

6TL0B7D6TL  
21-00867

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0B7D6TL

|  |                                      |   |                                    |   |  |   |                    |
|--|--------------------------------------|---|------------------------------------|---|--|---|--------------------|
| Document Number Override                       |                                      | Primary Crash Document#                     |                                    | Agency Crash Number<br>21-00867           |  | Investigating Officer/Deputy<br>DEPUTY S. ELLICKSON |                    |
| Crash Date<br>01/30/2021                       |                                      | Crash Time<br>11:19 AM                      |                                    | Date Arrived<br>01/30/2021                |  | Time Arrived<br>11:24 AM                            |                    |
| Date Notified<br>01/30/2021                    |                                      | Time Notified<br>11:19 AM                   |                                    | Total Units<br>02                         |  | Total Injured<br>02                                 | 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

|   |                                |
|---|--------------------------------|
| <p>Diagram</p> <p>Big Hollow Rd</p> <p>Highway 14</p> <p>STOP</p> <p>STOP</p> <p>U1</p> <p>U2</p> <p>U2</p> <p>1</p> <p>1</p> <p>NOT DRAWN TO SCALE</p> | Reconstruction By              |
|   | Photos By                      |
|   | Additional Information<br>NONE |

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

UNIT 1 WAS NORTHBOUND ON BIG HOLLOW ROAD AT THE STOP SIGN. UNIT 2 WAS EASTBOUND ON USH 14. UNIT 1 PROCEEDED THROUGH THE INTERSECTION. DRIVER OF UNIT 1 STATED SHE DID NOT SEE UNIT 2 COMING SO SHE PROCEEDED ACROSS USH 14. UNIT 1 STRUCK UNIT 2 ON THE PASSENGER SIDE OF VEHICLE. BOTH UNITS WERE ABLE TO MOVE THEIR VEHICLES OFF OF CTH 14 AND ONTO BIG HOLLOW ROAD. BOTH UNITS HAD 2 OCCUPANTS IN SAID VEHICLE. UNIT 1 HAD NO INJURIES AND VEHICLE WAS TOWED BY GEORGES. UNIT 2 HAD THE PASSENGER TRANSPORTED TO RICHLAND HOSPITAL. UNIT 2 VEHICLE WAS REMOVED BY GEORGES. I COMPLETED AND ISSUED UNIT 1 A CITATION FOR FAILURE TO YIELD TO RIGHT AWAY.

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Location

|  |                                |                            |
|--|--------------------------------|----------------------------|
| ON BIG HOLLOW RD<br>101 FT S<br>OF USH14 SB<br>IN THE TOWN OF SPRING GREEN<br>IN SAUK COUNTY | Latitude<br>43.189524284       | Longitude<br>-90.113500865 |
|  | X Coordinate<br>246997.015625  | Y Coordinate<br>4786568.5  |
|  | 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>05 - REAR TO SIDE</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>CLOUDY</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

|            |   |   |  |  |                                |
|------------|---|---|--|--|--------------------------------|
| 01<br>UNIT | 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 CAR</b>                                | Operating As Endorsements                             |  |  |                                |
|            | Total Occs<br><b>2</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>1</b>         | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|            | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>NORTHBOUND</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>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>STOP SIGN</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

|                       |   |                                       |                     |   |  |
|-----------------------|---|---------------------------------------|---------------------|---|--|
| 01<br>UNIT<br>VEHICLE | License Plate Number<br><b>ACA8795</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>5XXGN4A76FG459642</b> | Make<br><b>KIA MOTORS CORPORAT</b>    | Year<br><b>2015</b> | Model<br><b>OPTIMA EX</b>                   |  |
|                       | Color<br><b>WHI - WHITE</b>                               | Body Style<br><b>4D - 4DR</b>         |                     | Bus Use                                     |  |
|                       | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage                        |                     |   |  |
|                       | Extent Of Damage<br><b>DISABLING DAMAGE</b>               | <b>12 - FRONT</b>                     |                     |   |  |

