WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override | | | | | | | |
|---------------------------------|---------------------------|------------------|---------------------|---------------------|-------------------------|----------------------------|---------------------|
| | Primary Crash [| Document # | Agency 24-05 | Crash Number 598 | Investigating O | | |
| Crash Date 05/31/2024 | Crash Time 07:59 AM | | Date A 05/31 | | Time Arrived 08:18 AM | | |
| Date Notified 05/31/2024 | Time Notified 07:59 AM | | Total U | nits | Total Injured 00 | Total Kill | led |
| On Emergency | Hit and Run | Lane Close | ure | ☐ Work Zone | Trailer o | r Towed | Reporting Threshold |
| Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | |
| ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH | 1) | | Amende | d | Secondary Crash |
| Diagram | C i | OP O2 View | Rd | | | Photos By Additional Info | , |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 6

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Loc | ation | | | | | | | | |
|-----------|---|--|--|---|---|---------------|--|--|--|--|
| | | CITY VIEW RD | | | | Latitude | | | Longitud | de |
| | 40 F | FTE | | | | 43.48915 | 4325 | | _ | 8607978 |
| | | EAST ST/ CTHA SB | | | | X Coordin | ate | | Y Coord | dinate |
| | | THE TOWN OF BARAB SAUK COUNTY | 800 | | | 278554.875 | | | 481878 | |
| | IIV S | SAUK COUNT I | | | | Structure | Гуре | | 1 | |
| | | | | | | NO STR | UCTURE | | | |
| | Cra | sh Scene | | | | | | | | |
| | First | : Harmful Event | | | | First Harm | ful Event Lo | ocation | | |
| | MOTOR VEH IN TRANSPORT | | | | | ON ROA | DWAY | | | |
| | Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION | | | | | Light Cond | dition | | | |
| | | | | | | DAYLIG | HT | | | |
| | Roa | d Surface Condition(s) | | | | Roadway | Factor(s) | | | |
| | DR | Y | | | | | | | | |
| | Envi | ironment Factor(s) | | | | 1 | | | | |
| | GL | ARE | | | | NONE | | | | |
| | Wea | ather Condition(s) | | | | 1 | | | | |
| | | EAR | | | | | | | | |
| | | nal Type | | | | Polation T | o Trafficwa | , | | |
| | | nai 1 y p o | | | | | CWAY - OI | | | |
| | Cras | sh Classification - Location | | | | Crash Clas | ssification - | Jurisdiction | | |
| | | BLIC PROPERTY | | | | NO SPE | CIAL JUR | ISDICTION | | |
| | Triba | al Land | | | | Access Co | | | | Special Study |
| | \\/ith | in Interchange Area | Junction Location | | Intersection | NO CON | IKUL | | | |
| | NO | iiii iiiteichange Alea | INTERSECTION | | | SECTION | | | | |
| | l Ini | t Summary | | | | | | | | |
| | | t Summary — | | | | | | | | |
| | Unit | Status | | Vehicle Ope | erating As C | lassification | | Unit Type | | |
| | | Status FRANSIT | | Vehicle Ope | erating As C | lassification | | Unit Type AUTOMOR | BILE | |
| _ | IN T | | | | erating As C | lassification | | | | ments |
| 01 | IN T | RANSIT | | | erating As C | lassification | | AUTOMOE Operating A | s Endorse | |
| 7 | Vehi (SP | TRANSIT icle Type | E Train/Bus # Recorded | D CLASS | | | Total Trail | AUTOMOE Operating A | s Endorse | ments zMat Types |
| 01 | Vehi (SP Tota 1 | TRANSIT icle Type ORT) UTILITY VEHICL II Occs | Train/Bus # Recorded | D CLASS Total # Cita 0 | tions Issued | I | Total Trail | AUTOMOR Operating A | Total Haz | Mat Types |
| | Vehi (SP Tota 1 | TRANSIT icle Type ORT) UTILITY VEHICL II Occs rance? | Train/Bus # Recorded Direction Of Travel | D CLASS Total # Cita 0 | tions Issued CrashTire | I | Total Trail O Speed Lin | AUTOMOR Operating A | Total Haz O Total Lan | Mat Types |
