## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|            | Document Number Override   | Primary Crash Document #                                   | Agency<br>24-070               | Crash Number<br>17                          |                                 | Officer/Deputy<br>. MESSNER      |                        |  |
|------------|--|--|--------------------------------|---|---------------------------------|----------------------------------|------------------------|--|
| 2          | Crash Date<br>07/02/2024   | Crash Time<br>05:45 AM                                     | Date Ar<br>07/02/2             |   | Time Arrive<br>06:02 AM         | d                                |                        |  |
| 6TL0D1PTPV | Date Notified 07/02/2024   | Time Notified<br>06:02 AM                                  | Total U<br><b>02</b>           |   |                                 | Total Injured Total Killed 00 00 |                        |  |
| -0D        | On Emergency   | and Run  | Closure                        | Work Zone                                   | Traile                          | r or Towed                       | Reporting<br>Threshold |  |
| 6 I L      | Government<br>Property   | Active School Zone   | School NO                      | Bus Related                                 | Tags                            |                                  |                        |  |
|            | ✓ Reportable   | Crash Type<br>DT4000 (STANDARD C                           | RASH)                          |   | Amen                            | ded                              | Secondary<br>Crash     |  |
|            | Description Diagram  |  |                                |   |                                 | Reconstructio                    | - D.:                  |  |
|            |  |  | Not                            | to scale                                    | Þ                               | Photos By                        | prmation               |  |
|            |  | NONE   | innauon                        |   |                                 |                                  |                        |  |
|            | Unit 2   |  |                                |   |                                 |                                  |                        |  |
|            |  | eds to pass and continu                                    |                                |   |                                 |                                  |                        |  |
|            | ✓ I, a sworn law enforceme   | nt officer, agree that I ha                                | ave not addec                  | l any CJIS data in tl                       | nis report.                     |                                  |                        |  |
|            | ON 7/2/2024, AT APPROXIMATELY<br>UNIDENTIFIED VEHICLE, PASSED<br>CONTINUED WITHOUT STOPPING. | 5:45 AM, UNIT 1, A 2015 BLUI<br>UNIT 1. UNIT 2 STRUCK UNIT | E CHRYSLER 20<br>1 IN THE PASS | 0, BEARING WI # ADN7<br>ENGER DOORS. UNIT 1 | 574, WAS WESTB<br>PULLED OVER T | TO THE SIDE OF                   |                        |  |
|            |  |  |                                |   |                                 |                                  |                        |  |

