Wisconsin Motor Vehicle Crash Report

| Document Number Override Primary Crash Document # Agency Crash Number 20-07912 Crash Date Crash Time Date Arrived | | | | | | Investigating Officer/Deputy DEPUTY C. GALLAGHER | | | | | | | |
|--|--|-----------------------------|------------------|--------------------------|-----------------------|--|---------------------------------|--------------|---|--|--|--|--|
| | Crash Date 08/09/2020 | Crash Time 04:38 PM | | Date Arrive 08/09/202 | | | Time Arrived 05:00 PM | | | | | | |
| 6TL0DBC3B | Date Notified 08/09/2020 | Time Notified 04:38 PM | | Total Units | 5 | | Total Injured 00 | Total Killed | d | | | | |
| OD! | On Emergency Hi | t and Run | ne Closu | ure | Work Zo | ne | Trailer or T | Towed | Reporting Threshold | | | | |
| 6TL | Government Property | Active School Zo | ne | School Bu NO | s Related | | Tags | | | | | | |
| | Reportable | Crash Type PRIVATE PROPERTY | Y/PARKI | ING LOT | | | Amended | | Secondary Crash | | | | |
| | Location | | | | | | | | | | | | |
| | ON MULBERRY ST | | Latit | tude | Longitude | La | at/LongSource | Acce | ess Control | | | | |
| | 97 FT N | | 43.4 | 475066 | -89.7670 | | LT/ILT | | | | | | |
| | OF STH33 EB IN THE VILLAGE OF WEST E IN SAUK COUNTY | BARABOO | | oordinate 203.4687 | Y Coordina 4817292 | | n Roadway Link ID# 558717 | 9 On R | Roadway Link Offset | | | | |
| | IN SAUK COUNT | | Ove | erride | Tribal Land | d | | | | | | | |
| | Crash Scene | | | | | | | _ | | | | | |
| Ì | First Harmful Event | | First | t Harmful Ev | ent Location | _ | | | | | | | |
| | MOTOR VEH IN TRANSPOR | т | IN P | PARKING I | LANE OR Z | ONE | | | | | | | |
| | Manner of Collision | | | t Condition | | | | | | | | | |
| | 03 - FRONT TO REAR | | " | YLIGHT | | | | | | | | | |
| | Road Surface Condition(s) | | | Environment Factor(s) | | | | | | | | | |
| | rodd Gariace Goridiion(3) | toda Gariago Gorianori(e) | | | | | | | | | | | |
| | WET | | NO | NE | | | | | | | | | |
| | Roadway Factor(s) | | Wea | ather Condition | on(s) | | | | | | | | |
| | NONE | | RAI | IN | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Animal Type | | | ation To Traff N TRAFFI | ficway CWAY - PA | RKING L | от | | | | | | |
| | Crash Classification - Location PRIVATE PROPERTY | | | sh Classificat | tion - Jurisdic | tion | | | | | | | |
| | Tribal Land | | | ess Control | | Spec | ial Study | | | | | | |
| | NACCI. I I I | | NO | | | | | | | | | | |
| | | nction Location ON-JUNCTION | | | ersection Typ | | SNI . | | | | | | |
| | L | JN-JUNCTION | | NC | OT AN INTE | KSECTIC | JN | | | | | | |
| - (| Unit Summary - | | | | | | | | | | | | |
| | Unit Status | Vehicle Ope | rating As (| Classification | n | Unit Type | | | | | | | |
| | IN TRANSIT | D CLASS | | | | AUTOM | OBILE | | | | | | |
| 01 | Vehicle Type (SPORT) UTILITY VEHICLE | | | | | Operating | As Endorsements | | | | | | |
| | Total Occs Train/Bus # Ro | ecorded Total # Citati | ons Issue | ed | Total Traile 0 | rs | Total HazMat Ty 0 | rpes | | | | | |
| UNIT | Insurance? Direction Of T SOUTHBOL | | CrashTir Mark | е | Speed Limi | t | Total Lanes 1 | | | | | | |
| Ď | Most Harmful Event: Collision With MOTOR VEH IN TRANSPOR | NO CDECI | | CTION | | Emergend NOT AP | cy Motor Vehicle Us PLICABLE | se | | | | | |
| | Traffic Way PARKING LOT OR PRIVATE | PROPE NO CONTI | | | | Traffic Co | ntrol Inoperative/Mi | ssing | Access Control On Roadway Link Offset 731 Structure Type NO STRUCTURE | | | | |
| | Surface Type | Road Curvat | | | | Road Gra | de | | | | | | |
| | BLACKTOP (BITUMINOUS) | STRAIGHT | | | | LEVEL | | | | | | | |
| 10 | Truck Bus or HazMat NO | • | | | | | | | | | | | |

