLIC	Trapped/Ex A NOT TRA				
TIND	VDIVIDUAL	MedicalTransport NOT TRANSPORT	'ED	L A. J	EMS Agency Id	entifier		EMS Run #				
	4	Hospital			Date of Death			Time of De	ath			
G Malandario Company		Non Motorist	Striking Unit #		Location			To/FromSc	hool			
and by the state of the state o	' 0	Prior Action			Action							
and the second s	90	Distracted By Action]					·		
allow (consideration)		Distracted By Source			Action Other					73-00-100-7		
,		Drug & Alcoh	Individual Cor									
	ΙĀΓ	Suspected Alcohol Us NO	se		Suspected Drug NO	g Use						
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Wisconsin Motor Vehicle Crash Report

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San District On the Control		Role PASSENGER		Citations Issued			se Driver address	Individual		
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and lead are resided to be considered to the		Street Address 6429 TONKINESE TRL City	15-01	State State		ip Code			Residence	
UNIT	INDIVIDUAL	MADISON DOB Sex F	ace	WI Hair	Eyes	3719	Height	UNITED Weight	STATES Phone Number (608) 335-8422 EXT.	
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Wisconsin Motor Vehicle Crash Report

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Wisconsin Motor Vehicle Crash Report

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singer productions		Street Address 6429 TONKINESE	TRL.		Street Address 2	?			PO Box		
—	4	City MADISON			State WI		Zip Code 53719	List List	UNITED		
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i		City			State Zip Code			gi K		Residence	
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	3	DOB	Sex	Race	Hair	Eyes		Height	Weight	Phone Number	
3		DOB	F	I	'''	_,	39°		· · · · · · ·	(608) 335-8422 EXT.	
_	INDIVIDUAL		Jl			<u> </u>				<u> </u>	
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Wisconsin Motor Vehicle Crash Report

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8	S Foreign	Role PASSENGER Last Name GADIYAR Street Address 7005 WILDBERRY DR			Citations Issued Use Driver Address				Individual Type INDIVIDUAL			
03	-				First Name ANANYA					lal Suffix		
					Street Address 2	2			PO Box			
	¥	City MADISON	State WI		Zip Code 53719			Residence STATES				
LIND	INDIVIDUAL	DOR	Sex F	Race	Hair	Eyes	He	ight	Weight	Phone Number		
	0 2	Driver's License Numb	per		State	l	License Jursid	liction	Country of	fissuance		
		License Type			License Status					DL Expire Year		
		Equipment	On Duty Accide	ent	Safety Equipmen							
		Seat Position 8THIRD SEAT-M	IDDLE		SHOULDER 8	LAP I	BELT					
The state of the s	7	Helmet Use		ulut—	Helmet Complia	nce						
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LNO	DIVIDUA	MedicalTransport			EMS Agency Ide			EMS Run #		· · · · · · · · · · · · · · · · · · ·		
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		Non Motorist	Striking Unit#		Location			To/FromSc	hool			
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1	in Lichtyn I	Drug & Alcoh	Individual Cond									
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Wisconsin Motor Vehicle Crash Report

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Land American		•		ANTY		****					
~		Role PASSENGER	· .		Citations Issued 0	V		Driver Idress	Individual Type INDIVIDUAL		
03	12	Last Name GANGWAR			First Name SHREYA				Middle Initi	al Suffix	
divine estimates		Street Address 6429 TONKINESE	TRL		Street Address 2		··		PO Box	}	
—	M	City MADISON			State WI	Zip C 537′	19	2 mm 2 mm	UNITED		
LIND	NDIVIDUAL	DOB	Sex F	Race	Hair		Å.	leight	Weight	Phone Number (608) 335-8422 EXT.	
:	뉠	Driver's License Number			State	Licer	ise Jurs	idiction	Country of Issuance		
and the second s		License Type	License Status DL Expire Year								
Mary Carlotte	1000	Equipment Seat Position	On Duty Accid	lent	Safety Equipment						
ومرياتين تهدا وهناه كالأخوام	7	7THIRD SEAT-LEFT SIDE (SIDECAR: MOTOR Helmet Use			Helmet Complia	\$12,55 	·••				
					Tint Compliance	19 187			·-		
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		Non Motorist		SY Santa Trink	Action						
	12	Distracted By Action									
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	1055404 124124	Drug & Alcoh	Individual Cor								
	AL.	Suspected Alcohol Us NO			Suspected Drug NO	Use					
LINO	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>	Mr. r			Alcohol Test Results		
ر	ND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	Results	
	,	Drug Type	4-1					_ "			

