19-13314

# WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash Document # Ac			Crash Nun	nber	Investigating Officer/Deputy DEPUTY S. FINNEGAN		
Crash Date	Crash Time		Date A			Time Arrived		
<b>10/26/2019</b> Date Notified	11:38 AM Time Notified		<b>10/26/</b> 2			12:03 PM Total Injured	Total K	filled
10/26/2019	11:44 AM		<b>02</b>			<b>02</b>	00	
On Emergency Hit	and Run	Lane Closu			k Zone		or Towed	Reporting Threshold
Government Property		hool Zone	NO School	Bus Relate	d	Tags		
<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	ł)			Amende	ed	Secondary Crash
Description Diagram							Reconstruc	
	190/94 E/	/B 99 MM					Photos By	
		) 5 () — ()	0( 1 1				Additional II <b>NONE</b>	nformation
	not drawn	to scale	U2 U1					
, a sworn law enforcement	nt officer, agre	ee that I have no	ot added	any CJI	S data in this	report.		
UNITS 1 AND 2 WERE E/B ON TH ROAD. UNIT 2 BEGAN TO SLOW OF UNIT 2.								
Location								
ON IH90 EB					Latitude			gitude
0.39 MI W OF SCHEPP RD IN THE TOWN OF FAIRFIELD	)			L	<b>43.54752687</b> X Coordinate <b>286395.6875</b>		Y Co	64419414 pordinate 5016.5
IN SAUK COUNTY					Structure Type NO STRUCT	)	402	00.10.0

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

#### **Crash Scene**

	First	Harmful Event			First Harmful Event Location						
		TOR VEH IN TRANSPO	ORT			ON ROA	DWAY				
		ner of Collision				Light Cond					
		FRONT TO REAR				DAYLIG					
	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DRY	1									
	Envi	ronment Factor(s)									
	NON	NE				BACKU	P DUE TO	PRIOR CR	ASH		
	Wea	ther Condition(s)									
	CLC	DUDY									
	Anim	nal Type			Relation To Trafficway TRAFFICWAY - ON ROAD						
	Cras	h Classification - Location						- Jurisdiction			
	PUE	BLIC PROPERTY				NO SPE	CIAL JUI	RISDICTION			
	Triba	l Land				Access Co	ontrol			Special Study	
						NO CON	ITROL				
	With	in Interchange Area	Junction Location NON-JUNCTION		Intersection	n Type INTERSE	CTION				
		1.0	NON-JUNCTION		NOT AN	INTERSE	CTION				
		t Summary Status									
		RANSIT		Vehicle Ope		iassilication		Unit Type AUTOMO	BII F		
		cle Type		D OLAGO				Operating A		ments	
5		ORT) UTILITY VEHICL	E								
	Tota	l Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Tra	ilers	Total Haz	Mat Types	
	3			2			0		0		
		ance?	Direction Of Travel	Pre	CrashTire		Speed Li	imit	Total Lan	es	
	YES		EASTBOUND	Special Function			70	1-	4		
<b>Z</b>		: Harmful Event: Collision V FOR VEH IN TRANSPO		NO SPEC	TION		NOT APP				
		ic Way	21(1	Traffic Control				Traffic Control Inoperative/Missing			
	TWC	D-WAY, DIVIDED, UNP	ROTECTED (PAINTED >	NO CONTROL				NO			
	Surfa	асе Туре		Road Curvature				Road Grade			
	CON	NCRETE		STRAIGHT			UPHILL				
	Truc <b>NO</b>	k Bus or HazMat									
		Vehicle									
	,	License Plate Number		Plate Type			St	Country of Is	suance		
		942VCE			JTOMOBIL	E	MN	UNITED S			
		Vehicle Identification Nun	nber	Make			Year	Model			
5	6	5N1AA0NCXFN60501		NISSAN			2015	ARMADA			
		Color		Body Style				Bus Use			
		SIL - SILVER (ALUMI	NUM)		RT UTILIT	TY VEHIC	LE	NOT A BU	5		
	٣	Initial Contact Point  12FRONT		Vehicle Da	ımage						
	윽	Extent Of Damage		12FROI	NT, UNDE	RCARRIA	GF				
<b>-</b>	VEHICLE	DISABLING DAMAGI	<b>=</b>	1.2 1.00	, 0.1.52						
		Towed Due To Damage		Vehicle Re	moved By						
		TOWED DUE TO DIS									
		What Driver Was Doing GOING STRAIGHT		Vehicle Fa	Vehicle Factors						
		Driver Prior Action Other		NOT APPLICABLE							
				<del>!</del>							

