20-03697

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Decument Number Override       Premary Crash Document #       Agency Crash Number       Direction (175, 183, 183, 183, 183, 183, 183, 183, 183										
Reportable       Crash type         Description       Reconstruction By         Plagram       F         Image: Crash type       Image: Crash type         Image: Crash type <th></th> <th>Document Number Override</th> <th>Primary Crash [</th> <th>Document #</th> <th></th> <th></th> <th colspan="4"></th>		Document Number Override	Primary Crash [	Document #						
Reportable       Crash type         Description       Reconstruction By         Plagram       F         Image: Crash type       Image: Crash type         Image: Crash type <th>ΝN</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th colspan="2"></th>	ΝN									
Reportable       Crash type         Description       Reconstruction By         Plagram       F         Image: Crash type       Image: Crash type         Image: Crash type <th>N N</th> <th></th> <th></th> <th></th> <th></th> <th>S</th> <th></th> <th colspan="2"></th>	N N					S				
Reportable       Crash type         Description       Reconstruction By         Plagram       F         Image: Crash type       Image: Crash type         Image: Crash type <th>JBQ</th> <th>On Emergency</th> <th>Hit and Run</th> <th colspan="2">and Run</th> <th>Work Zone</th> <th>Trailer</th> <th>or Towed</th> <th>Reporting Threshold</th>	JBQ	On Emergency	Hit and Run	and Run		Work Zone	Trailer	or Towed	Reporting Threshold	
Reportable       Crash type         Description       Reconstruction By         Plagram       F         Image: Crash type       Image: Crash type         Image: Crash type <th></th> <th></th> <th>Active Sc</th> <th>hool Zone</th> <th></th> <th>us Related</th> <th>Tags</th> <th></th> <th></th>			Active Sc	hool Zone		us Related	Tags			
Diagram	C		Crash Type DT4000 (STA	NDARD CRASH)	)		Amend	ed	Secondary Crash	
the set of									-	
✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			P6**		K			Additional Inf		
		✔ I, a sworn law enfore	cement officer, agre	ee that I have not	t added a	any CJIS data in t	his report.			

UNIT 1 WAS ON SOUTHBOUND ON CTH F AT CTH K TURNING LEFT ONTO CTH K , WHEN UNIT 2, WHICH HAD BEEN STOPPED AT THE STOP SIGN ON CTH K FACING WESTBOUNG, PULLED OUT TO MAKE A LEFT TURN ONTO CTH F/K AND STRUCK UNIT 1 IN THE INTERSECTION ON THE LEFT SIDE REAR OF UNIT. BOTH UNITS PULLED OFF OF THE ROADWAY. THERE WERE NO INJURIES. UNIT 1 HAD REAR LEFT SIDE DAMAGE AND UNIT 2 HAD FRONT END DAMAGE. OPERATOR OF UNIT 2 STATED SHE HAD BEEN DISTRACTED BY HER DOG WHEN PULLING OUT TO TURN AND SHE SAID SHE HAD NOT SEEN UNIT 1. UNIT 2 OPERATOR WAS CITED FOR FTY WHILE MAKING A LEFT TURN. BOTH UNIT WERE REMOVED BY THE OPERATORS.

