6TL0BNZM09 19-13058

Wisconsin Motor Vehicle Crash Report

	Document Number Override Primary Crash Document #					Agency Cra 19-13058	ash Number		Investigating Officer/Deputy DEPUTY A. BREUNIG				
တ	Crash Date		Crash Time			Date Arrive			Time Arrived		1211		
2	10/20/2019		02:41 PM	-		10/20/201	9		02:47 PM	Tota	l Killed		
Ņ	Date Notified 10/20/2019	· · · · · · · · · · · · · · · · · · ·		Total Units 02			Total Injured 02	00					
OBNZMO	On Emergend	cy Hi	t and Run	Lane (Closu	1	Work Zo	ne	Trailer or	fowe	d 🔲	Reporting Threshold	
6TL	Governr Prope		Active	School Zone		School Bus NO	Refated		Tags			52. 152. 153. 153. 153. 153. 153. 153. 153. 153	
	☑ Reportable		Crash Type DT4000 (S	STANDARD CR	KASH.)			Amended	.b. Vaj		econdary Crash	
ļ	Location —	Single of the section	gagada Mara	pagasaran menananga		e y a transferance en			4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		The state of the s	paga ang taong taong ang ang ang ang ang	
	ON USH12 WB 853 FT S				Latit	ude 3 7630203	Longitude -89.76830		/LongSource .T/ILT	- 77	Access Control		
	OF KINGS CORN					ordinate	Y Coordina		Roadway Link ID#	#	On Roadway Lin	k Offset	
	IN THE TOWN OF				1	736.8437	4806326		5320157 2167				
	IN OAGIC GOOK!	•	•		Ove	erride 🔲	Tribal Land	1		7. ¥"	Structure Type		
,	Crash Scene	J											
	First Harmful Event		_			Harmful Eve		<u></u>	170000000000				
	MOTOR VEH IN TRANSPORT					ROADWA' Condition	r <u>,</u>						
	Manner of Collision 02FRONT TO R	REAR	-		DAV		(100) (100) (100)	1871 11 1877					
	Road Surface Cond	Environment Factor(s)											
	DRY					NONE :							
	Roadway Factor(s)					Weather Condition(s)							
	NONE					ÄR.							
	Animal Type					tion To Traff	cway						
						TRAFFICWAY - ON ROAD							
	Crash Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION							
	PUBLIC PROPE Tribal Land	KIY				Access Control Special Study							
		100 mm				CONTROL							
	Within Interchange A	NO	nction Locatio	40.75	Intersection Type NOT AN INTERSECTION								
	Work Zone Crash L ACTIVITY AREA		#_ <u>_</u>	Total	Work Zone Crash Type LANE CLOSURE							A-A-PDO	
	Workers Present YES		Tring of the second		Law Enforcement Present OFFICER PRESENT								
	Work Zone Speed I. 45	.imit 🧳		Advisory/Regula	tory S _t	peed Limit		Normal Po	sted Speed Limit				
	Unit Summary	/:::::::::::::::::::::::::::::::::::::											
	Unit Status	1-05-Tb, 1/27-Tb, 1-7-Tb, 1-7-Tb, 1-3-Tb,		Vehicle Operation	g As (Classification		Unit Type	אסונ ב		•		
	IN TRANSIT			D CLASS				AUTOMO	As Endorsements				
01	(SPORT) UTILIT	YVEHICLE						Operating	As Endoisements				
	Total Occs	Train/Bus # Re	ecorded	Total # Citations	Issue	d	Total Traile	rs Total HazMat Types					
╘	Insurance? Direction Of Travel Pre Cra				shTir k	е	Speed Limit						
UNIT	Most Harmful Event	: Collision With	١	Special Function		CTION		Emergency Motor Vehicle Use NOT APPLICABLE					
	Traffic Way DIVIDED HWY W	A.VIII.ART		Traffic Control NO CONTROL					Traffic Control Inoperative/Missing				
i	Surface Type	HVATEIO	POINT :	Road Curvature	_			Road Grad	ie				