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BARABOO, WI 53913  
(608) 356-4895

|   |   |  |   |  |
|---|---|--|---|--|
| UNIT<br>VEHICLE                             | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>                   |  | Vehicle Removed By<br><b>GEORGES AUTO BODY</b>                        |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                                |  | Vehicle Factors   |  |
|   | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE</b> |  |   |  |
| 01  | Owner Name<br><b>MARISSA SUE ARON<br/>(608) 475-0240</b>                      |  | Owner Address<br><b>E3046 PHYLANE RD<br/>LONE ROCK, WI 53556 , US</b> |  |
|   | <b>Sequence Of Events</b>   |  |   |  |
| 01  | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>                         |   |  |
|   | 02  | Event  |   |  |
|   | 03  | Event  |   |  |
|   | 04  | Event  |   |  |
| UNIT  | <b>Policy Holder</b>  |  |   |  |
|   | Insurance Company<br><b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>                     |  | Individual<br><b>MARISSA ARON</b>                                     |  |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>   |  |   |  |
|   | Driver<br><b>REESE A ARON<br/>(608) 475-0240</b>                              |  | Citations Issued<br><b>1</b>  | Sex<br><b>FEMALE</b>                           |
|   | Address<br><b>E3046 PHYLANE RD<br/>LONE ROCK, WI 53556 , US</b>               |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                           |
|   |   |  | Driver License Number<br>[REDACTED]                                   | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |
| 01  | <b>Safety Equipment</b>   |  | On Duty Crash   |  |
|   | 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   |  |
|   | <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> |   |  |
| <b>Distracted By Action</b>                 |   | <b>NOT DISTRACTED</b>  |   |  |

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|                                      |            |   |                             |                                       |                                     |   |
|--------------------------------------|------------|---|-----------------------------|---------------------------------------|-------------------------------------|---|
| UNIT                                 | INDIVIDUAL | <b>Non Motorist</b>                                       |                             | Striking Unit#                        | Location                            |   |
|                                      |            | Prior Action  |                             |                                       |                                     |   |
|                                      |            | Action  |                             |                                       |                                     |   |
|                                      |            | Action Other  |                             |                                       |                                     | To/From School                          |
| 01                                   | 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                   |                             |                                       |                                     |   |
|                                      |            | <b>Individual</b>   |                             |                                       |                                     |   |
| UNIT                                 | INDIVIDUAL | Passenger<br>KAYLIE DIANE EMERSON<br>(608) 459-5288       |                             |                                       | Citations Issued<br>0               | Sex<br>FEMALE                           |
|                                      |            | Address<br>S10900 HAYES RD<br>SPRING GREEN, WI 53588 , US |                             |                                       | Date of Birth<br>[REDACTED]         | Race<br>WHITE                           |
|                                      |            |   |                             |                                       | Driver License Number<br>[REDACTED] | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01                                   | 002        | <b>Safety Equipment</b>                                   |                             | On Duty Crash                         | Safety Equipment                    |   |
|                                      |            | Row<br>01 - FRONT ROW                                     | Seat Position<br>09 - RIGHT | SHOULDER & LAP BELT                   |                                     |   |
|                                      |            | 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                 |            |   |                             |                                       |                                     |   |
| <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>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 |                        |                             |                             |
|                    | <b>Violations</b>                       |                        |                             |                             |
|                    | 01                                      | UTC Number<br>BC938437 | Issue To?<br>001            | Statute Number<br>346.18(3) |

Unit Summary

|            |  |  |  |   |  |   |
|------------|--|--|--|---|--|---|
| UNIT<br>02 | Unit Status<br>IN TRANSIT                                    |  | Vehicle Operating As Classification<br>D CLASS |   | Unit Type<br>AUTOMOBILE                      |   |
|            | Vehicle Type<br>PASSENGER CAR                                |  |  |   | Operating As Endorsements                    |   |
|            | Total Occs<br>2  |  | Train/Bus # Recorded                           |   | Total # Citations Issued<br>0                |   |
|            | Total Trailers<br>0  |  | Total HazMat Types<br>0                        |   |  |   |
|            | Insurance?<br>YES  |  | Direction Of Travel<br>EASTBOUND               |   | <input type="checkbox"/> Pre Crash Tire Mark |   |
|            | Speed Limit<br>55  |  | Total Lanes<br>2                               |   |  |   |
|            | Most Harmful Event: Collision With<br>MOTOR VEH IN TRANSPORT |  |  | Special Function<br>NO SPECIAL FUNCTION |  | Emergency Motor Vehicle Use<br>NOT APPLICABLE |
|            | Traffic Way<br>TWO-WAY, NOT DIVIDED                          |  |  | Traffic Control<br>NO CONTROL           |  | Traffic Control Inoperative/Missing<br>NO     |
|            | Surface Type<br>BLACKTOP (BITUMINOUS)                        |  |  | Road Curvature<br>STRAIGHT              |  | Road Grade<br>LEVEL                           |
|            | Truck Bus or HazMat<br>NO                                    |  |  |   |  |   |

