WISCONSIN MOTOR VEHICLE CRASH REPORT

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

_	▼ Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH)			✓ Amended			ndary ash
eTL	Government Property	Active So	Active School Zone		Bus Related	Tags			
	On Emergency	lit and Run	and Run		Work Zone	Trailer or Towed		Repo Thres	•
DT5	Date Notified 05/19/2024	Time Notified 02:42 PM			Inits	Total Injured 01	,		
P6	Crash Date 05/19/2024	Crash Time 02:20 PM		Date A 05/19		Time Arrived 02:52 PM			
	Document Number Override 6TL0D5DZ1S	Primary Crash	Document #	Agenc	y Crash Number 130	Investigating Office DEPUTY J. HU	. ,		

Description Diagram Reconstruction By not to scale Photos By WARDEN DONAR, WIDNR Additional Information **PHOTOS** CTY HY DL North Shore to Devil's lake Park Rd.

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.

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Crash Date 05/19/2024

Location										
ON BREEZY KNOLI 28 FT W	L LN/ STI	1136 EB				Latitude 43.43460	3464		Longitud	
OF CTHDL WB	ARABOO)				X Coordina	ate		Y Coord	linate
IN SAUK COUNTY	лильос	•					78252.9375 4812725.5			
						Structure NO STRI				
Crash Scene										
First Harmful Event	ANCROR	-				First Harm		Location		
MOTOR VEH IN TRA	ANSPUR	l				ON ROA				
01 - ANGLE						DAYLIGI				
Road Surface Condition	n(s)					Roadway	actor(s)			
DRY										
Environment Factor(s)										
NONE						NONE				
Weather Condition(s)										
CLEAR										
Animal Type						Relation To Trafficway TRAFFICWAY - ON ROAD				
Crash Classification - Lo	ocation					Crash Clas	sification	- Jurisdiction		
PUBLIC PROPERTY	Y							RISDICTION		
Tribal Land						Access Co				Special Study
Within Interchange Area	a Ju	nction Location			Intersectio					
YES		TERSECTION		OTHER						
Closure Type CLOSURE-ONE DIR	PECTION			Reaso	ons for Closu	Closure				
Date Initial Lane/Rd Clo		Time Initial Lane/Rd Clos	ed	LAW	ENFORCI	ORCEMENT, FIRE/EMS				
05/19/2024 Date All Lanes Open		Time All Lanes Open		Date S	Scene Clear	ed	IΤ	ime Scene Cle	ared	
05/19/2024		05:35 PM						05:38 PM		
Unit Summary			I \	:-I- O	ti A - O	: <i>C</i> : <i>t</i> :				
Unit Status IN TRANSIT				LASS	erating As Cl	assilication		Unit Type AUTOMO	BII F	
Vehicle Type								Operating A		ments
PASSENGER CAR										=
Total Occs 2		Frain/Bus # Recorded	Tota	ıl # Citat	tions Issued		Total Tra	ailers	Total Haz	zMat Types
Insurance?		Direction Of Travel		Pre	CrashTire		Speed L	imit	Total Lan	es
NO		WESTBOUND			Mark		25	Eman	2 Motor Vob	iolo I loo
Most Harmful Event: Co				cial Fun SPEC	ction IAL FUNC	TION		NOT APP	LICABLE	
Traffic Way TWO-WAY, NOT DIV	/IDED			fic Cont				Traffic Con	trol Inopera	tive/Missing
Surface Type	VIDED			d Curva				Road Grad	e	
BLACKTOP (BITUM	IINOUS)			RVE R				LEVEL		
Truck Bus or HazMat										
Vehicle										