| | IN T Vehi (SP Tota 1 Insu YES | FRANSIT icle Type ORT) UTILITY VEHICL al Occs rance? | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | Total # Cita 0 Pre | tions Issued CrashTire Mark | I | Total Trail | AUTOMOR Operating As | Total Haz Total Lan 2 | zMat Types nes |
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| | IN T Vehi (SP Tota 1 Insu YES Mos | FRANSIT icle Type ORT) UTILITY VEHICL al Occs rance? S t Harmful Event: Collision V | Train/Bus # Recorded Direction Of Travel SOUTHBOUND With | Total # Cita 0 Pre Special Fun | crashTire Mark ction |) | Total Trail O Speed Lin | AUTOMOE Operating Average and the service of the se | Total Haz O Total Lan 2 Motor Veh | Mat Types nes |
| | IN T Vehi (SP Tota 1 Insu YES MOS Traff TWO | TRANSIT icle Type ORT) UTILITY VEHICL al Occs rance? S t Harmful Event: Collision V TOR VEH IN TRANSPO fic Way O-WAY, NOT DIVIDED | Train/Bus # Recorded Direction Of Travel SOUTHBOUND With | Total # Cita 0 Pre Special Fun NO SPEC | CrashTire Mark ction IAL FUNC |) | Total Trail O Speed Lin | AUTOMOBIO Operating Asserts Emergency NOT APPL Traffic Contr | Total Haz 0 Total Lan 2 Motor Veh LICABLE ol Inopera | exMat Types Dies Dicle Use |
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| LIND | IN T Vehi (SP Total 1 Insu YES Mos MO Traff TWO Surfice BLA Truc NO | TRANSIT icle Type ORT) UTILITY VEHICL al Occs rance? St t Harmful Event: Collision V TOR VEH IN TRANSPO fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS ek Bus or HazMat Vehicle License Plate Number ADK9588 Vehicle Identification Num | Train/Bus # Recorded Direction Of Travel SOUTHBOUND With DRT S) | D CLASS Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make | CrashTire Mark ction IAL FUNC rol ROL tture T | ETION | Total Trail 0 Speed Lin 45 St WI Year | AUTOMOBIO Operating Assistance of the control of th | Total Haz 0 Total Lan 2 Motor Veh LICABLE ol Inopera | exMat Types Dies Dicle Use |
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| LIND | IN T Vehin (SP Tota 1 Insu YES MOO Traff TWG Surfa BLA Truc NO | TRANSIT icle Type ORT) UTILITY VEHICL II Occs rance? St Harmful Event: Collision V TOR VEH IN TRANSPO fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS ek Bus or HazMat Vehicle License Plate Number ADK9588 Vehicle Identification Num 1FM5K8F89GGB8947 Color GRY - GRAY | Train/Bus # Recorded Direction Of Travel SOUTHBOUND With DRT S) | D CLASS Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style UT - SPO | CrashTire Mark ction IAL FUNC rol ROL uture T | ETION | St WI Year 2016 | AUTOMOE Operating Asserts Emergency NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST Model EXPLOREF | Total Haz 0 Total Lan 2 Motor Veh LICABLE ol Inopera | eMat Types nes nicle Use |
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| LIND | IN T Vehin (SP Tota 1 Insu YES MOO Traff TWG Surfa BLA Truc NO | TRANSIT icle Type ORT) UTILITY VEHICL II Occs rance? St Harmful Event: Collision V TOR VEH IN TRANSPO fic Way O-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS ek Bus or HazMat Vehicle License Plate Number ADK9588 Vehicle Identification Num 1FM5K8F89GB8947 Color GRY - GRAY Initial Contact Point 08 - LEFT SIDE REAF | Train/Bus # Recorded Direction Of Travel SOUTHBOUND With DRT S) | D CLASS Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style UT - SPO Vehicle Da | CrashTire Mark ction IAL FUNC rol ROL sture T | ETION | St WI Year 2016 | AUTOMOE Operating Asserts Emergency NOT APPL Traffic Contr NO Road Grade LEVEL Country of Iss UNITED ST Model EXPLOREF | Total Haz 0 Total Lan 2 Motor Veh LICABLE ol Inopera | zMat Types les licle Use tive/Missing |

