20-07997

Wisconsin Motor Vehicle Crash Report

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

	Document Number	Override	Primary Cr	Primary Crash Document #			rash Number 7	Investigating Officer/Deputy DEPUTY M. TATE					
JР	Crash Date 08/11/2020	/11/2020         12:11 PM           te Notified         Time Notified					ved 120		Time Arrived 12:15 PM				
15	Date Notified						s		Total Injured	Total k	Killed		
9	08/11/2020		12:12 PM			02			04	00	_		
6TL0C9H5.	On Emergen	icy	Hit and Run	Lane C	Closu		Work Zo	one	Trailer or T	owed			Reporting Threshold
6TI	Govern Prope			e School Zone		School Bus Related			Tags				>
	✓ Reportable		Crash Type DT4000 (	STANDARD CF	RASH	)						S	econdary Crash
	Location												
	ON STH23 EB 0.28 MI N				Latitu	ude 8788800	Longitude -90.0137		at/LongSource LT/ILT	A	Access	Control	
	OF HERRITZ RD	)				ordinate	Y Coordin		n Roadway Link ID#	+ (		dwov Lin	nk Offset
	IN THE TOWN O	-	BURG	RG			4819409		555250		1489	uway Lii	ik Oliset
	IN SAUK COUN	11			Ove	erride	Tribal Lan	d			Structure NO ST	e Type RUCTU	JRE
(	Crash Scene				Į								
	First Harmful Event	t			First Harmful Event Location								
	MOTOR VEH IN TRANSPORT Manner of Collision 03 - FRONT TO REAR					ROADWA	AY						
						Light Condition							
			DAYLIGHT										
	Road Surface Cond		Envii	ronment Fa	ictor(s)								
	DRY		NONE										
	Roadway Factor(s)				Weather Condition(s)								
	NONE				CLEAR								
	Animal Type						fficway <b>Y - ON ROA</b>	D					
	Crash Classification	n - Location					ation - Jurisdic						
	PUBLIC PROPE	RTY			NO	SPECIAL	JURISDICTION						
	Tribal Land						L	Special Study					
	Within Interchange	Area	Junction Location	on		In	ntersection Type						
	NO		NON-JUNCT	ON		Ν	OT AN INTE	ERSECTIO	ON				
	Closure Type					Reasons	for Closure						
	LANE CLOSUR												
	Date Initial Lane/Ro	oad Closed		Lane/Road Close	ed	LAW EN	IFORCEME	NT, TOW	TRUCK, FIRE/E	MS			
	08/11/2020         12:15 PM           DateAll Lanes Open         Time All Lanes Open					Data Ora	ne Cleared		Time Scene Clea				
	DateAll Lanes Ope 08/11/2020	n	01:02 PM	•		08/11/20			01:02 PM	rea			
	Unit Summary												
	Unit Status	y —		Vehicle Operatin	a As (	lassificatio	n	Unit Type	2				
	IN TRANSIT			A CLASS	ig 7.5 C	Jassinoatie		TRUCK					
01	Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)						Operating	g As Endorsements					
9	Total Occs		# Recorded	Total # Citations	Issue	d	Total Traile		Total HazMat Ty	nes			
	1 00000	Tail/DuS #		0	100000	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	0	hee			
UNIT	Insurance? YES	Direction C NORTHB		Pre Cras	ashTire Speed Limit			it	Total Lanes 2				
ŋ	Most Harmful Even	Special Function		CTION		Emergency Motor Vehicle Use NOT APPLICABLE							

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		ic Way D-WAY, NOT DIVID	ED		affic Control D CONTROL			Traff NO	c Control Inope	Control Inoperative/Missing				
	BLA	ace Type ACKTOP (BITUMINO	OUS)		ad Curvature <b>RAIGHT</b>	Road Grade UPHILL								
0		k Bus or HazMat JCK OR TRUCK CC	MBINATIO	N > 10,00	OLBS GVW	R/GCWR								
-		Role DRIVER							Use Driver Individual Ty Address INDIVIDUA					
5	01	Last Name KOPS				First Name JAMES				Middle In RICHAF		Suffix		
		Street Address 603 W 5TH ST #10	)4			Street Addres	s 2			PO Box				
⊢	JAL	City MARSHFIELD				State WI		Zip Code 54449		Country of UNITED				
UNIT	NDIVIDUAL	DOB	Sex M	Race W		Hair BROWN	Eyes BLU	E	Height 603	Weight 300		e Number 486-5677 EXT.		
	IND	Driver's License Num	ber			State License Jursidiction STATE			Country of Issuance UNITED STATES					
	License Type COMMERCIAL DRIVER LICENSE (CDL)					License Statu VALID LICE				DL Expir 2022	e Year			
	Equipment On Duty Accid					Safety Equipr	nent							
	01	Row 01 - FRONT ROW	ion T	SHOULDER	R & LAP	BELT								
	0	Helmet Use				Helmet Comp	liance							
		Eye Protection				Tint Compliar	nce							
	_	Injury	Injury Severi POSSIBLE	-		Airbag NON DEPL	OYED							
F	DUA	Ejected NOT EJECTED				Ejection Path NOT EJEC		T APPLIC	Trapped/E					
	NDIVIDUAI	MedicalTransport NOT TRANSPORT	red			EMS Agency	Identifier		EMS Run	#				
	4	Hospital		~		Date of Death	١		Time of De	eath				
		Non Motorist	Striking Unit	#		Location			To/FromSo	chool				
	1	Prior Action				Action								
	01	Distracted By Action NOT DISTRACTED	D											
		Distracted By Source NOT APPLICABLE		FRACTE	D)	Action Other								
		Drug & Alcoh	Individual Co		AL									
		Suspected Alcohol Us NO	se			Suspected Di	ug Use							