Wisconsin Motor Vehicle Crash Report

| _ | | Role DRIVER | | | Citations Issued 0 | | | se Driver Address | Individual Type INDIVIDUAL | | |
|----------|------------|-------------------------------------|---------------------------|-------------------|----------------------------|----------------------|----------------------|----------------------|------------------------------------|------------|-------------------------|
| 0 | 10 | Last Name JONES | | | First Name DAVID | | • | | Middle Init | tial | Suffix |
| | | Street Address | | | Street Address 2 | 2 | | | PO Box | | 4 |
| | 7 | City | JR AVE | | State | | Zip Code | | Country of | f Residen | ce |
| ⊨ | UAI | ST PAUL | 0 | Race | MN Hair | Even | 55409 | Hoight | Weight Phone Number | | S |
| LIND | INDIVIDUAL | DOB | Sex M | W | BROWN | Eyes BLU | | Height 604 | 320 | 1 | Number 263-1705 EXT. |
| | IND | Driver's License Num | ber | | State MN | | License Ju STATE | rsidiction | Country of UNITED | | |
| | | License Type NON-CDL DRIVER | R'S LICENSI | = | License Status VALID LICEN | SE | | | DL Expire 2021 | Year | |
| | | Equipment | On Duty Acc | | Safety Equipmen | | | | | | |
| | | Row | | Seat Position | SHOULDER 8 | k LAP | BELT | | | | |
| | 01 | 01 - FRONT ROW Helmet Use | | 07 - LEFT | Helmet Complia | nce | | |) | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| | | | Injury Severi | tv | Airbag | | | | | | |
| | \L | Injury | | RENT INJURY | NON DEPLOY | | T 1/5 | | | | |
| ╘ | DU∕ | Ejected NOT EJECTED | | | Ejection Path NOT EJECTE | T APPLIC | Trapped/E A NOT TRA | RAPPED | | | |
| LIND | INDIVIDUAL | MedicalTransport NOT TRANSPORT | ΓED | | EMS Agency Ide | entifier | | EMS Run | # | | |
| | Z | Hospital | Striking Init # | | | | | Time of De | ath | | |
| | | Non Motorist | Striking Unit | # | Location | | | To/FromSo | chool | | |
| | | Prior Action | Action | | | | | | | | |
| | 01 | Distracted By Action NOT DISTRACTED | n | | | | | | | | |
| | | Distracted By Source NOT APPLICABLE | | (PACTED) | Action Other | | | | | | |
| | | Drug & Alcoh | Individual Co | ondition | | | | | | | |
| | | Suspected Alcohol Us | | D NORMAL | Suspected Drug | Use | | | | | |
| - | UAI | NO Alcohol Test Given | | Alcohol Test Type | NO | | | | Alcohol To | est Result | te |
| LNO | INDIVIDUAL | TEST NOT GIVEN | | | | | | | | | |
| | IN | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | | | | Drug Test | t Results | |
| | | Drug Type | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | Role PASSENGER | Citations Issued 0 | | | se Driver Address | Individual INDIVID | | | | |
| ۶ | 02 | Last Name JONES | Last Name | | | | 1 | - | Middle Init | tial | Suffix |
| | | Street Address | ID AVE | | SARA Street Address 2 | 2 | | | M PO Box | | |
| | | City | 1250 LARPENTEUR AVE | | | | Zip Code | | Country of Residence | | |
| | | ST PAUL | | | State MN | | 55409 | | Country of Residence UNITED STATES | | |

Wisconsin Motor Vehicle Crash Report

| . | ۱۹۲ | | | | | | | | | | |
|-------|----------------------------------|-----------------------------------|-----------------|---------------------------|---------------------------|----------|--------------|--------------------|------------------------------------|------------|-------------------------|
| LIN O | INDIVIDUAL | DOB | Sex F | Race W | Hair | Eyes | F | Height | Weight | | Number 263-1705 EXT. |
| | IND | Driver's License Num | ber | | State | | License Jurs | sidiction | Country of | of Issuanc | е |
| | | License Type | | | License Status | | | | DL Expire | e Year | |
| | | Equipment | On Duty Ac | cident | Safety Equipme | | | | | | |
| | 02 | Row 01 - FRONT ROW | | Seat Position 09 - RIGHT | SHOULDER 8 | | BELT | | | | |
| | 0 | Helmet Use | | | Helmet Complia | nce | | | | | |
| | | Eye Protection | | | Tint Compliance | | / / | | | | |
| | L | Injury | Injury Sever | ity RENT INJURY | NON DEPLO | /ED | | | | | |
| ⊨ا | DUA | Ejected NOT EJECTED | | | Ejection Path NOT EJECTE | D/NO | T APPLICA | Trapped/E | | | |
| E N | INDIVIDUAL | MedicalTransport NOT TRANSPORT | ΓED | | EMS Agency Ide | entifier | | EMS Run # | # | | |
| | Z | Hospital | | | Date of Death | | | Time of De | ath | | |
| | | Non Motorist | Striking Unit | t# | Location | | | To/FromSo | chool | | |
| | 7 | Prior Action | | | | | | | | | |
| | 02 | Distracted By Action | | | | | | | | | |
| | | Distracted By Source | | | Action Other | | | | | | |
| | | Drug & Alcoh | | ondition ED NORMAL | | | | | | | |
| | ۱AL | Suspected Alcohol Us NO | se | | Suspected Drug NO | Use | | | | | |
| LNO | INDIVIDUAL | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | | | Alcohol T | est Resu | lts |
| _ | IND | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | | | | Drug Tes | t Results | |
| | | Drug Type | | | | | | | | | |
| _ ' | | Role PASSENGER | | | Citations Issued 0 | | | e Driver ddress | Individual INDIVID | | |
| 2 | 03 | Last Name JONES | | | First Name VICTORIA | | | | Middle Ini | itial | Suffix |
| | | Street Address 1250 LARPENTEL | JR AVE | | Street Address 2 | 2 | | | PO Box | | |
| | 1250 LARPENTEUR AVE City ST PAUL | | | | State MN | | | | Country of Residence UNITED STATES | | |