19-13314

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions		LATTENTIVE CAL	DEL ECC OD EDDATICA	MANNED				
_	Щ	OPERATED MOTOR VE	HICLE IN I	NATIENTIVE, CA	RELESS OR ERRATIC	WANNER				
L	VEHICLE									
3	豆									
_	Æ									
		Owner Name			Owner Address					
		CHRISTNA ELOISE WH	ITE		5430 144TH WAY NV	V UNIT 22				
5	2	(763) 843-3439			<b>RAMSEY, MN 55303</b>					
	,	Sequence Of Events	S							
	2	Event MOTOR VEH IN TRANS	DODT							
	0	MOTOR VEH IN TRANS	TOKT							
	05	Event								
	0									
	က	Event								
	03									
	_	Event								
	9									
		Dollar Holder								
LIND		Policy Holder			I					
5		Insurance Company	=		Individual					
_		AMERICAN-AUTOMOBI	ILE-INS-CO		CHRISTNA WHITE					
	ı	Individual								
		Driver			Citations Issued		Sex			
	_	CHRISTNA ELOISE WH	ITE		1		FEMALE			
	₹	(763) 843-3439			Date of Birth		Race			
⊢	2						WHITE			
	INDINIDUAL	Address			Driver License Number					
⊃	⊒	5430 144TH WAY NW U	NIT 22							
	=	RAMSEY, MN 55303 57	'11, US		STATE: MINNESOTA	COUNTRY: UN	NITED STATES			
		I On Du	uty Crash		Safety Equipment					
	Sat	fety Equipment	,		Salety Equipment					
		Seat Position			SHOULDER & LAP BE	=1 T				
		1FRONT SEAT-LEFT S	SIDE (DDIVE	ED/MOTOPCV	ONCOLDER & LAI BE					
		Helmet Use	JIDE (DINIVE		Helmet Compliance					
		Heimet OSe			Heimet Compliance					
		Eye Protection			Tink Committee or					
		Eye Protection			Tint Compliance					
	_	Injuny	Severity		Airbag					
6	90	Injury NO A	DDADENT	IN HIDV	_					
			Ejection Pa		NON DEPLOYED		Trapped/Extricated			
		Ejected			ICADI E					
		NOT EJECTED	NOTEJE	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By Distracted	cted By Source	e						
		•								
		Distracted By Action								
		UNKNOWN								
		Non Motorio	ng Unit #	Location	<u> </u>					
		Non Motorist								
		Prior Action								

## WISCONSIN MOTOR VEHICLE CRASH REPORT

									(000) 000 4000
		Action							
	_								
	INDIVIDUAL								
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LINO									
5	≥								
	₽								
	Z								
		Action Other							To/From School
		Action Other							10/1101113011001
			Suspect	ed Alcohol Use		Suspected Drug Use			
	L	Orug & Alcohol	NO			NO			
		Alcohol Test Given		Alcoh	ol Test Type	1		Alcohol Test Results	
				Alcon	or rest type			Alconol Test Nesults	
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug '	Test Type		Drug Test Results		
		<b>TEST NOT GIVEN</b>							
	_	Drug Tuna							
6	001	Drug Type							
0	0								
		Individual Condition							
		APPEARED NORM	AL						
		n dividual							
		ndividual							
		Passenger				Citations Issued		Sex	
	- 1	ASHLEY MARIE DALZELL			0		FEMALE		
	₹	(763) 777-1174				Date of Birth		Race	
	Ď					Date of Birtin		WHITE	
UNIT	INDIVIDUAL							*******	
Z	≥	Address				Driver License Number			
	₽	6535 SAINT MATHI							
	=	BRAINERD, MN 56	401 83	379, US		STATE: MINNESOT	A COUNTRY: UI	NITED STATES	
	0-4	iatus Fausin na and	On Duty	Crash		Safety Equipment			
	Sar	ety Equipment							
		Seat Position				SHOULDER & LAP	RFI T		
			OUT C	IDE (TRAIN ENG	INCED	OHOOLDER & LAI	JLL!		
		3FRONT SEAT-RI	ВП З	IDE (I KAIN ENG	INEER				
		Helmet Use				Helmet Compliance			
		Eye Protection				Tint Compliance			
		_,				Tint Compilario			
7	005	I.a	Injury S	everity		Airbag			
0	0	ınjury <sub>l</sub>	NO AP	PARENT INJURY	1	NON DEPLOYED			
		Ejected		Ejection Path		1		Trapped/Extricated	
		NOT EJECTED		NOT EJECTED/	NOT ADDI	ICARI E		NOT TRAPPED	
				NOT ESECTED	NOT AFFL				
		Medical Transport				EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTE	ED						
		Hospital				Date of Death		Time of Death	
		•							
			D!-4 :	- d D O		I.		<u>I</u>	
		Distracted By	ustract	ed By Source					
		Distracted By							
		Distracted By Action							
		•							
			Otrilain -	Hoit # Harri	ion				
		Non Motorist	Striking	Unit # Locati	1011				
		Prior Action							