### 6TL0C9H5JP 20-07997

	AL									
UNIT	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	Alcohol Test	туре				ļ	Alcohol Test Results	
	INDI	Drug Test Given TEST NOT GIVEN	Drug Test Ty	уре				[	Drug Test Results	
		Drug Type								
		License Plate Number			Plate Type		St	Coun	try of Issuance	
		2908452			TOR - TR	ACTOR	IN	UNIT	ED STATES	
		Vehicle Identification Number					Year	Make		
		3AKJGLDR4LSLJ0792			De du Ot de		2020		GHTLINER CORP	
		Model SEMI			Body Style TC - TRA			Color	- BLUE	
		Initial Contact Point			Vehicle Dar				- BEOE	
		06 - REAR			Volliolo Dal	nago				
~	7	Extent Of Damage			06 - REAF	2				
2	01	MINOR DAMAGE								
		Towed Due To Damage			Vehicle Fac	tors				
		NOT TOWED			NOT APP					
		Vehicle Removed By OPERATOR			NOT AFF					
		What Driver Was Doing			Driver Prior	Action Other		Bus L	Jse	
		GOING STRAIGHT								
.	Щ	Driver Actions NO CONTRIBUTING ACTION								
	VEHICL									
5	μ									
	>	Vehicle Owner Same As Op	orotor				erator Addre			
								:55		
		Organization Type ORGANIZATION/COMPANY		any Name	• CK RENTAI	INC				
		Last Name	First N				Middle	Suffix	Date of Birth	
		Street Address	Street	Address2	2		PO Box	•	•	
		11690 NW 105 ST	01	7: 0			0 ( )			
		City MIAMI	St FL	Zip Coc 33178			Country of Re			
		Telephone Number					0.1.1.25 01			
		(763) 242-1834 EXT.	-							
	0	Event MOTOR VEH IN TRANSPORT								
	02	Event								
	03	Event								
	04	Event								
_ [	<u> </u>	Insurance Company			Po	licy Holder			or Some Ac Driver	
UNIT	-	ACE-AMERICAN-INS-CO Organization Type Last	Name		First Na	me As Owne		older Com	er Same As Driver	
	Ног	ORGANIZATION/COMPA			FIISUNA				RENTAL INC	
		Trailer Plate # Plate Type	State	Country	of Issuance					

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### Wisconsin Motor Vehicle Crash Report