Wisconsin Motor Vehicle Crash Report

		-			-117	70 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
		License Plate Number 562PJS		late Type UT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 5FNRL5H43CB047970			Year 2012	MakeHONDA				
		Model ODYSSEY EX		ody Style 'N - VAN	Ži.	Color BRZ BRONZE				
		Initial Contact Point 6REAR		Vehicle Damage						
03	8	Extent Of Damage FUNCTIONAL DAMAGE	6	6REAR, 12FRONT						
	16789	Towed Due To Damage NOT TOWED		ehicle Factors		3.				
		Vehicle Removed By OWNER	N	IOT APPLICABLE		;				
	25,022 2001	What Driver Was Doing SLOW/STOPPING	D	river Prior Action Other	The state of the s	Bus Use NOT A BUS				
⊨	3. E	Driver Actions NO CONTRIBUTING ACTION	. <u>.</u>	And the second s						
LINO	VEHICL									
		✓ Vehicle Owner Same As Operat	247	Use Operator Address						
		Organization Type INDIVIDUAL	Company Name							
		Last Name GANGWAR	First Name RAJEEV	je i	Aiddle	Suffix Date of Birth				
		Street Address 6429 TONKINESE TRL	Street Address2		PO Box					
		City A TOTAL MADISON	St Zip Code WI 53719	i i	Country of Resi					
		Telephone Number (608) 335-8422 EXT.	 	73						
	М	Event MOTOR VEH IN TRANSPORT	· · · ·							
	02	Event	·							
	8	Event 2								
	04	Event		· · · · · · · · · · · · · · · · · · ·	<u> </u>					
UNIT	3	Insurance Company STATE-FARM-GENERAL-INS-CO		Policy Holder Same As Owner		by Holder Same As Driver				
בֿ ב	 로	Organization Type Last Nam INDIVIDUAL GANGW		First Name RAJEEV	Policy Ho	lder Company				
		Status	Vehicle Operating A	s Classification	Unit Type	- Secretarion and Alberta (1994) and the secretarion of the secretario				
	1		D CLASS		AUTOMOB	LE .				
	1	icle Type		· · · · · · · · · · · · · · · · · · ·	Operating As	Endorsements				