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Action					
	_						
	INDIVIDUAL						
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	Z						
		Action Other					To/From School
		Action Guici					10/1101110011001
	,	Suspected /	Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol No		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
			7 Hoorier Took Type			7 HOOFIGE FOOT PRODUITS	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEŠT NOT GIVEN					
	7	Drug Type					
7	002	Brug Type					
	0						
		Individual Condition					
		APPEARED NORMAL					
	ı	ndividual					
				Citations Issued		0	
		Passenger				Sex	
	_	KELSEY ANNE STERN		0		FEMALE	
	⋖	(605) 933-2260		Date of Birth		Race	
_	۲ ۱					WHITE	
	INDIVIDUAL	Address		Driver License Number			
5	$\leq$	3025 PARK AVE APT 1		Driver License Number			
	۲	MINNEAPOLIS, MN 55407 1	562 IIC	STATE: MINNESOT	A COUNTRY- III	NITED STATES	
	_	WINNEAT OLIS, WIN 33407	303, 03	OTATE: MINITINE	A GOOMINI. O	MILDOIAILO	
		On Duty Cra	ash	Safety Equipment			
	Saf	ety Equipment		Carety Equipment			
		Seat Position		SHOULDER & LAP	BELT		
		4SECOND SEAT-LEFT SID	E(MOTORCYCLE/BI				
		Helmet Use		Helmet Compliance			
		- D:					
		Eye Protection		Tint Compliance			
_	က	Injury Sever	rity	Airbag			
6	003	Injury NO APPA	RENT INJURY	NON DEPLOYED			
		Ejected Eje	ection Path			Trapped/Extricated	
				ICADI E			
			OT EJECTED/NOT APPL			NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED					
		Hospital		Date of Death		Time of Death	
		·					
		District 15	Dir Course	I			
		Distracted By	by source				
		Distracted by					
		Distracted By Action					
		Striking Uni	t # Location				
		Non Motorist	LUCATION				
		Prior Action					