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

5	01	60370AA	TRL - TRAI	WA	ι	JNITED S	БТАТЕ	s						
	0	Make UTIM	-	Unit Typ SEMI 1		Vehicle Identification Number 1UYFS2486BA019828								
	VED		ner Same As Ve											
н	10	Organization Typ				ny Name R TRUCK	REN	TAL IN	IC					
UNIT	LER/TOWED	Last Name		F	First Na	me				Ν	Middle Initial		Suffix	
	TRAILE	Street Address 17850 W VALI	EY HWY	S	Street A	ddress2				F	PO Box			
		City TUKWILLA			St NA	Zip Code 9818855	32				Country of Re			
		Telephone Numb (000) 000-0000												
I			le Owner Same		•			Source						
		US DOT #	ie Owner Same	as Carr	ler			Carrier			-			
		165420 Carrier Address			Corr	ier Addres		RYDE	R TRUC		RENTAL IN		r	
	01	11690 NW 10	5 ST		Can	IEI Addres	52			Ca		Trumber	1	
5		City MIAMI			State FL		Zip Code Country of Residence 33178 UNITED STATES							
		GVWR					onfiguration Cargo Body Type IRACTOR/SEMI-TRAI NO CARGO BODY - (BOBTAIL, LIGHT MOTOR V							
_	S	<b>10,001-26,000</b> Carrier Type	LBS		IRU			_	nitted Loa	_	JCARGO	BODT -	- (BOBTAIL, LIGI	
UNIT	( BUS	NOT IN COM	IERCE/OTHER	WI Perm	it Numk	oor		NO	T APPLI	CA	BLE			
	TRUCK		bad	wir ein		Jei			Permitte	ed ۱	Vehicle On	Permit	tted Route	
	TR	Escort Ve	hicle Required I	By Perm	it				Escort V	/eh	icle Prese	nt		
		Measured Heigh	t	Measure	d Leng	th	Measured Width Measured Weight							
		Summary												
		Status <b>RANSIT</b>			hicle O	perating As <b>S</b>	s Class	sificatior	1		Unit Type AUTOMO	BILE		
02		cle Type ORT) UTILITY \	/EHICLE								Operating A	As Endors	sements	
	•		ain/Bus # Recordec	То 1		tations Issu	ued		Total Tra 0	ailer	rs	Total Ha <b>0</b>	azMat Types	
F	Insu YES		ection Of Travel	Г	Pro	e CrashT Mark	ïre		Speed L 55	imit	t	Total La 2	anes	
UNIT	Most Harmful Event: Collision With     Special Function       MOTOR VEH IN TRANSPORT     NO SPECIAL FUN       Traffic Way     Traffic Control       TWO-WAY, NOT DIVIDED     NO CONTROL						NCTIC	ON			2 Emergency Motor Vehicle Use NOT APPLICABLE			
											Traffic Cont	trol Inope	erative/Missing	
	Surface Type Road Curvature										Road Grade	9		
		CKTOP (BITUI	MINOUS)	ST	RAIG	НТ					UPHILL			
02	NO					r							T	
2		Role DRIVER				C 1		s Issued	t		Use Dri Addre		Individual Type INDIVIDUAL	
02	02	Last Name NEUMANN					irst Na						Middle Initial LYNN	Suffix
		Street Address						ddress	2				PO Box	1
		S6220 HWY 1	04						Z	ip C	Code			

L	JAL	HILLPOINT			State WI		53937		Country c	of Resider	
UNIT	INDIVIDUAL	DOB	Sex F	Race W	Hair BROWN	Eyes BLU		eight <b>04</b>	Weight 130		Number 444-8082 EXT.
	IND	Driver's License Num	ıber		State WI		License Jursi STATE	idiction	Country of Issuance UNITED STATES		
		License Type NON-CDL DRIVER	R'S LICEN	SE	License Status VALID LICEN	ISE			DL Expire 2025	e Year	
		Equipment	On Duty Ac	ccident	Safety Equipme						
	02	Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER &	& LAP	BELT				
	0	Helmet Use			Helmet Complia	nce					
		Eye Protection			Tint Compliance	•					
	L	Injury	Injury Seve	erity TED MINOR INJURY	Airbag DEPLOYED-F		r				
UNIT	DUA	Ejected NOT EJECTED			Ejection Path NOT EJECTE	D/NO	T APPLICA	Trapped/E			
5	INDIVIDUAL	MedicalTransport EMS GROUND			EMS Agency Ide 6001024	entifier		EMS Run 515	#		
	-	Hospital REEDSBURG AR	EA MED C	TR	Date of Death			Time of De	eath		
		Non Motorist	Striking Un	it #	Location			To/FromSo	chool		
	02	Prior Action			Action						
	0	Distracted By Action OTHER ACTION (	LOOKING	AWAY FROM TASK							
		Distracted By Source HANDS-FREE MC		NE	Action Other						
		Drug & Alcoh		Condition ED NORMAL							
_	JAL	Suspected Alcohol Us	se		Suspected Drug	Use					
UNIT	JIVIDUAL	Alcohol Test Given TEST NOT GIVEN	i i	Alcohol Test Type						est Resu	lts
	IND	Drug Test Given TEST NOT GIVEN	1	Drug Test Type					Drug Tes	t Results	
		Drug Type									
							1		T		
02		Role PASSENGER			Citations Issued			Driver dress	Individual	UAL	
•	03	Last Name NEUMANN			First Name				Middle Ini M	itial	Suffix
		Street Address S6220 HWY 154			Street Address 2	2	75.0.1		PO Box		
		City HILLPOINT			State WI		Zip Code 53937		UNITED	of Resider	S
Wisco	nsin N	Aotor Vehicle Crash							C	rash Date	e 08/11/2020

