### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time 08:15 AM Time Notified 08:22 AM it and Run  Crash Type DT4000 (STAN		School E	ived <b>020</b>	Time 08:2 Total 00 Tags	Amended Re	Total Kille 00 Towed	Reporting Threshold  Secondary Crash
08:15 AM Time Notified 08:22 AM it and Run  Active Sch Crash Type	nool Zone	04/13/2 Total Un 02 ure School E	020 its Work Zone	Total 00	Trailer or Amended  Re	Towed  construction  notos By	Reporting Threshold  Secondary Crash
08:22 AM it and Run  Active Sch Crash Type	nool Zone	02 ure School E	☐ Work Zone	Total 00  Tags	Trailer or  Amended  Re	Towed  construction  notos By	Reporting Threshold  Secondary Crash
Active Sch	nool Zone	School E		Tags	Amended Re	econstruction notos By	Secondary Crash
Crash Type		NO	Bus Related		Amended Re	econstruction notos By	n By
Crash Type DT4000 (STAN	NDARD CRASH	÷)			Ph	econstruction notos By	n By
					Ph	notos By	
					Ph	notos By	
			Many of the state		Ac	dditional Info	rmation
							ermation
		_					
	UMIT E						
	ent officer, agree		unit 1			ent officer, agree that I have not added any CJIS data in this report.	

FURTHER INVESTIGATION AND RECONSTRUCTION OF THE CRASH SHOW A MORE ACCURATE WAY OF IT OCCURRING

MEANING UNIT 1 WAS IN ITS OWN LANE OF TRAVEL ON IMPACT. THE TRAILER CAME UNHITCHED FROM THE UNIT 1 AND BOTH UNIT 1 AND THE TRAILER

Form DT4000

TRAVELED INTO THE WEST SIDE DITCH BEFORE COMING TO REST.

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Loca	ation									
ON 197 I	USH12 EB FT N				Latitude <b>43.44603</b>	3595		Longitue -89.778	de 81 <b>59003</b>	
IN T	S GASSER RD HE TOWN OF BARA AUK COUNTY	воо			X Coordinate Y Coordinate <b>275196.75 4814097.5</b>					
IN S	AUR COUNTY				Structure Type					
Cras	sh Scene									
First I	Harmful Event				First Harm	ful Event L	ocation			
CAR	GO/EQUIPMENT LO	SS OR SHIFT			ON ROADWAY					
Mann	er of Collision				Light Condition					
01 - 2	ANGLE			DAYLIGHT						
Road	Surface Condition(s)				Roadway	Factor(s)				
DRY										
Enviro	onment Factor(s)									
NON	IE				NONE					
Weat	her Condition(s)									
CLE	AR									
Anima	al Type			Relation To Trafficway TRAFFICWAY - ON ROAD						
Crash	n Classification - Location	1			Crash Clas	sification -	- Jurisdiction			
PUB	LIC PROPERTY		NO SPE	CIAL JUF	RISDICTION					
Tribal	Tribal Land					Access Control Special Study NO CONTROL				
Within Interchange Area Junction Location Intersect										
NO	go /ou	NON-JUNCTION			INTERSE	CTION				
Unit	Summary =									
Unit S	Status		Vehicle Ope	erating As C	assification		Unit Type			
	RANSIT		D CLASS				AUTOMO	BILE		
	cle Type		•				Operating As Endorsements			
(SPC	ORT) UTILITY VEHIC	LE								
Total	Occs	Train/Bus # Recorded		tions Issued		Total Tra	ilers		Mat Types	
2	ance?	Direction Of Travel	0			1 Speed Lie	mit	0 Total Lan	00	
YES		SOUTHBOUND	Pre	CrashTire Mark	Speed Limit 65		iiit	Total Lanes 4		
	Harmful Event: Collision		Special Fun		TION			Emergency Motor Vehicle Use  NOT APPLICABLE		
	c Way	OK1	Traffic Cont						tive/Missing	
	DED HWY W/O TRAF	FIC BARRIER	NO CONT				NO			
	Surface Type Road Curvatu BLACKTOP (BITUMINOUS) STRAIGHT							Road Grade  LEVEL		
Truck	Bus or HazMat		<b>'</b>				1			
V	/ehicle									
	License Plate Number		Plate Type	)		St	Country of Is	suance		
	648ZWW		AUT - AL	JTOMOBIL	.E			TATES		
_	Vehicle Identification Nu		Make	N ET		Year	Model	DII		
_	1GNFK16337J18732	ن 	CHEVRO			2007	K1500 SUI	50		
	Color	i Boay Style	Body Style UT - SPORT UTILITY VEHICLE			Bus Use				