19-13314

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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l_	INDIVIDUAL											
	ē											
5	$\geq$											
	Ż											
		Action Other										To/From School
			Sucr	pected Alcoh	nol I lea		Suspected Drug Use					
	L	Drug & Alcohol	NO	pecieu Alcoi	ioi ose		NO					
		Alcohol Test Given			Alcohol Test	Tvpe				Alcohol Tes	t Results	
		TEST NOT GIVEN				,,						
		Drug Test Given			Drug Test Ty	ре		Drug <sup>-</sup>	Test Result	S		
		TEST NOT GIVEN										
2	003	Drug Type			-							
١٩	Ō											
		Individual Condition										
		APPEARED NORM	/IAL									
	,	L Violations										
		UTC Number	Issi	ue To?	Statute Number		Description					
	5	AE757023	VO'		346.89(1)		INATTENTIVE DRIVING					
		UTC Number	Issu	ıe To?	Statute Number		Description					
	02	AE757023	001	i	346.89(1)		INATTENTIVE DRIVI	NG				
•	Unit Summary ————————————————————————————————————											
		Unit Status				Ve	ehicle Operating As Classit	fication	ı	Unit Type		
		RANSIT				D	CLASS			TRUCK		
05		cle Type								Operating A	s Endorsem	ents
		LITY TRUCK/PICKU	PT		# Recorded	1 -	# Oitatiana lannad		Total Tra	iloro	Total HazM	lot Typoo
	10ta	I Occs		Halli/Dus f	# Recorded		Total # Citations Issued Total Trai  0 0			ileis	0	iat Types
ŀ		rance?		Direction C	of Travel	۳	Pre CrashTire	Speed Lim		mit	Total Lane:	
<b> </b> _	YES			EASTBO	UND		Mark		70	4		
L N	Most	t Harmful Event: Collision	n Wi	ith			Special Function			Emergency Motor Vehicle Use		
_ ا		TOR VEH IN TRANS	PO	RT		N	NO SPECIAL FUNCTION			NOT APPLICABLE		
		fic Way					Traffic Control			Traffic Control Inoperative/Missing		
		IDED HWY W/O TRA	۱FFI	C BARRIE	R		NO CONTROL			NO		
		ace Type NCRETE					pad Curvature TRAIGHT			Road Grade UPHILL		
		k Bus or HazMat				3	IKAIGHI			OFFILL		
	NO	N Buo of Flaziviat										
	,	Vehicle										
						TF	Plate Type		St	Country of Is	suance	
						TIC LIGHT TRUME			l			
		License Plate Number AT7927	=				.TK - LIGHT TRUCK			TATES		
2	<b>~</b> !			per			Make		Year	Model Model	TATES	
02	02	AT7927	Numb			٨					TATES	
05	05	AT7927  Vehicle Identification N 1FTFX1EG8GFC17  Color	Numb			F E	Make FORD Body Style		Year	Model F150 Bus Use		
02		AT7927  Vehicle Identification N 1FTFX1EG8GFC17  Color BLK - BLACK	Numb			F F	Make FORD Body Style PK - PICKUP		Year	Model F150		
		AT7927 Vehicle Identification N 1FTFX1EG8GFC17 Color BLK - BLACK Initial Contact Point	Numb			F F	Make FORD Body Style		Year	Model F150 Bus Use		
		AT7927 Vehicle Identification N 1FTFX1EG8GFC17 Color BLK - BLACK Initial Contact Point 6REAR	Numb			F F	Make FORD Body Style PK - PICKUP Vehicle Damage		Year	Model F150 Bus Use		
UNIT 02		AT7927 Vehicle Identification N 1FTFX1EG8GFC17 Color BLK - BLACK Initial Contact Point 6REAR Extent Of Damage	Numb			F F	Make FORD Body Style PK - PICKUP		Year	Model F150 Bus Use		
	VEHICLE 02	AT7927 Vehicle Identification N 1FTFX1EG8GFC17 Color BLK - BLACK Initial Contact Point 6REAR	Numb			F F F	Make FORD Body Style PK - PICKUP Vehicle Damage		Year	Model F150 Bus Use		
		AT7927 Vehicle Identification N 1FTFX1EG8GFC17 Color BLK - BLACK Initial Contact Point 6REAR Extent Of Damage FUNCTIONAL DAM	Numb			F F V	Make FORD Body Style PK - PICKUP Vehicle Damage		Year	Model F150 Bus Use		
		AT7927 Vehicle Identification N 1FTFX1EG8GFC17 Color BLK - BLACK Initial Contact Point 6REAR Extent Of Damage FUNCTIONAL DAM Towed Due To Damage	Numb			F F V	Make FORD Body Style PK - PICKUP Pehicle Damage GREAR		Year	Model F150 Bus Use		