AL												
IVIDU	DOB	Sex F	Race W	Hair	Eyes	ŀ	Height	Weight		Number 444-8082 EXT.		
IND	Driver's License Num	ber		State				Country of	of Issuand	ce		
	License Type				License Status NOT LICENSED					DL Expire Year		
	Equipment	On Duty A	ccident	Safety Equipm	ent							
3	Row 02 - SECOND ROV	w	Seat Position 07 - LEFT	CHILD REST	RAINT	SYSTEM	- FORWARI	D FACING	6			
0	Helmet Use			Helmet Compli	ance							
	Eye Protection			Tint Complianc	e,							
_	Injury			Airbag NON DEPLO	OYED							
DUA	Ejected NOT EJECTED			Ejection Path NOT EJECT	ED/NO							
DIVI	MedicalTransport EMS GROUND			EMS Agency Io 6001024	dentifier		EMS Run 515	#				
Z	Hospital REEDSBURG ARI	EA MED C	TR	Date of Death			Time of De	eath				
	Non Motorist	Striking Un	it #	Location			To/FromS	chool				
~	Prior Action	•		Action								
ö	Distracted By Action											
	Distracted By Source			Action Other								
	Drug & Alcoh			<b>L</b>								
IAL	Suspected Alcohol Us	se		Suspected Dru NO	ıg Use							
VIDL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	·				Alcohol 1	Test Resu	ılts		
INDI	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	at Results			
	Drug Type											
	Role PASSENGER			Citations Issue 0	d							
04	Last Name NEUMANN			First Name JORDAN				Middle In J	itial	Suffix		
	Street Address S6220 HWY 154			Street Address	2			PO Box				
	City HILLPOINT			State WI		Zip Code 53937						
		Ilicense Type         Equipment         Row         02 - SECOND ROP         Helmet Use       Eye Protection         Injury         Ejected         NOT EJECTED         MedicalTransport         EMS GROUND         Hospital         REEDSBURG AR         Non Motorist         Prior Action         Distracted By Action         Distracted By Source         Drug & Alcohol         No         Alcohol Test Given         TEST NOT GIVEN         Drug Type         Drug Type         Role         PASSENGER         Last Name         NEUMANN         Street Address         S6220 HWY 154	Ilicense Type         On Duty A         Row         01 Duty A         Row         02 - SECOND ROW         Helmet Use         Eye Protection         Injury         Injury         Possible         NOT EJECTED         MedicalTransport         EMS GROUND         Hospital         REEDSBURG ARE A MED C         Non Motorist         Striking Ur         Prior Action         Distracted By Action         Distracted By Source         Mo         Alcohol Test Given         TEST NOT GIVEN         Drug Type         PASSENGER         Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspa	Icicense Type         On Duty Accident         Row         O2 Sect Position         07 LEFT         Not Seat Position         07 LEFT         Heimet Use         Eye Protection         Injury PossiBLE INJURY         Ejected         NOT EJECTED         MedicalTransport         EMS GROUND         Hospital         REEDSBURG AREA MED CTR         Motorist       Striking Unit #         Prior Action       Distracted By Action         Distracted By Action       Distracted By Source         Drug & Alcoh       Individual Condition         AppEARED NORMAL       Suspected Alcohol Use         NO       Alcohol Test Given         TEST NOT GIVEN       Drug Test Type         Drug Type       Drug Test Given         TEST NOT GIVEN       Drug Test Type         Drug Type       Street Address         Sec20 HWY 154         City	Ilicense Type       License Status       NOT LICENS         Equipment       On Duty Accident       Safety Equipm         Row       Seat Position       CHILD REST         02 SECOND ROW       07 - LEFT       CHILD REST         Not Election         The lement Use       Helmet Compliance         Injury Severity       Airbag         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EJECTED         MedicalTransport       EMS Agency Is         EMS GROUND       6001024       Date of Death         REEDSBURG AREA MED CTR       Date of Death         Prior Action       Action       Distracted By Action         Distracted By Action       Action       Distracted By Source         Alcohol Test Given       Alcohol Test Type       Suspected Drunce         No       Alcohol Test Given       Drug Test Given       Drug Test Given         TEST NOT GIVEN       Drug Test Given       Drug Test Given       Cilations Issue         Drug Type       Cilations Issue       0       ORDAN         Street Address       Sizeet Address       Street Address <td c<="" th=""><th>ILicense Type       License Status NOT LICENSED         Requipment         Row       Safety Equipment         CHILD RESTRAINT         01 Duty Accident       Safety Equipment         Row       Safety Equipment         CHILD RESTRAINT         02 SECOND ROW       OT LEFT         Helmet Use       Helmet Compliance         Injury Severity       Airbag         POSSIBLE INJURY       Airbag         NOT EJECTED       NOT EJECTED/NOT         Modical Transport       EMS Agency Identifier         BOTONOUT         Medical Transport       EMS Agency Identifier         Motorist       Striking Unit #         Not Motorist         Individual Condition         Action         Distracted By Action         Distracted By Action         Distracted Alcohol Use       No Mo         Action Of Given         TEST NOT GIVEN         Drug Test Given<!