### WISCONSIN MOTOR VEHICLE CRASH REPORT

| Document Number Override 6TL0DRXHKC                         | Primary Crash Document # Agency Crash Number 24-05560  |              |   | er Investigating Officer/Deputy DEPUTY S. ELLICKSON |                            |                     |  |
|---|--|--------------|---|---|----------------------------|---------------------|--|
| Crash Date <b>05/30/2024</b>                                |  |              | Time Arrived                            | i   |                            |                     |  |
| Date Notified   | Time Notified  | Total Units  | 3                                       | Total Injured                                       | Total Kille                | ed                  |  |
| 05/30/2024  | 01:23 PM   | 02           |   |   | I                          | Reporting           |  |
|   | and Run Lane Closu   |              | Work Zone                               |   | or Towed                   | Threshold           |  |
| Government Property   | Active School Zone   | NO School Bu | is Related                              | Tags  |                            |                     |  |
| <b>▼</b> Reportable   | Crash Type DT4000 (STANDARD CRASH  | )            |   | Amend   | led                        | Secondary Crash     |  |
| Diagram   |  |              |   |   | Reconstruction             | n Du                |  |
| Not to Scale  | STH 23-33  |              | <b>ω</b> <                              | ¥<br>A<br>D<br>D<br>D                               | Photos By  Additional Info | ,<br>               |  |
| Lake Virgina Road   | 1  | STOP         |   |   | РНОТОЅ                     |                     |  |
| UNIT 1 AND 2 WERE TRAVELING W<br>WAS LOOKING DOWN AT PAPERS | nt officer, agree that I have no<br>VESTBOUND ON STH 23-33. UNIT 2<br>ON THE PASSENGER SEAT. WHEN<br>S UNSUCCESSFUL. UNIT 1 REAR E | CAME TO A    | A STOP TO TURN SOL<br>OKED BACK UP HE O | JTH ONTO LAKE 'BSERVED UNIT 2                       | WAS AT A STO               | P. UNIT 1 ATTEMPTED |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Loc            | ation  |                                |   |                 |   |                     |                        |                                   |               |  |
|----------------|--|--------------------------------|---|-----------------|---|---------------------|------------------------|-----------------------------------|---------------|--|
|                | STH23 WB                                     |                                |   |                 | Latitude  |                     |                        | Longitud                          | de            |  |
| 56 F           |  |                                |   |                 | 43.533059155  |                     |                        | -89.935                           | 245644        |  |
| _              | LAKE VIRGINIA RD<br>HE TOWN OF EXCEL         | SIOP                           |   |                 | X Coordinate  |                     |                        | Y Coord                           | inate         |  |
|                | SAUK COUNTY                                  | -5101X                         |   |                 | 262826.09375 4824199  |                     |                        | 9                                 |               |  |
|                |  |                                |   |                 | Structure T   |                     | I                      |                                   |               |  |
| Cra            | sh Scene                                     |                                |   | "               |   |                     |                        |                                   |               |  |
| First          | Harmful Event                                |                                |   |                 | First Harm  | ful Event           | Location               |                                   |               |  |
| MO.            | TOR VEH IN TRANSP                            | ORT                            |   |                 | ON ROA  | DWAY                |                        |                                   |               |  |
|                | ner of Collision                             |                                |   |                 | Light Cond  | lition              |                        |                                   |               |  |
|                | FRONT TO REAR                                |                                | DAYLIG                                  |                 |   |                     |                        |                                   |               |  |
| Road           | d Surface Condition(s)                       |                                |   |                 | Roadway I   | actor(s)            |                        |                                   |               |  |
| DRY            | (  |                                |   |                 |   |                     |                        |                                   |               |  |
| Envi           | ronment Factor(s)                            |                                |   |                 |   |                     |                        |                                   |               |  |
| NOI            | NE   |                                |   |                 | NONE  |                     |                        |                                   |               |  |
| Wea            | ther Condition(s)                            |                                |   |                 |   |                     |                        |                                   |               |  |
| CLE            | AR   |                                |   |                 |   |                     |                        |                                   |               |  |
| Anim           | nal Type                                     |                                |   |                 | Relation To Trafficway                                      |                     |                        |                                   |               |  |
| 0              | L Ol:f:+:                                    |                                |   |                 |   |                     | ON ROAD                |                                   |               |  |