Vehicle

|                       |  |  |   |              |                                      |  |
|-----------------------|--|--|---|--------------|--------------------------------------|--|
| UNIT<br>VEHICLE<br>02 | License Plate Number<br>AFE1314                    |  | Plate Type<br>AUT - AUTOMOBILE                                      | St<br>WI     | Country of Issuance<br>UNITED STATES |  |
|                       | Vehicle Identification Number<br>4T1BK1EB3GU204017 |  | Make<br>TOYOTA  | Year<br>2016 | Model<br>AVALON                      |  |
|                       | Color<br>WHI - WHITE                               |  | Body Style<br>SD - SEDAN  |              | Bus Use                              |  |
|                       | Initial Contact Point<br>03 - RIGHT SIDE MIDDLE    |  | Vehicle Damage  |              |                                      |  |
|                       | Extent Of Damage<br>DISABLING DAMAGE               |  | 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR |              |                                      |  |
|                       |  |  |   |              |                                      |  |

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|   |  |  |  |  |
|---|--|--|--|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>      |  | Vehicle Removed By<br><b>GEORGES AUTO BODY</b>                         |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                   |  | Vehicle Factors  |  |
|   | Driver Prior Action Other  |  | <b>NOT APPLICABLE</b>  |  |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                  |  |  |  |
| 02  | Owner Name<br><b>SANDRA CHRISTINE TESKA<br/>(608) 459-5199</b>   |  | Owner Address<br><b>S12657 DYKE RD<br/>SPRING GREEN, WI 53588 , 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>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>    |  | Individual<br><b>SANDRA TESKA</b>                                      |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>  |  |  |  |
|   | Driver<br><b>SANDRA CHRISTINE TESKA<br/>(608) 459-5199</b>       |  | Citations Issued<br><b>0</b>   | Sex<br><b>FEMALE</b>                           |
|   | Address<br><b>S12657 DYKE RD<br/>SPRING GREEN, WI 53588 , US</b> |  | Date of Birth<br>[REDACTED]  | Race<br><b>WHITE</b>                           |
|   |  |  | Driver License Number<br>[REDACTED]                                    | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |
| 02<br>003                                     | <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>POSSIBLE 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

|  |                   |  |                                    |  |  |                      |
|--|-------------------|--|------------------------------------|--|--|----------------------|
| <b>UNIT</b>                            | <b>INDIVIDUAL</b> | <b>Non Motorist</b>  |                                    | Striking Unit #                                    | Location   |                      |
|  |                   | Prior Action   |                                    |  |  |                      |
|  |                   | Action   |                                    |  |  |                      |
|  |                   | Action Other   |                                    |  |  | To/From School       |
| <b>02</b>                              | <b>003</b>        | <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>                         |                                    |  |  |                      |
|  |                   | <b>Individual</b>  |                                    |  |  |                      |
| <b>UNIT</b>                            | <b>INDIVIDUAL</b> | Passenger<br><b>KATHLEEN A WALKER</b><br>(608) 459-8144                |                                    |  | Citations Issued<br><b>0</b>   | Sex<br><b>FEMALE</b> |
|  |                   |  |                                    |  | Date of Birth<br>[REDACTED]  | Race<br><b>WHITE</b> |
|  |                   | Address<br><b>S12657 DYKE RD</b><br><b>SPRING GREEN, WI 53588 , US</b> |                                    |  | Driver License Number<br><b>STATE: ILLINOIS COUNTRY: UNITED STATES</b> |                      |
|  |                   | <b>Safety Equipment</b>  |                                    |  |  |                      |
| <b>02</b>                              | <b>004</b>        | On Duty Crash  |                                    | Safety Equipment                                   |  |                      |
|  |                   | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>09 - RIGHT</b> | <b>SHOULDER &amp; LAP BELT</b>                     |  |                      |
|  |                   | Helmet Use   |                                    | Helmet Compliance                                  |  |                      |
|  |                   | Eye Protection   |                                    | Tint Compliance                                    |  |                      |
|  |                   | <b>Injury</b>  |                                    | Injury Severity<br><b>POSSIBLE INJURY</b>          | Airbag<br><b>DEPLOYED-SIDE</b>   |                      |
|  |                   | Ejected<br><b>NOT EJECTED</b>  |                                    | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>TRAPPED/EXTRICATED</b>                        |                      |
| Medical Transport<br><b>EMS GROUND</b> |                   | EMS Agency Identifier<br><b>6000554</b>                                | EMS Run #<br><b>531</b>            |  |  |                      |
| Hospital<br><b>RICHLAND HOSP</b>       |                   | 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<br><br><br><br><br><br><br><br><br><br>02<br>004 | Prior Action                            |                             |                          |
|   | Action                                  |                             |                          |
|   | Action Other                            |                             | To/From School           |
|   | <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 |                             |                          |