Wisconsin Motor Vehicle Crash Report

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

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| _ | ٦F | | | | | | | | | | | | |
|------|------------|-----------------------------------|-----------------|---------------------------------|--------------------------|-----------|------------|----------------------|------------------------------------|------------|-------------------------|--|--|
| LIND | INDIVIDUAL | DOB | Sex F | Race W | Hair | Eyes | | Height | Weight | | Number 263-1705 EXT. | | |
| | IND | Driver's License Num | nber | 1 | State | | License Ju | ursidiction | Country o | of Issuanc | е | | |
| | | License Type | | | License Status | | | | DL Expire | e Year | | | |
| | | Equipment | On Duty Ad | ccident | Safety Equipme | ent | | | | | | | |
| | 03 | Row 02 - SECOND RO | w | Seat Position 09 - RIGHT | SHOULDER | | BELT | | | | | | |
| | 0 | Helmet Use | | | Helmet Complia | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | е | | , | | | | | |
| | L | Injury | NO APP | ARENT INJURY | Airbag NON DEPLO | YED | X | | | | | | |
| LIND | INDIVIDUAL | NOT EJECTED | | | Ejection Path NOT EJECTE | ED/NO | T APPLIC | | /Extricated RAPPED | | | | |
| 5 | NDIV | MedicalTransport NOT TRANSPORT | TED | | EMS Agency Id | lentifier | | EMS Run | | | | | |
| | = | Hospital | | | Date of Death | | Time of D | eath | | | | | |
| | | Non Motorist | Striking Un | it# | Location | | | To/FromS | chool | | | | |
| | 03 | Prior Action | | | Action | | | | | | | | |
| | 0 | Distracted By Action | | | | | | | | | | | |
| | | Distracted By Source | • | | Action Other | | | | | | | | |
| | | Drug & Alcoh | 711 . =7111 | Condition ED NORMAL | _ | | | | | | | | |
| | JAL | Suspected Alcohol U NO | se | | Suspected Drug NO | g Use | | | | | | | |
| LNO | INDIVIDUAL | Alcohol Test Given TEST NOT GIVEN | ı | Alcohol Test Type | | | | | Alcohol T | est Resu | lts | | |
| | IND | Drug Test Given TEST NOT GIVEN | 1 | Drug Test Type | | | | | Drug Tes | t Results | | | |
| | | Drug Type | | | · | | | | | | | | |
| | | | | | _ | | _ | | | | | | |
| 2 | | Role PASSENGER | | | Citations Issued 0 | d | | se Driver Address | Individual INDIVID | UAL | T | | |
| J | 04 | Last Name JONES | | | First Name PENELOPE | | | | Middle Ini | itial | Suffix | | |
| | | Street Address 1250 LARPENTEL | UR AVE | | Street Address | 2 | | | PO Box | | | | |
| | | City ST PAUL | | | State Zip Code | | | | Country of Residence UNITED STATES | | | | |

Wisconsin Motor Vehicle Crash Report

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

| | ₽ | | | | | | | | | |
|-------------|------------|---------------------------------------|-----------------|-------------------------|-------------------------|-----------|-----------|---------------------|-----------------------|----------------------------------|
| L N N | INDIVIDUAL | DOB | Sex F | Race W | Hair | Eyes | i | Height | Weight | Phone Number (651) 263-1705 EXT. |
| | | Driver's License Num | nber | | State | l | License J | ursidiction | Country of | of Issuance |
| | | License Type | | | License Status | | • | | DL Expire | e Year |
| | | Equipment | On Duty A | ccident | Safety Equipme | ent | | | | |
| | 04 | Row 02 - SECOND RO | w | Seat Position 07 - LEFT | SHOULDER | & LAP | BELT | | | |
| | 0 | Helmet Use | | | Helmet Compli | ance | | | | |
| | | Eye Protection | | | Tint Compliand | e | | , | | |
| | ب | Injury | NO APP | ARENT INJURY | Airbag NON DEPLO | YED | X | | | |
| LIND | DO | Ejected NOT EJECTED | | | Ejection Path NOT EJECT | | | A NOT | ed/Extricated TRAPPED | |
| 5 | INDIVIDUAL | MedicalTransport NOT TRANSPOR | TED | | EMS Agency Id | dentifier | | EMS | | |
| | = | Hospital | | | Date of Death | | | Time | of Death | |
| | | Non Motorist | Striking Ur | nit # | Location | | | To/Fro | omSchool | |
| | 04 | Prior Action | | | Action | | | | | |
| | 0 | Distracted By Action | | | | | | | | |
| | | Distracted By Source |) | | Action Other | | | | | |
| | | Drug & Alcoh | ALLEAN | Condition ED NORMAL | | | | | | |
| _ | JAL | Suspected Alcohol U NO | se | | Suspected Dru NO | g Use | | | | |
| LNO | INDINIDUAL | Alcohol Test Given TEST NOT GIVEN | 1 | Alcohol Test Type | | | | | | est Results |
| | | Drug Test Given TEST NOT GIVEN | ı | Drug Test Type | | | | | Drug Tes | t Results |
| | | Drug Type | | | | | | | | |
| | | | | | | | | | | |
| | | License Plate Number | | | Plate Type | | | St | Country of Iss | uance |
| | | Vehicle Identification 3VV3B7AX5KM07 | | | | | | Year 2019 | Make VOLKSWA | GEN |
| | | Model TIGUAN | | | Body Style UT - SPORT | UTILIT | TY VEHIC | LE | Color SIL - SILVE | R (ALUMINUM) |
| | | Initial Contact Point 12 - FRONT | | | | | | | | |