|                | h Classification - Location  BLIC PROPERTY   | 1                              |   |                 | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                     |                        |                                   |               |  |
|                | al Land                                      |                                |   |                 | Access Control Special Study                                |                     |                        |                                   |               |  |
| THE            | ar Euria                                     |                                | NO CONTROL                              |                 |   |                     |                        |                                   | Special Study |  |
| With <b>NO</b> | in Interchange Area                          | Junction Location INTERSECTION | Intersection Type FOUR-WAY INTERSECTION |                 |   |                     |                        |                                   |               |  |
| Uni            | t Summary 💻                                  |                                |   |                 |   |                     |                        |                                   |               |  |
| Unit           | Status                                       |                                | Vehicle Ope                             | erating As Cla  | ssification   |                     | Unit Type              |                                   |               |  |
|                | RANSIT                                       |                                | D CLASS                                 |                 |   | AUTOMOBILE          |                        |                                   |               |  |
|                | cle Type                                     |                                |   | Ор              |   |                     | Operating              | Operating As Endorsements         |               |  |
|                | SENGER CAR                                   | Train/Bus # Recorded           | T                                       |                 |   | Total Tra           | ilara                  | Total Har                         | Mot Types     |  |
| 1 ota          | I Occs                                       | Train/bus # Recorded           | Total # Citations Issued  3             |                 |   | Total Trailers  0   |                        | Total HazMat Types  0             |               |  |
| Insu           | rance?                                       | Direction Of Travel            | Pre CrashTire                           |                 | e Speed Li  |                     | imit Total La          |                                   | es            |  |
| YES            | 3  | WESTBOUND                      |   | Mark            | 55  |                     | 2                      |                                   |               |  |
|                | t Harmful Event: Collision                   |                                | Special Fur<br>NO SPEC                  |                 |   |                     | ency Motor Vehicle Use |                                   |               |  |
|                | ic Way                                       | <u></u>                        | Traffic Cont                            | Traffic Control |   |                     | Traffic Cor            | affic Control Inoperative/Missing |               |  |
| TWO            | D-WAY, NOT DIVIDED                           | )                              | NO CONT                                 | IO CONTROL      |   |                     | NO                     |                                   |               |  |
| Surfa          | ace Type                                     |                                | Road Curva                              | ature           | Road Grade  |                     |                        |                                   |               |  |
| BLA            | CKTOP (BITUMINOU                             | IS)                            | STRAIGH                                 | STRAIGHT        |   |                     |                        |                                   |               |  |
|                | k Bus or HazMat                              |                                |   |                 |   |                     |                        |                                   |               |  |
| NO             |  |                                |   |                 |   |                     |                        |                                   |               |  |
| '              | Vehicle                                      |                                |   |                 |   |                     |                        |                                   |               |  |
|                |  |                                | Plate Type                              |                 | <u> </u>  |                     | y of Issuance          |                                   |               |  |
|                |  |                                | JTOMOBILE                               |                 |   | UNITED STATES       |                        |                                   |               |  |
| 2              | Vehicle Identification Nu<br>2T1BURHE2EC1887 |                                | Make<br>TOYOTA                          |                 |   | Year<br><b>2014</b> | Model COROLLA          |                                   |               |  |
| 3              | Color  | 40                             | Body Style                              |                 |   | 2014                |                        | •                                 |               |  |
|                | WHI - WHITE                                  |                                | SD - SEC                                |                 |   |                     | Bus Use                |                                   |               |  |
|                | Initial Contact Point  14 - UNDERCARRIA      | GE .                           |   |                 |   |                     |                        |                                   |               |  |

