6TL0DBC3BL 20-14505

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/31/2020 Crash Time 12/31/2020 Date Notified 12/31/2020 Conserved 12/31/2020 Date Notified 12/31/2020 Date N			
Crash Date 12/31/2020 06:16 PM 10 10 10 10 10 10 10 10 10 10 10 10 10	Investigating Officer/Deputy DEPUTY C. GALLAGHER		
Date Notified 12/31/2020			
2/31/2020 On Emergency			
Government Property Active School Zone No No No Active School Zone No	ed		
Reconstruction By Yogi Campground Property Yogi Campground Property 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	porting reshold		
Reconstruction By Standard Crash Amended Amended Crash			
Photos By Photos By Additional Information None Property	condary Crash		
Yogi Campground Property Ishnala RD Ishnala RD Additional Information NONE None			
Yogi Campground 1 not to scale Property Ishnala RD Additional information NONE Additional information NONE			
Yogi Campground 1 not to scale Property Ishnala RD Additional information NONE Additional information NONE			
Yogi Campground 1 not to scale Property Ishnala RD Additional information NONE Additional information NONE			
Yogi Campground Property Ishnala RD Additional information NONE Additional information NONE			
Yogi Campground Property not to scale			
Yogi Campground Property not to scale			
Yogi Campground Inot to scale Property Additional information NONE Additional information NONE			
Yogi Campground 1 not to scale Property			
Property			
Property			
Property			
Property			
septic pipe			
(2)			
1			
, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			
JNIT 1 WAS TRAVELING NB ON ISHNALA RD. UNIT 1 BELIEVED THAT THEY WERE TURNING INTO A PARKING LOT. UNIT 1 ENTERED ONTO THE YOU	31		