5 of 15

Wisconsin Motor Vehicle Crash Report

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

Crash Date 08/09/2020

Crash Time 04:38 PM

| | | | | | | | Vehicle Dar | mage | е | | | | | |
|------|--|--------------------------|--------------------|----------|----------|-------------------------|--|-------|-----------|--------|---------------------|-----------------------------|------------------------|--|
| 5 | Extent Of Damage MINOR DAMAGE Towed Due To Damage NOT TOWED | | | | | 12 - FRON | NT | | | | | | | |
| | | _ | _ | | | | Vehicle Fac | tore | | | | | | |
| | | | = | | | | verlicie i ac | ,1013 | | | | | | |
| | | Vehicle Remo | | | | | NOT APP | LIC | ABLE | | | | | |
| | | What Driver \ | Was Doing | | | | Driver Prior | Acti | on Other | | | Bus | s Use | |
| | ш | | A PARKED POS | | | | | | | | | | | |
| LIND | VEHICLE | NO CONTR | S RIBUTING ACTI | ON | | | | | | | | | | |
| | | V ehicle | Owner Same A | As Opera | tor | | | | Use O | pera | tor Addr | ess | | |
| | | Organization INDIVIDUA | | | Compa | any Name |) | | | | | | | |
| | | Last Name | | | First N | | | | | Mi | ddle | Suffix | Date of Birth | |
| | | JONES | | | DAVII | | | | | 0 | | | | |
| | | Street Address 1250 LARP | ss PENTEUR AVE | | Street | Address2 | | | | 1 |) Box | | | |
| | | City ST PAUL | | | St MN | Zip Cod 55409 | | | | | ountry of R | | | |
| | | Telephone N (651) 263-1 | | | | | | | | | | | | |
| | 10 | Event MOTOR VE | EH IN TRANSPO | RT | | | | | | | | | | |
| | 02 | Event | | | | | | | | | | | | |
| • | 03 | Event | | | | | | | | | | | | |
| | 04 | Event | | | | | > | | | | | | | |
| | 01 | Insurance Co | | | | | Po | olicy | / Holder | | □ Po | olicy Holder Same As Driver | | |
| E N | | Organization | SIVE-CLASSIC- | Last Nam | 20 | | First Na | | As Own | er | | Holder Co | | |
| | | INDIVIDUAI | L | JONES | | | DAVID | | | | 1 olicy i | loidel 66 | триту | |
| | | Summar | у | | | | | | | | | | | |
| | IN T | Status RANSIT | | | D CLAS | | As Classifica | ation | 1 | | Init Type NUTOMO | BILE | | |
| 05 | | cle Type SSENGER V | AN | | | | | | | О | perating A | s Endors | sements | |
| • | Total Occs Train/Bus # Recorded Total # Cita 6 0 | | | | | | ssued | | Total Tra | ilers | | Total Ha | azMat Types | |
| UNIT | | | | | | re Crasi Mark | | | Speed Li | imit | | Total La | nes | |
| 5 | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Func NO SPECIA | | | | | unction | UNCTION | | | E N | mergency IOT APP | Motor Ve | ehicle Use E | |
| - | Traffic Way PARKING LOT OR PRIVATE PROPE NO CONTR | | | | | | | | | | raffic Cont | rol Inoper | rative/Missing | |
| | Surface Type Road Curvatu BLACKTOP (BITUMINOUS) STRAIGHT | | | | | | | | | R | load Grade | | | |
| 02 | Truck Bus or HazMat | | | | | | | | | | - | | | |
| | Role DRIVER | | | | | | Citations Issued Use Driver Individual Type INDIVIDUAL | | | | | | | |