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      | Щ                  |  | V                             | Vehicle Damage                           |               |                       |  |  |  |  |  |
|------|--------------------|--|-------------------------------|--|---------------|-----------------------|--|--|--|--|--|
| UNIT | VEHICLE            | Extent Of Damage DISABLING DAMAGE            |                               | 11 - LEFT FRONT CO                       |               | 6 2 12                |  |  |  |  |  |
|      |                    | Towed Due To Damage                          |                               | /ehicle Removed By                       | (ICE          |                       |  |  |  |  |  |
|      |                    | TOWED DUE TO DISABL What Driver Was Doing    |                               | STEVES AUTO SERV<br>/ehicle Factors      | /ICE          |                       |  |  |  |  |  |
|      |                    | GOING STRAIGHT  Driver Prior Action Other    |                               | NOT APPLICABLE                           |               |                       |  |  |  |  |  |
|      |                    | D : A !                                      |                               |  |               |                       |  |  |  |  |  |
| LIND | VEHICLE            |  | IICLE IN INATTENTIVE, CAI     |  | C MANNER      |                       |  |  |  |  |  |
| 01   | 01                 | Owner Name<br>BRIAN SHAKER<br>(608) 963-8646 |                               | Owner Address 100 SILVER DR REEDSBURG, W | 153959 , US   |                       |  |  |  |  |  |
|      | Sequence Of Events |  |                               |  |               |                       |  |  |  |  |  |
|      | 2                  | Event<br>MOTOR VEH IN TRANSP                 | ORT                           |  |               |                       |  |  |  |  |  |
|      | 05                 | Event  |                               |  |               |                       |  |  |  |  |  |
|      | 03                 | Event  |                               |  |               |                       |  |  |  |  |  |
|      | 9                  | Event  |                               |  |               |                       |  |  |  |  |  |
| _    | ı                  | Policy Holder                                |                               |  |               |                       |  |  |  |  |  |
| UNIT |                    | Insurance Company                            |                               | Individual                               |               |                       |  |  |  |  |  |
| ر    |                    | STATE-FARM-GENERAL                           | -INS-CO                       | BRIAN SHAKER                             |               |                       |  |  |  |  |  |
|      | - 1                | Individual                                   |                               |  |               |                       |  |  |  |  |  |
|      |                    | Driver<br>BRIAN SHAKER                       |                               | Citations Issued                         | Sex           |                       |  |  |  |  |  |
|      | 7                  | (608) 963-8646                               |                               | 3  | MALE<br>Race  |                       |  |  |  |  |  |
| ⊢    | IDINIDUAL          | ,  |                               | Date of Birth                            | WHITE         |                       |  |  |  |  |  |
|      | ≥                  | Address                                      |                               | Driver License Number                    |               |                       |  |  |  |  |  |
|      | Ĭ                  | 100 SILVER DR<br>REEDSBURG, WI 53959 , US    |                               | STATE: WISCONSIN COUNTRY: UNITED STATES  |               |                       |  |  |  |  |  |
|      | Sat                | On Duty<br>fety Equipment                    | / Crash                       | Safety Equipment                         |               |                       |  |  |  |  |  |
|      |                    | Row<br>01 - FRONT ROW                        | Seat Position 07 - LEFT       | NONE USED - VEH                          | ICLE OCCUPANT |                       |  |  |  |  |  |
|      |                    | Helmet Use                                   | •                             | Helmet Compliance                        |               |                       |  |  |  |  |  |
|      |                    | Eye Protection                               |                               | Tint Compliance                          |               |                       |  |  |  |  |  |
| 7    | 90                 | Injury S<br>SUSPE                            | everity<br>ECTED MINOR INJURY | Airbag  DEPLOYED-FRONT                   |               |                       |  |  |  |  |  |
|      |                    | Ejected                                      | Ejection Path                 | IOARI E                                  |               | Trapped/Extricated    |  |  |  |  |  |
|      |                    | NOT EJECTED  Medical Transport               | NOT EJECTED/NOT APPL          | LICABLE EMS Agency Identifier            |               | NOT TRAPPED EMS Run # |  |  |  |  |  |
|      |                    | NOT TRANSPORTED                              |                               |  |               |                       |  |  |  |  |  |
|      |                    | Hospital                                     |                               | Date of Death                            |               | Time of Death         |  |  |  |  |  |

Form DT4000

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|     |   | <u>_</u>                             |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|-----|---|--------------------------------------|-------------------------|---------------------------------|---|-------------------|--------------|-------------------------------------|-----------------------|--|--|--|
|     | Distracted By Source PASSENGER/OTHER NON-MOTORIST |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   | Distracted By Action OTHER ACTION (L | OOKING AV               | AY FROM TASK E                  | TC)   |                   |              |                                     |                       |  |  |  |