Wisconsin Motor Vehicle Crash Form DT4000

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2 of 6

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | T1 D T D | | Valida Damarad Da | | | | |
|----------|------------|---|---|--|--------------|-------------------------|--|--|
| | | Towed Due To Damage | | Vehicle Removed By | | | | |
| | | NOT TOWED | | Makiala Fastasa | | | | |
| | | What Driver Was Doing LEFT TURN | | Vehicle Factors | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | |
| | | Driver Prior Action Other | | NOT ALL EIGABLE | | | | |
| | | Driver Actions | | | | | | |
| | | IMPROPER TURN, FAILE | D TO KEEP IN DESIGNA | TED LANE | | | | |
| - | Ä | | | | | | | |
| UNIT | VEHICLE | | | | | | | |
| > | 亩 | | | | | | | |
| | _ | | | | | | | |
| | | Owner Name | | Owner Address | | | | |
| l_ | _ | BRITTANY MAURER | ? | 527 CLARK ST | | | | |
| 2 | 2 | (608) 495-0434 | | REEDSBURG, W | I 53959 , US | | | |
| | | | | | | | | |
| | ; | Sequence Of Events | | | | | | |
| | | Event | | | | | | |
| | 2 | MOTOR VEH IN TRANSP | ORT | | | | | |
| | 05 | Event | | | | | | |
| | 0 | | | | | | | |
| | 33 | Event | | | | | | |
| | 0 | | | | | | | |
| | 4 | Event | | | | | | |
| | 0 | | | | | | | |
| - | 1 | Policy Holder | | | | | | |
| NN | | Insurance Company | | Individual | | | | |
| - | | AMERICAN-FAMILY-INS | -co | BRITTANY MAURI | ER . | | | |
| | - 1 | Individual | | | | | | |
| | | Driver | | Citations Issued | Sex | | | |
| | _ | BRITTANY MAUREF | 2 | 0 | FEMALE | | | |
| | 4 | (608) 495-0434 | | Date of Birth | Race | | | |
| ⊨ | INDIVIDUAL | | | | WHITE | | | |
| FIND | ≥ | Address | | Driver License Number | | | | |
| - | | 527 CLARK ST | | | | | | |
| | Z | | US | | | | | |
| | Z | REEDSBURG, WI 53959 | , US | | | | | |
| | Z | REEDSBURG, WI 53959 | | Octob Society | | | | |
| | | REEDSBURG, WI 53959 | , US y Crash | Safety Equipment | | | | |
| | | REEDSBURG, WI 53959 fety Equipment | y Crash | |) REI T | | | |
| | | REEDSBURG, WI 53959 fety Equipment Row | y Crash Seat Position | Safety Equipment SHOULDER & LAR | BELT | | | |
| | | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW | y Crash | SHOULDER & LAF | BELT | | | |
| | | REEDSBURG, WI 53959 fety Equipment Row | y Crash Seat Position | | BELT | | | |
| | | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW | y Crash Seat Position | SHOULDER & LAF | BELT | | | |
| | | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use | y Crash Seat Position | SHOULDER & LAR | BELT | | | |
| - | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S | Seat Position 07 - LEFT | SHOULDER & LAR | BELT | | | |
| 01 | | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF | Seat Position 07 - LEFT Reverity PPARENT INJURY | SHOULDER & LAR Helmet Compliance Tint Compliance | | | | |
| 01 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AR | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path | SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED | | Frapped/Extricated | | |
| 10 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AR Ejected NOT EJECTED | Seat Position 07 - LEFT Reverity PPARENT INJURY | SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED | | NOT TRAPPED | | |
| 10 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AR Ejected NOT EJECTED Medical Transport | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path | SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED | | • • | | |
| 01 | Sat | REEDSBURG, WI 53959 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AR Ejected NOT EJECTED Medical Transport NOT TRANSPORTED | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path | SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier | | NOT TRAPPED EMS Run# | | |
| 01 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AR Ejected NOT EJECTED Medical Transport | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path | SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED | | NOT TRAPPED | | |
| 01 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AP | SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death | | NOT TRAPPED EMS Run# | | |
| 01 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AP | SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death | | NOT TRAPPED EMS Run# | | |
| 01 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AR Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AP | SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death | | NOT TRAPPED EMS Run# | | |
| 01 | Sat | REEDSBURG, WI 53959 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital | Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT AP | SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death | | NOT TRAPPED EMS Run# | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 6 \end{tabular}$