19-13314

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

				Vehic	cle Factors	
				1	3.0 1 40.010	
		Driver Prior Action Other		тои	APPLICABLE	
		Driver Actions NO CONTRIBUTING AC	CTION			
_	쁫	NO CONTRIBOTING AC	TION			
UNIT	VEHICL					
ر	<u>E</u>					
		Owner Name STEVEN EDWARD HEI	TKE		Owner Address 411 LAKE ST	
02	02	(608) 697-8570	INL		PARDEEVILLE, WI 53954 , US	
_						
	;	Sequence Of Events	S			
	2	Event MOTOR VEH IN TRANS				
		Event	. •			
	05	LVent				
	03	Event				
		Event				
	0					
╘	l	Policy Holder				
UNIT		Insurance Company			dividual	
_		ALLSTATE-INS-CO		5	TEVEN HEITKE	
		Individual Driver		I Ci	tations Issued	Sex
		STEVEN EDWARD HEI	ГКЕ	0	lations issued	MALE
	₹	(608) 697-8570		Da	ate of Birth	Race
≒	INDIVIDUA					WHITE
UNIT	5	Address 411 LAKE ST		Dr	iver License Number	
	Z	PARDEEVILLE, WI 5395	54 , US	S	TATE: WISCONSIN COUNTRY: UN	ITED STATES
	Sat	fety Equipment	uty Crash	Sa	afety Equipment	
		Seat Position		SI	HOULDER & LAP BELT	
		1FRONT SEAT-LEFT	SIDE (DRIVER/MOTORCY			
		Helmet Use		He	elmet Compliance	
		Eye Protection		Tir	nt Compliance	
02	004		Severity APPARENT INJURY		rbag ON DEPLOYED	
		Ejected	Ejection Path	14	ON DEL EGTED	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT AP	PLICA	ABLE	NOT TRAPPED
		Medical Transport		EN	MS Agency Identifier	EMS Run #
		NOT TRANSPORTED  Hospital		Da	ate of Death	Time of Death
		Ποοριταί			ate of Death	Time of Death
		Distracted By NOT	cted By Source APPLICABLE (NOT DISTR	ACTE	-D)	
		Distracted By Action	( )		<i>,</i>	
		NOT DISTRACTED	T:			
		Non Motorist	ng Unit # Location			
		Prior Action	1			

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/26/2019

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		Action						
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	INDIVIDUAL							
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UNIT								
5	2							
	₽∣							
	Z							
		Action Other						To/From School
		Action Strict						10/1101110011001
	,	Susp	pected Alcohol Use		Suspected Drug Use			
	L	Drug & Alcohol No			NO			
		Alcohol Test Given	Alcoh	ol Test Type			Alcohol Test Results	
			7 110011	or root typo			7 Hoorior Foot Freduits	
		TEST NOT GIVEN						
		Drug Test Given	Drug	Test Type		Drug Test Results		
		TEŠT NOT GIVEN						
٠.	4	Drug Type						
02	004	2.09.760						
	_							
		1 11 10 11						
		Individual Condition						
		45554555 NO.444						
		APPEARED NORMAL						
	- 1	ndividual						
	-	Passenger			Citations Issued		Sex	
		TONY LEE HEITKE						
	ار	(608) 697-6729			0		MALE	
	Υ	(608) 697-6729			Date of Birth		Race	
_	ヿ						WHITE	
	NDIVIDUAL	Address			Driver License Number			
5		713 E CHESTNUT ST			Dilver License Number			
	Z	PARDEEVILLE, WI 539	954 US		STATE: WISCONSIN	COUNTRY: UN	ITED STATES	
		TARDELVILLE, WI OUT	JO4 , GG					
		On E	Outy Crash		Safety Equipment			
	Saf	ety Equipment	•					
					0110111 DED 01 4D			
		Seat Position			SHOULDER & LAP	BELI		
		3FRONT SEAT-RIGH	T SIDE (TRAIN ENG	INEER				
		Helmet Use			Helmet Compliance			
					'			
		Eye Protection			Ti + 0 "			
		Eye Protection			Tint Compliance			
8	5	Injur	y Severity		Airbag			
02	900	Injury <sub>POS</sub>	SSIBLE INJURY		DEPLOYED-FRONT			
		Ejected	Ejection Path				Trapped/Extricated	
		•		NOT ADDI	ICADI E			
		NOT EJECTED	NOT EJECTED/	NOT APPL			NOT TRAPPED	
		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
		l = · ·						
		Distracted By Distr	racted By Source					
		Distracted by						
		Distracted By Action						
		•						
		Ot!!	ring Unit #	ion				
		Non Motorist	ting Unit # Locati	IOU				
		Prior Action	<u> </u>		<u> </u>			