1 of 5

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

Crash Date 12/31/2020

Crash Time 06:16 PM

	ocation								
	ON ISHNALA RD				Latitude			Longitud	łe
	1015 FT N	015 FT N				43.578661076		-89.797213137	
	OF GASSER RD					X Coordinate		Y Coordinate	
	IN THE TOWN OF DELTO IN SAUK COUNTY			274150.4	10625	4828879.5		9.5	
	IN SAUN COUNT		Structure Type						
			"						
	Crash Scene								
	First Harmful Event				FirstHarm	ıful Event l	_ocation		
	OTHER FIXED OBJECT				ROADSII	DE			
	Manner of Collision				Light Cond	dition			
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT		DARK/UNLIT					
	Road Surface Condition(s)			Roadway Factor(s)					
	SNOW								
	Environment Factor(s)				1				
	NONE				NONE				
	Weather Condition(s)								
	CLEAR								
	Animal Type				Relation To Trafficway				
					TRAFFICWAY - NOT ON ROAD				
	Crash Classification - Location PRIVATE PROPERTY	1			Crash Classification - Jurisdiction PRIVATE PROPERTY				
	TribalLand				Access Co		.1X11		Special Study
				T T T T T T T T T T			NO CONTROL		Special ctady
	Within Interchange Area	Junction Location		1	section Type AN INTERSECTION				
	NO	NON-JUNCTION							
				NO I AN	INTERSE	CHON			
	Unit Summary =	I	Lv. i: 1. O				1		
	Unit Status		Vehicle Ope				UnitType	DH E	
	Unit Status IN TRANSIT		Vehicle Ope				AUTOMO		ments
	Unit Status		1				1		ments
5	Unit Status IN TRANSIT Vehicle Type	Train/Bus#Recorded	1	erating As C	lassification		AUTOMO Operating A	\s Endorse	ments MatTypes
5	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN	Train/Bus#Recorded	D CLASS	erating As C	lassification		AUTOMO Operating A	\s Endorse	
5	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance?	Train/Bus#Recorded Direction Of Travel	Total#Citat	erating As C	lassification	TotalTra	AUTOMO Operating A	TotalHaz TotalLan	MatTypes
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES	Direction Of Travel EASTBOUND	Total#Citat 0 Pre	erating As C tions Issued CrashTire Mark	lassification	TotalTra	AUTOMO Operating A	Total Haz Total Land	Mat Types es
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision	Direction Of Travel EASTBOUND	Total#Citat 0 Pre SpecialFur	erating As C tions Issued CrashTire Mark nction	lassification	TotalTra 0 Speed L	AUTOMO Operating A illers imit	Total Haz Total Land Total Land Motor Veh	Mat Types es
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision of the Collision	Direction Of Travel EASTBOUND	Total#Citat 0 Pre SpecialFur NO SPEC	erating As C tions Issued CrashTire Mark Action IAL FUNC	lassification	TotalTra 0 Speed L	AUTOMO Operating A illers imit Emergency NOT APP	Total Haz 0 Total Land 2 / Motor Veh	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way	Direction Of Travel EASTBOUND With	Total#Citat 0 Pre Special Fur NO SPEC Traffic Conf	erating As C tions Issued CrashTire Mark nction IAL FUNC	lassification	TotalTra 0 Speed L	AUTOMO Operating A iilers imit Emergency NOT APP Traffic Con	Total Haz 0 Total Land 2 / Motor Veh	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision of the Collision	Direction Of Travel EASTBOUND With	Total#Citat 0 Pre SpecialFur NO SPEC	erating As C tions Issued CrashTire Mark nection IAL FUNC	lassification	TotalTra 0 Speed L	AUTOMO Operating A illers imit Emergency NOT APP	Total Haz 0 Total Land 2 Motor Veh LICABLE	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED	Direction Of Travel EASTBOUND With	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont	erating As C tions Issued CrashTire Mark naction IAL FUNC	lassification	TotalTra 0 Speed L	AUTOMO Operating A iilers imit Emergency NOT APP Traffic Con	Total Haz 0 Total Land 2 Motor Veh LICABLE	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat	Direction Of Travel EASTBOUND With	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve	erating As C tions Issued CrashTire Mark naction IAL FUNC	lassification	TotalTra 0 Speed L	AUTOMO Operating A iilers imit Emergency NOT APP Traffic Con NO Road Grad	Total Haz 0 Total Land 2 Motor Veh LICABLE	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat	Direction Of Travel EASTBOUND With	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curve	erating As C tions Issued CrashTire Mark naction IAL FUNC	lassification	TotalTra 0 Speed L	AUTOMO Operating A iilers imit Emergency NOT APP Traffic Con NO Road Grad	Total Haz 0 Total Land 2 Motor Veh LICABLE	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision of the Collision	Direction Of Travel EASTBOUND With	Total#Citat 0 Pre SpecialFur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH	erating As C tions Issued CrashTire Mark nction IAL FUNC trol ROL ature T	lassification	TotalTra 0 Speed L 35	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL	Total Haz 0 Total Land 2 / Motor Veh LiCABLE trol inopera	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision of the Collision	Direction Of Travel EASTBOUND With	Total#Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH	erating As C tions Issued Crash Tire Mark nction IAL FUNC trol ROL ature T	TION	TotalTra 0 Speed L 35	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is	Total Haz 0 Total Land 2 Motor Veh LICABLE trol Inopera	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number R352252	Direction Of Travel EASTBOUND With	Total#Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH	erating As C tions Issued CrashTire Mark nction IAL FUNC trol ROL ature T	TION	TotalTra 0 Speed L 35	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of is UNITED S	Total Haz 0 Total Land 2 Motor Veh LICABLE trol Inopera	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision of the Collision	Direction Of Travel EASTBOUND With S)	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH	erating As C tions Issued CrashTire Mark nation IAL FUNC trol ROL ature T	TION	TotalTra 0 Speed L 35	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is	Total Haz 0 Total Land 2 / Motor Veh LICABLE trol Inopera	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number R352252 Vehicle Identification Nu	Direction Of Travel EASTBOUND With S)	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make	erating As C tions Issued CrashTire Mark nction IAL FUNC trol ROL ature T	TION	TotalTra 0 Speed L 35 St IL Year	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of is UNITED S' Model	Total Haz 0 Total Land 2 / Motor Veh LICABLE trol Inopera	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number R352252 Vehicle Identification Nu 2C4RC1CG4CR4161	Direction Of Travel EASTBOUND With S)	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make CHRYSLi Body Style VN - VAN	tions Issued CrashTire Mark notion IAL FUNC trol ROL ature T	TION	TotalTra 0 Speed L 35 St IL Year	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S' Model TOWN & C	Total Haz 0 Total Land 2 / Motor Veh LICABLE trol Inopera	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number R352252 Vehicle Identification Nu 2C4RC1CG4CR4161 Color SIL - SILVER (ALUMI	Direction Of Travel EASTBOUND With S)	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make CHRYSLi Body Style	erating As C tions Issued CrashTire Mark notion IAL FUNC trol ROL ature T	TION	TotalTra 0 Speed L 35 St IL Year	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S' Model TOWN & C	Total Haz 0 Total Land 2 / Motor Veh LICABLE trol Inopera	MatTypes es icle Use
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOU) Truck Bus or HazMat NO Vehicle License Plate Number R352252 Vehicle Identification Nu 2C4RC1CG4CR4161 Color SIL - SILVER (ALUMI	Direction Of Travel EASTBOUND With S)	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make CHRYSLi Body Style VN - VAN Vehicle Da	erating As C tions Issued CrashTire Mark nction IAL FUNC trol PROL ature T	TION	Total Tra 0 Speed L 35 St IL Year 2012	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S Model TOWN & C Bus Use	Total Haz 0 Total Land 2 / Motor Veh LICABLE trol Inopera	Mat Types es icle Use tive/Missing
	Unit Status IN TRANSIT Vehicle Type PASSENGER VAN Total Occs 2 Insurance? YES Most Harmful Event: Collision OTHER FIXED OBJECT Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number R352252 Vehicle Identification Nu 2C4RC1CG4CR4161 Color SIL - SILVER (ALUMI Initial Contact Point	Direction Of Travel EASTBOUND With S)	Total # Citat 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make CHRYSLi Body Style VN - VAN Vehicle Da	erating As C tions Issued CrashTire Mark nction IAL FUNC trol PROL ature T	TION	Total Tra 0 Speed L 35 St IL Year 2012	AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S' Model TOWN & C	Total Haz 0 Total Land 2 / Motor Veh LICABLE trol Inopera	Mat Types es icle Use tive/Missing

