

6TL0DDT5JS  
20-12007

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0DDT5JS

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| Document Number Override<br><b>6TL0CX0Q71</b>  |   | Primary Crash Document#                      | Agency Crash Number<br><b>20-12007</b> | Investigating Officer/Deputy<br><b>DEPUTY I. HANSON</b> |  |
| Crash Date<br><b>10/10/2020</b>                |   | Crash Time<br><b>04:20 PM</b>                | Date Arrived<br><b>10/10/2020</b>      | Time Arrived<br><b>04:40 PM</b>                         |  |
| Date Notified<br><b>10/10/2020</b>             |   | Time Notified<br><b>04:24 PM</b>             | Total Units<br><b>02</b>               | Total Injured<br><b>00</b>                              | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency          | <input checked="" 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><b>NO</b>              |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input checked="" type="checkbox"/> Amended             | <input type="checkbox"/> Secondary Crash     |

Description

|                |   |
|----------------|---|
| <p>Diagram</p> | Reconstruction By                       |
|                | Photos By<br><b>ISAAC HANSON</b>        |
|                | Additional Information<br><b>PHOTOS</b> |

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

UNIT 2 PULLED OUT OF HIS DRIVEWAY AND HEADED EAST ON LYNDON ROAD. UNIT 2 STATED THAT UNIT 1 WAS TRAVELING VERY FAST AND ATTEMPTED TO PASS UNIT 2. UNIT 2 STATED THAT WHEN THE MAROON TRUCK PASSED HIM THE REAR PASSENGER SIDE OF THE TRUCK STRUCK THE FRONT DRIVERS PORTION OF HIS VAN. UNIT 2 STATED THAT UNIT 1 NEVER STOPPED AND CONTINUED TOWARDS CTH H. THE VEHICLE TURNED EASTBOUND ONTO CTH H. UNIT 2 WAS UNABLE TO GET THE CORRECT PLATE FOR SUSPECT VEHICLE.  
UPDATED INFO 10-19-20

HIT AND RUN UPDATE 10-19-20.....I MET WITH THE OPERATOR OF UNIT 1 ROBERT SCHMIDT. ROBERT INFORMED ME THAT THAT UNIT 2 PULLED OUT OF HIS DRIVEWAY AND WAS DRIVING SOUTH IN CENTER OF THE HIGHWAY. UNIT 1 ATTEMPTED TO PASS THE SUBJECT AND ENTERED THE DITCHLINE IN DOING SO. UNIT 1 SAYS HE WAS UNAWARE THERE WAS CONTACT BETWEEN THE VEHICLES AS HIS DRIVERS SIDE TIRES WERE IN GRAVEL. UNIT 1 SAYS HE WAS FORCED TO PASS BECAUSE UNIT 2 WAS IN THE MIDDLE OF THE ROAD AND MOVED TOWARDS HIM CAUSING EVASIVE ACTION. UNIT 2 STATED THE TRUCK TRAVELED QUICKLY UP ON HIM AND PASSED IN AN UNSAFE MANNER. UNIT 2 ALSO SAYS THE TRUCK THEN PASSED 2 OTHER VEHICLES AFTER PASSING UNIT 2 MAKING

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HIM BELIEVE UNIT 1 KNEW A COLLISION HAD TAKEN PLACE. PASSENGERS IN UNIT 1 STATED THEY WERE UNAWARE THE VEHICLES CONTACTED EACH OTHER. PHOTOS OF UNIT 1 WERE ALSO TAKEN ON 10-19-20. I CHECKED THE ACCIDENT SCENE FOR ANY DEBRIS OR TIREMARKS TO SHOW EVIDENCE OF EACH PARTIES STATEMENTS HOWEVER NO MARKS OR USEFUL INFORMATION WAS GAINED. ROBERT SCHIMDT INFORMED ME HE CARRIED STATE FARM INSURANCE.