6TL0BNZM09 19-13058

Wisconsin Motor Vehicle Crash Report

									: \	
	BLA	ACKTOP (BITUMINOUS)	STRAIGHT			LEVE		, fa.,		`
٤.	Truc NO	k Bus or HazMat						Williams Na.	va. History	è
		Role DRIVER		Citations Issued		Use Ad	Driver dress	Individual		
5	8	Last Name RENZ		First Name KAYLA	,			Middle Ini	itial	Suffix
		Street Address S3791 COUNTY ROAD A		Street Address 2		j.		PO Box		
	A E	City BARABOO		State WI		Code 913	ý: .N.	Country of		
LIND	INDIVIDUAL	DOB Sex F	ace V	Hair E BROWN E	yes BROWN		eight)9	Weight 140	1	Number 844-3237 EXT.
		Driver's License Number		State WI		ense Jursi ATE	diction	Country of	of Issuanc	æ
		License Type NON-CDL DRIVER'S LICENSE	a -	License Status VALID LICENSE	— I Tricip Es.			DL Expire 2020	e Year	
		Equipment: On Duty Accide	Safety Equipment							
		Seat Position 1FRONT SEAT-LEFT SIDE (DR	SHOULDER & L	AP BE	LT				·	
	8	Helmet Use		Helmet Compliance	9					
		Eye Protection		Tint Compliance						
		Injury Severity SUSPECTED	Airbag DEPLOYED-FRONT							
—	JAT	Ejected NOT EJECTED	Ejection Path Trapp				ped/Extricated T TRAPPED			
LIND	INDIVIDUAL	MedicalTransport NOT TRANSPORTED	X	EMS Agency Identi			EMS Run #			
	Z	Hospital	ig.	Date of Death			Time of De	∍ath		
		Non Motorist Striking Unit #		Location			To/FromSc	nSchool		
		Prior Action		Action	Action					·
	Σ	Distracted By Action NOT DISTRACTED		1						
		Distracted By Source NOT APPLICABLE (NOT DISTRA	ACTED)	Action Other						
		Drug & Alcoh APPEARED I	tion							
		Suspected Alcohol Use NO	1 WILLIAM	Suspected Drug Us	30					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	_I				Alcohol T	est Resu	lts
		Drug Test Given	Drug Test Type			•		Drug Tes	t Results	

Wisconsin Motor Vehicle Crash Report

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

UNIT	NDIVIDUAL												
_	2	TEST NOT GIVEN											
		Drug Type							- <u> </u>				
											เสียง		
		License Plate Number	r			Plate Typ		- 1	St	Country of		Ž	
		760YKG Vehicle Identification I	Number			AUT - AUTOMOBILE WI Year			UNITED STATES Make				
		5J6RM4H73GL003532 Model				Body Sty	10		2016	HONDA Color	11.00		
		CR-V EX-L					ORT UTILITY V	'EHICL	E /		olor VHI - WHITE		
		Initial Contact Point 12FRONT				Vehicle Damage							
2	2	Extent Of Damage				1RIGI	IT FRONT COR	NER, 1	1LEFT	FRONT	ORNER, 12FR	ONT	
_		DISABLING DAMAGE Towed Due To Damage				Vehicle F	actors						
		TOWED DUE TO DISABLING DAMAGE Vehicle Removed By				NOT A	PPLICABLE		t J		•		
		CRAIGS TOWING											
		What Driver Was Doing GOING STRAIGHT			Driver Pr	ior Action Other	100 M	,	Bus Use NOT A B	US			
L	Щ	Driver Actions FAILURE TO CONTROL			L				.1.				
LIND	VEHICL												
		✓ Vehicle Owner	r Same A	s Ope	erator 🧳	Z1.	Use Op	erator	Address	;			
		Organization Type Company Name INDIVIDUAL				9							
		Last Name First Name			1.43977	3				Suffix Date of Birth			
		RENZ Street Address			KAYLA Street Address2	<u>₩</u>		PO Box			nes		
		S3791 COUNTY ROAD A City St Zip Co						Country	y of Resid	ence	nce		
		BARABOO WI 53913									<u></u>		
	1340 6450	Telephone Number (608) 844-3237 EXT.											
	01	Event MOTOR VEH IN TRANSPORT											
	02	Event											
	83	Event		······································							-		
	04	Event	ja Ž								 ·		
01	04	UTC Number AE753251	Issue To	?	Statute Number 346.57(2)	Descri FAIL	iption URE TO KEEP \	VEHICL	E UND	ER CONTR	ROL		
ь	5	Insurance Company GEICO-CASUALTY	/-CO	1		Policy Holder Policy H			Holder S	Holder Same As Driver			
LIND	#12.44°	Organization Type INDIVIDUAL		Last N		First	First Name Policy Holder						
Ł	and a second	Summary		REN		KAY	ILA						