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/19/2024

ALB766S AUT - AUTOMOBILE WI UNITED STATES			License Plate Number		Plate Type	St		Country of Issuance	
WALLAF78E06A210044 WALLAF78E06A210044 AUDI WALLAF78E06A210044 AUDI WALLAF78E06A210044 AUDI Socy Style Sul - Sil Use But Use Wallaf78E0B0A210041 Volicio Damage FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde MidDule, 64 - Right Silde FRONT, 03 - Richert Silde FRONT			ALB7665		AUT - AUTOMOBILE	w	1	UNITED STATES	
TOWER DISABLING DAMAGE TOWER CASE TOWER ALLOMINUM) AD - 4DR Verific burnage 10 - RIGHT SIDE 10 - RIGHT	_		Vehicle Identification Number		Make	Ye	ear	Model	
SIL-SILVER (ALDIMNUM) 40 - 40R 103 - RICHT SIDE MIDDLE 104 - RICHT FRONT CORNER, 22 - RICHT SIDE 105 - RICHT SIDE MIDDLE 105 - RICHT SIDE MIDDLE 106 - RICHT SIDE MIDDLE 107 - RICHT SIDE MIDDLE 108 - RICHT SIDE MIDDLE 109 - RICHT SIDE MIDDLE 109 - RICHT SIDE MIDDLE 109 - RICHT SIDE MIDDLE 100 - RICHT SIDE MID	ò	0	WAUAF78E06A210044		AUDI	20	006	A4	
Infall Commart Point Infall Commart Infal			Color		Body Style	· ·		Bus Use	
March Side Module Modu			SIL - SILVER (ALUMINUM	M)	4D - 4DR				
Towed Due To Disabling Damage TOWED DUE TO DISABLING DAMAGE TOWER DUE TO DISABLING DAMAGE What Driver Mas Doing GOING STRAIGHT Driver Action Other Driver Action Other NOT APPLICABLE Driver Action FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER TOWNER Name SETH MISLIVECEK Owner NAME SEVENT MOTOR VEH IN TRANSPORT Event Individual Tower License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment On Duty Crash ROW O1 - FRONT ROW Injury Sevently NO APPARENT INJURY NO DEPLOYED Trapped/Extricated		щ	Initial Contact Point		Vehicle Damage		Į.		7 0 0 10 11
Towed Due To Disabling Damage TOWED DUE TO DISABLING DAMAGE TOWER DUE TO DISABLING DAMAGE What Driver Mas Doing GOING STRAIGHT Driver Action Other Driver Action Other NOT APPLICABLE Driver Action FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER TOWNER Name SETH MISLIVECEK Owner NAME SEVENT MOTOR VEH IN TRANSPORT Event Individual Tower License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment On Duty Crash ROW O1 - FRONT ROW Injury Sevently NO APPARENT INJURY NO DEPLOYED Trapped/Extricated	╘	C	03 - RIGHT SIDE MIDDLE		01 - RIGHT FRONT C	ORNER, 0)2 - RIGI	HT SIDE	
Towed Due To Disabling Damage TOWED DUE TO DISABLING DAMAGE TOWER DUE TO DISABLING DAMAGE What Driver Mas Doing GOING STRAIGHT Driver Action Other Driver Action Other NOT APPLICABLE Driver Action FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER TOWNER Name SETH MISLIVECEK Owner NAME SEVENT MOTOR VEH IN TRANSPORT Event Individual Tower License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment On Duty Crash ROW O1 - FRONT ROW Injury Sevently NO APPARENT INJURY NO DEPLOYED Trapped/Extricated	3	王	Extent Of Damage					RIGHT SIDE	
TOWED DUE TO DISABLING DAMAGE What Diver Was Doing GONG STRAIGHT Diver Piror Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER Owner Name SETH MISLIVECEK OWNER Name OWNER Name SETH MISLIVECEK OWNER Name NOTA PPLICABLE OWNER Address N2483 HAGEN RD POYNETTE, WI 53955 , US SEQUENCE OF Events Event MOTOR VEH IN TRANSPORT Event Individual OWNER Name OWNER Name MOTOR VEH IN TRANSPORT Event Individual OWNER Name OWNER Name MOTOR VEH IN TRANSPORT Event Individual OWNER Name MOTOR VEH IN TRANSPORT Event Event Individual OWNER Name MOTOR VEH IN TRANSPORT Event Event Individual OWNER Name MOTOR VEH IN TRANSPORT Event Sequence Of Events Event Individual OWNER Name MOTOR VEH IN TRANSPORT Event Sequence Of Events Event Individual OWNER Name MOTOR VEH IN TRANSPORT Event Event Individual OWNER Name MOTOR VEH IN TRANSPORT Event Event Event Individual OWNER Name MOTOR VEH IN TRANSPORT Event Event Event Sequence Of Events Event Individual OWNER Name MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER OWNER Name NAME Event Event Event Event Individual OWNER Name MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER OWNER Name NAME Event Event Event Event Event Individual OWNER Name Event Event Event Event Event Sequence Of Events MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER OWNER Name NAME Event Individual Individua		VE	DISABLING DAMAGE		REAR, 05 - RIGHT RE	EAR COR	NER		5 4 3 2 1
What Driver Was Doing GOING STRAIGHT Driver Actions FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER TAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER TAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER TO WAS HAGEN RD POYNETTE, WI S3955 , US Sequence Of Events Event WOTOR VEH IN TRANSPORT Event Event Individual To WAS HADDMAN (262) 705-9390 TO WAS HADDMAN (262) 705-9390 TO WAS HADDMAN (262) 705-9390 TO DUTY Crash Address 9715 STH AWE PLEASANT PRAIRIE, WI 53158 , US Safety Equipment On Duty Crash Seat Position O1 - FRONT ROW O1 - FRONT ROW O1 - FRONT ROW O1 - FRONT ROW Figure Protection To Duty Crash Figure Protection Find Compliance Eyer Protection Find WAS Seated Position O1 - FRONT ROW O1 - FRONT ROW O1 - FRONT ROW Figure Protection Find WAS Seated Position O1 - FRONT ROW O1 - FRONT ROW O1 - FRONT ROW Figure Protection Find Pro			Towed Due To Damage		Vehicle Removed By			•	
TOTAL PRICE SOME STRAIGHT Driver Actions Total Driver Action Other Driver Actions Total Driver Action Other Driver Actions Total Driver Actions Tot			TOWED DUE TO DISABL	ING DAMAGE	BILLS TOWING				
Driver Prior Action Other Driver Actions FALLED 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 Event MOTOR VEH IN TRANSPORT Event MOTOR VEH IN TRANSPORT Event Individual Driver IAN BANDMAN (262) 705-9390 TOTHER ACTION TOTHER ACTION TO VEH IN TRANSPORT Event Individual Driver IAN BANDMAN (262) 705-9390 Tother IAN BANDMAN			What Driver Was Doing		Vehicle Factors				
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Commer Name			FAILED TO YIELD RIGHT	T-OF-WAY, OPERATED M	OTOR VEHICLE IN INA	TTENTIVE	E, CARE	LESS OR ERRAT	IC MANNER
Commer Name	╘	CL							
Commer Name	ξ	Ī							
Commer Name	_	VE							
Sequence Of Events									
POYNETTE, WI 53955 , US									
Sequence Of Events	_	1	SETH MISLIVECEK						
Event MOTOR VEH IN TRANSPORT Event Eve	Ò	0			POYNETTE, WI 5	3955 , US	i		
Event MOTOR VEH IN TRANSPORT Event Eve									
Event MOTOR VEH IN TRANSPORT Event Eve			Sequence Of Events						
Event Variable Event Event Event			Event						
MOTOR VEH IN TRANSPORT	Event								
Total Tota		02		ORT					
Individual Driver IAN BANDMAN (262) 705-9390 Driver IAN BANDMAN (262) 705-9390 Address P15 8TH AVE PLEASANT PRAIRIE, WI 53158 , US Safety Equipment Row O1 - FRONT ROW O7 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path Citations Issued 6 MALE Sex Male		03	Event						
Driver IAN BANDMAN (262) 705-9390 Driver IAN BANDMAN (262) 705-9390 Address 9715 8TH AVE PLEASANT PRAIRIE, WI 53158 , US Safety Equipment On Duty Crash Safety Equipment On Duty Crash Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Severity NO APPARENT INJURY NO APPARENT INJURY NON DEPLOYED Ejected Ejected Ejection Path Citations Issued 6 MALE Race WHITE Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment Safety Equipment Helmet Compliance Tint Compliance Trapped/Extricated		04	Event						
Driver IAN BANDMAN (262) 705-9390 Driver IAN BANDMAN (262) 705-9390 Address 9715 8TH AVE PLEASANT PRAIRIE, WI 53158 , US Safety Equipment On Duty Crash Safety Equipment On Duty Crash Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Severity NO APPARENT INJURY NO APPARENT INJURY NON DEPLOYED Ejected Ejected Ejection Path Citations Issued 6 MALE Race WHITE Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment Safety Equipment Helmet Compliance Tint Compliance Trapped/Extricated			l Individual						
IAN BANDMAN (262) 705-9390 Ejected Ejection Path Face Date of Birth Race WHITE					Citations Issued	Sex			
Date of Birth Race WHITE Address 9715 8TH AVE PLEASANT PRAIRIE, WI 53158 , US Safety Equipment Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Figeted Page of Birth Race WHITE Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment Safety Equipment SHOULDER & LAP BELT Trapped/Extricated									
Address 9715 8TH AVE PLEASANT PRAIRIE, WI 53158 , US Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Figeted Figeted Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment SHOULDER & LAP BELT Tint Compliance Tint Compliance Tint Compliance Trapped/Extricated		A	(262) 705-9390		Date of Birth				
PLEASANT PRAIRIE, WI 53158 , US STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment Safety Equipment Safety Equipment Shoulder & Lap Belt On - Left Helmet Use Helmet Compliance Eye Protection Tint Compliance Tint Compliance Figeted Figeted Figetion Path Trapped/Extricated	_					WHITE			
PLEASANT PRAIRIE, WI 53158 , US STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment Safety Equipment Safety Equipment Shoulder & Lap Belt On - Left Helmet Use Helmet Compliance Eye Protection Tint Compliance Tint Compliance Figeted Figeted Figetion Path Trapped/Extricated	Z	⅀	Address		Driver License Number				
Safety Equipment Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury NO APPARENT INJURY Ejected Ejection Path Safety Equipment SHOULDER & LAP BELT Tint Compliance Airbag NON DEPLOYED Trapped/Extricated	-	2			07475 14/100011011		- >./		
Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated		=	PLEASANT PRAIRIE, WI	53158 , US	STATE: WISCONSII	N COUNTI	RY: UNI	TED STATES	
Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated									
Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED Trapped/Extricated		Cod	On Duty	y Crash	Safety Equipment				
Tint Compliance Post		Sai	rety Equipment						
Helmet Use Eye Protection Tint Compliance Airbag NO APPARENT INJURY Fjected Fjected Fjection Path Helmet Compliance Tint Compliance				Seat Position	SHOULDER & LAP	BELT			
Eye Protection Tint Compliance Airbag NO APPARENT INJURY Ejected Ejection Path Trapped/Extricated			01 - FRONT ROW	07 - LEFT					
Trapped/Extricated Injury Severity NON DEPLOYED Fjected Ejection Path Trapped/Extricated			Helmet Use		Helmet Compliance				
NON DEPLOYED Significant			Eye Protection		Tint Compliance				
NON DEPLOYED Significant			Injunz	averity.	Airhag				
Ejected Ejection Path Trapped/Extricated	6	20			=				
			i i i i i i i i i i i i i i i i i i i						