Initial Contact Point

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

_	VEHICLE	AZ LEET DEAD CODE	NED		Vehicle Damage							
LINO	$\stackrel{\circ}{=}$					06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE						
<b>–</b>	屯	FUNCTIONAL DAMAG	3E		MIDDLE							
		Towed Due To Damage				moved By						
		TOWED DUE TO DISA	ABLING I	DAMAGE	CRAIGS	TOWING						
		What Driver Was Doing				ctors						
		GOING STRAIGHT  Driver Prior Action Other			ΝΟΤ ΔΡΕ	PLICABLE						
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions										
	щ	NO CONTRIBUTING A	CTION									
	걸											
5	VEHICL											
	>											
		Owner Name			Owne	r Address						
_	_	EDWIN N BLAKE				1214 EAST ST						
5	2	(608) 393-1371			BARABOO, WI 53913 , US							
		Sequence Of Even Event	its									
	6	MOTOR VEH IN TRAN	ISPORT									
	02	Event										
		Event										
	03	Evone										
	8	Event										
<b>—</b>	1	Policy Holder										
LINO		Insurance Company				al						
		USAA-CASUALTY-INS	s-co		EDWIN	I BLAKE						
		Trailer/Towed	<u> </u>	1								
5		Trailer Plate #	Plate Type	Make UNK		State	Count	try of Issuance				
L	<b>%</b>	Unit Type		Individual EDWIN N BLAKE			Addre	ess EAST ST				
L		(608) 393-1371						ARABOO, WI 53913 , US				
$\supset$	TRAILER/	Vehicle Identification Numb	pei									
		Individual										
		Driver			Citations	s Issued		Sex				
	_	EDWIN N BLAKE			0			MALE				
	Ş	(608) 393-1371			Date of	Birth		Race WHITE				
	INDIMIDUAL	Address			Driver L	icense Number		******				
⊃	₫	1214 EAST ST										
	=	BARABOO, WI 53913	, 08		STATE: WISCONSIN COUNTRY: UNITED STATES							
		I On I	Duty Cras	2	Cofot: F	au inmant						
	Sa	fety Equipment	Duty Clas	ı	Salety	Equipment						
		Row		eat Position	SHOUL	LDER & LAP	BELT					
		01 - FRONT ROW Helmet Use	0	7 - LEFT	Helmet	Compliance		_				
		Troillet Ose			I IGIIIIGU	Joniphanice						
		Eye Protection			Tint Cor	npliance						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

10	001	Inium	Injury Sever	ity		Airbag					
٥	ŏ		NO APPA	RENT IN	NJURY	NON DEPLOYED					
		Ejected		ection Pat			Trapped/Extricated				
		NOT EJECTED	NC	OT EJEC	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT	ED								
		Hospital				Date of Death		Time of Death			
		Distrocted Bu	Distracted B	By Source			•				
		Distracted By  Distracted By Action	NOT APPI	LICABL	E (NOT DISTRAC	CTED)					
		NOT DISTRACTED									
		Non Motorist	Striking Unit	t #	Location						
		Prior Action									
		Action									
	INDIVIDUAL										
╘	ם										
UNIT	Ξ										
	2										
	=										
		Action Other							To/From School		
		Suspected Alcohol Use			Suspected Drug Use						
	L	Drug & Alcohol	rug & Alcohol No			NO					
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
	TEST NOT GIVEN										
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN									
01	001	Drug Type									
	)										
		Individual Condition									
		ADDEADED MODA	441								
		APPEARED NORM	VIAL								
		Individual									
		Individual Passenger				Citations Issued	ı	Sex			
		CALYSSA STAUS				0		FEMALE			
	AL	(608) 408-8626				Date of Birth		Race			
_	INDIVIDUAL					Bato of Birtin		WHITE			
LINO	⋝	Address				Driver License Number					
ı⊃ ∣	ቯ	541 8TH AVE									
	=	BARABOO, WI 539	913 , US			STATE: WISCONSIN	I COUNTRY: UNI	TED STATES			
	C -	Sotor Familia	On Duty Cra	ash		Safety Equipment					
	Sat	fety Equipment									
		Row Seat Position				SHOULDER & LAP BELT					
		01 - FRONT ROW		09 - RIG	GHT						
	Helmet Use					Helmet Compliance					
		Eye Protection				Tint Compliance					
_	2		Injury Sever	ity		Airbag					
01	005		NO APPA	-	NJURY	NON DEPLOYED					