**Location**

|   |                                |                           |
|---|--------------------------------|---------------------------|
| ON LYNDON RD<br>1220 FT S<br>OF OAK HILL RD<br>IN THE TOWN OF DELLONA<br>IN SAUK COUNTY | Latitude<br>43.631482072       | Longitude<br>-89.86391449 |
|   | X Coordinate<br>268967.0625    | Y Coordinate<br>4834929.5 |
|   | Structure Type<br>NO STRUCTURE |                           |

**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>07 - SIDESWIPE/SAME DIRECTION</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>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>   | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</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**

|             |   |   |  |  |                                |  |
|-------------|---|---|--|--|--------------------------------|--|
| <b>UNIT</b> | Unit Status<br><b>HIT AND RUN</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>6</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>SOUTHBOUND</b>              | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit<br><b>45</b>                         | Total Lanes<br><b>2</b>        |  |
|             | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>UNKNOWN</b>           | Emergency Motor Vehicle Use<br><b>UNKNOWN</b>    |                                |  |
|             | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</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>CURVE LEFT</b>          | Road Grade<br><b>LEVEL</b>                       |                                |  |
|             | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |  |                                |  |

**Vehicle**

|           |   |  |                     |   |  |
|-----------|---|--|---------------------|---|--|
| <b>01</b> | License Plate Number<br><b>47826M</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>1GC1KVEG0GF225916</b> | Make<br><b>CHEVROLET</b>               | Year<br><b>2016</b> | Model<br><b>SILVERADO</b>                   |  |
|           | Color<br><b>MAR - MAROON (BURGUNDY)</b>                   | Body Style<br><b>TK - TRUCK</b>        | Bus Use             |   |  |
|           | Initial Contact Point<br><b>05 - RIGHT REAR CORNER</b>    |  |                     |   |  |

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|                           |   |   |
|---------------------------|---|---|
| UNIT<br>VEHICLE           | Vehicle Damage  |   |
|                           | Extent Of Damage<br><b>MINOR DAMAGE</b>                             | <b>05 - RIGHT REAR CORNER</b>   |
|                           | Towed Due To Damage<br><b>NOT TOWED</b>                             | Vehicle Removed By<br><b>OPERATOR</b>                                     |
|                           | What Driver Was Doing<br><b>ACCELERATING IN ROAD</b>                | Vehicle Factors   |
| UNIT<br>VEHICLE           | Driver Prior Action Other   | <b>UNKNOWN</b>  |
|                           | Driver Actions<br><b>FAILED TO KEEP IN DESIGNATED LANE</b>          |   |
|                           | Owner Name<br><b>ROBERT C SCHMIDT<br/>(608) 678-0263</b>            | Owner Address<br><b>2963 14TH LANE<br/>WISCONSIN DELLS, WI 53965 , US</b> |
| <b>Sequence Of Events</b> |   |   |
| UNIT<br>VEHICLE           | Event<br><b>MOTOR VEH IN TRANSPORT</b>                              |   |
|                           | Event   |   |
|                           | Event   |   |
|                           | Event   |   |
| UNIT                      | <b>Policy Holder</b>  |   |
|                           | Insurance Company<br><b>STATE-FARM-GENERAL-INS-CO</b>               | Individual<br><b>ROBERT SCHMIDT</b>                                       |
| UNIT<br>INDIVIDUAL        | <b>Individual</b>   |   |
|                           | Driver<br><b>ROBERT C SCHMIDT<br/>(608) 678-0263</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>2963 14TH LANE<br/>WISCONSIN DELLS, WI 53965 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>   |
| UNIT<br>INDIVIDUAL        | <b>Safety Equipment</b>   |   |
|                           | On Duty Crash   | Safety Equipment  |
|                           | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>   |
|                           | <b>RESTRAINT USE UNKNOWN</b>  |   |
|                           | Helmet Use  | Helmet Compliance   |
|                           | Eye Protection  | Tint Compliance   |
| UNIT<br>INDIVIDUAL        | <b>Injury</b>   |   |
|                           | Injury Severity<br><b>NO APPARENT INJURY</b>                        | Airbag<br><b>NOT APPLICABLE</b>   |
|                           | Ejected<br><b>NOT APPLICABLE</b>                                    | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                        |
|                           | <b>Trapped/Extricated<br/>NOT APPLICABLE</b>                        |   |
|                           | Medical Transport<br><b>NOT TRANSPORTED</b>                         | EMS Agency Identifier   |
|                           | <b>EMS Run#</b>   |   |
| Hospital                  | Date of Death   |   |
| <b>Time of Death</b>      |   |   |