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Medical Transport				EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED			5 / 15 //		T: (B ::	
		Hospital			Date of Death		Time of Death	
		Distracted By UNI	acted By Source	е				
		Distracted By Action UNKNOWN						
		Non Motorist	ing Unit#	Location				
		Prior Action						
TINO	INDIVIDUAL	Action						
		Action Other						To/From School
		Action Other						10/1101113011001
	Ĺ	Drug & Alcohol NO	pected Alcohol L	Jse	Suspected Drug Use YES			
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD			Alcohol Test Results PENDING	
		Drug Test Given		Drug Test Type		Drug Test Results		
	TEST GIVEN BLOOD					PENDING		
6	001	Drug Type Individual Condition						
		UNDER THE INFLUEN	CE OF MEDIC	CATIONS/DRUGS	S/ ALCOHOL			
	ı	ndividual						
		Passenger TRISTYN RICHIE			Citations Issued 0	Sex MALE		
	DUAL	(608) 535-0027			Date of Birth	Race		
⊨	וםח					WHITE		
S	INDIN	Address 19054 THRUSH CV MUSCODA, WI 53573	, US		STATE: WISCONS		TED STATES	
	Sat	On I fety Equipment	Outy Crash		Safety Equipment			
		Row 01 - FRONT ROW	Seat Po 09 - R		NONE USED - VEH	HICLE OCCUPANT	г	
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
6	005	Injury Severity SUSPECTED SERIOUS INJUR NON D			Airbag NON DEPLOYED			
		NOT EJECTED	Ejection Pa				Trapped/Extricated TRAPPED/EXTRICA	TED
Medical Transport				EMS Agency Identifier EMS Run #				
		EMS AIR			6001285		24050208	

