

6TL0D6N01G  
21-08145

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D6N01G

Document Number Override		Primary Crash Document#		Agency Crash Number 21-08145		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 08/28/2021		Crash Time 01:22 PM		Date Arrived 08/28/2021		Time Arrived 01:33 PM	
Date Notified 08/28/2021		Time Notified 01:22 PM		Total Units 03		Total Injured 04	Total Killed 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
<p>USH 12</p> <p>U1, U2, U3</p> <p>Not to Scale</p>		Photos By S ELLICKSON	
		Additional Information NONE, PHOTOS	

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

UNITS 1, 2, AND 3 WERE ALL NORTHBOUND ON USH 12. UNIT 2 WAS SLOWING IN TRAFFIC. UNIT 3 WAS TRAVELING BEHIND UNIT 2 AND WAS SLOWING. UNIT 1 WAS BEHIND UNIT 3. UNIT 1 DIDN'T REALIZE UNITS 2 AND 3 WERE SLOWING UNTIL IT WAS TOO LATE. UNIT 1 CRASHED INTO UNIT 3. THE FORCE OF THE IMPACT CAUSED UNIT 3 TO CRASH INTO UNIT 2. UNIT 2 AND UNIT 3 OPERATORS BOTH SAW UNIT 1 APPROACHING TOO FAST. UNIT 3 OPERATOR STARTED TO TURN THE TIRES TO THE RIGHT AND BRACE FOR IMPACT TO AVOID BEING SENT INTO ONCOMING SOUTHBOUND TRAFFIC. UNIT 2 CAME TO REST IN THE EAST DITCH FACING NORTH. UNIT 3 CAME TO REST IN THE NORTHBOUND LANE OF TRAVEL FACING NORTHWEST. UNIT 1 CAME TO REST IN THE NORTHBOUND LANE OF TRAVEL AND EAST SHOULDER FACING NORTHEAST.

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BARABOO, WI 53913  
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## Location

ON USH12 WB 0.59 MI N OF USH12 WB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.301625182	Longitude -89.759027427
	X Coordinate 276214.09375	Y Coordinate 4798007.5
	Structure Type NO STRUCTURE	

## Crash Scene

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

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>512462</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTEW1EG1GFD51927</b>	Make <b>FORD</b>	Year <b>2016</b>	Model <b>F150</b>
	Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01 01	Owner Name <b>EPIGMENIO CASTRO (608) 640-9598</b>		Owner Address <b>E11025 ARMORY VIEW RD NORTH FREEDOM, WI 53951 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>HANOVER-INS-CO,-THE</b>		Individual <b>EPIGMENIO CASTRO</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ABRAHAN CASTRO (608) 640-9598</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>E11025 ARMORY VIEW RD NORTH FREEDOM, WI 53951 , US</b>		Date of Birth [REDACTED]	Race <b>HISPANIC</b>
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		[REDACTED]	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <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>UNKNOWN</b>				

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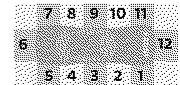
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>01</b>	<b>001</b>	<b>Violations</b>			
UTC Number <b>BG110699</b>			Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>	

### Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements		
		Total Occs <b>3</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	
		Total HazMat Types <b>0</b>		Insurance? <b>YES</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	
		Speed Limit <b>55</b>		Total Lanes <b>2</b>		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			
		Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>							

### Vehicle

<b>02</b>	<b>02</b>	License Plate Number <b>NJ3592</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>3GNFK32059G152391</b>		Make <b>CHEVROLET</b>		Year <b>2009</b>		Model <b>AVALANCHE</b>	
		Color <b>GLD - GOLD</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>				Bus Use	
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>							