--</th--><th>Inter Exc.         Inter Ex</th><th>Infort Excluded         Infort Excluded         Infort Excluded         Infort Excluded         Equipment         On Duty Accident         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         Row         2 SECOND ROW         OT Duty Accident         CHILD RESTRAINT SYSTEM - FORWARD         PORTURE         Injury Sevently POSSIBLE INJURY         NO DEPLOYED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EGROUND         Medical Transport         EMES ROUND         Medical Transport         Medical Transport         EMES ROUND         Mont Micro Distracted By Action         Distracted By Action         Dirug Test Given         Dirug Test Given         <td colsp<="" th=""><th>License Type       License Status       DL Expir         Row       On Duty Accident       Safety Equipment       DL Expir         Row       Oor Duty Accident       Safety Equipment       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor Duty Accident       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor - LEFT       CHILD RESTRAINT SYSTEM - FORWARD FACING         Hetimet Use       Hetimet Compliance       Trapped/Extricated         Injury       Possible INJURY       NON DEPLOYED         Ejected       NOT EJECTED       NOT EJECTEDINOT APPLICA       Trapped/Extricated         ModicalTransport       Election Path       Time of Death       Time of Death         REEDSBURG AREA MED CTR       Date of Death       Time of Death       Time of Death         RecEDSBURG AREA MED CTR       Location       To/FromSchool         Prior Action       Action       Action       Distracted By Action         Distracted By Action       Action Other       No       Action Other         Non Motorist       Individual Condition       Action Other       Action Other         No       Action Given       Alcohol Test Type       Alcohol Test Type       Alcohol Test Type         TEST NOT GIVEN       Drug Test Type       Drug Test Given&lt;</th><th>Internet Equipment       DL Expire Year         NOT LICENSED         DUE Kopire Year         NOT LICENSED         DUE Kopire Year         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         NOT LICENSED         CHILD RESTRAINT SYSTEM - FORWARD FACING         02 Topic Second Row         OPTIONON         DUE Kopire Year         Main System Partice Second Row         Non DEPLOYED         Epiction Path         NOT EJECTED         NOT EJECTED NOT FAPELICA         Not FJECTED         Not FormSchool     </th></td></th></th></td>	<th>ILicense Type       License Status NOT LICENSED         Requipment         Row       Safety Equipment         CHILD RESTRAINT         01 Duty Accident       Safety Equipment         Row       Safety Equipment         CHILD RESTRAINT         02 SECOND ROW       OT LEFT         Helmet Use       Helmet Compliance         Injury Severity       Airbag         POSSIBLE INJURY       Airbag         NOT EJECTED       NOT EJECTED/NOT         Modical Transport       EMS Agency Identifier         BOTONOUT         Medical Transport       EMS Agency Identifier         Motorist       Striking Unit #         Not Motorist         Individual Condition         Action         Distracted By Action         Distracted By Action         Distracted Alcohol Use       No Mo         Action Of Given         TEST NOT GIVEN         Drug Test Given<!--</th--><th>Inter Exc.         Inter Ex</th><th>Infort Excluded         Infort Excluded         Infort Excluded         Infort Excluded         Equipment         On Duty Accident         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         Row         2 SECOND ROW         OT Duty Accident         CHILD RESTRAINT SYSTEM - FORWARD         PORTURE         Injury Sevently POSSIBLE INJURY         NO DEPLOYED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EGROUND         Medical Transport         EMES ROUND         Medical Transport         Medical Transport         EMES ROUND         Mont Micro Distracted By Action         Distracted By Action         Dirug Test Given         Dirug Test Given         <td colsp<="" th=""><th>License Type       License Status       DL Expir         Row       On Duty Accident       Safety Equipment       DL Expir         Row       Oor Duty Accident       Safety Equipment       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor Duty Accident       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor - LEFT       CHILD RESTRAINT SYSTEM - FORWARD FACING         Hetimet Use       Hetimet Compliance       Trapped/Extricated         Injury       Possible INJURY       NON DEPLOYED         Ejected       NOT EJECTED       NOT EJECTEDINOT APPLICA       Trapped/Extricated         ModicalTransport       Election Path       Time of Death       Time of Death         REEDSBURG AREA MED CTR       Date of Death       Time of Death       Time of Death         