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Crash Date 05/19/2024

		Hospital			Date of Death		Time of Death			
		UNIVERSITY OF W	I HOSPITAL	S & CLINICS AUT						
	ı	Distracted By	Distracted By S	Source			l			
		Distracted By Action								
	,	Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
LNO	NDIVIDUAL									
_	IND									
		Action Other						To/From School		
	L	Orug & Alcohol	Suspected Alco	phol Use	Suspected Drug Use NO			I		
		Alcohol Test Given		Alcohol Test Typ	pe		Alcohol Test	Results		
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
01	002	Drug Type								
		Individual Condition								
		APPEARED NORM	IAI							
			IAL							
	1	/iolations								
	01	UTC Number BG110271	Issue To? 001	Statute Number 346.63(1)(a)	Description OPERATING WHILE	UNDER THE IN	FLUENCE(3I	RD)		
	02	UTC Number BG110272	Issue To? 001	Statute Number 341.04(1)	Description NON-REGISTRATIO	N OF AUTO, ET	С			
	03	UTC Number BG110273	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE	REVOKED (RE	V ALC/CONT	SUBST/REFUSAL 4th+)		
	04	UTC Number BG110274	Issue To?	Statute Number 346.18(3)	Description FYR FROM STOP S	IGN (GREAT BO	DILY HARM)		
	05	UTC Number BG110275	Issue To?	Statute Number 344.62(1)	Description OPERATE MOTOR \	VEHICLE W/O IN	SURANCE			
	90	UTC Number BG110276	Issue To? 001	Statute Number 341.61(2)	Description DISPLAY UNAUTH.	VEH. REGISTRA	ATION PLATE	E		
		Summary •		•						
		Unit Status IN TRANSIT			Vehicle Operating As Classi D CLASS	ification	Unit Type AUTOMOB	ILE		
02	Vehicle Type (SPORT) UTILITY VEHICLE						Operating As	Endorsements		
			Total # Citations Issued	Total Traile		Total HazMat Types				
	3				0	0		0		
<u></u>	Insurance? Direction Of Travel YES SOUTHBOUND		Pre CrashTire Speed Lin Mark 45			Total Lanes 2				
LIND		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTIO)N	Emergency Motor Vehicle Use NOT APPLICABLE				