# WISCONSIN MOTOR VEHICLE

## SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT**

| 4-0 | 07017   | C  | RASHR                | EPC       | ORT                        |   |           |                        | BARABOO, WI 5391<br>(608) 356-489 |  |
|-----|---|--|----------------------|-----------|----------------------------|---|-----------|------------------------|-----------------------------------|--|
| I   | Location                                      |  |                      |           |                            |   |           |                        |                                   |  |
|     | ON CTHP WB<br>0.52 MI W<br>OF BEAVER CREEK RI |  |                      |           | Latitude<br><b>43.5909</b> | Latitude<br><b>43.590988957</b>   |           |                        | de<br>5312421                     |  |
|     | IN THE TOWN OF DELL                           | IN THE TOWN OF DELLONA<br>IN SAUK COUNTY |                      |           | X Coordinate 267003.71875  |   |           | Y Coord<br>483049      |                                   |  |
|     |   |  |                      |           | Structure<br>NO STR        | Type<br>UCTURE  |           |                        |                                   |  |
| (   | Crash Scene                                   |  |                      |           |                            |   |           |                        |                                   |  |
| ]   | First Harmful Event                           |  |                      |           | First Harr                 | nful Event L  | ocation   |                        |                                   |  |
|     | MOTOR VEH IN TRANS                            | PORT                                     |                      |           | ON ROA                     | DWAY  |           |                        |                                   |  |
|     | Manner of Collision                           |  |                      | Light Con | dition                     |   |           |                        |                                   |  |
|     | 07 - SIDESWIPE/SAME                           |  |                      | DAWN      |                            |   |           |                        |                                   |  |
|     | Road Surface Condition(s)                     |  |                      |           | Roadway                    | Factor(s)   |           |                        |                                   |  |
|     | WET   |  |                      |           |                            |   |           |                        |                                   |  |
|     | Environment Factor(s)                         |  |                      |           |                            | -   |           |                        |                                   |  |
|     | NONE  |  |                      | NONE      |                            |   |           |                        |                                   |  |
|     | Weather Condition(s)                          |  |                      |           |                            | -   |           |                        |                                   |  |
|     | RAIN  |  |                      |           |                            |   |           |                        |                                   |  |
|     | Animal Type                                   |  |                      | Relation  | Relation To Trafficway     |   |           |                        |                                   |  |
|     |   |  |                      |           | TRAFFICWAY - ON ROAD       |   |           |                        |                                   |  |
|     | Crash Classification - Locati                 | on                                       | Intersectio          |           |                            | Crash Classification - Jurisdiction   |           |                        |                                   |  |
|     | PUBLIC PROPERTY                               |  |                      |           |                            | NO SPECIAL JURISDICTION       Access Control       NO CONTROL         on Type |           |                        |                                   |  |
|     | Tribal Land                                   |  |                      |           | _                          |   |           |                        | Special Study                     |  |
|     | Within Interchange Area                       | Junction Location                        |                      |           | section Type               |   |           |                        |                                   |  |
|     | NO  | NON-JUNCTION                             |                      |           | N INTERSECTION             |   |           |                        |                                   |  |
| į   | Unit Summary                                  |  |                      |           |                            |   |           |                        |                                   |  |
| ٦   | Unit Status                                   |  |                      |           | As Classification          | ו   | Unit Type | e                      |                                   |  |
|     | IN TRANSIT                                    |  | D CLASS              | i         |                            |   |           | AUTOMOBILE             |                                   |  |
|     | Vehicle Type PASSENGER CAR                    |  |                      |           |                            |   | Operatin  | g As Endorse           | ments                             |  |
|     | Total Occs                                    | Train/Bus # Recorded                     | Total # Cita         | ations la | sued                       | Total Trai  | ers       | ers Total HazMat Types |                                   |  |
|     | 1   |  | 0                    |           | 55000                      | 0   |           | 0                      |                                   |  |
|     | Insurance?                                    | Direction Of Travel                      | Pre                  | Crash     | nTire                      | Speed Lin   | nit       | Total Lan              | es                                |  |
|     | YES   | WESTBOUND                                |                      | Mark      |                            | 55  |           | 2                      |                                   |  |
|     | Most Harmful Event: Collision                 |  | Special Fu<br>NO SPE |           | UNCTION                    |   |           | ncy Motor Veh          | cy Motor Vehicle Use<br>PLICABLE  |  |
|     | Traffic Way                                   |  | Traffic Cor          | trol      |                            |   | Traffic C | ontrol Inopera         | tive/Missing                      |  |
|     | TWO-WAY, NOT DIVIDE                           | D  | NO CON               | rol       |                            |   | NO        |                        |                                   |  |
|     | Surface Type                                  |  | Road Curv            |           |                            |   | Road Gr   |                        |                                   |  |
|     | BLACKTOP (BITUMINO                            | OUS)                                     | STRAIGH              | IT        |                            |   | LEVEL     |                        |                                   |  |
|     | Truck Bus or HazMat<br><b>NO</b>              |  |                      |           |                            |   |           |                        |                                   |  |
| 1   | Vehicle                                       |  |                      |           |                            |   |           |                        |                                   |  |
|     | License Plate Number                          |  | Plate Tvn            | 2         |                            | St  | Country o | flssuance              |                                   |  |

|   | ٦  | Vehicle                       |                       |            |                     |             |  |
|---|----|-------------------------------|-----------------------|------------|---------------------|-------------|--|
|   |    | License Plate Number          | Plate Type            | St         | Country of Issuance |             |  |
|   |    | ADN7574                       | AUT - AUTOMOBILE WI   |            | UNITED STATES       |             |  |
| _ |    | Vehicle Identification Number | Make                  | Year Model |                     |             |  |
| 5 | 01 | 1C3CCCABXFN557715             | CHRYSLER              | 2015       | 200                 |             |  |
|   |    | Color                         | Body Style Bus Use    |            | Bus Use             |             |  |
|   |    | BLU - BLUE                    | SD - SEDAN            |            |                     |             |  |
|   | щ  | Initial Contact Point         | Vehicle Damage        |            |                     | 7 8 9 10 11 |  |
|   | CL | 09 - LEFT SIDE MIDDLE         |                       |            |                     | 6           |  |
| 5 | H  | Extent Of Damage              | 09 - LEFT SIDE MIDDLE |            |                     | 4 10        |  |
| - | VE | MINOR DAMAGE                  |                       |            |                     | 5 4 3 2 1   |  |