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|  |  |   |
|--|--|---|
| UNIT<br>INDIVIDUAL                                 | <b>Distracted By</b> Distracted By Source  |   |
|  | Distracted By Action   |   |
|  | <b>Non Motorist</b>  | Striking Unit # Location  |
|  | Prior Action   |   |
|  | Action   |   |
|  | Action Other   |   |
|  | To/From School   |   |
|  | <b>Drug &amp; Alcohol</b> Suspected Alcohol Use Suspected Drug Use                         |   |
|  | 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>NOT OBSERVED</b>        |  |   |
| UNIT<br>INDIVIDUAL                                 | <b>Individual</b>  |   |
|  | Passenger<br><b>RONDA J SCHMIDT</b><br>(608) 678-0263                                      | Citations Issued<br><b>0</b>  |
|  | Date of Birth<br>[REDACTED]  | Sex<br><b>FEMALE</b>  |
|  | Address<br><b>2963 14TH LANE</b><br><b>WISCONSIN DELLS, WI 53965 , US</b>                  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |
| UNIT<br>INDIVIDUAL                                 | <b>Safety Equipment</b> On Duty Crash Safety Equipment                                     |   |
|  | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>08 - MIDDLE</b>                                     |
|  | <b>RESTRAINT USE UNKNOWN</b>   |   |
|  | Helmet Use Helmet Compliance   |   |
|  | Eye Protection Tint Compliance   |   |
|  | <b>Injury</b> Injury Severity<br><b>NO APPARENT INJURY</b> Airbag<br><b>NOT APPLICABLE</b> |   |
| Ejected<br><b>NOT APPLICABLE</b>                   |  |   |
| Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |  |   |
| Trapped/Extricated<br><b>NOT APPLICABLE</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          |  |   |

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|                              |  |  |   |
|------------------------------|--|--|---|
| UNIT<br>INDIVIDUAL           | Distracted By Action   |  |   |
|                              | <b>Non Motorist</b>  |  |   |
|                              | Striking Unit #  | Location   |   |
|                              | Prior Action   |  |   |
|                              | Action   |  |   |
|                              | Action Other   |  | To/From School                              |
|                              | <b>Drug &amp; Alcohol</b>  |  |   |
|                              | Suspected Alcohol Use  |  | Suspected Drug Use                          |
|                              | 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>003                    | Drug Type  |  |   |
|                              | Individual Condition<br><b>NOT OBSERVED</b>                      |  |   |
|                              | <b>Individual</b>  |  |   |
|                              | Passenger<br><b>CINDI L SCHMIDT<br/>(608) 289-2306</b>           |  | Citations Issued<br><b>0</b>                |
|                              | Date of Birth<br>[REDACTED]                                      |  | Sex<br><b>FEMALE</b>                        |
|                              | Address<br><b>1211 RICHARDS AVE<br/>WATERTOWN, WI 53094 , US</b> |  | Race<br><b>WHITE</b>                        |
|                              | Driver License Number<br>[REDACTED]                              |  |   |
|                              | STATE: WISCONSIN COUNTRY: UNITED STATES                          |  |   |
|                              | <b>Safety Equipment</b>  |  |   |
|                              | On Duty Crash  |  | Safety Equipment                            |
| Row<br><b>01 - FRONT ROW</b> | Seat Position<br><b>09 - RIGHT</b>                               | <b>RESTRAINT USE UNKNOWN</b>                       |   |
| Helmet Use                   |  | Helmet Compliance                                  |   |
| Eye Protection               |  | Tint Compliance                                    |   |
| 01<br>004                    | <b>Injury</b>  |  | Airbag                                      |
|                              | Injury Severity<br><b>NO APPARENT INJURY</b>                     |  | <b>NOT APPLICABLE</b>                       |
|                              | Ejected<br><b>NOT APPLICABLE</b>                                 | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT APPLICABLE</b> |
|                              | Medical Transport<br><b>NOT TRANSPORTED</b>                      |  | EMS Agency Identifier                       |
|                              | Hospital   |  | EMS Run#                                    |
|                              | Date of Death  |  | Time of Death                               |
|                              | <b>Distracted By</b>   |  |   |
|                              | Distracted By Source   |  |   |
|                              | Distracted By Action   |  |   |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