RecEDSBURG AREA MED CTR       Location       To/FromSchool         Prior Action       Action       Action       Distracted By Action         Distracted By Action       Action Other       No       Action Other         Non Motorist       Individual Condition       Action Other       Action Other         No       Action Given       Alcohol Test Type       Alcohol Test Type       Alcohol Test Type         TEST NOT GIVEN       Drug Test Type       Drug Test Given&lt;</th><th>Internet Equipment       DL Expire Year         NOT LICENSED         DUE Kopire Year         NOT LICENSED         DUE Kopire Year         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         NOT LICENSED         CHILD RESTRAINT SYSTEM - FORWARD FACING         02 Topic Second Row         OPTIONON         DUE Kopire Year         Main System Partice Second Row         Non DEPLOYED         Epiction Path         NOT EJECTED         NOT EJECTED NOT FAPELICA         Not FJECTED         Not FormSchool     </th></td></th></th>	ILicense Type       License Status NOT LICENSED         Requipment         Row       Safety Equipment         CHILD RESTRAINT         01 Duty Accident       Safety Equipment         Row       Safety Equipment         CHILD RESTRAINT         02 SECOND ROW       OT LEFT         Helmet Use       Helmet Compliance         Injury Severity       Airbag         POSSIBLE INJURY       Airbag         NOT EJECTED       NOT EJECTED/NOT         Modical Transport       EMS Agency Identifier         BOTONOUT         Medical Transport       EMS Agency Identifier         Motorist       Striking Unit #         Not Motorist         Individual Condition         Action         Distracted By Action         Distracted By Action         Distracted Alcohol Use       No Mo         Action Of Given         TEST NOT GIVEN         Drug Test Given </th <th>Inter Exc.         Inter Ex</th> <th>Infort Excluded         Infort Excluded         Infort Excluded         Infort Excluded         Equipment         On Duty Accident         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         Row         2 SECOND ROW         OT Duty Accident         CHILD RESTRAINT SYSTEM - FORWARD         PORTURE         Injury Sevently POSSIBLE INJURY         NO DEPLOYED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EGROUND         Medical Transport         EMES ROUND         Medical Transport         Medical Transport         EMES ROUND         Mont Micro Distracted By Action         Distracted By Action         Dirug Test Given         Dirug Test Given         <td colsp<="" th=""><th>License Type       License Status       DL Expir         Row       On Duty Accident       Safety Equipment       DL Expir         Row       Oor Duty Accident       Safety Equipment       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor Duty Accident       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor - LEFT       CHILD RESTRAINT SYSTEM - FORWARD FACING         Hetimet Use       Hetimet Compliance       Trapped/Extricated         Injury       Possible INJURY       NON DEPLOYED         Ejected       NOT EJECTED       NOT EJECTEDINOT APPLICA       Trapped/Extricated         ModicalTransport       Election Path       Time of Death       Time of Death         REEDSBURG AREA MED CTR       Date of Death       Time of Death       Time of Death         RecEDSBURG AREA MED CTR       Location       To/FromSchool         Prior Action       Action       Action       Distracted By Action         Distracted By Action       Action Other       No       Action Other         Non Motorist       Individual Condition       Action Other       Action Other         No       Action Given       Alcohol Test Type       Alcohol Test Type       Alcohol Test Type         TEST NOT GIVEN       Drug Test Type       Drug Test Given&lt;</th><th>Internet Equipment       DL Expire Year         NOT LICENSED         DUE Kopire Year         NOT LICENSED         DUE Kopire Year         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         NOT LICENSED         CHILD RESTRAINT SYSTEM - FORWARD FACING         02 Topic Second Row         OPTIONON         DUE Kopire Year         Main System Partice Second Row         Non DEPLOYED         Epiction Path         NOT EJECTED         NOT EJECTED NOT FAPELICA         Not FJECTED         Not FormSchool     </th></td></th>	Inter Exc.         