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>JAMES JAY SULLIVAN (608) 462-5204</b>	Owner Address <b>W9653 HASTINGS RD WONEWOC, WI 53968 , US</b>
	<b>Sequence Of Events</b>	
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT VEHICLE	<b>Policy Holder</b>	
	Insurance Company <b>GEICO-CASUALTY-CO</b>	Individual <b>JAMES SULLIVAN</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>JAMIE D FRENCH (608) 462-2453</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Date of Birth [REDACTED]
	Race <b>WHITE</b>	
	Address <b>1459 BROCKMAN RD WONEWOC, WI 53968 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT INDIVIDUAL	<b>Safety Equipment</b>	
	On Duty Crash	
	Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	
Helmet Compliance		
Eye Protection		
Tint Compliance		
UNIT INDIVIDUAL	<b>Injury</b>	
	Injury Severity <b>POSSIBLE INJURY</b>	
	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
EMS Run#		
Hospital	Date of Death	
Time of Death		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	
Drug Test Results		
Drug Type		
Individual Condition	<b>APPEARED NORMAL</b>	
<b>Individual</b>		
Passenger <b>MARY-JO MCCOOL</b> (608) 462-5204	Citations Issued <b>0</b>	
	Sex <b>FEMALE</b>	
	Date of Birth [REDACTED]	
	Race <b>WHITE</b>	
Address <b>W9653 HASTINGS RD</b> <b>WONEWOC, WI 53968 , US</b>	Driver License Number [REDACTED]	
	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>	On Duty Crash	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	
	Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	
	EMS Run #	
Hospital	Date of Death	
	Time of Death	
<b>Distracted By</b>	Distracted By Source	

6TL0D6N01G

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UNIT 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 NO
			Suspected Drug Use NO
	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			
APPEARED NORMAL			
UNIT INDIVIDUAL	<b>Individual</b>		
	Passenger THERESA LYNN BITTER (608) 462-2453		Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race WHITE
	Address N1549 BROCKMAN RD WONEWOC, WI 53968 , US		Driver License Number [REDACTED]
			STATE: WISCONSIN COUNTRY: UNITED STATES
	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	<b>Injury</b>		Airbag
	Injury Severity NO APPARENT INJURY		NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
			EMS Run#
	Hospital		Date of Death
			Time of Death
	<b>Distracted By</b>		Distracted By Source
	Distracted By Action		

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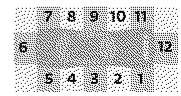
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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
<b>02</b>	<b>004</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				

### Unit Summary

<b>UNIT</b>	<b>03</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>							
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements							
		Total Occs <b>2</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>			
		Insurance? <b>YES</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>55</b>		Total Lanes <b>2</b>			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>NO CONTROL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>				Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											

<b>UNIT</b>	<b>VEHICLE</b>	<b>03</b>	<b>03</b>	<b>Vehicle</b>							
				License Plate Number <b>522GPU</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
				Vehicle Identification Number <b>2GNAXREV3J6187131</b>		Make <b>CHEVROLET</b>		Year <b>2018</b>	Model <b>EQUINOX</b>		
				Color <b>ONG - ORANGE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use		
				Initial Contact Point <b>07 - LEFT REAR CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 10 - LEFT SIDE FRONT, 11 - LEFT</b>					
				Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>					
Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>											



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UNIT VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
03 03	Owner Name <b>DEVON ELIZABETH DRACHENBERG (608) 287-4514</b>	Owner Address <b>1300 BLACKHAWK TRL # 28 WAUKESHA, WI 53186 , US</b>	
	<b>Sequence Of Events</b>		
04 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>DEVON DRACHENBERG</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>DEVON ELIZABETH DRACHENBERG (608) 287-4514</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race
	Address <b>1300 BLACKHAWK TRL # 28 WAUKESHA, WI 53186 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
03 005	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>	EMS Run#
Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death	Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit#	Location

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
03 005	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	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
	Drug Type		
	Individual Condition APPEARED NORMAL		
UNIT INDIVIDUAL	<b>Individual</b>		
	Passenger MICHAEL JOHN POVLIICH (262) 650-0662	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race WHITE	
	Address N10W28398 NORTHVIEW RD WAUKESHA, WI 53188 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
03 006	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND	EMS Agency Identifier 6000555	EMS Run#	
Hospital SAUK PRAIRIE HOSP	Date of Death	Time of Death	
<b>Distracted By</b>	Distracted By Source		
Distracted By Action			
<b>Non Motorist</b>	Striking Unit#	Location	
Prior Action			

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03 006 UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		