Wisconsin Motor Vehicle Crash Report

| 02 | | | | | | | | | | | | | |
|-------------|------------|--------------------------------|--------------|-----------------------|----------------------------|---------|------------------------------------|---------------|----------------------|-----------|-------------------------|--|--|
| 0 | 05 | Last Name | | | First Name | | | | Middle Ini | tial | Suffix | | |
| | 0 | MEDINA RAMOS | | | JOSE | | | | Α | | | | |
| | | Street Address | | | Street Address | 2 | | | PO Box | | | | |
| | | 716 N 2ND ST | | | | | | | | | | | |
| | 7 | City | | | State | | Zip Code | | Country o | | | | |
| ⊨ ا | U | ROCKFORD | I | Τ_ | IL | | 61107 | T | UNITED | | | | |
| LNO | INDIVIDUAL | DOB | Sex M | Race H | Hair BROWN | BRC |) DWN | Height 506 | Weight 165 | | Number 200-8926 EXT. | | |
| | | Driver's License Num | ber | | State | | | ursidiction | Country o | | | | |
| | = | | | | IL | | STATE | | UNITED | | ES | | |
| | | License Type NON-CDL DRIVER | DIE LICENS | ·= | License Status VALID LICEN | | | | DL Expire 2021 | Year | | | |
| | | NON-CDE DRIVER | On Duty Ac | | | | | | | | | | |
| | | Equipment | On Duty Ac | Cident | Safety Equipme | ent. | | | | | | | |
| | | Row | l | Seat Position | SHOULDER | & LAF | BELT | | | | | | |
| | 10 | 01 - FRONT ROW | | 07 - LEFT | | | | | | | | | |
| | 05 | Helmet Use | | | Helmet Complia | ance | | | | | | | |
| | | | | | | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | е | | | | | | | |
| | | | | | | | | | | | | | |
| | | Injury | Injury Seve | rity .RENT INJURY | Airbag NON DEPLO | VED | | | | | | | |
| | 7 | Ejected | NO APPA | RENT INJURT | Ejection Path | TED | | Trannoc | I/Extricated | | | | |
| ⊢│ | Ď | NOT EJECTED | | | NOT EJECTE | ED/NO | T APPLIC | | RAPPED | | | | |
| L N N | | MedicalTransport | | | EMS Agency Id | | _ | EMS Ru | | | | | |
| ٦ | INDIVIDUAL | NOT TRANSPORT | ΓED | | | | | | | | | | |
| | Z | Hospital | | | Date of Death | | | Time of | Death | | | | |
| | | | | | | | | | | | | | |
| | | Non Motorist | Location | | | To/From | School | | | | | | |
| | | | | | Action | | | | | | | | |
| | | Prior Action | | | Action | | | | | | | | |
| | 05 | Distracted By Action | | | 4 | | | | | | | | |
| | | NOT DISTRACTE | D | | | | | | | | | | |
| | | Distracted By Source | - // | | Action Other | | | | | | | | |
| | | NOT APPLICABLE | | | | | | | | | | | |
| | | Drug & Alcoh | Individual C | ondition ED NORMAL | | | | | | | | | |
| | | Suspected Alcohol Us | | | Suspected Drug | g Use | | | | | | | |
| | NDIVIDUAL | NO | | | NO | | | | | | | | |
| L N D | ם | Alcohol Test Given | | Alcohol Test Type | | | | | Alcohol T | est Resu | ults | | |
| 5 | \geq | TEST NOT GIVEN | | | | | | | | | | | |
| | N | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | | | | Drug Test | t Results | 3 | | |
| | | Drug Type | | | | | | | | | | | |
| | | Diag Typo | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Role | | | Citations Issued | d | | Ise Driver | Individual | | | | |
| 05 | | PASSENGER | | | 0 | | ~ | Address | INDIVID | | 1 | | |
| 0 | 90 | Last Name | | | First Name | | | | Middle Ini | tial | Suffix | | |
| | _ | CASTANEDA Street Address | | | BELEN Street Address | 2 | | | DO Day | | | | |
| | | Street Address 716 N 2ND ST | | | Street Address | 2 | | | РО Вох | | | | |
| | | City | | | State | | Zip Code | | Country of Residence | | | | |
| | | ROCKFORD | IL | | 61107 | | Country of Residence UNITED STATES | | | | | | |

Wisconsin Motor Vehicle Crash Report

| | AL | | | | | | | | | | | | |
|------|------------|---------------------------------|---------------------------------------|---------------------------|---------------------------|-------------|--------------------------|-----------------------|------------------------------------|----------------------------------|--|--|--|
| LNO | INDIVIDUAL | DOB | Sex F | Race H | Hair BROWN | Eyes BRO | WN | Height 505 | Weight 172 | Phone Number (779) 200-8926 EXT. | | | |
| | IND | Driver's License Num | ber | , | State IL | • | License STATE | Jursidiction | UNITED | of Issuance STATES | | | |
| | | License Type NON-CDL DRIVER | R'S LICENSI | = | License Status VALID LICE | | | | DL Expire 2021 | e Year | | | |
| | | Equipment | On Duty Acc | ident | Safety Equipm | | | | | | | | |
| | 90 | Row 01 - FRONT ROW | | Seat Position 09 - RIGHT | NONE USED | | ICLE OC | CCUPANT | | | | | |
| | 0 | Helmet Use | | | Helmet Compli | | | | | | | | |
| | | Eye Protection | · · · · · · · · · · · · · · · · · · · | | Tint Compliand | ce | | | | | | | |
| | ı, | Injury | NO APPAR | RENT INJURY | Airbag UNKNOWN | | X | | | | | | |
| LIND | IDUA | Ejected UNKNOWN | | | Ejection Path UNKNOWN | | | UNKNOV | /Extricated DWN | | | | |
| 5 | INDIVIDUAL | MedicalTransport NOT TRANSPORT | ΓED | | EMS Agency lo | dentifier | | EMS Run # | | | | | |
| | = | Hospital | | Date of Death | | | Time of De | | | | | | |
| | | Non Motorist | Striking Unit | # | Location To/FromSchool | | | | | | | | |
| | 90 | Prior Action | | | Action | | | | | | | | |
| | • | Distracted By Action | | | | | | | | | | | |
| | | Distracted By Source | I | Tri Control | Action Other | | | | | | | | |
| | | Drug & Alcoh | | D NORMAL | Io | | | | | | | | |
| | UAL | NO Alcohol Test Given | se | Alcohol Test Type | Suspected Dru NO | ig Use | | | Alaahal T | est Results | | | |
| LIND | INDIVIDUAL | TEST NOT GIVEN Drug Test Given | | | | | | | | | | | |
| | N | TEŠT NOT GIVEN | | Drug Test Type | | | | | Drug Tes | i Results | | | |
| | | Drug Type | | | | | | | | | | | |
| 05 | | Role PASSENGER | Role PASSENGER | | | ed | V | Use Driver Address | Individual INDIVID | | | | |
| 0 | 07 | Last Name MEDINA | | | First Name ALEXANDER | R | | | Middle Initial Suffix D | | | | |
| | | Street Address 716 N 2ND ST | | Street Address 2 | | | | PO Box | | | | | |
| | | City ROCKFORD | | | State IL | | Zip Code 61107 | 9 | Country of Residence UNITED STATES | | | | |

