

6TL0CX0Q72  
20-12037

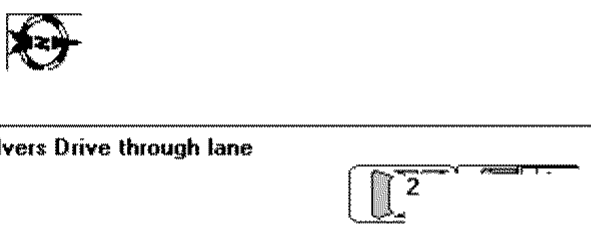
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CX0Q72

|  |                                      |   |                                    |                                 |   |   |  |
|--|--------------------------------------|---|------------------------------------|---------------------------------|---|---|--|
| Document Number Override                       |                                      | Primary Crash Document#                     |                                    | Agency Crash Number<br>20-12037 |   | Investigating Officer/Deputy<br><b>DEPUTY I. HANSON</b> |  |
| Crash Date<br>10/11/2020                       |                                      | Crash Time<br>11:55 AM                      |                                    | Date Arrived<br>10/11/2020      |   | Time Arrived<br>12:03 PM                                |  |
| Date Notified<br>10/11/2020                    |                                      | Time Notified<br>11:56 AM                   |                                    | Total Units<br>02               |   | Total Injured<br>00                                     | Total Killed<br>00                       |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure       | <input type="checkbox"/> Work Zone |                                 | <input type="checkbox"/> Trailer or Towed | <input type="checkbox"/> Reporting Threshold            |  |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone |                                    | School Bus Related<br>NO        |   | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>DT4000 (STANDARD CRASH)       |                                    |                                 |   | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash |

## Description

|   |                                       |
|---|---------------------------------------|
| Diagram<br><br> <p><b>Culvers Drive through lane</b></p> <p><b>Culvers building</b> <span style="float: right;"><b>not scale</b></span></p> | Reconstruction By                     |
|   | Photos By                             |
|   | Additional Information<br><b>NONE</b> |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

BOTH UNITS WERE IN THE CULVERS DRIVE THRU LANE. UNIT 2 WAS STOPPED IN LINE WITH OTHER CARS IN FRONT. UNIT 1 STATED THAT HE TOOK HIS FOOT OF THE BRAKE AND DIDNT REALIZE IT AND HIS TRUCK WENT FORWARD. THE TRUCK WAS EQUIPPED WITH A SNOW PLOW MOUNT WHICH STRUCK THE REAR OF UNIT 2. NO INJURIES REPORTED. 9109

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Location

|  |                          |                            |
|--|--------------------------|----------------------------|
| PARKING LOT<br>MULBERRY ST LOT<br>IN THE VILLAGE OF WEST BARABOO<br>IN SAUK COUNTY | Latitude<br>43.4752995   | Longitude<br>-89.766163157 |
|  | X Coordinate<br>276275.5 | Y Coordinate<br>4817315.5  |
|  | Structure Type           |                            |

Crash Scene

|  |  |   |
|--|--|---|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>       | First Harmful Event Location<br><b>ON ROADWAY</b>              |   |
| Manner of Collision<br><b>03 - FRONT TO REAR</b>           | Light Condition<br><b>DAYLIGHT</b>                             |   |
| Road Surface Condition(s)<br><b>DRY</b>                    | Roadway Factor(s)<br><br><b>NONE</b>                           |   |
| Environment Factor(s)<br><b>NONE</b>                       |  |   |
| Weather Condition(s)<br><b>CLEAR</b>                       |  |   |
| Animal Type  | Relation To Trafficway<br><b>NON TRAFFICWAY - PARKING LOT</b>  |   |
| Crash Classification - Location<br><b>PRIVATE PROPERTY</b> | Crash Classification - Jurisdiction<br><b>PRIVATE PROPERTY</b> |   |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>                            | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                       | Junction Location<br><b>NON-JUNCTION</b>                       | Intersection Type<br><b>NOT AN INTERSECTION</b> |

