WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override 6TL0D7W13V | Primary Crash Document# Crash Time 08:59 PM Time Notified 08:59 PM | | Agency Crash Number 21-00039 Date Arrived 01/01/2021 Total Units 02 | | Investigating Officer/Deputy DEPUTY K. MUELLER | | | |
|------|-------------------------------------|--|--------------|---|--|--|---------------------------------------|--|------------------------|
| 开 | Crash Date 01/01/2021 | | | | | Time Arrived 09:01 PM | | | |
| CL4 | Date Notified 01/01/2021 | | | | | Total Injured 03 | · · · · · · · · · · · · · · · · · · · | | |
| 000 | On Emergency | t and Run Lane Closu | | ure Work Zone | | Trailer or Towed | | | Reporting Threshold |
| eTL. | Government Property | Active School Zone | | School Bus Related NO | | Tags | | | |
| _ | Crash Type DT4000 (STA | | ANDARD CRASH | NDARD CRASH) | | | Amended | | Secondary Crash |
| | Description | | | | | | | | |

Broadway St.

NOT TO SCALE

Photos By KMUELLER/JKIRKENG

Additional Information PHOTOS

3RD AVE
ONE WAY TRAFFIC

ONE WAY TRAFFIC

1

2

1

2

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

UNIT 1 WAS DRIVING ON 3RD AVENUE BETWEEN BROADWAY AND OAK ST. UNIT 1 WAS DRIVING WEST, THE WRONG WAY DOWN A ONE WAY ROAD. UNIT 1 CAUSED A COLLISION WITH UNIT 2 UNIT 1 DROVE THE WRONG WAY THROUGH THE INTERSECTION AT BROADWAY ST. UNIT 1 WAS AT FAULT AS IT WAS DRIVING THE WRONG WAY WHICH CAUSED THE ACCIDENT.

EDIT OF ADRESSES

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Locati | ion — | | | | | | | | |
|---------------|--|--------------------------------|-------------------------|----------------------------------|--|---|----------------------|--|------------|
| ON 3RE | | | | | 1 -424 1 | | | 1 - 9 | d- |
| 39 FT V | | | | | Latitude | 10574 | Longitude | | |
| | V ROADWAY ST/ S1 | TH443 NR | | | | 43.469908571 | | -89.744410165 | |
| IN THE | CITY OF BARABO K COUNTY | | | | | ate 1875 | | Y Coord 48166 | |
| | | | | Structure NO STR | | | • | | |
| Crash | Scene - | | | | | | | | |
| FirstHar | mful Event | | | | FirstHarm | nful Event L | ocation | | |
| MOTOR | R VEH IN TRANSP | PORT | | | | DWAY | | | |
| Manner | of Collision | | | | Light Cond | dition | | | |
| 01 - AN | GLE | | | | DARK/LI | GHTED | | | |
| Road Su | rface Condition(s) | | | | Roadway | Factor(s) | | | |
| DRY | | | | | | | | | |
| Environr | ment Factor(s) | | | | 1 | | | | |
| NONE | | | | | NONE | | | | |
| Weather | Condition(s) | | | | 1 | | | | |
| CLOUD | Υ | | | | | | | | |
| Animal T | ype | | | | Relation To Trafficway TRAFFICWAY - ON ROAD | | | | |
| | assification - Location | n | | | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | | | |
| | | | | | | | T Connected Charles | | |
| Tribal Land | | | | | Access Control Special Study PARTIAL CONTROL | | | Special Study | |
| Within In | terchange Area | Junction Location INTERSECTION | Intersection | | on Type | | | | |
| | | INTERSECTION | | I-IN I EN | SECTION | | | | |
| | ummary 💻 | | 111111 | | 1 161 11 | | | | |
| Unit Stat | | | 1 ' | - | s Classification | | Unit Type AUTOMOBILE | | |
| IN TRA | | | D CLASS | D CLASS | | | | Operating As Endorsements | |
| Vehicle PASSE | NGER CAR | | | | | | | | |
| Total Oc | cs | Train/Bus#Recorded | Total # Citations Issue | | | | | | zMat Types |
| 1 | | | 1 | | | 0 | 0 | | |
| Insuranc | e? | Direction Of Travel | Pre | Pre CrashTire | | | | TotalLan | es |
| YES | | WESTBOUND | | Special Function NO SPECIAL FUNC | | 25 | 1 | | |
| | rmful Event: Collision R VEH IN TRANSP | | | | | TION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| Traffic W | /ay AY TRAFFIC | | | Traffic Control | | | | Traffic Control Inoperative/Missing | |
| Surface | | | | NO CONTROL Road Curvature | | | | NO Road Grade | |
| | BLACKTOP (BITUMINOUS) | | | STRAIGHT | | | LEVEL | | |
| Truck Bu | ıs or HazMat | | | | | | | | |
| Vel | hicle | | | | e ese e e e e e e e e e | | | | |
| Lic | ense Plate Number | | Plate Type | | | St | Country of Is | suance | |
| AC | C5311 | | AUT - A | JTOMOBIL | .E | WI | UNITED S | TATES | |
| | hicle Identification Nu | | Make MAZDA | Make | | Year Model 2005 6 | | | |
| | lor | | Body Style | 9 | | 2000 | 6 Bus Use | | |
| | K - BLACK | | SD - SEI | | | | | | |
| | Initial Contact Point 10 - LEFT SIDE FRONT | | | | | | | | |