Wisconsin Motor Vehicle Crash Report

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

4

| | AL | | | | | | | | | | |
|-------------|------------|---|--------------------|-------------------------|-----------------------|----------|-----------------------|-------------|------------------------------------|----------------------------------|--|
| LIND | INDIVIDUAL | DOB | Sex M | Race H | Hair | Eyes | | Height | Weight | Phone Number (779) 200-8926 EXT. | |
| | IND | Driver's License Num | nber | - | State | | License Ju | ırsidiction | Country o | of Issuance | |
| | | License Type | | | License Status | | | | DL Expire | e Year | |
| | | Equipment | On Duty Ac | ccident | Safety Equipme | nt | | | | | |
| | 7 | Row 02 - SECOND RO | w | Seat Position 07 - LEFT | NONE USED | - VEH | ICLE OCC | CUPANT | | | |
| | 07 | Helmet Use | | | Helmet Complia | nce | | | | | |
| | | Eye Protection | | | Tint Compliance |) | | | | | |
| | _ | Injury | Injury Seve | rity ARENT INJURY | Airbag UNKNOWN | | | | | | |
| ╘ | DUA | Ejected UNKNOWN | | | Ejection Path UNKNOWN | | | Trapped/Ex | | | |
| E NO | INDIVIDUAL | MedicalTransport NOT TRANSPORT | TED | | EMS Agency Ide | entifier | | EMS Run # | ŧ | | |
| | Z | Hospital | | | Date of Death | | | Time of De | ath | | |
| | | Non Motorist | Striking Un | it# | Location | | | To/FromSo | hool | | |
| | | Prior Action | | | Action | | | ' | | | |
| | 07 | Distracted By Action | | | | | | | | | |
| | | Distracted By Source | cted By Action | | Action Other | | | | | | |
| | | Drug & Alcoh | Individual C | Condition ED NORMAL | | | | | | | |
| | ١٩٢ | Suspected Alcohol U NO | se | | Suspected Drug NO | Use | | | | | |
| L N N | NDIVIDUA | Alcohol Test Given TEST NOT GIVEN | i | Alcohol Test Type | | | | | Alcohol T | est Results | |
| _ | IND | Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Type | | Drug Test Type | | | | | Drug Tes | t Results | |
| | | Drug Type | | • | | | | | | | |
| | | Role | | | Citations Issued | | 1 11 | se Driver | Individual | Type | |
| 05 | | PASSENGER | | | 0 | | | Address | INDIVID | UAL | |
| _ | 08 | Last Name MADINA | | | First Name JENNIFER | | | | Middle Initial Suffix C | | |
| | | Street Address 716 N 2ND ST | | | Street Address 2 | 2 | | | PO Box | | |
| | | City ROCKFORD | 16 N 2ND ST ity | | | | Zip Code 61107 | | Country of Residence UNITED STATES | | |

Wisconsin Motor Vehicle Crash Report

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

Crash Time 04:38 PM

| . | ۱۹۲ | | | | | | | | | | | |
|-------|------------|------------------------------------|------------------|---------------------------------|-----------------------|----------|--------------------------|----------------------|--------------------|------------|-------------------------|--|
| LIND | INDIVIDUAL | DOB | Sex F | Race H | Hair | Eyes | | Height | Weight | | Number 200-8926 EXT. | |
| | IND | Driver's License Num | ber | | State | | License J | ursidiction | Country o | f Issuance | | |
| | | License Type | | | License Status | | | | DL Expire | e Year | | |
| | | Equipment | On Duty Ac | cident | Safety Equipme | | | | | | | |
| | 80 | Row 02 - SECOND ROV | W | Seat Position 09 - RIGHT | NONE USED | - VEHI | CLE OC | CUPANT | | | | |
| | 0 | Helmet Use | | | Helmet Complia | ince | | | | | | |
| | | Eye Protection | | | Tint Compliance | 9 | | > | | | | |
| | الـ | Injury | NO APPA | RENT INJURY | Airbag UNKNOWN | | X | T 1/5 | | | | |
| LIND | וסט∡ | Ejected UNKNOWN | | | Ejection Path UNKNOWN | | | Trapped/Ex | VN | | | |
| 5 | INDIVIDUAL | MedicalTransport NOT TRANSPORT | ΓED | | EMS Agency Id | entifier | | EMS Run # | | | | |
| | | Hospital | I | | Date of Death | | | Time of De | | | | |
| | | Non Motorist | Striking Uni | t # | Location | | | To/FromSo | chool | | | |
| | 80 | Prior Action Distracted By Action | | | Action | | | | | | | |
| | | Distracted By Source | | | Action Other | | | | | | | |
| | | Distracted by Source | Individual C | andition | Action office | | | | | | | |
| | | Drug & Alcoh Suspected Alcohol Us | APPEAR | ED NORMAL | Suspected Drug | ıllse | | | | | | |
| _ | UAL | NO Alcohol Test Given | | Alcohol Test Type | NO NO | | | | Alcohol T | est Resul | ts | |
| E NO | INDIVIDUAL | TEST NOT GIVEN Drug Test Given | | Drug Test Type | | | | | Drug Tes | | | |
| | Z | TEST NOT GIVEN | | Diug Test Type | | | | | Drug 100 | ricouno | | |
| | | Drug Type | | | | | | | | | | |
| 05 | | Role PASSENGER | | | Citations Issued 0 | ı | | se Driver Address | Individual INDIVID | | | |
| 0 | 00 | Last Name MADINA | First Name WENDY | | | | Middle Ini | tial | Suffix | | | |
| | | Street Address 716 N 2ND ST | | | Street Address | 2 | | | PO Box | | | |
| | | ROCKFORD | | | State IL | | Zip Code 61107 | | Country of UNITED | STATE | S | |
| Visco | nsin N | Motor Vehicle Crash | | | | | | | С | rash Date | 08/09/2020 | |