Unit Summary

|            |   |   |  |  |                                |
|------------|---|---|--|--|--------------------------------|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>TRUCK</b>                    |  |                                |
|            | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>                   | Operating As Endorsements                             |  |  |                                |
|            | Total Occs<br><b>2</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>         | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|            | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit<br><b>05</b>                             | Total Lanes<br><b>1</b>        |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|            | Traffic Way<br><b>PARKING LOT OR PRIVATE PROPERTY</b>               | Traffic Control<br><b>NO CONTROL</b>                  |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        | Road Curvature<br><b>STRAIGHT</b>                     |  | Road Grade<br><b>LEVEL</b>                           |                                |
|            | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |  |                                |

|                             |   |  |                     |   |
|-----------------------------|---|--|---------------------|---|
| UNIT<br>VEHICLE<br>01<br>01 | <b>Vehicle</b>  |  |                     |   |
|                             | License Plate Number<br><b>JX3982</b>                     | Plate Type<br><b>LTK - LIGHT TRUCK</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                             | Vehicle Identification Number<br><b>2FTDF0823VCA21883</b> | Make<br><b>FORD</b>                    | Year<br><b>1997</b> | Model<br><b>F150</b>                        |
|                             | Color<br><b>MAR - MAROON (BURGUNDY)</b>                   | Body Style<br><b>TK - TRUCK</b>        |                     | Bus Use                                     |
|                             | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage                         |                     |   |
|                             | Extent Of Damage<br><b>NO DAMAGE</b>                      | <b>00 - NO DAMAGE</b>                  |                     |   |

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|   |   |   |  |
|---|---|---|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>NOT TOWED</b>                                     | Vehicle Removed By<br><b>OWNER</b>  |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                              | Vehicle Factors   |  |
|   | Driver Prior Action Other   | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>OTHER CONTRIBUTING ACTION</b>                          |   |  |
| 01<br>01                                      | Owner Name<br><b>RAYMOND LEWIS GREEN<br/>(608) 522-4494</b>                 | Owner Address<br><b>E9850 HOOT OWL VALLEY RD<br/>NORTH FREEDOM, WI 53951 , US</b>     |  |
|   | <b>Sequence Of Events</b>   |   |  |
| 01<br>02<br>03<br>04                          | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                      |   |  |
|   | Event   |   |  |
|   | Event   |   |  |
|   | Event   |   |  |
| UNIT  | <b>Policy Holder</b>  |   |  |
|   | Insurance Company<br><b>AMERICAN-FAMILY-INS-CO</b>                          | Individual<br><b>RAYMOND GREEN</b>  |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |   |  |
|   | Driver<br><b>RAYMOND LEWIS GREEN<br/>(608) 522-4494</b>                     | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                                 |
|   |   | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                               |
|   | Address<br><b>E9850 HOOT OWL VALLEY RD<br/>NORTH FREEDOM, WI 53951 , US</b> | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
| 01<br>001                                     | <b>Safety Equipment</b>   |   | On Duty Crash                                      |
|   | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|   | Helmet Use  |   | Helmet Compliance                                  |
|   | Eye Protection  |   | Tint Compliance                                    |
|   | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>  | Airbag<br><b>NON DEPLOYED</b>                      |
|   | Ejected<br><b>NOT EJECTED</b>   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                                    | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |   | EMS Agency Identifier   | EMS Run #  |
| Hospital                                      |   | Date of Death   | Time of Death                                      |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>                        |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|                                      |   |   |                                       |                          |
|--------------------------------------|---|---|---------------------------------------|--------------------------|
| UNIT<br>INDIVIDUAL                   | <b>Non Motorist</b>   |   | Striking Unit#                        | Location                 |
|                                      | Prior Action  |   |                                       |                          |
|                                      | Action  |   |                                       |                          |
|                                      | Action Other  |   |                                       | To/From School           |
| 01<br>001                            | <b>Drug &amp; Alcohol</b>   |   | Suspected Alcohol Use<br>NO           | Suspected Drug Use<br>NO |
|                                      | Alcohol Test Given<br>TEST NOT GIVEN                                |   | Alcohol Test Type                     | Alcohol Test Results     |
|                                      | Drug Test Given<br>TEST NOT GIVEN                                   |   | Drug Test Type                        | Drug Test Results        |
|                                      | Drug Type   |   |                                       |                          |
|                                      | Individual Condition<br>APPEARED NORMAL                             |   |                                       |                          |
| UNIT<br>INDIVIDUAL                   | <b>Individual</b>   |   |                                       |                          |
|                                      | Passenger<br>DEBRA KAY GREEN<br>(608) 522-4494                      |   | Citations Issued<br>0                 | Sex<br>FEMALE            |
|                                      | Address<br>E9850 HOOT OWL VALLEY RD<br>NORTH FREEDOM, WI 53951 , US |   | Date of Birth<br>[REDACTED]           | Race<br>WHITE            |
| 01<br>002                            | On Duty Crash   |   | Safety Equipment                      |                          |
|                                      | Row<br>01 - FRONT ROW   | Seat Position<br>09 - RIGHT                 | NONE USED - VEHICLE OCCUPANT          |                          |
|                                      | Helmet Use  |   | Helmet Compliance                     |                          |
|                                      | Eye Protection  |   | Tint Compliance                       |                          |
|                                      | <b>Injury</b>   |   | Injury Severity<br>NO APPARENT INJURY | Airbag<br>NON DEPLOYED   |
| Ejected<br>NOT EJECTED               |   | Ejection Path<br>NOT EJECTED/NOT APPLICABLE | Trapped/Extricated<br>NOT TRAPPED     |                          |
| Medical Transport<br>NOT TRANSPORTED |   | EMS Agency Identifier                       | EMS Run#                              |                          |
| Hospital                             |   | Date of Death                               | Time of Death                         |                          |
| <b>Distracted By</b>                 |   | Distracted By Source                        |                                       |                          |
| Distracted By Action                 |   |   |                                       |                          |
| UNIT<br>INDIVIDUAL                   | <b>Non Motorist</b>   |   | Striking Unit#                        | Location                 |