20-03697

### WISCONSIN MOTOR VEHICLE CRASH REPORT

L	<b>.</b> oc	ation								
f	INT	ERSECTION				Latitude			Longitue	de
	-	CTHK NB				43.5736	72319		-89.998	3353808
		CTHF NB HE TOWN OF WINFIE				X Coordin	ate		Y Coord	dinate
						257889.375 4828892				
	-					Structure	Туре			
L (	Cra	sh Scene 💻								
Τ	First	Harmful Event				First Harn	nful Event Lo	ocation		
	мо	TOR VEH IN TRANSPO	ORT			ON ROA	DWAY			
Ē	Man	ner of Collision				Light Condition				
	01 -	ANGLE				DAYLIG	HT			
	Roa	d Surface Condition(s)	Roadway	Factor(s)						
	DR١	(								
-	Envi	ronment Factor(s)								
	NO	NE				NONE				
	-	ther Condition(s)				4				
	Anim	nal Type					o Trafficwa	-		
	_						- ON ROAD			
	Crash Classification - Location PUBLIC PROPERTY Tribal Land						lassification - Jurisdiction ECIAL JURISDICTION			
							Access Control Special Study			Special Study
						NO CON				
		in Interchange Area	Junction Location		Intersectio					
	NO		INTERSECTION		T-INTER	SECTION				
ι		t Summary 🛛 💻								
		Init Status Vehicle Operating As Cl								
		N TRANSIT D CLASS				AUTOMOBILE Operating As Endorsements				
-		hicle Type ASSENGER CAR				Operating As Endorsements				
			Train/Bus # Recorded	Total # Cita	Total # Citations Issued Total Tra			ers	Total Haz	Mat Types
	04			0		0		0		,,
F	Insu	ance?	Direction Of Travel	Pre	CrashTire	}	Speed Lin	nit	Total Lan	es
	YES	;	NORTHBOUND		Mark		55		02	
		Harmful Event: Collision		Special Fur				Emergency NOT APP		
	-	TOR VEH IN TRANSP	ORT		IAL FUNC	TION				
		ic Way D-WAY, NOT DIVIDED		Traffic Cont NO CONT				NO	roi inopera	tive/Missing
		ace Type		Road Curva				Road Grade	9	
			S)	STRAIGH				LEVEL		
		k Bus or HazMat	-,					1		
	NO									
	1	Vehicle								
		License Plate Number	Plate Type		_	St	Country of Issuance			
	AEL3532			AUT - AUTOMOBILE		LE	WI	UNITED STATES		
Vehicle Identification Number KNAFE221X95659178			Make KIA MOTORS CORPORA			Year 2009	Model SPECTRA			
	0	Color	Body Style		<b>KFUKA</b>	2009	Bus Use			
		SIL - SILVER (ALUM	SD - SEE				240 000			
	щ	Initial Contact Point	,	Vehicle Da						
	U U	08 - LEFT SIDE REA	R							
	Extent Of Damage			06 - REA	R, 07 - LE	FT REAR	CORNER	, 08 - LEFT	SIDE RE	AR
FUNCTIONAL DAMAGE										

20-03697

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage			nicle Removed By			
		NOT TOWED		-	VNER			
		What Driver Was Doing		Vel	nicle Factors			
		LEFT TURN Driver Prior Action Other		NC				
		Driver Filor Action Other						
		Driver Actions						
	щ	NO CONTRIBUTING ACTIO	N					
UNIT	ICL							
5	VEHICLE							
	2							
		Owner Name			Owner Address			
		BRIAN CHARLES CRUGER			125 N MINNESOTA ST			
5	01	(608) 604-9755			MUSCODA, WI 53573 , US			
	ę	Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPOR	т					
	2	Event						
	02							
	03	Event						
	04	Event						
F		Policy Holder		- T.				
UNIT		Insurance Company WADENA-INSURANCE-CO			ndividual BRIAN CRUGER			
		ndividual						
		Driver		Citations Issued Sex				
	_	BRIAN CHARLES CRUGER			D	MALE		
	INDIVIDUAI	(608) 604-9755		ſ	Date of Birth	Race WHITE		
UNIT		Address			Driver License Number	WHITE		
5	D	125 N MINNESOTA ST						
	Z	MUSCODA, WI 53573, US		STATE: WISCONSIN COUNTRY: UNITED STATES				
	Saf	On Duty Cr	ash	\$	Safety Equipment			
		Row	Seat Position	_	SHOULDER & LAP BELT			
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		ł	Helmet Compliance			
		Eye Protection		-	Tint Compliance			
2	001	Injury Seve	rity ARENT INJURY		Airbag NON DEPLOYED			
	0		ection Path		NON DEFLOTED	Trapped/Extricated		
			OT EJECTED/NOT AP	PLIC	CABLE	NOT TRAPPED		
	Medical Transport		I	EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED						
		Hospital		[	Date of Death	Time of Death		
		Distracted By Not ADD						
		Distracted By NOT APP Distracted By Action	LICADLE (NUT DISTR	AC	ועשו			
		NOT DISTRACTED						

