

6TL0DDT5P6

24-05130

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override 6TL0D5DZ1S		Primary Crash Document #	Agency Crash Number 24-05130	Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 05/19/2024		Crash Time 02:20 PM	Date Arrived 05/19/2024	Time Arrived 02:52 PM	
Date Notified 05/19/2024		Time Notified 02:42 PM	Total Units 03	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input 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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By WARDEN DONAR, WIDNR
	Additional Information PHOTOS

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

UNIT 1 WAS WESTBOUND ON CTY HY DL, AND STOPPED AT A STOP SIGN. UNIT 2 WAS EASTBOUND (TRAVELING SOUTH) ON CTY HY DL, AND HAD NO STOP SIGN. UNIT 3 WAS LEGALLY STOPPED AT A STOP SIGN, TRAVELING WESTBOUND FROM PARK RD. OPERATOR OF UNIT 1 SAW UNIT 2, AND BELIEVED HE HAD TIME TO SAFELY CROSS THE INTERSECTION IN FRONT OF IT. UNIT 1 ENTERED THE INTERSECTION TO TRAVEL STRAIGHT ONTO PARK RD, WESTBOUND. UNIT 2 STRUCK UNIT 1 ON THE PASSENGER'S SIDE, IN A "T-BONE" STYLE COLLISION. THE MOMENTUM FROM THE CRASH FORCED UNIT 1 TO SPIN AROUND, AND THEN STRIKE UNIT 3. OPERATOR OF UNIT 3 STATED ALL THREE UNITS CAME TO REST IN A "LINE" WITH THE FRONTS OF UNITS 2 AND 3 FACING EACH OTHER, AND UNIT 1 "SANDWICHED" BETWEEN, WITH THE PASSENGER'S SIDE FACING UNIT 3 AND DRIVER'S SIDE FACING UNIT 2. FIRE DEPARTMENT PERSONNEL MOVED THE VEHICLES IN ORDER TO EXTRICATE OPERATOR AND PASSENGER FROM UNIT 1.

CORRECTING REPORTED/ARRIVAL TIMES

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Location

ON BREEZY KNOLL LN/ STH136 EB 28 FT W OF CTHDL WB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.434603464	Longitude -89.73987549
	X Coordinate 278252.9375	Y Coordinate 4812725.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
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 YES	Junction Location INTERSECTION	Intersection Type OTHER	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, FIRE/EMS	
Date Initial Lane/Rd Closed 05/19/2024	Time Initial Lane/Rd Closed 02:30 PM	Date Scene Cleared 05/19/2024	
Date All Lanes Open 05/19/2024	Time All Lanes Open 05:35 PM		

Unit Summary


UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 6	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					

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01	UNIT	01	VEHICLE	License Plate Number ALB7665	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
				Vehicle Identification Number WAUAF78E06A210044	Make AUDI	Year 2006	Model A4	
				Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use		
				Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER			
				Extent Of Damage DISABLING DAMAGE				
				Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING			
				What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE			
01	UNIT	01	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
				Owner Name SETH MISLIVECEK	Owner Address N2483 HAGEN RD POYNETTE, WI 53955 , US			
Sequence Of Events								
01	UNIT	01	VEHICLE	Event MOTOR VEH IN TRANSPORT				
				Event MOTOR VEH IN TRANSPORT				
				Event				
				Event				
Individual								
01	UNIT	001	INDIVIDUAL	Driver IAN BANDMAN (262) 705-9390	Citations Issued 6	Sex MALE		
				Address 9715 8TH AVE PLEASANT PRAIRIE, WI 53158 , US		Date of Birth	Race WHITE	
				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment								
01	UNIT	001	INDIVIDUAL	On Duty Crash		Safety Equipment		
				Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
				Helmet Use		Helmet Compliance		
				Eye Protection		Tint Compliance		
Injury								
01	UNIT	001	INDIVIDUAL	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED			
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated TRAPPED/EXTRICATED	