Wisconsin Motor Vehicle Crash Report

| | ٩L | | | | | | | | | | | | |
|------|------------|-----------------------------------|-----------------|--------------------------|--------------------------|-----------|------------|------------------------------------|-------------------------|----------------------------------|--|--|--|
| | INDINIDUAL | DOB | Sex F | Race H | Hair | Eyes | | Height | Weight | Phone Number (779) 200-8926 EXT. | | | |
| | IND | Driver's License Num | ber | | State | | License J | ursidiction | Country o | f Issuance | | | |
| | | License Type | | | License Status | | | | DL Expire | e Year | | | |
| | | Equipment | On Duty Acc | ident | Safety Equipme | | | | | | | | |
| | 60 | Row 03 - THIRD ROW | | Seat Position 07 - LEFT | NONE USED | | ICLE OC | CUPANT | | | | | |
| | 0 | Helmet Use | | | Helmet Complia | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | > | | | | | |
| | 'L | Injury | Injury Severi | RENT INJURY | Airbag UNKNOWN | | | T 1/5 | | | | | |
| LIND | DU | Ejected UNKNOWN | | | Ejection Path UNKNOWN | | | Trapped/E UNKNOV | | | | | |
| 5 | INDIVIDUAL | MedicalTransport NOT TRANSPORT | ΓED | | EMS Agency Ide | entifier | | EMS Run | ۱# | | | | |
| | = | Hospital | | Date of Death | | | Time of De | Death | | | | | |
| | | Non Motorist | Location | | | To/FromSo | chool | | | | | | |
| | 60 | Prior Action | Action | | | | | | | | | | |
| | 0 | Distracted By Action | | | | | | | | | | | |
| | | Distracted By Source | | | Action Other | | | | | | | | |
| | | Drug & Alcoh | | ondition D NORMAL | _ | | | | | | | | |
| | JAL | Suspected Alcohol Us NO | se | | Suspected Drug NO | Use | | | | | | | |
| LIND | INDIVIDUAL | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | | | Alcohol T | est Results | | | |
| | IND | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | | | | | | | | |
| | | Drug Type | Drug Type | | | | · | | | | | | |
| | | | | | | | | | | | | | |
| 05 | | Role PASSENGER | | | Citations Issued 0 | | | se Driver Address | Individual INDIVID | UAL | | | |
| 0 | 10 | RODRIGUEZ | | | First Name VICTOR | | | | Middle Initial Suffix N | | | | |
| | | Street Address 716 N 2ND ST | | | Street Address 2 | | | | РО Вох | | | | |
| | | City ROCKFORD | | State IL | Zip Code 61107 | | | Country of Residence UNITED STATES | | | | | |

Wisconsin Motor Vehicle Crash Report

| | ₽ | | | | | | | | | |
|-------------|------------|-----------------------------------|-------------------|---------------------------|------------------------|-----------|------------|-----------------|-----------------------|----------------------------------|
| | INDIVIDUAL | DOB | Sex M | Race H | Hair | Eyes | | Height | Weight | Phone Number (779) 200-8926 EXT. |
| | | Driver's License Num | nber | | State | I | License Ju | ursidiction | Country of | of Issuance |
| | | License Type | | | License Status | i | | | DL Expir | e Year |
| | | Equipment | On Duty A | ccident | Safety Equipm | | | | | |
| | 10 | Row 03 - THIRD ROW | | Seat Position 09 - RIGHT | NONE USED | | IICLE OCC | CUPANT | | |
| | _ | Helmet Use | | | Helmet Compli | | | | | |
| | | Eye Protection | T | | Tint Compliand | e | | | | |
| | | Injury | NO APP | erity ARENT INJURY | Airbag UNKNOWN | | | | | |
| LNO | DOA | Ejected UNKNOWN | _ | | Ejection Path UNKNOWN | | | | ed/Extricated NOWN | |
| 5 | INDIVIDUAL | MedicalTransport NOT TRANSPOR | TED | | EMS Agency I | dentifier | | EMS | Run # | |
| | = | Hospital | | | Date of Death | | | Time | of Death | |
| | | Non Motorist | Striking Ur | nit # | Location | | | To/Fre | omSchool | |
| | _ | Prior Action | | | Action | | | | | |
| | 10 | Distracted By Action | | | | | | | | |
| | | Distracted By Source | • | | Action Other | | | | | |
| | | Drug & Alcoh | Individual APPEAR | Condition ED NORMAL | | | | | | |
| | JAL | Suspected Alcohol U NO | se | | Suspected Dru NO | ıg Use | | | | |
| E N O | INDIVIDUAL | Alcohol Test Given TEST NOT GIVEN | 1 | Alcohol Test Type | | | | | | est Results |
| | 2 | Drug Test Given TEST NOT GIVEN | ı | Drug Test Type | | | | | Drug Tes | t Results |
| | | Drug Type | | | | | | | | |
| | | | | | | | | | | |
| | | License Plate Number AP26675 | er | | Plate Type AUT - AUTO | MOBIL | .E | St IL | Country of Iss | |
| | | Vehicle Identification | | | | | | Year | Make | |
| | | 5FNRL18074B074 Model | 1130 | | Body Style | | | 2004 | HONDA Color | |
| | | VAN | | | VN - VAN | | | | BLK - BLAC | СК |
| | | Initial Contact Point 06 - REAR | | | | | | | | |