|     |   | Non Motorist                         | Striking Unit #         | Location                        |   |                   |              |                                     |                       |  |  |  |
|     |   | Prior Action                         |                         | 1                               |   |                   |              |                                     |                       |  |  |  |
| İ   |   | Action                               |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
| l⊨  | JU.   |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
| L N | INDIVIDUAL  |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     | Z   |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   | Action Other                         |                         |                                 |   |                   |              |                                     | To/From School        |  |  |  |
|     |   |                                      | Suspected Alc           | ohol Use                        | Suspected Drug Use                                  |                   |              |                                     |                       |  |  |  |
|     |   | Drug & Alcohol                       | NO                      |                                 | NO  |                   |              |                                     |                       |  |  |  |
|     |   | Alcohol Test Given TEST NOT GIVEN    |                         | Alcohol Test Ty                 | /pe   |                   |              | Alcohol Tes                         | t Results             |  |  |  |
|     |   | Drug Test Given TEST NOT GIVEN       |                         | Drug Test Type                  | 9   | Drug Test Results |              |                                     |                       |  |  |  |
| 10  | 001   | Drug Type                            |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     | 0   |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   | Individual Condition                 |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   | APPEARED NORM                        | IAL                     |                                 |   |                   |              |                                     |                       |  |  |  |
|     | •   | Violations                           | I                       |                                 |   |                   |              |                                     |                       |  |  |  |
|     | 0   | UTC Number <b>BJ679373</b>           | Issue To?<br><b>001</b> | Statute Number <b>346.89(1)</b> | Description INATTENTIVE DRIV                        | /ING              |              |                                     |                       |  |  |  |
|     | 05  | UTC Number <b>BJ679374</b>           | Issue To?<br><b>001</b> | Statute Number <b>341.04(1)</b> | Description NON-REGISTRATIO                         | ON OF A           | UTO, ETO     | ;                                   |                       |  |  |  |
|     | 03  | UTC Number <b>BJ679375</b>           | Issue To?<br><b>001</b> | Statute Number 347.48(2m)(c)    | Description OPERATOR FAIL/HAVE PASSENGER/SEATBELTED |                   |              |                                     |                       |  |  |  |
|     |   | t Summary <b>■</b>                   |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   | Status<br>'RANSIT                    |                         |                                 | Vehicle Operating As Class  D CLASS                 | sification        |              | Unit Type <b>AUTOMO</b>             | RII F                 |  |  |  |
|     |   | cle Type                             |                         |                                 | D CEACO   |                   |              | Operating As Endorsements           |                       |  |  |  |
| 05  |   | SENGER CAR                           |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     | Tota<br>2   | I Occs                               | Train/Bus               | s#Recorded                      | Total # Citations Issued  0                         |                   | Total Traile | ers                                 | Total HazMat Types  0 |  |  |  |
|     | Insu  | rance?                               | Direction WESTB         | Of Travel                       | Pre CrashTire                                       |                   | Speed Limi   | it                                  | Total Lanes 2         |  |  |  |
| LNO |   | •<br>t Harmful Event: Collision      |                         | OUND                            | Mark Special Function                               |                   | 55           | Emergency                           | Motor Vehicle Use     |  |  |  |
| >   |   | TOR VEH IN TRANS                     | PORT                    |                                 | NO SPECIAL FUNCTION                                 | NC                |              | NOT APP                             |                       |  |  |  |
|     |   | ic Way<br><b>D-WAY, NOT DIVIDE</b>   | =n                      |                                 | Traffic Control NO CONTROL                          |                   |              | Traffic Control Inoperative/Missing |                       |  |  |  |
|     |   | ace Type                             |                         |                                 | Road Curvature                                      |                   |              | NO<br>Road Grade                    |                       |  |  |  |
|     |   | CKTOP (BITUMING                      | OUS)                    |                                 | STRAIGHT  |                   |              | LEVEL                               |                       |  |  |  |
|     | NO  | k Bus or HazMat                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     | ,   | Vehicle                              |                         |                                 |   |                   |              |                                     |                       |  |  |  |