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UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By	Distracted By Source UNKNOWN		
	Distracted By Action UNKNOWN			
	Non Motorist	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use YES	
	Alcohol Test Given TEST GIVEN	Alcohol Test Type BLOOD	Alcohol Test Results PENDING	
Drug Test Given TEST GIVEN	Drug Test Type BLOOD	Drug Test Results PENDING		
Drug Type				
Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL				
UNIT INDIVIDUAL	Individual			
	Passenger TRISTYN RICHIE (608) 535-0027		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address 19054 THRUSH CV MUSCODA, WI 53573 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment NONE USED - VEHICLE OCCUPANT	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED	
Medical Transport EMS AIR	EMS Agency Identifier 6001285	EMS Run # 24050208		

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UNIT	Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT		Date of Death	Time of Death		
	Distracted By Distracted By Source					
	Distracted By Action					
	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	Drug & Alcohol		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					
	Individual Condition APPEARED NORMAL					
	Violations					
	01	01	UTC Number BG110271	Issue To? 001	Statute Number 346.63(1)(a)	Description OPERATING WHILE UNDER THE INFLUENCE(3RD)
	02	02	UTC Number BG110272	Issue To? 001	Statute Number 341.04(1)	Description NON-REGISTRATION OF AUTO, ETC
03	03	UTC Number BG110273	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE REVOKED (REV ALC/CONT SUBST/REFUSAL 4th+)	
04	04	UTC Number BG110274	Issue To? 001	Statute Number 346.18(3)	Description FYR FROM STOP SIGN (GREAT BODILY HARM)	
05	05	UTC Number BG110275	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	
06	06	UTC Number BG110276	Issue To? 001	Statute Number 341.61(2)	Description DISPLAY UNAUTH. VEH. REGISTRATION PLATE	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type 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 checked="" type="checkbox"/> Pre Crash Tire Mark		Speed Limit 45		Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE	

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade UPHILL		
Truck Bus or HazMat NO						
Vehicle						
02	02	License Plate Number APB9503	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1GNEK13R9XJ361951	Make CHEVROLET	Year 1999	Model TAHOE	
UNIT	VEHICLE	Color TAN - TAN	Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage DISABLING DAMAGE				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING			
UNIT	VEHICLE	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors			
		Driver Prior Action Other	NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION				
		Owner Name JOSEPH SEVILLA (608) 434-2461	Owner Address 739 CONNIE RD BARABOO, WI 53913 , US			
Sequence Of Events						
UNIT	VEHICLE	01 Event MOTOR VEH IN TRANSPORT				
		02 Event				
		03 Event				
		04 Event				
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual JOSEPH SEVILLA			
		Driver EMILY SNICKLES (608) 963-1694		Citations Issued 0	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth		Race WHITE		
		Address 618 ALBERT RD BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment		On Duty Crash				

Row

Seat Position

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02	003	Safety Equipment	
		01 - FRONT ROW	07 - LEFT
		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 APPLICABLE			
Trapped/Extricated			
NOT TRAPPED			
Medical Transport			
NOT TRANSPORTED			
EMS Agency Identifier			
EMS Run #			
Hospital			
Date of Death			
Time of Death			
Distracted By			
Distracted By Source			
UNKNOWN			
Distracted By Action			
UNKNOWN			
Non Motorist			
Striking Unit #			
Location			
Prior Action			
Action			
Action Other			
To/From School			
Drug & Alcohol			
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			
Individual Condition			
APPEARED NORMAL			
Individual			
Passenger			
JOSEPH SEVILLA			
(608) 434-2461			
Citations Issued			
0			
Sex			
MALE			
Date of Birth			
Race			
WHITE			
Address			
739 CONNIE RD			
BARABOO, WI 53913 , US			
Driver License Number			
STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment			
On Duty Crash			

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02	004	Safety Equipment		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
		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 APPLICABLE	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Distracted By		Distracted By Source			
		Distracted By Action					
02	004	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		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					
		Individual Condition APPEARED NORMAL					
02	004	Individual					
		Passenger JOSE GUTIERREZ (779) 210-9459		Citations Issued 0	Sex MALE		
		Date of Birth		Race HISPANIC			
		Address 739 CONNIE RD BARABOO, WI 53913 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
02	004	Safety Equipment		On Duty Crash			