Unit Status

6TL0BNZM09

19-13058

Wisconsin Motor Vehicle Crash Report

	IN TRANSIT D CLASS					AUTOMOBILE						
02	Vehi	cle Type	TV VEUICI E				Operating		ements			
0	Total	OCCS	Train/Bus # Recorded		ssued	Total Traile	ers	1 ***				
	2 Insur	ance?	Direction Of Travel	0 Pre Cras	 hTire	t Total Lanes						
IN D	YES		NORTHBOUND	Special Function		55	Emergenc	4 v Motor Ve	ehicle Use	1.13 1.15 1.15 1.15 1.15 1.15 1.15		
	MO	TOR VEH IN	TRANSPORT	NO SPECIAL F	UNCTION		NOT API	PLICABL	.E ***			
	1 '	ic Way DED HWY V	WO TRAFFIC BAR			NO	•	rative/Missing	",			
	l .	Surface Type Road Curvature BLACKTOP (BITUMINOUS) STRAIGHT				Road Grad	de	THE TOTAL				
02	Truc	k Bus or HazM	lat				•		Accept Mary 10 (y 7 ft)			
		Role DRIVER			Citations Issued		Use D Addr		Individual Type INDIVIDUAL			
02	02	Last Name SCHROED	FR	Attrica	First Name RUSSELL			17.22 17.22 17.25 17.26 17.26 17.26 17.26 17.26 17.26	Middle Initial LEE	Suffix		
		Street Address 12526 1650 NORTH AVE			Street Address	2	À	77.77. 7.7.7.7. 7.7.7.7.7. 7.7.7.7.7.	РО Вох			
	7	City	MOKILLYAF	State		Code		Country of Reside				
LINO	INDIVIDUAL	WYANET DOB	Sex	Race W	IL Hair GRAY	Eyes_ BLUE	Heig 510		Weight Phone	Number		
	9	Driver's Licer	M nse Number	VY	State	Lice	ense Jursidio		Country of Issuance			
	4	License Type			IL License Status		ATE [/]		UNITED STATES DL Expire Year			
		NON-CDL DRIVER'S LICENSE On Duty Accident			VALID LICEN	ISE			2020	1-100-1		
		Equipn	nent		A LOUI BEB		. ~					
	2	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORC			SHOULDER	& LAP BEI	L I					
	0	Heimet Use		Nemnet Compliance								
		Eye Protection	תכ		-Tint Compliance							
		Injury Severity SUSPECTED MINOR INJURY			Airbag NON DEPLO	YED						
-	A	Ejected NOT EJECTED			Ejection Path NOT EJECTE		Trapped/Extricated PLICA NOT TRAPPED					
UNIT	INDIVIDUAL	MedicalTrans	sport (EMS Agency Id		EMS Run i					
	2	Hospital	ISPORTED.		Date of Death			Time of De	eath			
		Non Mot	Striking Unit	#	Location			To/FromSc	chool .			
		Prior Action		A-	Action			74.11				
	62	Distracted By	Distracted By Action ACT DISTRACTED									
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				Action Other							
	60957	Drug & A	Alcoh Individual Co	ondition D NORMAL	<u> </u>							
		Suspected A NO	V-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Suspected Drug	J Use						
		Alcohol Test		Alcohol Test Type	Alcohol Test Results				ults			
		Drug Test Gi						Drug Test Results				

Wisconsin Motor Vehicle Crash Report

tall i si ilan eta alab de antibilità de la la mantibilità de la mantibilità della mantibilità della mantibilità de la mantibilità della mantibilità d	DUAL					•					
TIND	INDIVIDUAL	TEST NOT GIVEN									
Ald Est Associated Library or pillary or one.		Drug Type									
2		Role PASSENGER			Citations Issued 0			se Driver Address	Individual Type INDIVIDUAL		
02	33	Last Name SCHROEDER Street Address			First Name JOYCE Street Address 2	2			Middle Ini E PO Box	tial Suffix	
e de misse principale.		12526 1650 NORTH AVE			State	1	Zip Code		37 ₈	If Residence	
E	ᇂ	WYANET	T .		IL.		61379		Country of Residence UNITED STATES		
LIND	INDIVIDUAL	DOB	Sex F	Race W	Hair GRAY	Eyes BLU	E j	Height 505	Welght 150	Phone Number (815) 699-2685 EXT.	
i en		Driver's License Number			State IL		License Ju	ırsidiction		f Issuance STATES	
adboming Neptropose		License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICEN	SE	y Py		DL Expire Year 2019		
d silvatore s ved d		Equipment On Duty Accident			Safety Equipment						
and the second	က	Seat Position 3FRONT SEAT-RIGHT SIDE (TRAIN ENGINEE			SHOULDER 8		BELT		a.m.		
- Control of the Cont	ន	Heimet Use			Helmet Complia	nce					
-multiplication and an in-		Eye Protection			Tint Compliance						
ela Principalis de la constantina della constant		Injury Seventy NO APPARENT INJURY			Airbag NON DEPLO	(ED					
H	Z Z	Ejected NOT EJECTED	•		Ejection Path NOT EJECTE	D/NO	r applic	Trapped/Ex			
LIND	VDIVIDUAL	MedicalTransport NOT TRANSPORT	EMS Agency Ide	ntifier		EMS Run #	<i>‡</i>				
cational and spendenced of	2	Hospital	Date of Death			Time of De	ath				
***************************************		Non Motorist	Striking Unit		Location			To/FromSo	chool		
e de la composição de l	71-2572 	Prior Action			Action			· · · · · · · · · · · · · · · · · · ·			
	03	Distracted By Action		**************************************							
		Distracted By Source			Action Other	•				:	
ì		Drug & Alcoh	Individual Co		•						
	AL	Suspected Alcohol Us NO	se		Suspected Drug NO	Use					
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		•	•		Alcohol T	est Results	
נ	ON I	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results	
	.1	Daig Tyne		<u> </u>							