6TL0DCL4FK

21-00039

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Crash Date 01/01/2021

| | Ш | | [| Vehicle Damage | | | | | | |
|----------|------------|--|--|---|--|--|--|--|--|--|
| IN N | VEHICL | Extent Of Damage DISABLING DAMAGE | | 09 - LEFT SIDE MIDDLE, 10 - LEFT SIE | DE FRONT, 11 - LEFT FRONT CORNER | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING | | Vehicle Removed By BILLS TOWING | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | GOING STRAIGHT Driver Prior Action Other | | versicle Factors | | | | | | |
| | | | | NOT APPLICABLE | | | | | | |
| TIND | VEHICLE | Driver Actions DISREGARDED OTHER TRAFFIC CONTROL, WRONG SIDE OR WRONG WAY | | | | | | | | |
| 2 | Б | Owner Name RAUL EVAN ARELLANES (608) 415-3234 | | Owner Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSPORT | | | | | | | | |
| | 8 | Event | | | | | | | | |
| | 8 | Event | | | | | | | | |
| | • | Event | | | | | | | | |
| l | 6 | | | | | | | | | |
| | 2 | - | | | | | | | | |
| ⊨ | | Policy/Holder | | Individual | | | | | | |
| UNIT | | Insurance Company ALLSTATE-INS-CO | | Individual RAUL ARELLANES | | | | | | |
| INN | | Insurance Company ALLSTATE-INS-CO | | RAUL ARELLANES | | | | | | |
| TIND | | Insurance Company ALLSTATE-INS-CO Individual Driver | | RAUL ARELLANES | Sex | | | | | |
| LIND | | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES | | RAUL ARELLANES | | | | | | |
| | | Insurance Company ALLSTATE-INS-CO Individual Driver | | RAUL ARELLANES Citations issued | Sex | | | | | |
| | | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES | | RAUL ARELLANES Citations issued 1 | Sex MALE Race | | | | | |
| UNT UNIT | | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 | | Citations issued 1 Date of Birth | Sex MALE Race HISPANIC | | | | | |
| | INDIVIDUAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 | | Citations Issued 1 Date of Birth Driver License Number | Sex MALE Race HISPANIC | | | | | |
| | INDIVIDUAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US | | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNIT | Sex MALE Race HISPANIC | | | | | |
| | INDIVIDUAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US City Equipment Row | ash Seat Position | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment | Sex MALE Race HISPANIC | | | | | |
| | INDIVIDUAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US Tety Equipment Row 01 - FRONT ROW | ash Seat Position | Citations issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT | Sex MALE Race HISPANIC | | | | | |
| | INDIVIDUAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use | ash Seat Position 07 - LEFT | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance | Sex MALE Race HISPANIC | | | | | |
| TNU | INDINIDNAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve POSSIBLI Ejected Ejected | ash Seat Position 07 - LEFT wity E INJURY ection Path | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED | Sex MALE Race HISPANIC TED STATES Trapped/Extricated | | | | | |
| TNU | INDINIDNAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve POSSIBLE Ejected NOT EJECTED Medical Transport | ash SeatPosition 07 - LEFT | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED | Sex MALE Race HISPANIC TED STATES | | | | | |
| TNU | INDINIDNAL | Insurance Company ALLSTATE-INS-CO Individual Driver RAUL EVAN ARELLANES (608) 415-3234 Address 1200 SILVER DR APT 9 BARABOO, WI 53913 , US Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve POSSIBLE Ejected NOT EJECTED | ash Seat Position 07 - LEFT wity E INJURY ection Path | Citations Issued 1 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex MALE Race HISPANIC TED STATES Trapped/Extricated NOT TRAPPED | | | | | |