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02	005	Safety Equipment		SHOULDER & LAP BELT			
		Row	Seat Position				
		02 - SECOND ROW	09 - RIGHT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity	Airbag		
				NO APPARENT INJURY	NON DEPLOYED		
		Ejected		Ejection Path		Trapped/Extricated	
		NOT EJECTED		NOT EJECTED/NOT APPLICABLE		NOT TRAPPED	
		Medical Transport			EMS Agency Identifier		EMS Run #
		NOT TRANSPORTED					
		Hospital			Date of Death		Time of Death
		Distracted By		Distracted By Source			
		Distracted By Action					
Non Motorist		Striking Unit #	Location				
Prior Action							
Action							
UNIT	INDIVIDUAL	Action Other				To/From School	
		Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
				NO		NO	
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given		Drug Test Type		Drug Test Results	
		TEST NOT GIVEN					
		Drug Type					
		Individual Condition					
		APPEARED NORMAL					

Unit Summary


03	Unit Status		Vehicle Operating As Classification		Unit Type	
	IN TRANSIT		D CLASS		TRUCK	
	Vehicle Type				Operating As Endorsements	
	UTILITY TRUCK/PICKUP TRUCK					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
6		0	0	0		
Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark		Speed Limit	Total Lanes	
YES	SOUTHBOUND			25	2	
Most Harmful Event: Collision With			Special Function		Emergency Motor Vehicle Use	
MOTOR VEH IN TRANSPORT			NO SPECIAL FUNCTION		NOT APPLICABLE	

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Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO		
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
Truck Bus or HazMat NO						
Vehicle						
03	03	License Plate Number PLS8942	Plate Type LTK - LIGHT TRUCK	St OH	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1GC1YLE71PF206942	Make CHEVROLET	Year 2023	Model TRUCK	
UNIT	VEHICLE	Color WHI - WHITE	Body Style PK - PICKUP	Bus Use		
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER			
		Extent Of Damage FUNCTIONAL DAMAGE				
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
UNIT	VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors NOT APPLICABLE			
		Driver Prior Action Other				
		Driver Actions NO CONTRIBUTING ACTION				
		Owner Name HERC RENTALS INC (513) 242-8106	Owner Address 1438 E GALBRAITH RD CINCINNATI, OH 45215 , US			
UNIT	03	Sequence Of Events				
		01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
UNIT	04	Event				
		Policy Holder				
Insurance Company SELF-INSURED		Organization/Company HERC RENTALS INC				
UNIT	INDIVIDUAL	Individual				
		Driver ELIZABETH WICHMAN (920) 530-8117	Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE		
Address 1281 ROCKWELL RD. GREEN BAY, WI 54313 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment		On Duty Crash				

Row

Seat Position

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03	006	Safety Equipment	
		01 - FRONT ROW	07 - LEFT
		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 APPLICABLE			
Trapped/Extricated			
NOT TRAPPED			
Medical Transport			
NOT TRANSPORTED			
EMS Agency Identifier			
EMS Run #			
Hospital			
Date of Death			
Time of Death			
Distracted By			
Distracted By Source			
UNKNOWN			
Distracted By Action			
UNKNOWN			
Non Motorist			
Striking Unit #			
Location			
Prior Action			
Action			
Action Other			
To/From School			
Drug & Alcohol			
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			
Individual Condition			
APPEARED NORMAL			
Individual			
Passenger			
MADISON MYATT			
(254) 313-8416			
Citations Issued			
0			
Sex			
FEMALE			
Date of Birth			
Race			
WHITE			
Address			
204 FRONT ST			
LORENA, TX 76655 , US			
Driver License Number			
STATE: TEXAS COUNTRY: UNITED STATES			
Safety Equipment			
On Duty Crash			

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03	007	Safety Equipment		SHOULDER & LAP BELT		
		Row	Seat Position			
		01 - FRONT ROW	08 - MIDDLE			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity	Airbag	
				NO APPARENT INJURY	NON DEPLOYED	
		Ejected	Ejection Path	Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
		Medical Transport		EMS Agency Identifier	EMS Run #	
NOT TRANSPORTED						
Hospital		Date of Death	Time of Death			
Distracted By		Distracted By Source				
Distracted By Action						
Non Motorist		Striking Unit #	Location			
Prior Action						
Action						
Action Other				To/From School		
Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use			
		NO	NO			
Alcohol Test Given		Alcohol Test Type		Alcohol Test Results		
TEST NOT GIVEN						
Drug Test Given		Drug Test Type	Drug Test Results			
TEST NOT GIVEN						
Drug Type						
Individual Condition		APPEARED NORMAL				
Individual						
03	007	Passenger	Citations Issued	Sex		
		WON SEO	0	MALE		
		Date of Birth	Race			
		ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN				
Address		Driver License Number				
333 MURFREESBORO PIKE NASHVILLE, TN 37210 , US						
Safety Equipment		On Duty Crash				