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Ejected	Ejection Pa				rapped/Extricated						
		NOT EJECTED	NOT EJE	CTED/NOT APPI		NOT TRAPPED							
		Medical Transport  NOT TRANSPORT	ED		EMS Agency Identifier		EMS Run #						
		Hospital			Date of Death Time of Death								
		514 4 15	Distracted By Source	)									
		Distracted By											
		Distracted By Action											
		Non Motorist	Striking Unit #	Location									
		Prior Action											
LINO	INDIVIDUAL	Action											
		Action Other							To/From School				
	1	Drug & Alcohol	Suspected Alcohol U NO	se	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		s							
٤	005	Drug Type											
		Individual Condition											
		APPEARED NORM	IAL										
	Uni	t Summary ■											
		Status		V	ehicle Operating As Classi	fication	Unit Type						
		RANSIT		D	CLASS	AUTOMOBILE							
05		Vehicle Type  Operating As Endorsements  PASSENGER CAR											
	Tota <b>1</b>	l Occs	Train/Bus # Re	corded T	otal # Citations Issued	Total Trai	ilers	Total HazN	/lat Types				
	Insu	rance?	Direction Of Tra	avel	Pre CrashTire	Speed Lin	mit	Total Lane	S				
LNO	YES	t Harmful Event: Collisio	SOUTHBOUI		Mark pecial Function	65	Emergency	4 Motor Vehic	de Use				
5	MO	TOR VEH IN TRANS		N	O SPECIAL FUNCTIO	N	NOT APPL	ICABLE					
		fic Way I <b>DED HWY W/O TRA</b>	AFFIC BARRIER		raffic Control  IO CONTROL	Traffic Control Inoperative/Missing  NO							
		ace Type ACKTOP (BITUMINO	ille)		oad Curvature	Road Grade LEVEL							
		k Bus or HazMat	103)	3	TRAIGHT		LEVEL						
	NO												
	,	Vehicle											
		License Plate Number			Plate Type	St	Country of Iss						
		ABN1486			AUT - AUTOMOBILE	WI	UNITED ST	ATES					

### 6TL0BMQKWV

20-03566

### WISCONSIN MOTOR VEHICLE CRASH REPORT

05	02	Vehicle Identification Number <b>KNAFW6A38A5169656</b>		Make KIA	MOTORS CORPORA	Year <b>2010</b>	Model FORTE						
		Color RED - RED			Style COUPE		Bus Use						
	ш	Initial Contact Point			cle Damage								
⊨ا		01 - RIGHT FRONT CORN	IER		, and the second								
L NO	VEHICL	Extent Of Damage FUNCTIONAL DAMAGE		01 -	RIGHT FRONT CORN	ER, 02 - RIG	HT SIDE FRONT, 12 - FRONT						
		Towed Due To Damage		Vehicle Removed By									
		NOT TOWED		OPE	RATOR								
		What Driver Was Doing		Vehicle Factors									
		GOING STRAIGHT		NOT APPLICABLE									
		Driver Prior Action Other											
	LE	Driver Actions NO CONTRIBUTING ACTION											
LNO	VEHICLE												
	<b>&gt;</b>												
		Owner Name  JAMIE T SORENSON			Owner Address S2259 COUNTY ROAD	. ^							
05	02	(608) 649-1771			BARABOO, WI 53913								
	\$	Sequence Of Events											
	01	Event CARGO/EQUIPMENT LOS	SS OR SHIFT										
	02	Event											
	03	Event											
	04	Event											
L١		Policy Holder											
LNO		Insurance Company		Individual									
∍∣		PROGRESSIVE-CLASSIC	:-INS-CO		AMIE SORENSON								
	ĺ	Individual											
		Driver		Cit	ations Issued		Sex						
	Ļ	JAMIE T SORENSON (608) 649-1771		0			MALE						
⊢	INDIVIDUA	(000) 049-1771		Da	te of Birth		Race WHITE						
EN O	Σ	Address		Driver License Number									
٦	ND ND	S2259 COUNTY ROAD A BARABOO, WI 53913 , U	s	STATE: WISCONSIN COUNTRY: UNITED STATES									
	Sat	On Duty fety Equipment	Crasn	Safety Equipment									
		Row 01 - FRONT ROW	Seat Position <b>07 - LEFT</b>	SHOULDER & LAP BELT									
		Helmet Use			Helmet Compliance								
		Eye Protection		Tint Compliance									
ζ,	က	Injury So	everity	Airbag									
02	003	Injury <sub>NO AP</sub>	PARENT INJURY	NON DEPLOYED									
		Ejected  NOT EJECTED	Ejection Path  NOT EJECTED/NOT AF	PPLICA	ABLE		Trapped/Extricated NOT TRAPPED						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 04/13/2020

Crash Time 08:15 AM

		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTE	ĒD						
		Hospital			Date of Death Time of Death				
			Distracted By Source	9					
		Distracted By	NOT APPLICABL	E (NOT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	ب								
_	INDIVIDUAL								
UNIT	₹								
	Ξ								
	=								
		Action Other						To/From School	
		Action Other						TO/FIGHT SCHOOL	
			Suspected Alcohol U	Jse	Suspected Drug Use				
		Drug & Alcohol	NO		NO				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results			
		TEST NOT GIVEN		Drug Test Type		Drug Test Results			
02	003	Drug Type							
)	0								
		Individual Condition							
		APPEARED NORM	AL						
		THE PROPERTY OF THE PARTY OF TH							