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Crash Date 01/01/2021

| | | Distracted By Source Distracted By HANDS-FREE MOBILE PHONE | | | | | | | | | | | |
|----------|------------|--|------------------|--|-------------------------|---|--------------------------|---------------------------|----------------|--|-------------|---|--|
| | | Distracted By Action OTHER ACTION (I | | | | ГC) | | | | | | | |
| | | Non Motorist | Strik | ing Unit# | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | | |
| UNIT | NDIVIDUAL | Action | | | | | | | | | | | |
| Ś | VIONI | | | | | | | | | | | | |
| | | Action Other | | | | | | | | | | To/From School | |
| | I | Drug & Alcohol | Sus NO | pected Alcohol t | Use | Susp NO | ected Drug Use | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Ty | pe | | | | Alcohol Tes | t Results | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | | Drug T | est Results | | | | |
| 5 | 001 | Drug Type | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | | |
| | | APPEARED NORM | 1AL | | | | | | | | | | |
| | • | Violations | 40.00 | | | | | | | | | | |
| | 0.1 | UTC Number BG111195 | lsst 001 | 104 | atute Number 6.04(2) | | ription /OBEY TRAFFIC | SIGN | /SIGNAL | | | | |
| | Unit | t Summary • | | | | | | | | | | | |
| | Unit | Status RANSIT | | | | Vehicle Operating As Classification D CLASS | | | UnitType TRUCK | | | | |
| 02 | | cle Туре | | l | | | | Operating As Endorsements | | | | | |
| 0 | | LITY TRUCK/PICKL | | RUCK Train/Bus#Re | acardod I | T-4-1# C | T-1-17-3 | | 200 | TotalWank | fat Types | | |
| | 2 | lOccs | | | | Total # Citations Issued 0 | | | 0 | 0 | | | |
| ╘ | YES | | | Direction Of Tr | | | re CrashTire Mark | | Speed Lim | | Total Lanes | | |
| LNO N | | tHarmfulEvent: Collision of the Collisio | | | | Special F POLICE | | | | Emergency NOT APPI | | le Use | |
| | | ic Way D-WAY, NOT DIVIDI | ED | | | Traffic Co | | | | Traffic Control Inoperative/Missing NO | | | |
| | | ace Type CKTOP (BITUMINO | DUS) | ı | | Road Cu STRAIG | | | | Road Grade LEVEL | | | |
| | Truc NO | k Bus or HazMat | | | · | | | | | | | | |
| | 1 | Vehicle | | | | | | | | | | TSSKYASKISIASKISIASKISIA | |
| | | License Plate Numbe | r | en e | | Plate Ty OFF - I | pe MUNICIPAL OFF | ICI | St WI | Country of Is | | mentanen men Miteral Mi | |
| 03 | 02 | Vehicle Identification 1FTEW1EF7HKD4 | | | | Make FORD | | | I | Model F150 | | | |