|                        |   |  |                       |                              |                    |                |
|------------------------|---|--|-----------------------|------------------------------|--------------------|----------------|
| <b>UNIT</b>            | <b>INDIVIDUAL</b>   | <b>Non Motorist</b>                            |                       | Striking Unit#               | Location           |                |
|                        |   | Prior Action                                   |                       |                              |                    |                |
|                        |   | Action   |                       |                              |                    |                |
|                        |   | Action Other                                   |                       |                              |                    | To/From School |
| <b>01</b>              | <b>004</b>  | <b>Drug &amp; Alcohol</b>                      |                       | Suspected Alcohol Use        | Suspected Drug Use |                |
|                        |   | Alcohol Test Given                             | Alcohol Test Type     | Alcohol Test Results         |                    |                |
|                        |   | <b>TEST NOT GIVEN</b>                          |                       |                              |                    |                |
|                        |   | Drug Test Given                                | Drug Test Type        | Drug Test Results            |                    |                |
|                        |   | <b>TEST NOT GIVEN</b>                          |                       |                              |                    |                |
|                        |   | Drug Type                                      |                       |                              |                    |                |
| Individual Condition   |   |  |                       |                              |                    |                |
| <b>NOT OBSERVED</b>    |   |  |                       |                              |                    |                |
| <b>UNIT</b>            | <b>INDIVIDUAL</b>   | <b>Individual</b>                              |                       |                              |                    |                |
|                        |   | Passenger                                      | Citations Issued      | Sex                          |                    |                |
|                        |   | <b>CHRISTOPHER M CNARE</b><br>(608) 289-2306   | <b>0</b>              | <b>MALE</b>                  |                    |                |
|                        |   |  | Date of Birth         | Race                         |                    |                |
|                        |   | <b>WHITE</b>                                   |                       |                              |                    |                |
|                        | Address   | Driver License Number                          |                       |                              |                    |                |
|                        | <b>1211 RICHARDS AVE</b><br><b>WATERTOWN, WI 53094 , US</b> | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                       |                              |                    |                |
| <b>01</b>              | <b>005</b>  | <b>Safety Equipment</b>                        |                       | On Duty Crash                | Safety Equipment   |                |
|                        |   | Row  | Seat Position         | <b>RESTRAINT USE UNKNOWN</b> |                    |                |
|                        |   | <b>02 - SECOND ROW</b>                         | <b>07 - LEFT</b>      |                              |                    |                |
|                        |   | Helmet Use                                     |                       | Helmet Compliance            |                    |                |
|                        |   | Eye Protection                                 |                       | Tint Compliance              |                    |                |
|                        |   |  |                       |                              |                    |                |
| <b>Injury</b>          |   | Injury Severity                                | Airbag                |                              |                    |                |
|                        |   | <b>NO APPARENT INJURY</b>                      | <b>NOT APPLICABLE</b> |                              |                    |                |
| Ejected                | Ejection Path   | Trapped/Extricated                             |                       |                              |                    |                |
| <b>NOT APPLICABLE</b>  | <b>NOT EJECTED/NOT APPLICABLE</b>                           | <b>NOT APPLICABLE</b>                          |                       |                              |                    |                |
| Medical Transport      |   | EMS Agency Identifier                          | EMS Run#              |                              |                    |                |
| <b>NOT TRANSPORTED</b> |   |  |                       |                              |                    |                |
| Hospital               |   | Date of Death                                  | Time of Death         |                              |                    |                |
|                        |   |  |                       |                              |                    |                |
| <b>Distracted By</b>   |   | Distracted By Source                           |                       |                              |                    |                |
|                        |   |  |                       |                              |                    |                |
| Distracted By Action   |   |  |                       |                              |                    |                |
|                        |   |  |                       |                              |                    |                |
| <b>Non Motorist</b>    |   | Striking Unit#                                 | Location              |                              |                    |                |
|                        |   |  |                       |                              |                    |                |