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Non Motorist | triking Unit # | Location | | | | | |
|-----------|------------|--|--------------------|-------------------|--------------------------------------|-----------------|---------------------|--|--|
| | | Prior Action | | I | | | | | |
| | | Action | | | | | | | |
| | AL | | | | | | | | |
| LND | JDOI. | | | | | | | | |
| ר | INDIVIDUAL | | | | | | | | |
| | = | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | Drug & Alcohol N | uspected Alcohol l | Jse | Suspected Drug Use | | | | |
| | | Alcohol Test Given | <u> </u> | Alcohol Test Type | NO | | Alcohol Test R | agulta | |
| | | TEST NOT GIVEN | | Alcohol Test Type | • | | Alcohol Test K | esuits | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Resul | ts | | |
| 2 | 001 | Drug Type | | | | | | | |
| | J | Individual Condition | | | | | | | |
| | | APPEARED NORMA | ıL. | | | | | | |
| | | | | | | | | | |
| _ | | t Summary Status | | IV | ehicle Operating As Classi | ification | Unit Type | | |
| | IN T | RANSIT | | | CLASS | | AUTOMOBIL | LE | |
| 05 | | cle Type | | • | | | Operating As E | Endorsements | |
| | Tota | SSENGER CAR I Occs | Train/Bus # Re | 1 | otal # Citations Issued | Total Tra | | otal HazMat Types | |
| | 1 | rance? | Direction Of Ti | o avel | | 0 Speed Li | mit T | otal Lanes | |
| <u></u> ⊨ | YES | 5 | WESTBOUN | ID [| Pre CrashTire Mark | 45 | 2 | | |
| LIND | | t Harmful Event: Collision TOR VEH IN TRANSP | | | Special Function NO SPECIAL FUNCTION | | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | | ic Way D-WAY, NOT DIVIDE D |) | | raffic Control | | Traffic Control | Inoperative/Missing | |
| | Surfa | асе Туре | | | oad Curvature | | Road Grade | | |
| | | ACKTOP (BITUMINOU | IS) | s | TRAIGHT | | LEVEL | | |
| | NO | k Bus or HazMat | | | | | | | |
| | , | Vehicle | | | | | | | |
| | | License Plate Number AVY8869 | | | Plate Type St AUT - AUTOMOBILE WI | | Country of Issuance | | |
| _ | • | Vehicle Identification Nu | mber | | Make | Year | | | |
| 05 | 05 | 1G1ZE5ST8GF33267 | 75 | | CHEVROLET | 2016 | IMPALA | | |
| | | Color BLK - BLACK | | | Body Style SD - SEDAN Bus Use | | | | |
| _ | J. | Initial Contact Point 11 - LEFT FRONT CO | ORNER | | Vehicle Damage | | | 7 8 9 10 11 | |
| LNU | VEHICLE | Extent Of Damage FUNCTIONAL DAMA | | | 11 - LEFT FRONT COI | RNER | | 6 Fa 12 | |
| | > | Towed Due To Damage | | \ | Vehicle Removed By | | | | |
| | | NOT TOWED | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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4 of 6