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21-00039

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| | | Color Body Style Bus Use | | | | | | | | |
|-------|-----------|---|---|---------------------------------------|--|---|--|--|--|--|
| | | BLK - BLACK | | 1 - | PICKUP | | | | | |
| | | | | | Vehicle Damage | | | | | |
| I∟ | | Initial Contact Point 12 - FRONT | | Vernor | venicle Damage | | | | | |
| | 9 | | | ⊣ | | | | | | |
| 5 | VEHICLE | Extent Of Damage | | 12 - F | RONT | | | | | |
| | 5 | DISABLING DAMAGE | | | | | | | | |
| | | Towed Due To Damage | | Vehicle | e Removed By | | | | | |
| | | TOWED DUE TO DISABL | ING DAMAGE | BiLLS | TOWING | | | | | |
| | | What Driver Was Doing | | Vehicle | Factors | | | | | |
| | | GOING STRAIGHT | | | | | | | | |
| | | Driver Prior Action Other | | ─ NOT / | APPLICABLE | | | | | |
| | | | | | | | | | | |
| | | Driver Actions Driver Actions | | | | | | | | |
| | ш | NO CONTRIBUTING ACTION | | | | | | | | |
| ⊢ ا | 7 | | | | | | | | | |
| | VEHICLE | | | | | | | | | |
| > | W. | | | | | | | | | |
| | | | | | | | | | | |
| | | 0 | | Lo | | | | | | |
| | | OwnerName CITY OF BARABOO | | | Owner Address 135 4TH ST | | | | | |
| 8 | 8 | (608) 355-2700 | | | BARABOO, WI 53913 , US | | | | | |
| ٦ | | (, | | - | | | | | | |
| | | | | | | | | | | |
| | | Sequence Of Events | Sequence Of Events | | | | | | | |
| | | Event | | | | | | | | |
| | 5 | MOTOR VEH IN TRANSPORT | | | | | | | | |
| | O. | Event | | | | | | | | |
| | 8 | | | | | | | | | |
| | | Event | | | | | | | | |
| | 8 | | | | | | | | | |
| | | Event | | | | | | | | |
| | 8 | | | | | | | | | |
| | | Policy Holder | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| ا≣ا | | Insurance Company | | | Townsiesta Canana | | | | | |
| NS NS | | CITIES-&-VILLAGES-MU | THAT INC CO | | Organization/Company CITY OF BARABOO | | | | | |
| | | | TOAL-RYS-CO | 011 | | | | | | |
| | | Individual | | | | | | | | |
| | | Driver | | | | | | | | |
| | | NICHOLAS MICHAEL SMITH | | | tions Issued | Sex | | | | |
| | | | HTH | Cita 0 | dons issued | Sex MALE | | | | |
| 1 | 3 | NICHOLAS MICHAEL SM (608) 355-2720 | итн | 0 | of Birth | | | | | |
| 1 | DE LA | | итн | 0 | | MALE | | | | |
| 늘 | VIDUAL | (608) 355-2720 | итн | 0 Date | e of Birth | MALE Race | | | | |
| LNN | DIVIDUA | (608) 355-2720 Address 101 S BLVD | | O Date | e of Birth er License Number | MALE Race WHITE | | | | |
| LIND | NDIVIDUA | (608) 355-2720 Address | | O Date | e of Birth | MALE Race WHITE | | | | |
| UNIT | INDIVIDUA | (608) 355-2720 Address 101 S BLVD | | O Date | e of Birth er License Number | MALE Race WHITE | | | | |
| TINO | NDWIDUA | Address 101 S BLVD BARABOO, WI 53913 , U | JS | Driv | er License Number TE: WISCONSIN COUNTRY: UNI | MALE Race WHITE | | | | |
| TINO | NON | Address 101 S BLVD BARABOO, W! 53913 , U | JS v Crash | Driv | e of Birth er License Number | MALE Race WHITE | | | | |
| TINO | NON | Address 101 S BLVD BARABOO, Wt 53913 , to | JS y Crash DE | Date Driv STA | e of Birth er License Number TE: WISCONSIN COUNTRY: UNI | MALE Race WHITE | | | | |
| TINO | NON | Address 101 S BLVD BARABOO, Wt 53913 , U | y Crash EE Seat Position | Date Driv STA | er License Number TE: WISCONSIN COUNTRY: UNI | MALE Race WHITE | | | | |
| TINO | NON | Address 101 S BLVD BARABOO, WI 53913 , U ety Equipment Row 01 - FRONT ROW | JS y Crash DE | Date Driv STA | er License Number ATE: WISCONSIN COUNTRY: UNI Buty Equipment DULDER & LAP BELT | MALE Race WHITE | | | | |
| TINU | NON | Address 101 S BLVD BARABOO, Wt 53913 , U | y Crash EE Seat Position | Date Driv STA | e of Birth er License Number TE: WISCONSIN COUNTRY: UNI | MALE Race WHITE | | | | |
| TINU | NON | Address 101 S BLVD BARABOO, WI 53913 , U Fety Equipment Row 01 - FRONT ROW Helmet Use | y Crash EE Seat Position | Driv STA Safe | e of Birth er License Number ITE: WISCONSIN COUNTRY: UNI ety Equipment DULDER & LAP BELT met Compliance | MALE Race WHITE | | | | |
| TINU | NON | Address 101 S BLVD BARABOO, WI 53913 , U ety Equipment Row 01 - FRONT ROW | y Crash EE Seat Position | Driv STA Safe | er License Number ATE: WISCONSIN COUNTRY: UNI Buty Equipment DULDER & LAP BELT | MALE Race WHITE | | | | |
| N | MONI Sal | Address 101 S BLVD BARABOO, WI 53913 , U ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | y Crash E Seat Position 07 - LEFT | Driv STA Safe SHO Tint | e of Birth er License Number ITE: WISCONSIN COUNTRY: UNI ety Equipment DULDER & LAP BELT net Compliance Compliance | MALE Race WHITE | | | | |
| N | MONI Sal | Address 101 S BLVD BARABOO, WI 53913 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | y Crash CE Seat Position 07 - LEFT | Driv STA Safe SHO Tint | e of Birth er License Number ITE: WISCONSIN COUNTRY: UNI ety Equipment DULDER & LAP BELT met Compliance Compliance | MALE Race WHITE | | | | |
| N | NON | Address 101 S BLVD BARABOO, WI 53913 , U ELY Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSS | y Crash CE Seat Position 07 - LEFT Severity IBLE INJURY | Driv STA Safe SHO Tint | e of Birth er License Number ITE: WISCONSIN COUNTRY: UNI ety Equipment DULDER & LAP BELT net Compliance Compliance | MALE Race WHITE TED STATES | | | | |
| N | MONI Sal | Address 101 S BLVD BARABOO, WI 53913 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S Ejected | y Crash E Seat Position 07 - LEFT Severity BLE INJURY Ejection Path | Driv STA Safe SHO Heir Tint | e of Birth er License Number ATE: WISCONSIN COUNTRY: UNI ety Equipment DULDER & LAP BELT met Compliance Compliance ag PLOYED-FRONT | MALE Race WHITE TED STATES Trapped/Extricated | | | | |
| NO | MONI Sal | Address 101 S BLVD BARABOO, WI 53913 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S POSSI Ejected NOT EJECTED | y Crash CE Seat Position 07 - LEFT Severity IBLE INJURY | Driv STA Safe SHO Heir Tint Airb DEI | e of Birth er License Number ATE: WISCONSIN COUNTRY: UNI ety Equipment DULDER & LAP BELT met Compliance Compliance PLOYED-FRONT | MALE Race WHITE TED STATES Trapped/Extricated NOT TRAPPED | | | | |
| N | MONI Sal | Address 101 S BLVD BARABOO, WI 53913 , U Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S Ejected | y Crash E Seat Position 07 - LEFT Severity BLE INJURY Ejection Path | Driv STA Safe SHO Heir Tint Airb DEI | e of Birth er License Number ATE: WISCONSIN COUNTRY: UNI ety Equipment DULDER & LAP BELT met Compliance Compliance ag PLOYED-FRONT | MALE Race WHITE TED STATES Trapped/Extricated | | | | |