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

Crash Date 12/31/2020

Crash Time 06:16 PM

		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OWNER				
		What Driver Was Doing RIGHT TURN		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions NO CONTRIBUTING ACTIO	ON.					
_		NO CONTRIBUTING ACTIC	JN .					
INI	¥							
_	VEHICLE							
		OwnerName CHRISTOPHER L HERVIEL	iv	Owner Address 7729 W 66TH ST				
2	5	(708) 670-6777	^^	BEDFORD PARK, IL 60501 1907	, US			
		Sequence Of Events						
	5	Event						
	•	OTHER FIXED OBJECT						
	8	Event						
		Event						
	03							
	75	Event						
UNIT		Policy Holder Insurance Company						
5		STATE-FARM-GENERAL-II	NS-CO	Individual CHRISTOPHER HERVIEUX				
_		Individual						
_								
_		ndividual Driver		Citations Issued	Sex			
_		ndividual Driver MALLORY ELIZABETH HE		Citations issued 0	Sex FEMALE			
		ndividual Driver		Citations ssued	Sex			
		ndividual Driver MALLORY ELIZABETH HE (708) 537-6420		Citations issued 0	Sex FEMALE Race			
LINO		Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST	RVIEUX	Citations Issued 0 Date of Birth Driver License Number	Sex FEMALE Race WHITE			
	INDIVIDUAL	Driver MALLORY ELIZABETH HE (708) 537-6420 Address	RVIEUX	Citations Issued O Date of Birth	Sex FEMALE Race WHITE			
		Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, #L 60501	RVIEUX , US	Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT	Sex FEMALE Race WHITE			
	INDIVIDUAL	Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST	RVIEUX , US	Citations Issued 0 Date of Birth Driver License Number	Sex FEMALE Race WHITE			
	INDIVIDUAL	Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, #L 60501	RVIEUX , US	Citations Issued 0 Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT	Sex FEMALE Race WHITE			
	INDIVIDUAL	Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, IL 60501	RVIEUX , US	Citations Issued Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment	Sex FEMALE Race WHITE			
	INDIVIDUAL	ndividual Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, iL 60501 ety Equipment Row	RVIEUX , US Crash Seat Position	Citations Issued Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment	Sex FEMALE Race WHITE			
	INDIVIDUAL	Address 7729 W 66TH ST BEDFORD PARK, IL 60501 Row 01 - FRONT ROW Priver Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, IL 60501	RVIEUX , US Crash Seat Position	Citations issued Date of Birth Drivert icense Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Heimet Compliance	Sex FEMALE Race WHITE			
	INDIVIDUAL	Individual Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, IL 60501 Fety Equipment Row 01 - FRONT ROW	RVIEUX , US Crash Seat Position	Citations issued Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT	Sex FEMALE Race WHITE			
TINO	S INDIVIDUAL	Address 7729 W 66TH ST BEDFORD PARK, IL 60501 Row 01 - FRONT ROW Helmet Use	RVIEUX , US Crash Seat Position 07 - LEFT	Citations issued Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag	Sex FEMALE Race WHITE			
TINO	INDIVIDUAL	Individual Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, #L 60501 Row 01 - FRONT ROW HelmetUse Eye Protection Injury Sev NO APP	RVIEUX , US Crash Seat Position 07 - LEFT	Citations Issued Date of Birth Drivert icense Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE FED STATES			
TINO	S INDIVIDUAL	Individual Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, iL 60501 Row 01 - FRONT ROW Helmet Use Eye Protection Injury Section Injury Se	RVIEUX , US Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path	Citations Issued Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE FED STATES Trapped/Extricated			
TINO	S INDIVIDUAL	Individual Driver MALLORY ELIZABETH HE (708) 537-6420 Address 7729 W 66TH ST BEDFORD PARK, #L 60501 Row 01 - FRONT ROW HelmetUse Eye Protection Injury Sev NO APP	RVIEUX , US Crash Seat Position 07 - LEFT	Citations Issued Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE FED STATES			
TINO	S INDIVIDUAL	Address 7729 W 66TH ST BEDFORD PARK, iL 60501 Row 01 - FRONT ROW Heimet Use Eye Protection Injury Service of the state	RVIEUX , US Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path	Citations Issued Date of Birth Driver License Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Sex FEMALE Race WHITE FED STATES Trapped/Extricated NOT TRAPPED EMS Run#			
TINO	S INDIVIDUAL	Address 7729 W 66TH ST BEDFORD PARK, iL 60501 Row 01 - FRONT ROW Heimet Use Eye Protection Injury Ser NO APP Ejected NOT EJECTED Medical Transport	RVIEUX , US Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path	Citations Issued Date of Birth Drivert icense Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE FED STATES Trapped/Extricated NOT TRAPPED			
TINO	S INDIVIDUAL	Address 7729 W 66TH ST BEDFORD PARK, iL 60501 Row 01 - FRONT ROW Heimet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	RVIEUX , US Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	Citations Issued Date of Birth Drivert icense Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE FED STATES Trapped/Extricated NOT TRAPPED EMS Run#			
TINO	S INDIVIDUAL	Address 7729 W 66TH ST BEDFORD PARK, IL 60501 Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Driver MALLORY ELIZABETH HE (708) 537-6420 On Duty 0 On Duty 0 Injury Sev NO APP	RVIEUX , US Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	Citations Issued Date of Birth Drivert icense Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE FED STATES Trapped/Extricated NOT TRAPPED EMS Run#			
TINO	S INDIVIDUAL	Address 7729 W 66TH ST BEDFORD PARK, iL 60501 Row 01 - FRONT ROW Heimet Use Eye Protection Injury Sev NO APP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	RVIEUX , US Crash Seat Position 07 - LEFT Verity PARENT INJURY Ejection Path NOT EJECTED/NOT API	Citations Issued Date of Birth Drivert icense Number STATE: ILLINOIS COUNTRY: UNIT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex FEMALE Race WHITE FED STATES Trapped/Extricated NOT TRAPPED EMS Run#			