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|   |                                     |                            |                       |
|---|-------------------------------------|----------------------------|-----------------------|
| UNIT<br>INDIVIDUAL                            | Prior Action                        |                            |                       |
|   | Action                              |                            |                       |
|   | Action Other                        |                            | To/From School        |
| 01<br>005                                     | <b>Drug &amp; Alcohol</b>           |                            | Suspected Alcohol Use |
|   | Suspected Drug Use                  |                            |                       |
|   | Alcohol Test Given                  | Alcohol Test Type          | Alcohol Test Results  |
|   | TEST NOT GIVEN                      |                            |                       |
|   | Drug Test Given                     | Drug Test Type             | Drug Test Results     |
|   | TEST NOT GIVEN                      |                            |                       |
| Drug Type                                     |                                     |                            |                       |
| Individual Condition                          |                                     |                            |                       |
| NOT OBSERVED                                  |                                     |                            |                       |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>                   |                            |                       |
|   | Passenger                           |                            | Citations Issued      |
|   | RICHARD J TIPPELT<br>(608) 751-4775 |                            | 0                     |
|   | Date of Birth                       |                            | Sex                   |
|   | [REDACTED]                          |                            | MALE                  |
|   | Race                                |                            | WHITE                 |
| Address                                       |                                     | Driver License Number      |                       |
| 762 S SHENANDOAH AVE<br>BELOIT, WI 53511 , US |                                     | [REDACTED]                 |                       |
| STATE: WISCONSIN COUNTRY: UNITED STATES       |                                     |                            |                       |
| 01<br>006                                     | <b>Safety Equipment</b>             |                            | On Duty Crash         |
|   | Safety Equipment                    |                            |                       |
|   | RESTRAINT USE UNKNOWN               |                            |                       |
|   | Row                                 | Seat Position              |                       |
|   | 02 - SECOND ROW                     | 08 - MIDDLE                |                       |
|   | Helmet Use                          |                            | Helmet Compliance     |
| Eye Protection                                |                                     | Tint Compliance            |                       |
| 01<br>006                                     | <b>Injury</b>                       |                            | Airbag                |
|   | Injury Severity                     |                            | NOT APPLICABLE        |
|   | NO APPARENT INJURY                  |                            |                       |
|   | Ejected                             | Ejection Path              | Trapped/Extricated    |
|   | NOT APPLICABLE                      | NOT EJECTED/NOT APPLICABLE | NOT APPLICABLE        |
|   | Medical Transport                   | EMS Agency Identifier      | EMS Run #             |
| NOT TRANSPORTED                               |                                     |                            |                       |
| Hospital                                      | Date of Death                       | Time of Death              |                       |
| Distracted By Source                          |                                     |                            |                       |
| <b>Distracted By</b>                          |                                     |                            |                       |
| Distracted By Action                          |                                     |                            |                       |
| [REDACTED]                                    |                                     |                            |                       |
| <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                              | Suspected Drug Use                          |
|  | 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>NOT OBSERVED</b>   |  |   |
|  | <b>Individual</b>   |  |   |
|  | Passenger<br><b>LISA J TIPPELT</b><br>(608) 751-4775                                  | Citations Issued<br><b>0</b>                       | Sex<br><b>FEMALE</b>                        |
|  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                               |   |
| Address<br><b>762 E SHENANDOAH AVE</b><br><b>BELOIT, WI 53511 , US</b> | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |   |
| UNIT<br>INDIVIDUAL   | <b>Safety Equipment</b>   | On Duty Crash                                      | Safety Equipment                            |
|  | Row<br><b>02 - SECOND ROW</b>   | Seat Position<br><b>09 - RIGHT</b>                 | <b>RESTRAINT USE UNKNOWN</b>                |
|  | Helmet Use  |  | Helmet Compliance                           |
|  | Eye Protection  |  | Tint Compliance                             |
|  | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NOT APPLICABLE</b>             |
|  | Ejected<br><b>NOT APPLICABLE</b>  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT APPLICABLE</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   |   |  |   |