Inter Ex	Infort Excluded         Infort Excluded         Infort Excluded         Infort Excluded         Equipment         On Duty Accident         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         CHILD RESTRAINT SYSTEM - FORWARD         Requipment         Row         2 SECOND ROW         OT Duty Accident         CHILD RESTRAINT SYSTEM - FORWARD         PORTURE         Injury Sevently POSSIBLE INJURY         NO DEPLOYED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EJECTED         NOT EGROUND         Medical Transport         EMES ROUND         Medical Transport         Medical Transport         EMES ROUND         Mont Micro Distracted By Action         Distracted By Action         Dirug Test Given         Dirug Test Given <td colsp<="" th=""><th>License Type       License Status       DL Expir         Row       On Duty Accident       Safety Equipment       DL Expir         Row       Oor Duty Accident       Safety Equipment       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor Duty Accident       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor - LEFT       CHILD RESTRAINT SYSTEM - FORWARD FACING         Hetimet Use       Hetimet Compliance       Trapped/Extricated         Injury       Possible INJURY       NON DEPLOYED         Ejected       NOT EJECTED       NOT EJECTEDINOT APPLICA       Trapped/Extricated         ModicalTransport       Election Path       Time of Death       Time of Death         REEDSBURG AREA MED CTR       Date of Death       Time of Death       Time of Death         RecEDSBURG AREA MED CTR       Location       To/FromSchool         Prior Action       Action       Action       Distracted By Action         Distracted By Action       Action Other       No       Action Other         Non Motorist       Individual Condition       Action Other       Action Other         No       Action Given       Alcohol Test Type       Alcohol Test Type       Alcohol Test Type         TEST NOT GIVEN       Drug Test Type       Drug Test Given&lt;</th><th>Internet Equipment       DL Expire Year         NOT LICENSED         DUE Kopire Year         NOT LICENSED         DUE Kopire Year         Safety Equipment         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         CHILD RESTRAINT SYSTEM - FORWARD FACING         DUE Kopire Year         NOT LICENSED         CHILD RESTRAINT SYSTEM - FORWARD FACING         02 Topic Second Row         OPTIONON         DUE Kopire Year         Main System Partice Second Row         Non DEPLOYED         Epiction Path         NOT EJECTED         NOT EJECTED NOT FAPELICA         Not FJECTED         Not FormSchool     </th></td>	<th>License Type       License Status       DL Expir         Row       On Duty Accident       Safety Equipment       DL Expir         Row       Oor Duty Accident       Safety Equipment       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor Duty Accident       CHILD RESTRAINT SYSTEM - FORWARD FACING         Row       Oor - LEFT       CHILD RESTRAINT SYSTEM - FORWARD FACING         Hetimet Use       Hetimet Compliance       Trapped/Extricated         Injury       Possible INJURY       NON DEPLOYED         Ejected       NOT EJECTED       NOT EJECTEDINOT APPLICA       Trapped/Extricated         ModicalTransport       Election Path       Time of Death       Time of Death         REEDSBURG AREA MED CTR       Date of Death       Time of Death       Time of Death         RecEDSBURG AREA MED CTR       Location       To/FromSchool         Prior Action       Action       Action       Distracted By Action         Distracted By Action       Action Other       No       Action Other         Non Motorist       Individual Condition       Action Other       Action Other         No       Action Given       Alcohol Test Type       Alcohol Test Type       Alcohol Test Type         TEST NOT GIVEN       Drug Test Type       Drug Test Given&lt;</th> <th>Internet Equipment       DL Expire Year         NOT LICENSED         DUE Kopire Year         NOT LICENSED         DUE Kopire Year         Safety Equipment         CHILD RESTRAINT SYSTEM - 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⊢	UAL									
UNIT	INDIVIDUAL	DOB	Sex M	Race W	Hair	Eyes	F	leight	Weight	Phone Number (608) 444-8082 EXT.
	INDI	Driver's License Num	ber		State	Lic	cense Jurs	sidiction	Country of	f Issuance
		License Type			License Status				DL Expire	Year
					NOT LICENS					
		Equipment	On Duty Ad	ccident	Safety Equipme					
	04	Row 02 - SECOND ROV	N	Seat Position 09 - RIGHT	CHILD REST		YSTEM -	FORWAR	RD FACING	
	0	Helmet Use			Helmet Complia	ance				
		Eye Protection			Tint Compliance	e				
		Injury	Injury Seve	rity TED MINOR INJURY	Airbag NON DEPLO	YED				
F	INDIVIDUAL	Ejected NOT EJECTED			Ejection Path NOT EJECTE	ED/NOT A	PPLICA		/Extricated RAPPED	
UNIT	IVIC	MedicalTransport EMS GROUND			EMS Agency Id 6001024	lentifier	/	EMS Ru 515	n #	
	IN	Hospital			Date of Death		7	Time of	Death	
		REEDSBURG ARI	EA MED C	TR	Date of Death			Time of	Death	
		Non Motorist	Striking Un	it #	Location			To/From	School	
		Prior Action			Action					
	04	Distracted By Action								
		Distracted By Source			Action Other					
		Drug & Alcoh	Individual C	Condition ED NORMAL	<u> </u>					
	IAL	Suspected Alcohol Us NO	se		Suspected Drug	g Use				
UNIT	JIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	·				Alcohol Te	est Results
	IND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	Results
		Drug Type								
		License Plate Numbe	r		Plate Type				Country of Issu	
		392CCH			AUT - AUTO	MOBILE			JNITED STA	ATES
		Vehicle Identification 1C4RDJDG3KC55							/lake DODGE	
		1C4RDJDG3KC55 Model	3003		Body Style		2		Color	
		DURANGO			UT - SPORT	UTILITY	VEHICLE		RED - RED	
		Initial Contact Point 12 - FRONT						•		