20-03697

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Unit #	Location								
		Prior Action		1								
		Action										
	Ľ											
⊨	INDIVIDUAL											
UNIT	IVIC											
	IND											
		Action Other						To/From School				
			Suspected Alcohol L	lse	Suspected Drug Use							
	L	Drug & Alcohol	NO		NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results						
-	1	Drug Type										
6	001											
		Individual Condition										
		APPEARED NORMAL										
		ndividual										
	Ī	Passenger			Citations Issued		Sex					
	١L	STEVEN LYLE DAVIDSON (608) 475-2010			0		MALE					
┝┍	INDIVIDUAL				Date of Birth		Race WHITE					
UNIT	INIC	Address 25448 LODGE ST										
	IN	RICHLAND CENTER, WI 53581, US			STATE: WISCONSI	N COUNTRY: UNI	TED STATES					
			On Duty Croch									
	On Duty Crash Safety Equipment				Safety Equipment							
		Row 01 - FRONT ROW	Seat Po <b>09 - R</b> I		SHOULDER & LAP BELT							
		Helmet Use	09 - KI	ы	Helmet Compliance							
		Eye Protection			Tint Compliance							
		_yo r rototton			Thit Compliance							
5	002		Injury Severity NO APPARENT I		Airbag NON DEPLOYED							
		Ejected	Ejection Pa				Trapped/Extricated					
		NOT EJECTED	NOT EJE	CTED/NOT APP	LICABLE		NOT TRAPPED					
		Medical Transport NOT TRANSPORT	ED		EMS Agency Identifier		EMS Run #					
	Hospital				Date of Death Time of Death							
			Distracted By Source	)								
		Distracted By	-									
		Distracted By Action										
		Non Motorist	Striking Unit #	Location								
				This see as	t doos not includo any CI		Oresh Data	04/18/2020				

20-03697

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# WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

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		Prior Action								
		Action								
		Action								
	Ļ									
	INDIVIDUAL									
UNIT	ē									
5	N									
	Z									
	-									
		Action Other						To/From School		
					1					
	,	Drug & Alcohol NO	cted Alcohol Use		Suspected Drug Use					
	-	_					· · · · · - · · ·			
		Alcohol Test Given	Alcohol	Test Type	)		Alcohol Test Results			
		TEST NOT GIVEN	Drug Ta							
		Drug Test Given TEST NOT GIVEN	Drug Te:	st type		Drug Test Results	5			
	~	Drug Type								
9	002	Diug Type								
	U									
		Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger			Citations Issued		Sex			
		VICTORIA SUE ANDERSON			0		FEMALE			
	AL	(608) 604-4816			Date of Birth		Race			
L	INDIVIDUAL				Date of Dirtin		WHITE			
UNIT	Ĭ	Address			Driver License Number					
	ā	125 N MINNESOTA ST								
	2	MUSCODA, WI 53573, U	JS		STATE: WISCONSIN	I COUNTRY: UN	ITED STATES			
	0	On Dut	y Crash		Safety Equipment					
	Sai	fety Equipment								
		Row	Seat Position		SHOULDER & LAP	BELT				
		02 - SECOND ROW	07 - LEFT							
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
	3	Iniury S	Severity		Airbag					
0	003		PPARENT INJURY		NON DEPLOYED					
	-	Ejected	Ejection Path				Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NO		LICABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted Pu	ted By Source							
		Distracted By								
		Distracted By Action								
			<u> 11.50 // 10 // 20</u>							
		Non Motorist	g Unit # Location	1						
		Prior Action								

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20-03697

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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UNIT	INDIVIDUAL	Action								
		Action Other							To/From School	
	L	Drug & Alcohol	Suspected . NO	Alcohol U	se	Suspected Drug Use NO				
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given			Drug Test Type		Drug Test Results	 ;		
		TEST NOT GIVEN	l		0 11					
2	003	Drug Type								
	Individual Condition									
APPEARED NORMAL										
		Individual								
		Passenger				Citations Issued		Sex		
	AL	VINCENT MICHAE (608) 604-3521	EL ARGALI	L		0 Data of Dirth		MALE Race		
╘	DU	. ,				Date of Birth		WHITE		
UNIT	INDIVIDUAL	Address 23012 COUNTY HWY A RICHLAND CENTER, WI 53581 , US			Driver License Number	I COUNTRY: UN	ITED STATES			
	Sat	fety Equipment	On Duty Cr	ash		Safety Equipment				
	•••	Row		Seat Po	sition	SHOULDER & LAP BELT				
		02 - SECOND RO	w	09 - RI						
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
2	004	In it was	Injury Seve	rity		Airbag				
	õ	Ejected	NO APPA	RENT II		NON DEPLOYED		Trapped/Extricated		
			-			ICABLE		NOT TRAPPED		
		Medical Transport				EMS Agency Identifier		EMS Run #		
		NOT TRANSPOR Hospital	TED			Date of Death		Time of Death		
		. ioopitai				Date of Death		Time of Dealit		
	Distracted By Source									
		Distracted By Action								
		Non Motorist	Striking Uni	t#	Location					
		Prior Action								
	noin M	Actor Vehicle Crash			This report	t does not include any CJI	S data	Crash Date	04/18/2020	