6TL0DDT5JS  
20-12007

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

|                    |   |                       |                      |
|--------------------|---|-----------------------|----------------------|
| UNIT<br>INDIVIDUAL | Action                                      |                       |                      |
|                    | Action Other                                |                       | To/From School       |
|                    | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use | Suspected Drug Use   |
|                    | 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>NOT OBSERVED</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>PASSENGER VAN</b>                                |   |   |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>1</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>EASTBOUND</b> | <input type="checkbox"/> <b>Pre Crash Tire Mark</b>   | Speed Limit<br><b>45</b>   | Total Lanes<br><b>2</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>TWO-WAY, NOT DIVIDED</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>CURVE LEFT</b>                   |                            | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                    |   |   |                            |  |  |

|                           |   |                       |   |                     |   |
|---------------------------|---|-----------------------|---|---------------------|---|
| UNIT<br>VEHICLE<br>02     | <b>Vehicle</b>  |                       |   |                     |   |
|                           | License Plate Number<br><b>AAY3663</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>2C4RC1BGXCR133101</b> |                       | Make<br><b>CHRYSLER</b>   | Year<br><b>2012</b> | Model<br><b>TOWN/CNTRY</b>                  |
|                           | Color<br><b>BLK - BLACK</b>                               |                       | Body Style<br><b>VN - VAN</b>                                   |                     | Bus Use                                     |
|                           | Initial Contact Point<br><b>10 - LEFT SIDE FRONT</b>      |                       | Vehicle Damage  |                     |   |
|                           | Extent Of Damage<br><b>MINOR DAMAGE</b>                   |                       | <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b> |                     |   |
|                           | 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> |   |                     |   |

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SAUK COUNTY SHERIFFS DEPARTMENT  
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|  |   |   |   |
|--|---|---|---|
| UNIT<br>VEHICLE                              | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                     |   |   |
|  | Owner Name<br><b>ROBERT J SCHREIBER<br/>(609) 393-7411</b>          | Owner Address<br><b>S339 LYNDON RD<br/>WISCONSIN DELLS, WI 53965 , US</b> |   |
| UNIT<br>VEHICLE                              | <b>Sequence Of Events</b>   |   |   |
|  | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                    |   |
|  | 02  | Event   |   |
|  | 03  | Event   |   |
| UNIT<br>VEHICLE                              | 04  | Event   |   |
|  | <b>Policy Holder</b>  |   |   |
| UNIT<br>VEHICLE                              | Insurance Company<br><b>STATE-FARM-GENERAL-INS-CO</b>               | Individual<br><b>ROBERT SCHREIBER</b>                                     |   |
|  | <b>Individual</b>   |   |   |
| UNIT<br>INDIVIDUAL                           | Driver<br><b>ROBERT J SCHREIBER<br/>(609) 393-7411</b>              | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                        |
|  |   | Date of Birth<br><b>[REDACTED]</b>  | Race<br><b>ASIAN</b>                      |
| UNIT<br>INDIVIDUAL                           | Address<br><b>S339 LYNDON RD<br/>WISCONSIN DELLS, WI 53965 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>   |   |
|  | <b>Safety Equipment</b>   |   |   |
| UNIT<br>INDIVIDUAL                           | On Duty Crash   |   | Safety Equipment                          |
|  | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>   | <b>SHOULDER &amp; LAP BELT</b>            |
|  | Helmet Use  |   | Helmet Compliance                         |
|  | Eye Protection  |   | Tint Compliance                           |
|  | UNIT<br>INDIVIDUAL  | <b>Injury</b>   |   |
| Injury Severity<br><b>NO APPARENT INJURY</b> |   | Airbag<br><b>NON DEPLOYED</b>   |   |
| UNIT<br>INDIVIDUAL                           | 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<br><b>EMS Run #</b> |
|  | Hospital  |   | Date of Death<br><b>Time of Death</b>     |
| UNIT<br>INDIVIDUAL                           | <b>Distracted By</b>  |   |   |
|  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>      |   |   |
| UNIT<br>INDIVIDUAL                           | Distracted By Action<br><b>NOT DISTRACTED</b>                       |   |   |
|  | <b>Non Motorist</b>   |   |   |
| UNIT<br>INDIVIDUAL                           | 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>002                                      |                                    |                                 |  |
|                    |  |                                    |                                 |  |