Wisconsin Motor Vehicle Crash Report

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

Crash Date 08/09/2020

Crash Time 04:38 PM

| | | | | | | Vehicle Dam | nage | | | | | |
|---------------------------------------|-------------|---|---|--------|----------|-----------------------------------|-----------------|--------|--------------------------------|------------------------|--|--|
| 05 | 02 | Extent Of Damage | | | | 06 - REAR | | | | | | |
| <u>-</u> | 0 | MINOR DAMAGE | | | | | | | | | | |
| | | Towed Due To Damage | • | | | | Vehicle Factors | | | | | |
| | | NOT TOWED | | | | | | | | | | |
| | | Vehicle Removed By OWNER | | | | | | | | | | |
| | | What Driver Was Doing | | | | Driver Prior Action Other Bus Use | | | | | | |
| | | SLOW/STOPPING | | | | 2.1101 1 1101 1 | | | | | | |
| Driver Actions NO CONTRIBUTING ACTION | | | | | | | | | | | | |
| | | ∨ Vehicle Owner Same As Operator | | | | ✓ Use Operator Address | | | | | | |
| | | Organization Type Company Name | | | | 3 | | | | | | |
| | | Last Name | | | lame | | | Middle | Suffix | Date of Birth | | |
| | | MEDINA RAMOS JOSE | | | • | | | Α | | | | |
| | | Street Address | | Street | Address2 | | | PO Box | • | 1 | | |
| | | 716 N 2ND ST | | | | | | | | | | |
| | | City | | St | Zip Code | 9 | | | untry of Residence | | | |
| | | ROCKFORD | | IL | 61107 | UNITED STATES | | | | | | |
| | | Telephone Number | | | | | | | | | | |
| Г | | (779) 200-8926 EXT. Event | | | | | | | | | | |
| | 01 | MOTOR VEH IN TRANSPORT | | | | | | | | | | |
| | 02 | | | | | | | | | | | |
| j | Event Event | | | | | | | | | | | |
| | | First | | | | | | | | | | |
| | 04 | Event | | | | | | | | | | |
| ╘ | 02 | Insurance Company COUNTRY FINANCIAL Organization Type INDIVIDUAL Last Name MEDINA RAMOS | | | | Policy Holder Same As Owner | | r Pol | ✓ Policy Holder Same As Driver | | | |
| | 면 | | | | os | | | | lolder Comp | lder Company | | |
| Ī | Des | cription | | | | | | | | | | |
| | Diag | | | | | | | | | Reconstruction By | | |
| | 3 | | | | , | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | Photos By | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | Additional Information | | |

Wisconsin Motor Vehicle Crash Report

| | | | | | | _ | (000) 330-4033 | |
|--|--|---------------------------------------|--------------|---------|--------------------|--------|-----------------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | NON | NE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | <u> </u> | | | | | | |
| UNIT 1 WAS BEHIND UNIT 2 IN THE CULVERS UNIT 2 CAUSING MINOR DAMAGE. | B DRIVE THROUGH. UNIT 2 | CAME | TO A COMPLE | TE STO | DP. UNIT 1 CONTINU | JED FC | DRWARD STRIKING THE BACK OF | |
| Signature | | | | | | | | |
| I, a sworn law enforcement officer | , agree that I have not | adde | d any CJIS d | lata in | this report. | | | |
| Law Enforcement Agency | | | | | | | | |
| Agency Space | | | | | | | | |
| Officer Rank DEP Officer Last Name GALLAGHER | Officer First N CHRISTOP DNR Officer ID | | | M | r Middle Name | | Suffix | |
| DOT Officer ID 9170 | | Officer Badge Number 9170 | | | | | | |
| Officer EMail | <u>I</u> | | | | | | | |
| Local Agency Number Law Enforcement Agency Jurisdiction Law Enforcement Agency type COLINITY CLIEBLES | | | | | | | | |
| Law Enforcement Agency Name TAS Agency Name TAS Agency Name | | | | | | | | |
| SAUK COUNTY SHERIFFS DEPARTM Law Enforcement Agency Street Address | SAUK COUNTY SHERIFF Law Enforcement Agency Street Address2 | | | | | | | |
| 1300 LANGE COURT | | | | | | | | |
| Law Enforcement Agency City BARABOO | | Law Enforcement Agency Zip Code 53913 | | | | | | |

Wisconsin Motor Vehicle Crash Report

| Law Enforcement Agency Phone Number | ORI Number | BFUNC Agency | TraCS Agency Number |
|-------------------------------------|------------|--------------|---------------------|
| (608) 356-4895 EXT. | WI0570000 | 5600 | 205 |