|     |   |                                      |                         |                                 |   |                   |              |                                     |                       |  |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|        |                        | License Plate Number                     |                   | Plate Type                              | St     | Country of Issuance |              |  |  |  |  |  |
|--------|------------------------|--|-------------------|---|--------|---------------------|--------------|--|--|--|--|--|
|        |                        | ATR8467                                  |                   | AUT - AUTOMOBILE                        | WI     | UNITED STATES       | NITED STATES |  |  |  |  |  |
| 07     | 02                     | Vehicle Identification Number            |                   | Make                                    | Year   | Model               |              |  |  |  |  |  |
| ٥      | 0                      | 1C3CCBBBXDN615201                        |                   | CHRYSLER                                | 2013   | 200                 |              |  |  |  |  |  |
|        |                        | Color<br>WHI - WHITE                     |                   | Body Style SD - SEDAN                   |        | Bus Use             |              |  |  |  |  |  |
|        | ш                      | Initial Contact Point                    |                   | Vehicle Damage                          |        |                     |              |  |  |  |  |  |
| ╘      |                        | 05 - RIGHT REAR CORNER                   |                   | Č                                       |        |                     | 7 8 9 10 11  |  |  |  |  |  |
| LNO    | VEHICL                 | Extent Of Damage                         |                   | 05 - RIGHT REAR CO                      | RNER   |                     | 6 2 12       |  |  |  |  |  |
|        | 7                      | DISABLING DAMAGE                         |                   |   |        |                     | 5 4 3 2 1    |  |  |  |  |  |
|        |                        | Towed Due To Damage                      |                   | Vehicle Removed By                      |        |                     |              |  |  |  |  |  |
|        |                        | NOT TOWED                                |                   |   |        |                     |              |  |  |  |  |  |
|        |                        | What Driver Was Doing <b>LEFT TURN</b>   |                   | Vehicle Factors                         |        |                     |              |  |  |  |  |  |
|        |                        | Driver Prior Action Other                |                   | NOT APPLICABLE                          |        |                     |              |  |  |  |  |  |
|        |                        | Briver i her reacht earer                |                   |   |        |                     |              |  |  |  |  |  |
|        |                        | Driver Actions                           |                   |   |        |                     |              |  |  |  |  |  |
|        | NO CONTRIBUTING ACTION |  |                   |   |        |                     |              |  |  |  |  |  |
| VEHICL |                        |  |                   |   |        |                     |              |  |  |  |  |  |
| 5      | ᇤ                      |  |                   |   |        |                     |              |  |  |  |  |  |
|        | >                      |  |                   |   |        |                     |              |  |  |  |  |  |
|        |                        | Owner Name                               |                   | Owner Address                           |        |                     |              |  |  |  |  |  |
|        | <b>~</b> I             | HAYLEY JANUSIAK PURIF                    | OY (608) 853-2248 | 564 E SLIFER ST #                       |        |                     |              |  |  |  |  |  |
| 05     | 02                     |  |                   | PORTAGE, WI 53901 , US                  |        |                     |              |  |  |  |  |  |
|        |                        |  |                   |   |        |                     |              |  |  |  |  |  |
|        | ;                      | Sequence Of Events                       |                   |   |        |                     |              |  |  |  |  |  |
|        | 5                      | Event<br>MOTOR VEH IN TRANSPOR           | RT                |   |        |                     |              |  |  |  |  |  |
|        | 02                     | Event                                    |                   |   |        |                     |              |  |  |  |  |  |
|        | 93                     | Event                                    |                   |   |        |                     |              |  |  |  |  |  |
|        |                        | Event                                    |                   |   |        |                     |              |  |  |  |  |  |
|        | 9                      | Event                                    |                   |   |        |                     |              |  |  |  |  |  |
| ╘      | I                      | Policy Holder                            |                   | I                                       |        |                     |              |  |  |  |  |  |
| LNO    |                        | Insurance Company PROGRESSIVE-CLASSIC-II | NS-CO             | Individual HAYLEY JANUSIAK PURIFOY      |        |                     |              |  |  |  |  |  |
|        |                        | Individual                               |                   |   |        |                     |              |  |  |  |  |  |
|        |                        | Driver                                   |                   | Citations Issued                        | Sex    |                     |              |  |  |  |  |  |
|        | بِ                     | HAYLEY JANUSIAK PURIF                    | OY (608) 853-2248 | 0                                       | FEMALE |                     |              |  |  |  |  |  |
|        | INDIVIDUAL             |  |                   | Date of Birth                           | Race   |                     |              |  |  |  |  |  |
|        | 9                      | Address                                  |                   |   |        |                     |              |  |  |  |  |  |