6TL0BNZM09 19-13058

Wisconsin Motor Vehicle Crash Report

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

200										
1000										
Ì				•						
0								A		
	7000									
								200.000 mg		
			•					TATELOGIA GALLANDA G		
		-	,					**************************************		
		License Plate Number	Р	late Type		St		y of Issuance		
		LSJD56	A	UT - AUTOMOBILE		IL		D STATES		
		Vehicle Identification Number 1C4RJFCG1HC728193				Year 2017	Make_ JEEP			
		Model Model	B	ody Style		2017	Color	SAL STATE		
	2427834	CHEROKEE	L.	T - SPORT UTILITY VI	EHIC	LE 🧳		BROWN		
		Initial Contact Point	V	ehicle Damage		107 107 103		Maria de Caración		
		6REAR		REAR		VA.	. ,			
20	8	Extent Of Damage DISABLING DAMAGE	ľ	NEAR	À			<i>y</i>		
		Towed Due To Damage		ehicle Factors		2.07				
		TOWED DUE TO DISABLING DAMA		OT ABBUSOADS C	4	f þ				
		Vehicle Removed By EVERETTS TOWING	l N	OT APPLICABLE	100 mg/s	b. 4				
		What Driver Was Doing	р	river Prior Action Other	AND TOTAL	V V	Bus Us			
-		STARTING IN ROAD		A. Time	iii G		NOT /	A BUS		
_	Щ	Driver Actions NO CONTRIBUTING ACTION								
LNO	정품									
ا ر	y									
		∨ Vehicle Owner Same As Operator	or 🧳	Use Ope	rato	r Address				
		Organization Type	Company Name	<u> </u>				,		
		INDIVIDUAL		<u> </u>	Midd	lo C	Suffix	Date of Birth		
		Last Name SCHROEDER	First Name RUSSELL	.28Y	LEE	i i	DUINA	Date of Birdi		
		Street Address	Street Address2					i		
		12526 1650 NORTH AVE			0	ter of Dooid				
		City WYANET	IL 61379			TED STAT				
		Telephone Number						******* · · · · · · · · · · · · · · · ·	-	
		(815) 699-2685 EXT.								
	2	Event MOTOR VEH IN TRANSPORT								
	02	Event						•		
	8	Event								
	2	Event								
	1220	· Managari							·	
اظ	8	Insurance Company COUNTRY-MUTUAL-INSURANCE-CO)	Policy Holder Same As Owner	.	Policy	Holde	r Same As Driver		
EN L	DER	Organization Type Last Name		First Name		Policy Holde	r Comp	any		
Ŀ		INDIVIDUAL SCHROE	DEK	RUSSELL						

Description •

Diagram

Reconstruction By

Wisconsin Motor Vehicle Crash Report

WESTBOUND	USH 12			<u>. </u>			Photos By A BREUNIG Additional Information
	(2)				,	1132	
LANE CLC	SED WITH BARRELS	S	-				
NOT TO SCALE							
	3						
UNIT 1 WAS TRAVELING NORTHBOUND OF THE CONSTRUCTION ZONE. LAW ENFOR	N USH 12. UNIT 2 WAS T	RÁVEL	ING IN FRONT	OF U	JNIT 1. THE	ERIGHT LA	ANE OF THE ROAD WAS CLOSED IN
UNIT 2 WAS MOVING SLOW DUE TO BACK Signature	UP. UNIT 1 FAILED TO S	LOW F	OR THE BACK	UP.	UNIT 1 REA	R ENDED	UNIT 2.
I, a sworn law enforcement officer	agree that I have not	added	d any CJIS d	ata ir	ı this repo	rt.	
Agency Space 19-13063	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
Officer Rank DEP Officer Last Name DEP BREUNIG	Officer First N	ame		Office J	er Middle Nai	me	Suffix
DOT Officer ID 9172	DNR Officer ID			Office 917 2	er Badge Nur	mber	
	orcement Agency Jurisdiction	on			Law Enforce	ement Age	ncy type
Law Enforcement Agency Name			gency Name		COUNTY	SHERIFI	=
SAUK COÜNTY SHERIFFS DEPARTMI Law Enforcement Agency Street Address	EN .		COUNTY S			ss2	
1300 LANGE COURT Law Enforcement Agency City BARABOO	LEA State		Law Enforcer	ent A	gency Zip Co	ode	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	53913 BFUNC Agency TraCS 5600 205				S Agency Number		