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Crash Date 05/19/2024

	Traff	ic Way	Traffic Control			Traffic Control Inoperative/Missing				
	TW	D-WAY, NOT DIVIDED	NO	CONTROL		NO				
	Surfa	асе Туре	Roa	d Curvature		Road Grade				
	BLA	ACKTOP (BITUMINOUS)	CUI	RVE LEFT		UPHILL				
	Truc	k Bus or HazMat								
	NO									
	,	Vehicle								
		License Plate Number	Pla	te Type	St	Country of Issuance	ce			
		APB9503		T - AUTOMOBILE	wı	UNITED STATE	S			
~ I		Vehicle Identification Number	Ма	ke	Year	Model				
05	02	1GNEK13R9XJ361951	СН	EVROLET	1999	TAHOE				
		Color	Boo	dy Style	•	Bus Use				
		TAN - TAN		- SPORT UTILITY V	/EHICLE					
	Щ	Initial Contact Point	Vel	nicle Damage			7 8 9 10 11			
UNIT	VEHICL	12 - FRONT	01	- RIGHT FRONT CO	DRNER. 11 - L	EFT FRONT	6 2 12			
5	표	Extent Of Damage		DRNER, 12 - FRONT			5 4 3 2 1			
	>	DISABLING DAMAGE								
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		nicle Removed By						
		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CURVE	1	noic i dotors						
		Driver Prior Action Other	NC.	T APPLICABLE						
		Driver Actions								
_	щ	NO CONTRIBUTING ACTION								
LNO	\overline{c}									
5	VEHICL									
	>									
		Owner Name		Owner Address						
		JOSEPH SEVILLA		739 CONNIE RD						
05	02	(608) 434-2461		BARABOO, WI 539	913 , US					
	;	Sequence Of Events								
	2	Event								
	0	MOTOR VEH IN TRANSPORT								
	05	Event								
	03	Event								
		Event								
	9	LVent								
_		Policy Holder								
LNO		Insurance Company	Τ,	ndividual						
5		STATE-FARM-GENERAL-INS-CO		JOSEPH SEVILLA						
		Individual								
		Driver	10	Citations Issued	Sex					
		EMILY SNICKLES			FEMALE					
	₹	(608) 963-1694	1	Date of Birth	Race					
⊨	NDIVIDUAL				WHITE					
	Σ	Address	1	Oriver License Number	-					
_	Z	618 ALBERT RD BARABOO, WI 53913,US	. ا	STATE: WISCONSIN	COUNTRY: U	INITED STATES				
			STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Crash								
	Sa	fety Equipment								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/19/2024

					Safety Equipment								
		A4 FRONT ROW		07.15		SHOULDER & LAP	BELT						
		01 - FRONT ROW Helmet Use		07 - LE	:F1	Helmet Compliance							
		Heimet Ose				Heimet Compliance							
		Eye Protection				Tint Compliance							
05	003	Injury	NO APP	-	IIIDV	Airbag NON DEPLOYED							
	_	Ejected		jection Pa		NON DEPLOTED		Trapped/Extricated					
		NOT EJECTED			CTED/NOT APPL	LICABLE		NOT TRAPPED					
		Medical Transport				EMS Agency Identifier		EMS Run #					
		NOT TRANSPORT	ΓED										
		Hospital				Date of Death		Time of Death					
			Distracted	By Source)								
		Distracted By	UNKNOV	NN									
		Distracted By Action	l.										
		UNKNOWN	Ctrilein ar I In	a:t #	Lagation								
		Non Motorist Striking Unit # Location											
		Prior Action											
 		Action											
	A												
╘	Ž												
L	\equiv												
_	INDIVIDUAL												
	=												
		Action Other							To/From School				
			Suspected	Alcohol U	se	Suspected Drug Use							
	L	Drug & Alcohol	NO			NO							
		Alcohol Test Given	<u>I</u>		Alcohol Test Type	•		Alcohol Test Results					
		TEST NOT GIVEN			Drug Toot Time		ID T (D)						
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	5					
05	003	Drug Type											
0	8												
		Individual Condition											
		APPEARED NORM	MAI										
		AFFEARED NOR	VIAL										
	- 1	Individual											
		Passenger JOSEPH SEVILLA				Citations Issued	Sex						
	A F	(608) 434-2461	`			0 Date of Birth	MALE Race						
_	DO.					Date of Birtin	WHITE						
Ĭ N N	INDIVIDUAL	Address				Driver License Number	r						
	N	739 CONNIE RD BARABOO, WI 53	913 LIS			STATE: WISCONSI	N COUNTRY: UN	ITED STATES					
			, 00										
I		On Duty Crash											
	Sat	fety Equipment											