| 5      | ā                      | 564 E SLIFER ST # 12                     |                   | Driver License Number                   |        |                     |              |  |  |  |  |  |
|        | Z                      | PORTAGE, WI 53901, US                    |                   | STATE: WISCONSIN COUNTRY: UNITED STATES |        |                     |              |  |  |  |  |  |
|        |                        |  |                   |   |        |                     |              |  |  |  |  |  |
|        | Sat                    | On Duty C                                | rash              | Safety Equipment                        |        |                     |              |  |  |  |  |  |
|        |                        | Row                                      | Seat Position     | SHOULDER & LAP BELT                     |        |                     |              |  |  |  |  |  |
|        |                        | 01 - FRONT ROW                           | 07 - LEFT         |   |        |                     |              |  |  |  |  |  |
|        |                        | Helmet Use                               |                   | Helmet Compliance                       |        |                     |              |  |  |  |  |  |
|        |                        | Eye Protection                           |                   | Tint Compliance                         |        |                     |              |  |  |  |  |  |
|        | ۵.                     | - Initian C                              | ority             | Airbag                                  |        |                     |              |  |  |  |  |  |
| 07     | 002                    | Injury Seve<br>SUSPEC                    | TED MINOR INJURY  | Airbag  NON DEPLOYED                    |        |                     |              |  |  |  |  |  |
|        |                        |  |                   |   |        |                     |              |  |  |  |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |                | Ejected   |                  | Ejection Pat             |                   | ICADI E                                 |                   | NOT TRAPPED          |                |  |  |  |  |
|------|----------------|---|------------------|--------------------------|-------------------|---|-------------------|----------------------|----------------|--|--|--|--|
|      |                | NOT EJECTED  Medical Transport                            |                  | NOT EJEC                 | CTED/NOT APPL     | EMS Agency Identifie                    |                   | EMS Run #            |                |  |  |  |  |
|      |                | EMS GROUND  |                  |                          |                   | 6001024                                 | :1                | EWIS Kull#           |                |  |  |  |  |
|      |                | Hospital  |                  |                          |                   | Date of Death                           |                   | Time of Death        |                |  |  |  |  |
|      |                | REEDSBURG ARE   | EA MED           | CTR                      |                   |   |                   |                      |                |  |  |  |  |
|      |                | Distracted By   | Distracte NOT AF | ed By Source<br>PPLICABL | E (NOT DISTRAC    | CTED)                                   |                   |                      |                |  |  |  |  |
|      |                | Distracted By Action NOT DISTRACTED                       |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      |                | Non Motorist  | Striking l       | Unit#                    | Location          |   |                   |                      |                |  |  |  |  |
|      |                | Prior Action  |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      | JAL            | Action  |                  |                          |                   |   |                   |                      |                |  |  |  |  |
| LNO  | INDIVIDUAL     |   |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      | <u>N</u>       |   |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      |                |   |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      |                | Action Other  |                  |                          |                   |   |                   |                      | To/From School |  |  |  |  |
|      | ı              | Drug & Alcohol  | Suspecte<br>NO   | ed Alcohol U             | se                | Suspected Drug Use NO                   |                   |                      |                |  |  |  |  |
|      |                | Alcohol Test Given  |                  |                          | Alcohol Test Type |   |                   | Alcohol Test Results |                |  |  |  |  |
|      | TEST NOT GIVEN |   |                  |                          | D T+ T            |   | 10                |                      |                |  |  |  |  |
|      |                | Drug Test Given TEST NOT GIVEN                            |                  |                          | Drug Test Type    |   | Drug Test Results |                      |                |  |  |  |  |
| 05   | 005            | Drug Type   |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      |                | Individual Condition                                      |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      |                | APPEARED NORM   | MAL              |                          |                   |   |                   |                      |                |  |  |  |  |
|      | ı              | Individual  |                  |                          |                   |   |                   |                      |                |  |  |  |  |
|      |                | Passenger   |                  |                          |                   | Citations Issued                        | Sex               |                      |                |  |  |  |  |
|      | Ļ              | BECKUM SEVERS   | SON              |                          |                   | 0                                       | MALE              |                      |                |  |  |  |  |
| ⊨    | ₽<br>DQI       | (608) 853-2248  |                  |                          |                   | Date of Birth                           | WHITE             | Race<br>WHITE        |                |  |  |  |  |