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/26/2019

								` ,
		Action						
	_							
	INDIVIDUAL							
⊢	$\supset$							
UNIT								
5	2							
	₽∣							
	Z							
		Action Other						To/From School
		Action Other						10/1101113011001
	,	Susp	pected Alcohol Use		Suspected Drug Use			
	L	Drug & Alcohol No			NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
			ľ	11001101 100t 13p0			7 Hoorior Foot Produits	
		TEST NOT GIVEN						
		Drug Test Given		Orug Test Type		Drug Test Results		
		TEŠT NOT GIVEN						
	Ŋ	Drug Type						
02	005	Blug Type						
	0							
		Individual Condition						
		APPEARED NORMAL						
	i	ndividual						
					Louis de la la		I a	
		Passenger			Citations Issued  0		Sex	
	_		RUSTY LEE SCHIRADELLY				MALE	
	⋖	(608) 697-9291			Date of Birth		Race	
	$\geq$						WHITE	
LINO	INDIVIDUAL	A -l-l			Dairea Lissassa Norskan			
5	$\leq$	Address			Driver License Number			
	爿	277 NORTH POLK	110		STATE: WISCONSIN	I COLINTRY, LIN	ITED STATES	
	=	WYOCENA, WI 53969	, 03		STATE. WISCONSIN	COUNTRI. UN	IIIED SIAIES	
	Į.	I On I	Duty Crash		Safety Equipment			
	Saf	ety Equipment	Daily Gradin		Dalety Equipment			
	ou,							
		Seat Position			SHOULDER & LAP	BELT		
		6SECOND SEAT-RIG	HT SIDE					
		Helmet Use			Helmet Compliance			
		Tiennet 030			ricinict compliance			
		Eye Protection			Tint Compliance			
<b>~</b> 1	9	Injur	ry Severity		Airbag			
02	900	Injury POS	SSIBLE INJURY		NON DEPLOYED			
		Ejected	L Figging Doth		MON DEI EOTED		I Transad/Extrinated	
		•	Ejection Path				Trapped/Extricated	
		NOT EJECTED	NOT EJECT	ED/NOT APPL	ICABLE		NOT TRAPPED	
		Medical Transport	•		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
		Поэрна			Date of Death		Time of Death	
					<u> </u>			
		Distr	racted By Source					
		Distracted By						
		Distracted By Action						
		2.5tractor by / totion						
		Non Motorial	king Unit # L	ocation				
		Non Motorist						
		Prior Action	I					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/26/2019

		Action						
	INDIVIDUAL							
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L L	/ID							
⊃	$\leq$							
	Ä							
	_							
İ		Action Other						To/From School
ł		Su	uspected Alcohol U	se	Suspected Drug Use			
	L	Drug & Alcohol N	o di		NO			
ŀ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		7.1001101 1001 1960			7.1001101 1.001 1.004.10	
ŀ		Drug Test Given		Drug Test Type	<u> </u>	Drug Test Results		
		TEST NOT GIVEN		Drug Tool Typo		Drug Test Nesults		
ŀ	(0	Drug Type						
02	900	Drug Type						
	)							
ŀ		Individual Condition						
		APPEARED NORMA	.L					
	ı	Individual						
İ		Passenger			Citations Issued		Sex	
	_	JERRID J HEITKE			0		MALE	
	A	(608) 697-8570			Date of Birth		Race	
⊢	٦						WHITE	
L L	INDIVIDUAL	Address			Driver License Number		l	
>	2	411 LAKE ST						
	=	PARDEEVILLE, WI 5	3954 , US					
İ	_ '	Oı	n Duty Crash		Safety Equipment			
	Saf	ety Equipment						
		Seat Position			SHOULDER & LAP E	BELT		
		4SECOND SEAT-LI	EFT SIDE(MOTO	RCYCLE/BI				
İ		Helmet Use	<u>-</u>		Helmet Compliance			
İ		Eye Protection			Tint Compliance			
					·			
~	_	Inj	jury Severity		Airbag			
05	000	Injury <sub>N</sub>	O APPARENT IN	NJURY	NON DEPLOYED			
ŀ		Ejected	Ejection Pat	:h	l		Trapped/Extricated	
		NOT EJECTED	NOT EJEC	CTED/NOT APPL	ICABLE		NOT TRAPPED	
ŀ		Medical Transport	I		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED	D		3,			
ŀ		Hospital			Date of Death		Time of Death	
ŀ		Di	stracted By Source					
		Distracted By						
ł		Distracted By Action						
		2.c. acida by /icilon						
		Q+	riking Unit #	Location				
		Non Motorist	anding Office	Location				
		Prior Action						
		I HOLAGUOH						
l								

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/26/2019

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		Action					
	Υ						
╘	7						
LINO	5						
ر							
	INDIVIDUAL						
		Action Other					To/From School
	ļ	Susp	ected Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol No	00.00 7 11007107 000	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		
		TEST NOT GIVEN					
02	007	Drug Type	<u>.</u>		•		
0	00						
		Individual Condition					
		APPEARED NORMAL					