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|                    |   |                                    |
|--------------------|---|------------------------------------|
| UNIT<br>INDIVIDUAL | Prior Action                                |                                    |
|                    | Action                                      |                                    |
|                    | Action Other                                |                                    |
|                    | To/From School                              |                                    |
|                    | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b> |
|                    | Suspected Drug Use<br><b>NO</b>             |                                    |
|                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  |
|                    | Alcohol Test Results                        |                                    |
|                    | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                     |
|                    | Drug Test Results                           |                                    |
| 01<br>002          | Drug Type                                   |                                    |
|                    | Individual Condition                        |                                    |
|                    | <b>APPEARED NORMAL</b>                      |                                    |

**Unit Summary**

|            |   |  |   |                            |  |  |
|------------|---|--|---|----------------------------|--|--|
| UNIT<br>02 | Unit Status<br><b>IN TRANSIT</b>                                    |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|            | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                      |  |   |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>3</b>  | Train/Bus # Recorded                         | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>NOT ON ROADWAY</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit<br><b>05</b>   | Total Lanes<br><b>1</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>PARKING LOT OR PRIVATE PROPERTY</b>               |  | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |  | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                    |  |   |                            |  |  |

**Vehicle**

|                             |   |  |                                       |                     |   |  |
|-----------------------------|---|--|---------------------------------------|---------------------|---|--|
| UNIT<br>VEHICLE<br>02<br>02 | License Plate Number<br><b>MH3397</b>                     |  | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |  |
|                             | Vehicle Identification Number<br><b>KM8SNDHFxEU084012</b> |  | Make<br><b>HYUNDAI</b>                | Year<br><b>2014</b> | Model<br><b>SFE</b>                         |  |
|                             | Color<br><b>BLK - BLACK</b>                               |  | Body Style<br><b>4D - 4DR</b>         |                     | Bus Use                                     |  |
|                             | Initial Contact Point<br><b>06 - REAR</b>                 |  | Vehicle Damage                        |                     |   |  |
|                             | Extent Of Damage<br><b>MINOR DAMAGE</b>                   |  | <b>06 - REAR</b>                      |                     |   |  |
|                             | Towed Due To Damage<br><b>NOT TOWED</b>                   |  | Vehicle Removed By<br><b>OWNER</b>    |                     |   |  |
|                             | What Driver Was Doing<br><b>STOP IN TRAFFIC</b>           |  |                                       |                     |   |  |