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/19/2024

						Safety Equipment				
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAI	P BELT			
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
~	4	Ti-	njury Se	everity		Airbag				
02	004	Injury _N	NO AP	PARENT I		NON DEPLOYED				
		Ejected		Ejection Pa				Trapped/Extricated		
		NOT EJECTED		NOT EJE	CTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTE				EMS Agency Identifier EMS Run #				
		Hospital	ט			Date of Death		Time of Death		
		Поэрна				Time of Beauti				
		Distracted By	Distracte	ed By Sourc	e	1		1		
		Distracted By Action								
		Non Motorist								
		Prior Action								
		Action								
	INDIVIDUAL									
╘	2									
LNO	≥									
_	9									
	=									
		A stiers Others								
		Action Other							To/From School	
		Drug & Alcohol	Suspect	ed Alcohol (Jse	Suspected Drug Use				
		Alcohol Test Given			Alcohol Test Type	_		Alcohol Test Results		
		TEST NOT GIVEN			7 Hoorior Test Type		Allochor restrictions			
		Drug Test Given			Drug Test Type		Drug Test Result	S		
	_	TEST NOT GIVEN Drug Type								
02	004	Drug Type								
		Individual Condition								
		APPEARED NORM	AL							
	I	Individual								
		Passenger JOSE GUTIERREZ				Citations Issued 0	Sex MALE			
	₹	(779) 210-9459				Date of Birth	Race			
⊢							HISPANIC			
	Σ	Address				Driver License Number	er			
_	INDIVIDUAL	739 CONNIE RD BARABOO, WI 5391	13 , U	S		STATE: ILLINOIS	COUNTRY: UNITE	ED STATES		
Safety Equipment On Duty Crash										

WISCONSIN MOTOR VEHICLE CRASH REPORT

						Safety Equipment					
		Row 02 - SECOND ROV	N	Seat Po		SHOULDER & LAP	BELT				
		Helmet Use	· •	100 14	<u> </u>	Helmet Compliance					
		Eye Protection				Tint Compliance					
~	2		Injury S	everity		Airbag					
02	002	Injury	NO AP	PARENT II	NJURY	NON DEPLOYED					
		Ejected		Ejection Pa		•			Trapped/Ex		
		NOT EJECTED		NOT EJE	CTED/NOT API				NOT TRA		
		Medical Transport				EMS Agency Identifier	EMS Agency Identifier EMS Run #				
		NOT TRANSPORT	ΕD			Date of Death			Time of Dea	ath	
		Hospital				Date of Death			Time of Dea	auı	
		Distracted By	Distract	ed By Source	e				<u> </u>		
		Distracted By Action									
		Non Motorist	Striking	Unit#	Location						
		Prior Action									
		Action									
	¥										
╘	2										
L	≥										
	INDIVIDUAL										
	=										
		Action Other								To/From School	
	1	Drug & Alcohol		ted Alcohol U	lse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	ре			Alcohol Tes	t Results	
		Drug Test Given			Drug Test Type		Drug Te	est Results	ulte		
		TEST NOT GIVEN			9 7/		Drug To	oct i toodito			
02	900	Drug Type									
		Individual Condition									
		individual Condition									
		APPEARED NORM	/IAL								
	Uni	t Summary ■									
		Status				Vehicle Operating As Class	ification		Unit Type		
		RANSIT				D CLASS			TRUCK		
03		cle Type							Operating A	s Endorsem	nents
3		LITY TRUCK/PICKU			cordod	Total # Cit-ti	Ι.	Total Teal)re	Total IIa-	Ant Types
	Tota 6	l Occs		ain/Bus # Re		Total # Citations Issued 0		Total Traile 0	มร	Total HazN	viat i ypes
		rance?	Di	rection Of Tra		Pre CrashTire		Speed Lim	it	Total Lane	S
_	YES			оитнвои		Mark		25		2	
LNO	Mos	t Harmful Event: Collisio				Special Function			Emergency Motor Vehicle Use		
ر	MO	MOTOR VEH IN TRANSPORT NO			NO SPECIAL FUNCTION			NOT APPLICABLE			

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing			
	TW	D-WAY, NOT DIVIDED	STO	P SIGN		N	0			
	Surfa	асе Туре	Roa	d Curvature		R	oad Grade			
	BLA	ACKTOP (BITUMINOUS)	STF	RAIGHT		LI	EVEL			
	Truc	k Bus or HazMat								
	NO									
	,	Vehicle								
		License Plate Number	Pla	te Type	St	I Co	untry of Issuance	2		
		PLS8942		K - LIGHT TRUCK			NITED STATES			
		Vehicle Identification Number	Ma		Year		del			
03	03	1GC1YLE71PF206942		EVROLET	2023		RUCK			
		Color		ly Style	12020	-	s Use			
		WHI - WHITE		- PICKUP						
	ш	Initial Contact Point		nicle Damage						
⊢		11 - LEFT FRONT CORNER		· ·				7 8 9 10 11		
LNO	Ĭ	Extent Of Damage	11	- LEFT FRONT C	ORNER			6 2 12		
ے	VEHICL	FUNCTIONAL DAMAGE						5 4 3 2 1		
		Towed Due To Damage	Vel	nicle Removed By						
		NOT TOWED	OP	ERATOR						
		What Driver Was Doing	Vel	nicle Factors						
		STOP IN TRAFFIC								
		Driver Prior Action Other	NC	T APPLICABLE						
		Driver Actions								
	Щ	NO CONTRIBUTING ACTION								
LNO	\overline{c}									
5	VEHICL									
	>									
				A 11						
		Owner Name HERC RENTALS INC		Owner Address 1438 E GALBRA	ITH RD					
03	03	(513) 242-8106		CINCINNATI, OH						
		Sequence Of Events								
		Event								
	2	MOTOR VEH IN TRANSPORT								
	~ !	Event								
	05									
	က	Event								
	03									
	40	Event								
	0									
⊨		Policy Holder								
LNO		Insurance Company		Organization/Compar						
ر		SELF-INSURED	l l	HERC RENTALS I	NC					
	1	Individual								
		Driver	(Citations Issued	Sex					
	ب	ELIZABETH WICHMAN (920) 530-8117	()	FEMALE					
	DA	(020) 030-0111		Date of Birth	Race					
╘	INDIVIDUAL				WHITE					
	5	Address 1281 ROCKWELL RD.] [Oriver License Number	er					
	Z	GREEN BAY, WI 54313 , US	5	STATE: WISCONS	IN COUNTRY	: UNITE	D STATES			
		. ,								
		On Duty Crash								
	Sat	fety Equipment								