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | What Driver Was Doing | | V | ehicle Factors | | | | |
|-------|------------|---|--------------|----------------|------------------------------|--------|---------------|--|--|
| | | STOP IN TRAFFIC | | | | | | | |
| | | Driver Prior Action Other | | N | IOT APPLICABLE | | | | |
| | | | | | | | | | |
| | | Driver Actions | ON | | | | | | |
| | Щ | NO CONTRIBUTING ACT | ON | | | | | | |
| NN | VEHICL | <u>ʊ</u> | | | | | | | |
| 5 | 표 | | | | | | | | |
| | 7 | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name AMANDA FROSCI | | | Owner Address 332 BERKLEY BL | /D | | | |
| 05 | 02 | (414) 379-4376 | ' | | BARABOO, WI 53 | | | | |
| _ | | , | | | | | | | |
| | | O | | | | | | | |
| | • | Sequence Of Events Event | | | | | | | |
| | 01 | MOTOR VEH IN TRANSPO | ORT | | | | | | |
| | 02 | Event | | | | | | | |
| | 3 | Event | | | | | | | |
| | 03 | | | | | | | | |
| | 04 | Event | | | | | | | |
| | | | | | | | | | |
| ⊢ | - 1 | Policy Holder | | | | | | | |
| E I | | Insurance Company | | | Individual | | | | |
| _ | | BADGER-MUTUAL-INS-C | 0 | | AMANDA FROSCH | | | | |
| | ı | ndividual | | | | | | | |
| | | Driver | | | Citations Issued | Sex | | | |
| | Ļ | AMANDA FROSCI (414) 379-4376 | 1 | | 0 | FEMALE | | | |
| | INDIVIDUAL | (414) 375-4370 | | | Date of Birth | Race | | | |
| FIN O | ₽ | * | | | | ļ | | | |
| 5 | \leq | Address 332 BERKLEY BLVD | | | Driver License Number | | | | |
| | Z | BARABOO, WI 53913 , U | S | | | | | | |
| | | | | | | | | | |
| | | On Duty | Crash | | Safety Equipment | | | | |
| | Saf | ety Equipment | | | | | | | |
| | | Row | Seat Po | sition | SHOULDER & LAP | BELT | | | |
| | | 01 - FRONT ROW | 07 - LE | FT | | | | | |
| | | Helmet Use | • | | Helmet Compliance | | | | |
| | | E 5 | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| ~ | 7 | Injury Se | everity | | Airbag | | | | |
| 05 | 005 | Injury NO AP | PARENT I | NJURY | NON DEPLOYED | | | | |
| | | Ejected | Ejection Pa | th | Trapped/Extricated | | | | |
| | | NOT EJECTED | NOT EJE | CTED/NOT APPL | ICABLE | | NOT TRAPPED | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORTED | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | |
| | | Distracte | ed By Source | 9 | <u> </u> | | | | |
| | | Distracted By NOT A | PPLICABL | E (NOT DISTRAC | CTED) | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | Striking | Unit# | Location | | | | | |
| | | Non Motorist | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $5 \quad \text{of} \quad 6$

Crash Date 05/31/2024
Crash Time 07:59 AM

f 6 Crash Time **07:59**

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Prior Action | | | | | |
|-----|------------|--------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | | | | | | | |
| İ | | Action | | | | | |
| | | | | | | | |
| | AL | | | | | | |
| ╘ | DO | | | | | | |
| LND | \leq | | | | | | |
| - | INDIVIDUAL | | | | | | |
| | = | | | | | | |
| | | | | | | | |
| İ | | Action Other | | | | | To/From School |
| | | | | | | | |
| | ı | Drug & Alcohol NO | Jse | Suspected Drug Use NO | | | |
| | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Nesults | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | | | | | |
| 05 | 002 | Drug Type | u . | | 1 | | |
| • | 0 | | | | | | |
| | | Individual Condition | | | | | |
| | | | | | | | |
| | | APPEARED NORMAL | | | | | |
| l | | | | | | | |