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|                      |   |  |                                   |
|----------------------|---|--|-----------------------------------|
| UNIT<br>VEHICLE      | Vehicle Factors   |  |                                   |
|                      | Driver Prior Action Other                               | NOT APPLICABLE   |                                   |
|                      | Driver Actions<br>NO CONTRIBUTING ACTION                |  |                                   |
| 02                   | Owner Name<br>NATHAN GORDON WEYH<br>(608) 572-3633      | Owner Address<br>S4309 CRAWFORD ST<br>BARABOO, WI 53913 , US                   |                                   |
|                      | <b>Sequence Of Events</b>                               |  |                                   |
| 01<br>02<br>03<br>04 | Event<br>MOTOR VEH IN TRANSPORT                         |  |                                   |
|                      | Event   |  |                                   |
|                      | Event   |  |                                   |
|                      | Event   |  |                                   |
| UNIT                 | <b>Policy Holder</b>                                    |  |                                   |
|                      | Insurance Company<br>AMERICAN-FAMILY-INS-CO             | Individual<br>NATHAN WEYH  |                                   |
| UNIT<br>INDIVIDUAL   | <b>Individual</b>                                       |  |                                   |
|                      | Driver<br>NATHAN GORDON WEYH<br>(608) 572-3633          | Citations Issued<br>0  | Sex<br>MALE                       |
|                      |   | Date of Birth<br>[REDACTED]  | Race<br>WHITE                     |
|                      | Address<br>S4309 CRAWFORD ST<br>BARABOO, WI 53913 , US  | Driver License Number<br>[REDACTED]<br>STATE: WISCONSIN COUNTRY: UNITED STATES |                                   |
| 02<br>003            | <b>Safety Equipment</b>                                 |  |                                   |
|                      | On Duty Crash   | Safety Equipment<br>SHOULDER & LAP BELT  |                                   |
|                      | Row<br>01 - FRONT ROW                                   | Seat Position<br>07 - LEFT   |                                   |
|                      | Helmet Use  | Helmet Compliance  |                                   |
|                      | Eye Protection  | Tint Compliance  |                                   |
| 02<br>003            | <b>Injury</b>   |  |                                   |
|                      | Injury Severity<br>NO APPARENT INJURY                   | Airbag<br>NON DEPLOYED   |                                   |
|                      | Ejected<br>NOT EJECTED                                  | Ejection Path<br>NOT EJECTED/NOT APPLICABLE                                    | Trapped/Extricated<br>NOT TRAPPED |
|                      | Medical Transport<br>NOT TRANSPORTED                    | EMS Agency Identifier  | EMS Run#                          |
|                      | Hospital  | Date of Death  | Time of Death                     |
| 02<br>003            | <b>Distracted By</b>                                    |  |                                   |
|                      | Distracted By Source<br>NOT APPLICABLE (NOT DISTRACTED) |  |                                   |
| 02<br>003            | Distracted By Action<br>NOT DISTRACTED                  |  |                                   |
|                      | <b>Non Motorist</b>                                     |  |                                   |
|                      | Striking Unit#  | Location   |                                   |

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|  |  |   |  |
|--|--|---|--|
| UNIT   | INDIVIDUAL   | Prior Action  |  |
|  |  | Action  |  |
|  |  | Action Other  | To/From School                                     |
| 02   | 003  | <b>Drug &amp; Alcohol</b>   |  |
|  |  | Suspected Alcohol Use<br><b>NO</b>  | Suspected Drug Use<br><b>NO</b>                    |
|  |  | Alcohol Test Given<br><b>TEST NOT GIVEN</b>   | Alcohol Test Type                                  |
|  |  | Alcohol Test Results  |  |
|  |  | Drug Test Given<br><b>TEST NOT GIVEN</b>  | Drug Test Type                                     |
|  |  | Drug Test Results   |  |
| Drug Type  |  |   |  |
| Individual Condition<br><b>APPEARED NORMAL</b>                       |  |   |  |
| UNIT   | INDIVIDUAL   | <b>Individual</b>   |  |
|  |  | Passenger<br><b>JAMIE LYN WEYH</b><br>(608) 572-3633                                  | Citations Issued<br><b>0</b>                       |
|  |  |   | Sex<br><b>FEMALE</b>                               |
|  |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                               |
| Address<br><b>S4309 CRAWFORD ST</b><br><b>BARABOO, WI 53913 , US</b> |  | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
| 02   | 004  | <b>Safety Equipment</b>   |  |
|  |  | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|  |  | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>09 - RIGHT</b>                 |
|  |  | Helmet Use  | Helmet Compliance                                  |
|  |  | Eye Protection  | Tint Compliance                                    |
|  |  | <b>Injury</b>   |  |
| Injury Severity<br><b>NO APPARENT INJURY</b>                         | Airbag<br><b>NON DEPLOYED</b>                      |   |  |
| Ejected<br><b>NOT EJECTED</b>  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT TRAPPED</b>  |  |
| Medical Transport<br><b>NOT TRANSPORTED</b>                          | EMS Agency Identifier                              | EMS Run #   |  |
| Hospital   | Date of Death                                      | Time of Death   |  |
| <b>Distracted By</b>   |  |   |  |
| Distracted By Source   |  |   |  |
| Distracted By Action   |  |   |  |
| <b>Non Motorist</b>  |  |   |  |
| Striking Unit #  | Location   |   |  |
| Prior Action   |  |   |  |