Wisconsin Motor Vehicle Crash Report

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

Crash Date 09/02/2019

							_				
04	(SP	ORT) UTILIT	Y VEHICLE								
	Tota	Occs	Train/Bus # Recorded	Total # Citations I	ssued	Total Tra	ilers	Total Ha	zMat Type	s	
UNIT		ance?	Direction Of Travel SOUTHBOUND	Pre Cras		Speed L	mit	Total La			
בֿן			t: Collision With	Special Function NO SPECIAL I	UNCTION	UNCTION Emergency Motor Vehicle Use NOT APPLICABLE					n Gines and San
	Traff	ic Way	N/O TRAFFIC BARR	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO					
	Surfa	се Туре	TO MAIL TO DAM	Road Curvature			Roa	d Grade	74		
4		NCRETE k Bus or HazM	lat .	STRAIGHT			nic	LUKEST	NE PARK	ita. Dy Nysyssaitä	A.
	NO	Role			Citations Issued Use Driver			se Driver	Individual	Туре	:
40	DRIVER				0 First Name			Address	INDIVID Middle Ini		Suffix
	ಬ	HARRIS			MARK Street Address			<u> </u>	A PO Box		
		Street Addres			Street Address		127	+ 1%;			•
	4	City BELOIT			State WI	Zip Code 53511			Country of Residence UNITED STATES		
LINO	INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes BROW	IN .	Height 601	Weight 270		Number 770-4639 EXT.
		Driver's Licer	nse Number		State WI		cense Ji TATE	ursidiction	Country of Issuance UNITED STATES		
		License Type NON-CDL DRIVER'S LICENSE			License Status	4.6	egile ³		DL Expire Year 2023		
		On Duty Accident Equipment			Safety Equipme						
		Seat Position		SHOULDER	& LAP B	ELT					
	5	1FRONT SEAT-LEFT SIDE (DRIVER/MOTORC Helmet Use			Helmet Compli	ance					
	- Cally	Eye Protection	on	Tint Compliance							
		Injur	Injury Severit	15 to 1 de	Airbag NON DEPLOYED						
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UNIT	ă	NOT EJEC MedicalTrans			NOT EJECTI EMS Agency Id		APPLIC	EMS Run #			
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	73	Prior Action	N		Action						
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	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										
	every every	Drug & /	Alcoh APPEARED		· · · · · · · · · · · · · · · · · · ·						
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Wisconsin Motor Vehicle Crash Report

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2		Last Name							Middle Init	1.02	_	
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e in in		Street Address			Street Address 2				PO Box			
a with the same		1149 JACKSON ST				Ú.	1232					
Linear		City			State					f Residence		
—	S	BELOIT			WI		53511	2005, 2005, 2005,	507	STATES	_	
TIND		DOB	1	Race W	Hair	Eyes		-leight	Weight	Phone Number (608) 770-4639 EXT.		
_	INDIVIDUAL	Driver's License Numb	<u> </u>		State		License Jur	oldiotion	Country of Issuance			
Johnson	Z	Entrol o Electrice Harmon			State		LICENSE 301	SIUICUOII	Ocumby o	1 13300.100		
amilian in		License Type			License Status				DL Expire Year			
ndodara-						49						
American			On Duty Accid	ent	Safety Equipmen			·				
Section		Equipment			SHOULDER &		ser#			•		
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and the same		Injury	Injury Seventy NO APPARENT INJURY			Airbag NON DEPLOYED						
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	_	Drug Type							<u> </u>	·	_	

Wisconsin Motor Vehicle Crash Report

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0	15	Last Name HARRIS	HARRIS						Middle Init	lial Suffix		
		Street Address 1149 JACKSON S	Т		Street Address 2	!		.2.48.9	РО Вох			
	7	City BELOIT	State WI .		Zip Code 53511			Residence STATES				
UNIT	9	DOB	Sex F	Race	Hair	Eyes		Height	Weight	Phone Number (608) 770-4639 EXT.		
_	INDIVIDUAL	Driver's License Number			State		License J	ursidiction	Country of	1 ' '		
and the second		License Type			License Status	10.33.3 (10.33.3 (10.34.3	Year					
4		Equipment On Duty Accident			Safety Equipmen	ıl Testin						
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Seat Position 4SECOND SEAT	LEFT SIDE(MOTORCYCLE/B	SHOULDER 8	LAP	BELT					
	7	Helmet Use	Helmet Complian	nce								
Canal July Control		Eye Protection			Tint Compliance	1						
and a standard		Injury Severity NO APPARENT INJURY			Airbag NON DEPLOY	'ED	•					
L	A N	Ejected NOT EJECTED			Ejection Path NOT EJECTE	D/NO	T APPLIC	Trapped/Ex				
LIND	DIVIDUAL	MedicalTransport NOT TRANSPORT	ED .		EMS Agency Ide	EMS Agency Identifier EMS Run s				#		
	3	Hospita!			Date of Death	Date of Death Time of De				ath		
over a contract of		Non Motorist	Striking Unit #		Location			To/FromSc	hool			
Lacor or or other	17 (SCENE)	Prior Action			Action							
1101010101010101010101010101010101010101	5	Distracted By Action					•					
and the second second second second		Distracted By Source			Action Other							
ļ		Drug & Alcoh	Individual Con									
	A.	Suspected Alcohol Us NO	se		Suspected Drug NO	Use						
LIND	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1				Alcohol Te	est Results		
ر	ON N	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	Results		
	1	Drug Type										