WISCONSIN MOTOR VEHICLE CRASH REPORT

ı					Safety Equipment					
					Galety Equipment					
		01 - FRONT ROW	07 - LE	FT	SHOULDER & LAF	BELT				
		Helmet Use		· ·	Helmet Compliance					
		Eye Protection			Tint Compliance					
က	900	Injury Se	everity		Airbag					
03	8	Injury _{NO AP}	PARENT IN		NON DEPLOYED					
İ		Ejected	Ejection Pat	th	1		Trapped/Extricated			
		NOT EJECTED	NOT EJEC	CTED/NOT APPL	ICABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By UNKNO	ed By Source OWN	3	•					
		Distracted By Action								
		UNKNOWN								
		Non Motorist Striking	Unit #	Location						
		Prior Action								
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	INDIVIDUAL									
	_									
		Action Other						To/From School		
					I Commented Davis Hea					
	,	Drug & Alcohol NO	ted Alcohol Us	se	Suspected Drug Use NO					
							TALLET 18 11			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN		Drug Toot Tune		ID 7 (D)				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	5			
	'	Drug Type								
03	900	Drug Type								
	_									
		Individual Condition								
		APPEARED NORMAL								
		la alta dalam d								
		Individual			Louis I	To				
		Passenger MADISON MYATT			Citations Issued	Sex FEMALE				
	A	(254) 313-8416			0 Date of Birth	Race				
١.	Ď				Date of Birtin	WHITE				
L N N	INDIVIDUA	Address			Driver License Number					
5	٥	204 FRONT ST			Driver License Number	•				
	Z	LORENA, TX 76655 , US			STATE: TEXAS CO	UNTRY: UNITED	STATES			
I		On Duty Crash								
	Safety Equipment									

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

					Safety Equipment				
		Row 01 - FRONT ROW	Seat Po 08 - M	osition IDDLE	SHOULDER & LAP	BELT			
		Helmet Use	 		Helmet Compliance				
		Eye Protection			Tint Compliance				
က	<u></u>	Injury S	Severity		Airbag				
03	007	Injury _{NO A}	PPARENT I	NJURY	NON DEPLOYED				
		Ejected	Ejection Pa	ath	4		Trapped/Extricated		
		NOT EJECTED	NOT EJE	CTED/NOT APPL	LICABLE		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Distracted By Distract	cted By Source	е	l		l		
		Distracted By Action							
		Non Motorist	g Unit#	Location					
		Prior Action							
 		Action							
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E E	₽								
5	≥								
	INDIVIDUAL								
	_								
		Action Other						To/From School	
		Suspected Alcohol Use		Jse	Suspected Drug Use				
		Drug & Alcohol NO			NO				
		Alcohol Test Given		Alcohol Test Type)				
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	S		
03	7	Drug Type		_L		1			
0	007								
		Individual Condition							
		APPEARED NORMAL							
		Individual Passenger			Citations Issued	Sex			
		WON SEO			0	MALE			
	INDIVIDUAL				Date of Birth	Race	FIVE HAWAIIAN OR (OTHER PACIFIC ISLAN	
LNO	9	A 1.1			B: I: N		IIVE HAWAIIAN OR C	THER PACIFIC ISLAN	
5	5	Address 333			Driver License Number				
	Z	MURFREESBORO PIKE							
		NASHVILLE, TN 37210 ,	, US						
1	Sa	On Du fety Equipment	ty Crash						
					ĺ				