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|                      |                      |  |   |   |  |
|----------------------|----------------------|--|---|---|--|
| UNIT                 | INDIVIDUAL           | Action   |   |   |  |
|                      |                      | Action Other   |   | To/From School  |  |
| 02                   | 004                  | <b>Drug &amp; Alcohol</b>                              | Suspected Alcohol Use<br>NO                 | Suspected Drug Use<br>NO                                    |  |
|                      |                      | Alcohol Test Given<br>TEST NOT GIVEN                   | Alcohol Test Type                           | Alcohol Test Results  |  |
|                      |                      | Drug Test Given<br>TEST NOT GIVEN                      | Drug Test Type                              | Drug Test Results   |  |
|                      |                      | Drug Type  |   |   |  |
|                      |                      | Individual Condition<br>APPEARED NORMAL                |   |   |  |
| UNIT                 | INDIVIDUAL           | <b>Individual</b>                                      |   |   |  |
|                      |                      | Passenger<br>ZOEY P WEYH<br>(608) 572-3633             | Citations Issued<br>0                       | Sex<br>FEMALE   |  |
|                      |                      | Date of Birth<br>[REDACTED]                            | Race<br>WHITE                               |   |  |
|                      |                      | Address<br>S4309 CRAWFORD ST<br>BARABOO, WI 53913 , US | Driver License Number                       |   |  |
|                      |                      | <b>Safety Equipment</b>                                | On Duty Crash                               | Safety Equipment<br>CHILD RESTRAINT SYSTEM - FORWARD FACING |  |
| 02                   | 005                  | Row<br>02 - SECOND ROW                                 | Seat Position<br>07 - LEFT                  | Helmet Compliance   |  |
|                      |                      | Eye Protection   | Tint Compliance                             |   |  |
|                      |                      | <b>Injury</b>  | Injury Severity<br>NO APPARENT INJURY       | Airbag<br>NON DEPLOYED                                      |  |
|                      |                      | Ejected<br>NOT EJECTED                                 | Ejection Path<br>NOT EJECTED/NOT APPLICABLE | Trapped/Extricated<br>NOT TRAPPED                           |  |
|                      |                      | Medical Transport<br>NOT TRANSPORTED                   | EMS Agency Identifier                       | EMS Run #   |  |
| Hospital             | Date of Death        | Time of Death  |   |   |  |
| <b>Distracted By</b> | Distracted By Source |  |   |   |  |
| Distracted By Action |                      |  |   |   |  |
| <b>Non Motorist</b>  | Striking Unit #      | Location   |   |   |  |
| Prior Action         |                      |  |   |   |  |



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|--------------------|--|------------------------------------|---------------------------------|--|
| UNIT<br>INDIVIDUAL | Action   |                                    |                                 |  |
|                    | Action Other                                   |                                    | To/From School                  |  |
|                    | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |  |
|                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |  |
|                    | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |  |
|                    | Drug Type                                      |                                    |                                 |  |
|                    | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |  |
|                    | 02<br>005                                      |                                    |                                 |  |
|                    |  |                                    |                                 |  |