Wisconsin Motor Vehicle Crash Report

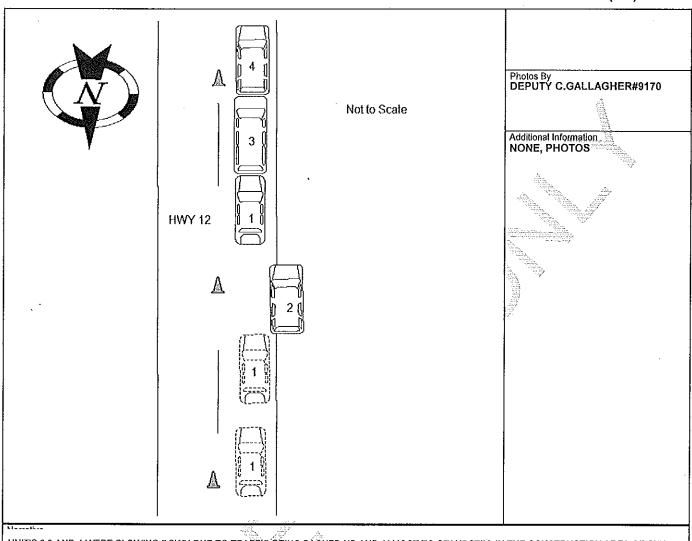
SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

		OUT THE PROPERTY OF THE PROPER		-			A			
	Matta									
		License Plate Number		Plate Type St			Country of Issuance			
		ACT8351		TUA - TUA	OMOBILE	WI	UNITED STATES			
		Vehicle Identification Number 3C4PDDDG7CT230398		Year 2012			Make DODGE			
	in the second	Model	· · · · · · · · · · · · · · · · · · ·	Body Style		2012	Color			
		JOURNEY CR	i i	UT - SPORT UTILITY VEHICLE RED - RED						
		Initial Contact Point 6REAR	\	/ehicle Dama	ige	1.5 2.72 1.43 1.43				
_		Extent Of Damage		6REAR						
04	ষ	FUNCTIONAL DAMAGE	1							
		Towed Due To Damage	Vehicle Factors							
		NOT TOWED Vehicle Removed By	NOT APPLICABLE							
		OWNER								
		What Driver Was Doing	Onver Prior A	ction Other		Bus Use NOT A BUS	-			
		SLOW/STOPPING Driver Actions		يش.		Low Control Control	NOT A BUS			
	3	Driver Actions NO CONTRIBUTING ACTION								
	VEHICLE									
	2			1100	. JEW 1989			-		
		∨ Vehicle Owner Same As Operat	graph.	☑ Use Operator Address						
		Organization Type INDIVIDUAL	Company Name	\$** 25		•				
		Last Name	First Name		Mic	idle :	Suffix Date of Birth	_		
		HARRIS	MARK		A	Ì				
		Street Address 1149 JACKSON ST	Street Address2		PO	Box				
	924997) 924997)	City	St Zip Code		Co	untry of Resid	dence			
		BELOIT	WI 53511			IITED STAT				
		Telephone Number (608) 770-4639 EXT.						ŀ		
		Event								
	5	MOTOR VEH IN TRANSPORT								
	02	Event								
	ങ	Event								
j	04	Event .								
_	24	Insurance Company AMERICAN-FAMILY-INS-CO		Poli	cy Holder e As Owner	Policy	Holder Same As Driver			
	21004.61)	First Nam		Policy Holde		\dashv		
Š	도비	INDIVIDUAL HARRIS		MARK						
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Diagram Reconstruction By

Wisconsin Motor Vehicle Crash Report

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UNIT'S 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 SWIPED 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.

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

Signature

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