20-07997

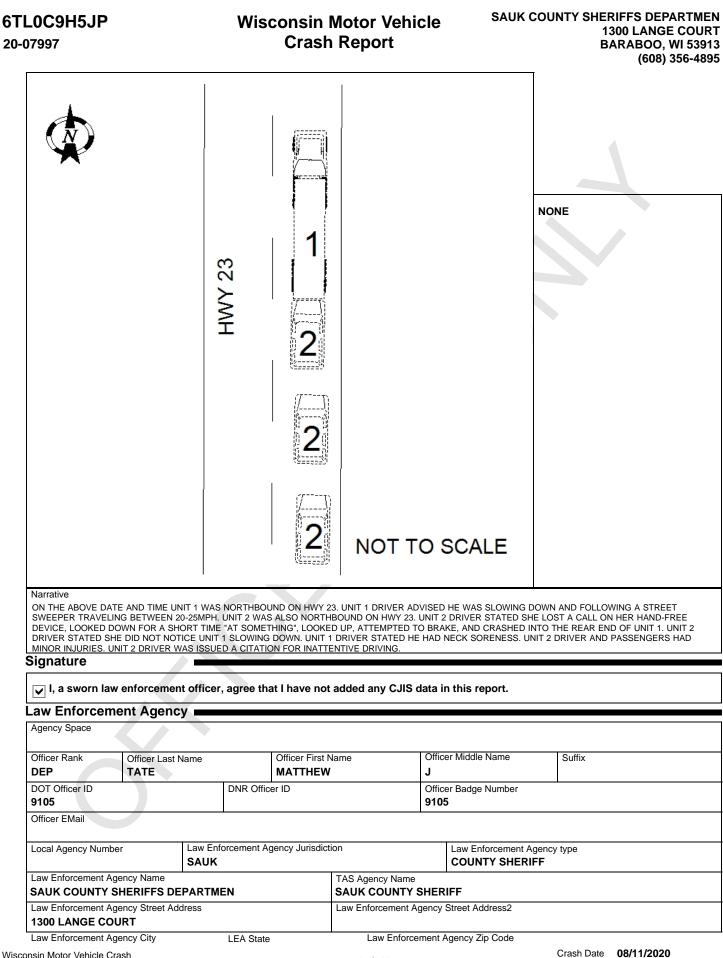
# Wisconsin Motor Vehicle Crash Report

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

					Vehicle Da	mage						
		Extent Of Domogo			01 - RIGH	T FRONT COP	RNER, 11 - L	EFT FRC	ONT CORNER, 12 - F	RONT, 14 -		
02	02	Extent Of Damage DISABLING DAMA	AGE		UNDERC	ARRIAGE						
		Towed Due To Dama			Vehicle Fac	ctors						
		TOWED DUE TO I	•	MAGE	V OI II OI OI U							
		Vehicle Removed By										
		STEVES AUTO SE	RVICE									
		What Driver Was Doir	-		Driver Prior	Action Other		Bus U	se			
		GOING STRAIGHT	0		2			200 0				
	ш	Driver Actions							· · · · ·			
UNIT	VEHICL	OTHER CONTRIB	UTING ACTION									
		Vehicle Owner	<sup>r</sup> Same As Oper	ator		Use Ope	rator Addre	ss				
		Organization Type INDIVIDUAL		Company Nar	me							
		Last Name		First Name			Middle	Suffix	Date of Birth			
		NEUMANN		JENNIFER			LYNN					
		Street Address		Street Addres	s2		PO Box					
		S6220 HWY 154										
		City		St Zip C	ode		Country of Re	sidence				
		HILLPOINT		WI 5393	37		UNITED ST	ATES				
		Telephone Number		- I - I								
		(608) 444-8082 EX	т.									
	01	Event MOTOR VEH IN TR	RANSPORT									
	02	Event										
	03	Event										
	04	Event										
02	01	UTC Number BE614708		Statute Number 346.89(1)	Descripti INATTE	ion ENTIVE DRIVIN	١G					
Ę	02	Insurance Company NATIONAL-GENE	RAL-INS-CO		Po Sa	olicy Holder ame As Owner	Poli	cy Holde	er Same As Driver			
UNIT	НОГ	Organization Type	Last Na NEUM		First Na JENN	ame		older Comp	pany			
	Des	cription										
	Diag	ram							Reconstruction By			

Photos By

Additional Information



#### 20-07997

# Wisconsin Motor Vehicle Crash Report

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

BARABOO	wi	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number	BFUNC Agency	TraCS Agency Number
	<b>WI0570000</b>	5600	205