WISCONSIN MOTOR VEHICLE CRASH REPORT

						Safety Equipment					
				Seat Position 09 - RIGHT		SHOULDER & LAP BELT					
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
03	800	Injury Severity				Airbag					
	0	Injury NO AP		PPARENT INJURY Ejection Path		NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED		1	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By Source									
		Distracted By Action									
		Non Motorist	Striking	Unit#	Location						
		Prior Action									
		Action									
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LIND	INDIVIDUAL										
5	\geq										
	Z										
			Action Other						T- /-		
		Action Other							To/From School		
		Drug & Alcohol	Suspec	ted Alcohol U	Jse	Suspected Drug Use NO			1		
	_	Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN		Drug Test Type		Drug Toot Booulto					
		TEŠT NOT GIVEN		Drug Test Type		Drug Test Results	5				
03	800	Drug Type									
		Individual Condition	Individual Condition								
		APPEARED NORMAL									
	ı	Individual									
		Passenger AMBER PEARSON (414) 326-0271 Address				Citations Issued 0		Sex FEMALE			
	INDIVIDUAL					Date of Birth	Race WHITE				
LNO	₽					Driver License Number					
5	Ē	3650 S 94TH ST MILWAUKEE, WI 53228 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	=										
	Sat	On Duty Crash									
	Safety Equipment										

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

ı				Cofety Favinment						
				Safety Equipment						
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance	Helmet Compliance					
		Eye Protection	_	Tint Compliance						
	စ	Injury Se	verity	Airbag						
03	600	Injury NO API	PARENT INJURY	NON DEPLOYED						
		Ejected	Ejection Path	I		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifie	er	EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death		Time of Death				
		Distracted By Distracte	ed By Source			-				
		Distracted By Action								
		Non Motorist Striking I	Unit # Location							
		Prior Action	<u> </u>							
		Action								
	7									
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E N	₽									
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	INDIVIDUAL									
							T			
		Action Other					To/From School			
		Cunnact	ed Alcohol Use	L Cuanastad Drug Has						
		Drug & Alcohol NO	3d Alconol Use	e Suspected Drug Use NO						
	_	Alcohol Test Given	Al			Alcohol Test Results				
		TEST NOT GIVEN	Alcohol Test Typ	pe		Alcohol Test Results				
		Drug Test Given	Drug Test Type		Drug Test Result	te				
		TEST NOT GIVEN	Brug rest type		Drug Test Nesdit					
	0	Drug Type								
03	600	בקו. פיי								
1		Individual Condition								
		APPEARED NORMAL								
		AFF LANLE NOTIFIAL								
		Individual								
	'	Passenger		Citations Issued	Citations Issued Sex					
		ASHLYN CASSEL		0		FEMALE				
	¥	(785) 317-2288		Date of Birth	Race					
_	2				WHITE					
Ĭ N N	INDIVIDUA	Address		Driver License Number						
⊃		1617 DENHOLM DR		STATE: KANSAS COUNTRY: UNITED STATES						
	=	MANHATTAN, KS 66503 2	:205, US							
ı		On Duty	Crash							
	Safety Equipment									

WISCONSIN MOTOR VEHICLE CRASH REPORT

						Safety Equipment				
				Seat Pos		SHOULDER & LAP BELT				
		02 - SECOND ROV Helmet Use	N	08 - MIE	DDLE	Helmet Compliance				
						Tromier compliance				
		Eye Protection				Tint Compliance				
03	010		Injury Seve		IIIDV	Airbag				
	0	Injury NO APPARENT INJURY Ejected Ejection Path				NON DEPLOYED Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NO			ICABLE		NOT TRAPPED		
		Medical Transport	L			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED				Date of Death	Time of Death			
		Hospital				Tillie of Death				
		Distracted By	Distracted	By Source		I		I.		
		Distracted By Action								
			Striking Un	i+ #	Location					
		Non Motorist	Striking On	IL #	Location					
		Prior Action	L							
		Action								
	A									
≒	INDIVIDUAL									
L	≥									
	Z									
		Action Other							To/From School	
	ı	Drug & Alcohol	Suspected NO	Alcohol Us	se	Suspected Drug Use				
		Alcohol Test Given			Alcohol Test Type)		Alcohol Test Results		
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
03	010	Drug Type								
0	Ò									
		Individual Condition								
		APPEARED NORMAL								
		Individual Passenger				Citations Issued Sex				
		JONAH HAININ				0	MALE			
	ĕ N	(703) 623-6221			Date of Birth	Race				
LNO	NDIVIDUAL	Address			Driver License Number	<u> </u>				
5		Address 11330 EDENDERRY DR FAIRFAX, VA 22030 5441, US On Duty Crash			Driver License Number					
	=									
	Sat	ety Equipment								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/19/2024

					Safety Equipment				
		Row 02 - SECOND ROW	Seat Po N 09 - RI		SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
03	11	Injury	Injury Severity NO APPARENT I	NJURY	NON DEPLOYED				
		Ejected	Ejection Pa				Trapped/Extricated		
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
			NOT TRANSPORTED			Date of Death Time of Death			
		поѕрна	Hospital			Time of Death			
	,	Distracted By	Distracted By Source	e					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action		•					
		Action							
_	INDIVIDUAL								
UNIT	VID								
_	IDI								
	=								
		Action Other						To/From School	
	L	Orug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Use NO				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN		D T t T	- In T in				
		Drug Test Given TEST NOT GIVEN Drug Test Type		Drug Test Results					
03	011	Drug Type							
		Individual Condition							
		APPEARED NORM	MAL						