Crash Date 01/01/2021 Crash Time 08:59 PM

6TL0DCL4FK

21-00039

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

Crash Date 01/01/2021

| | | Hospital ST CLARE HOSP | _ | | Date of Death | | Time of Death | | | | |
|-------------------------------------|------------|--|--------------------------|---------------------|---|--------------------|--------------------------------|----------------|--|--|--|
| | | Distracted By NOT APP | | | | | | | | | |
| Distracted By Action NOT DISTRACTED | | | | | | | | | | | |
| | | Non Motorist Striking Ur | nit# | Location | | | | | | | |
| | | Prior Action | | | | | | | | | |
| | | Action | | | | | | | | | |
| | ¥ | | | | | | | | | | |
| LNO | INDIVIDUAL | | | | | | | | | | |
| _ | 2 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | |
| | | Drug & Alcohol NO | l Alcohol U | se | Suspected Drug Use NO | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | I | | Alcohol Test Results | | | | |
| | | Drug Test Given TEST NOT GIVEN | est Given Drug Test Type | | Drug Test Results | | | | | | |
| 05 | 8 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | | ndividual | | | | | | | | | |
| | | Passenger BRIAN ARTHUR VOLTZ | | | Citations issued | ons ssued Sex MALE | | | | | |
| | A | (608) 355-2720 | | | Date of Birth | | Race WHITE | | | | |
| LNN | DIVIDUAL | Address | | | Driver License Number | | | | | | |
| _ | | 101 SOUTH BLVD BARABOO, WI 53913 , US | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | On Duty C | rash | | Safety Equipment | | | | | | |
| | Sai | ety Equipment POLICE | SeatPo | sition | SHOULDER & LAP BELT | | | | | | |
| | | 01 - FRONT ROW HelmetUse | 09 - RI | | Helmet Compliance | | | | | | |
| | | Eye Protection | | | | | | | | | |
| | | | - sib s | | Tint Compliance | | | | | | |
| 05 | 003 | Injury Seve Injury Possible | E INJUR | | Airbag DEPLOYED-FRONT | | | | | | |
| | | NOT EJECTED N | jection Pa IOT EJE(| in CTED/NOT APPL | ICABLE | | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport OTHER | | | EMS Agency Identifier | | EMS Run# | | | | |
| | | Hospital ST CLARE HOSP | | | Date of Death | | Time of Death | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/01/2021

| I | | | | | | |
|-------------|---------------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | Distracted By So | ource | | | | |
| | Distracted By Action | | | | | |
| | Non Motorist Striking Unit# | Location | | | | |
| | Prior Action | | | | | |
| INDIVIDITAL | Action Action Other | | | | | To/From School |
| | Drug & Alcohol NO | nol Use | Suspected Drug Use NO | | | |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 02 | Drug Type | | | | | |
| | Individual Condition APPEARED NORMAL | | | | | |