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		Striking Non Motorist	Unit#	Location					
		Prior Action		1					
		Action							
	B								
UNIT	INDIVIDUAL								
	Z								
		Action Other						To/From School	
			ted Alcohol L	1	I Duran at al David las			r ox rom sensor	
	1	Drug & Alcohol NO	ted Alcohol C	_	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results		
		DrugTestGiven TEST NOT GIVEN		Drug Test Type		Drug Test Results			
01	100	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual			Citations Issued		Sex		
	4	Passenger SONIA KAUR PEREZ (773) 575-6136			0		FEMALE		
ı_	3	(773) 575-6136			Date of Birth	e of Birth Race			
ŪNT	INDIVIDUAL	Address 5817 S SAYRE AVE			Driver License Number				
					STATE: ILLINOIS COUNTRY: UNITED STATES				
	Sai	On Duty lety Equipment	Crash		Safety Equipment				
		Row 01 - FRONT ROW	Seat Po 09 - Ri		SHOULDER & LAP E	BELT			
		HelmetUse			Helmet Compliance				
		Eye Protection			Tint Compliance				
٤	62	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED				
		Ejected NOT EJECTED			LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By Distract	ed By Source	÷	L		<u> </u>		
		Distracted By Action							
		Non Motorist	Unit#	Location					
	essession	etektorisessessussississessessessessesses		1					

Crash Date 12/31/2020 Crash Time 06:16 PM

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Crash Date 12/31/2020

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_												
		Prior Action										
ĺ		Action										
	4											
,	3											
ş												
UNIT	2											
	INDIWIDUAL											
		Action Other						To/From School				
		Action Care						10/11/00/100/				
	l		Suspected Alcohol U	se	Suspected Drug Use							
	£	Drug & Alcol	hol NO		NO							
	Alcohol Test Given Alcohol Test Type				pe Alcohol Testi							
		TEST NOT GIV		Alcohol restrype			Alcohol restrictions					
	ļ			Drug Test Type	Drug Test Resul							
		Drug Test Given Drug Test Type TEST NOT GIVEN				Diag restitesuis						
_	a	Drug Type										
01	002	g . , p =										
		Individual Conditi	ion									
		APPEARED NORMAL										
	Pro	perty Owner										
		<u>-</u>			A -1 -1							
01	Individual BRENT PADLEY GASSER				Address S1778A ISHNALA RD							
	(608) 963-2933				BARABOO, WI 53913 , US							
PROP OWNER												
		-1.61-216	Z									
	rixe	ed Objects S	<u> </u>		**************************************			S C S C S C S C S C S C S C S C S C S C				
	5	Striking Unit	Struck Object				Structure Number	Damage Tag Number				
	0	01	OTHER FIXED OBJE	СТ								