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03	008	Safety Equipment		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
		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 APPLICABLE	Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Distracted By		Distracted By Source			
		Distracted By Action					
03	008	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		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					
		Individual Condition APPEARED NORMAL					
03	008	Individual					
		Passenger AMBER PEARSON (414) 326-0271		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE			
		Address 3650 S 94TH ST MILWAUKEE, WI 53228 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
03	008	Safety Equipment		On Duty Crash			

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03	009	Safety Equipment		SHOULDER & LAP BELT		
		Row	Seat Position			
		02 - SECOND ROW	07 - LEFT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity	Airbag	
				NO APPARENT INJURY	NON DEPLOYED	
		Ejected		Ejection Path	Trapped/Extricated	
		NOT EJECTED		NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
		Medical Transport		EMS Agency Identifier	EMS Run #	
NOT TRANSPORTED						
Hospital		Date of Death	Time of Death			
Distracted By		Distracted By Source				
Distracted By Action						
Non Motorist		Striking Unit #	Location			
Prior Action						
Action						
Action Other				To/From School		
Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use			
		NO	NO			
Alcohol Test Given		Alcohol Test Type		Alcohol Test Results		
TEST NOT GIVEN						
Drug Test Given		Drug Test Type	Drug Test Results			
TEST NOT GIVEN						
Drug Type						
Individual Condition		APPEARED NORMAL				
Individual						
Passenger		Citations Issued	Sex			
ASHLYN CASSEL		0	FEMALE			
(785) 317-2288		Date of Birth	Race			
			WHITE			
Address		Driver License Number				
1617 DENHOLM DR		STATE: KANSAS COUNTRY: UNITED STATES				
MANHATTAN, KS 66503 2205, US						
Safety Equipment		On Duty Crash				

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24-05130

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

03	010	Safety Equipment		SHOULDER & LAP BELT			
		Row	Seat Position				
		02 - SECOND ROW	08 - MIDDLE				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity	Airbag		
				NO APPARENT INJURY	NON DEPLOYED		
		Ejected	Ejection Path	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED			
		Medical Transport		EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED							
Hospital		Date of Death	Time of Death				
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #	Location				
Prior Action							
Action							
Action Other					To/From School		
Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use				
		NO	NO				
Alcohol Test Given		Alcohol Test Type		Alcohol Test Results			
TEST NOT GIVEN							
Drug Test Given		Drug Test Type		Drug Test Results			
TEST NOT GIVEN							
Drug Type							
Individual Condition		APPEARED NORMAL					
Individual							
03	010	Passenger	Citations Issued	Sex			
		JONAH HAININ	0	MALE			
		(703) 623-6221	Date of Birth	Race			
Address		Driver License Number					
11330 EDENDERRY DR							
FAIRFAX, VA 22030 5441, US							
Safety Equipment		On Duty Crash					

6TL0DDT5P6

24-05130

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

03	011	Safety Equipment		SHOULDER & LAP BELT			
		Row	Seat Position				
		02 - SECOND ROW	09 - RIGHT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity	Airbag		
				NO APPARENT INJURY	NON DEPLOYED		
		Ejected		Ejection Path		Trapped/Extricated	
		NOT EJECTED		NOT EJECTED/NOT APPLICABLE		NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED					
		Hospital		Date of Death		Time of Death	
		Distracted By		Distracted By Source			
				Distracted By Action			
		Distracted By Action					
Non Motorist		Striking Unit #	Location				
		Striking Unit #					
		Location					
Prior Action							
Action							
Action Other					To/From School		
					To/From School		
Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use			
		NO		NO			
Alcohol Test Given		Alcohol Test Type		Alcohol Test Results			
TEST NOT GIVEN							
Drug Test Given		Drug Test Type		Drug Test Results			
TEST NOT GIVEN							
Drug Type							
Individual Condition		APPEARED NORMAL					