| LINO | INDIVIDUA      | Address<br>564 E SLIFER ST # 12<br>PORTAGE, WI 53901 , US |                  |                          |                   | Driver License Number                   |                   |                      |                |  |  |  |  |
|      | Sat            | On Duty Crash  fety Equipment                             |                  |                          |                   | Safety Equipment                        |                   |                      |                |  |  |  |  |
|      |                | Row Seat Position 02 - SECOND ROW 09 - RIGHT              |                  |                          |                   | CHILD RESTRAINT SYSTEM - FORWARD FACING |                   |                      |                |  |  |  |  |
|      |                | Helmet Use  |                  |                          | Helmet Compliance |   |                   |                      |                |  |  |  |  |
|      |                | Eye Protection  |                  |                          | Tint Compliance   |   |                   |                      |                |  |  |  |  |
| 02   | 003            | Injury  |                  | BLE INJUR                |                   | Airbag NON DEPLOYED                     |                   |                      |                |  |  |  |  |
|      |                | Ejected   |                  | Ejection Pat             | h                 | IOADI E                                 |                   | Trapped/Extricated   |                |  |  |  |  |
|      |                | NOT EJECTED NOT EJECTED/NOT APPL                          |                  |                          |                   | LICABLE NOT TRAPPED                     |                   |                      |                |  |  |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/30/2024

Crash Time 01:23 PM

|      |            | Medical Transport              |                      |                   |                    | EMS Agency Identifier EMS Run # |                      |                |  |
|------|------------|--------------------------------|----------------------|-------------------|--------------------|---------------------------------|----------------------|----------------|--|
|      |            | EMS GROUND                     |                      |                   | 6001024            |                                 |                      |                |  |
|      |            | Hospital                       |                      |                   | Date of Death      |                                 | Time of Death        |                |  |
|      |            | REEDSBURG ARE                  |                      |                   |                    |                                 |                      |                |  |
|      |            | Distracted By                  | Distracted By Source | 9                 |                    |                                 |                      |                |  |
|      |            | Distracted By Action           |                      |                   |                    |                                 |                      |                |  |
|      |            | Non Motorist                   | Striking Unit #      | Location          |                    |                                 |                      |                |  |
|      |            | Prior Action                   |                      |                   |                    |                                 |                      |                |  |
|      |            | Action                         |                      |                   |                    |                                 |                      |                |  |
|      | AL.        |                                |                      |                   |                    |                                 |                      |                |  |
| LIND | INDIVIDUAL |                                |                      |                   |                    |                                 |                      |                |  |
| 5    | ≧          |                                |                      |                   |                    |                                 |                      |                |  |
|      | <b>=</b>   |                                |                      |                   |                    |                                 |                      |                |  |
|      |            |                                |                      |                   |                    |                                 |                      | 1              |  |
|      |            | Action Other                   |                      |                   |                    |                                 |                      | To/From School |  |
|      |            |                                | Suspected Alcohol L  | lse               | Suspected Drug Use |                                 |                      |                |  |
|      |            | Drug & Alcohol                 | NO                   |                   | 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               |                      |                |  |
| 05   | 003        | Drug Type                      |                      |                   |                    | •                               |                      |                |  |
|      |            |                                |                      |                   |                    |                                 |                      |                |  |
|      |            | Individual Condition           |                      |                   |                    |                                 |                      |                |  |
|      |            | APPEARED NORM                  | MAL                  |                   |                    |                                 |                      |                |  |
|      |            |                                | <del></del>          |                   |                    |                                 |                      |                |  |