20-03697

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		[								
		Action								
	AL									
	Ŋ									
UNIT	9									
	INDIVIDUAL									
	Ż									
	=									
		Action Other								To/From School
		Suc	pected Alcohol L	100	Suspected Drug Use					
		Drug & Alcohol No	pected Alconol (	236	NO					
		_								
		Alcohol Test Given		Alcohol Test T	уре			Alcohol Test Results		
		TEST NOT GIVEN								
		Drug Test Given		Drug Test Type	e	Drug	Test Results			
		TEST NOT GIVEN								
2	004	Drug Type								
0	õ									
		Individual Condition								
		APPEARED NORMAL								
I	l l a li									
		t Summary								
		Status			Vehicle Operating As Classification			Unit Type		
	IN TRANSIT				D CLASS			AUTOMO		
02	Vehicle Type							Operating A	s Endorsen	nents
0		SPORT) UTILITY VEHICLE								
	Tota	l Occs	Train/Bus # Re	ecorded	Total # Citations Issued	Total # Citations Issued Total Traile			Total Hazl	Mat Types
	01	01			01		0		0	
1	Insu	rance?	Direction Of Tr	avel	Pre CrashTire Speed Lim		it	Total Lane	es	
⊢	YES	6	SOUTHBOU	ND	Mark		55		2	
UNIT	Mos	t Harmful Event: Collision W	ïth		Special Function				Motor Vehic	cle Use
	MO	TOR VEH IN TRANSPO	RT		NO SPECIAL FUNCTION			NOT APP	LICABLE	
	Traff	fic Way			Traffic Control			Traffic Control Inoperative/Missing		
	тw	O-WAY, NOT DIVIDED			STOP SIGN			NO		
		асе Туре			Road Curvature			Road Grade		
		ACKTOP (BITUMINOUS	)		STRAIGHT			LEVEL		
		k Bus or HazMat	,		•••••					
	NO									
	_									
		Vehicle								
		License Plate Number			Plate Type			Country of Is		
		996XNB			AUT - AUTOMOBILE			UNITED ST	TATES	
N	~	Vehicle Identification Num	ber		Make		Year	Model		
02	02	1C4PJLAB7FW72274	6		JEEP		2015	CHEROKE	ES	
		Color			Body Style		•	Bus Use		
		BLK - BLACK			UT - SPORT UTILITY	VEHIC	LE			
	щ	Initial Contact Point			Vehicle Damage					
ΗE	5	12 - FRONT								
UNIT	Ŧ	Extent Of Damage			12 - FRONT					
	VEHICLE	FUNCTIONAL DAMAG	θE		-					
	~	Towed Due To Damage	-		Vehicle Removed By					
		NOT TOWED			OWNER					
-		What Driver Was Doing			Vehicle Factors					
		LEFT TURN								
					NOT APPLICABLE					
		Driver Prior Action Other								
1		1								

#### 20-03697

### WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	VEHICLE									
02	02	Owner Name TAMMY L HAYES (608) 963-0759		Owner Address W4760 FITZGERALD RD LYNDON STATION, WI 53944 , US						
	ļ	Sequence Of Events	5							
	6	Event MOTOR VEH IN TRANS	PORT							
	02	Event								
	03	Event								
	04	Event								
┝┍╴│	I	Policy Holder								
UNIT		Insurance Company		Individual						
		AMERICAN-FAMILY-INS	5-CO	TAMMY HAYES						
	l	Individual		Citations Issued Sex						
		Driver TAMMY L HAYES		01	Sex FEMALE					
	JAL	(608) 963-0759		Date of Birth	Race					
E	ğ				WHITE					
UNIT	INDIVIDUAL	Address W4760 FITZGERALD RI LYNDON STATION, WI 5		Driver License Number STATE: WISCONSIN COUNTRY: UI	STATE: WISCONSIN COUNTRY: UNITED STATES					
	<b>C</b> -4	On Du	ity Crash	Safety Equipment						
	Sal	fety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
	S	Injury	Severity	Airbag						
02	005	Injury <sub>NO A</sub>	PPARENT INJURY	NON DEPLOYED						
			Ejection Path							
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AP	EMS Agency Identifier	NOT TRAPPED EMS Run #					
		NOT TRANSPORTED								
		Hospital		Date of Death	Time of Death					
		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)								
		Distracted By Action OTHER ACTION (LOOK	ING AWAY FROM TASK E	TC)						
		Non Motorist	g Unit # Location							
		Prior Action								

20-03697

# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action						
		Action Other			-			To/From School
	L	Drug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	005	Drug Type						
		Individual Condition						
			//AL					
		Violations	r	<b>F</b>	r			
	01	UTC Number AD981037	Issue To? 005	Statute Number 346.18(2)	Description FAIL/YIELD WHILE I	MAKING LEFT T	URN	