## 6TL0D1PTPV

24-07017

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |           | Towed Due To Damage                     |   | Vehicle Remov         | ed By        |         |                    |  |  |  |  |
|------|-----------|---|---|-----------------------|--------------|---------|--------------------|--|--|--|--|
|      |           | NOT TOWED                               |   | OPERATOR              |              |         |                    |  |  |  |  |
|      |           | What Driver Was Doing<br>GOING STRAIGHT |   | Vehicle Factors       | 6            |         |                    |  |  |  |  |
|      |           | Driver Prior Action Other               |   | NOT APPLICABLE        |              |         |                    |  |  |  |  |
|      |           |   |   | _                     |              |         |                    |  |  |  |  |
|      |           | Driver Actions                          |   |                       |              |         |                    |  |  |  |  |
|      | щ         | NO CONTRIBUTING ACTIO                   | N                                       |                       |              |         |                    |  |  |  |  |
| Ę    | CL        |   |   |                       |              |         |                    |  |  |  |  |
| UNIT | VEHICL    |   |   |                       |              |         |                    |  |  |  |  |
|      | K         |   |   |                       |              |         |                    |  |  |  |  |
|      |           | Owner Name                              |   | Owner Add             | droce        |         |                    |  |  |  |  |
|      |           | DAWN COPPERNOLL                         |   |                       | DOWLAR       | K LN    |                    |  |  |  |  |
| 9    | 01        | (608) 697-2950                          |   | PORTAG                | E, WI 539    | 01 , US |                    |  |  |  |  |
|      |           |   |   |                       |              |         |                    |  |  |  |  |
|      |           | Sequence Of Events                      |   |                       |              |         |                    |  |  |  |  |
|      | 01        | Event<br>MOTOR VEH IN TRANSPOR          | ? <b>Т</b>                              |                       |              |         |                    |  |  |  |  |
|      |           | Event                                   |   |                       |              |         |                    |  |  |  |  |
|      | 02        | Event                                   |   |                       |              |         |                    |  |  |  |  |
|      | ~         | Event                                   |   |                       |              |         |                    |  |  |  |  |
|      | 03        |   |   |                       |              |         |                    |  |  |  |  |
|      | 04        | Event                                   |   |                       |              |         |                    |  |  |  |  |
|      |           |   |   |                       |              |         |                    |  |  |  |  |
| UNIT |           | Policy Holder                           |   | <u> </u>              |              |         |                    |  |  |  |  |
| 5    |           | Insurance Company<br>ERIE-INS-CO        | Individual<br>DAWN CO                   | PPFRNOI               | 1            |         |                    |  |  |  |  |
|      |           | Individual                              |   | 2/111/00              |              |         |                    |  |  |  |  |
|      |           | Driver                                  |   | Citations Iss         | ued          | Sex     |                    |  |  |  |  |
|      | _         | DAWN COPPERNOLL                         | 0 FEMALE                                |                       |              |         |                    |  |  |  |  |
|      | JAI       | (608) 697-2950                          |   | Date of Birth         |              | Race    |                    |  |  |  |  |
| F    | NDIVIDUAL |   |   |                       | WHITE        |         |                    |  |  |  |  |
| UNIT |           | Address<br>529 MEADOWLARK LN            |   | Driver License Number |              |         |                    |  |  |  |  |
|      | Z         | PORTAGE, WI 53901, US                   | STATE: WISCONSIN COUNTRY: UNITED STATES |                       |              |         |                    |  |  |  |  |
|      |           |   |   |                       |              |         |                    |  |  |  |  |
|      | Sal       | On Duty Cr                              | Safety Equip                            | ment                  |              |         |                    |  |  |  |  |
|      | Sai       | fety Equipment                          |   |                       |              |         |                    |  |  |  |  |
|      |           |   | Seat Position<br>07 - LEFT              | SHOULDER & LAP BELT   |              |         |                    |  |  |  |  |
|      |           | 01 - FRONT ROW<br>Helmet Use            | 07 - LEF I                              | Helmet Com            | pliance      |         |                    |  |  |  |  |
|      |           |   |   |                       |              |         |                    |  |  |  |  |
|      |           | Eye Protection                          |   | Tint Complia          | nce          |         |                    |  |  |  |  |
|      |           |   |   |                       |              |         |                    |  |  |  |  |
| 2    | 001       | Injury Seve<br>Injury NO APPA           |   | Airbag<br>NON DEPL    |              |         |                    |  |  |  |  |
|      | Ŭ         |   | ection Path                             |                       |              |         | Trapped/Extricated |  |  |  |  |
|      |           | NOT EJECTED NOT EJECTED/NOT AP          |   | PLICABLE              |              |         | NOT TRAPPED        |  |  |  |  |
|      |           | Medical Transport                       |   | EMS Agency            | / Identifier |         | EMS Run #          |  |  |  |  |
|      |           | NOT TRANSPORTED                         |   |                       |              |         |                    |  |  |  |  |
|      |           | Hospital                                |   | Date of Deat          | ih           |         | Time of Death      |  |  |  |  |
|      |           | Distracted                              | By Source                               |                       |              |         |                    |  |  |  |  |
|      |           | Distracted By NOT APP                   | LICABLE (NOT DISTR                      | ACTED)                |              |         |                    |  |  |  |  |
|      |           | Distracted By Action                    |   |                       |              |         |                    |  |  |  |  |
|      |           | NOT DISTRACTED                          |   |                       |              |         |                    |  |  |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |                             | Non Motorist   | riking Unit #      | Location         |  |                      |   |                        |                |  |  |
|------|-----------------------------|--|--------------------|------------------|--|----------------------|---|------------------------|----------------|--|--|
|      |                             | Prior Action   |                    |                  |  |                      |   |                        |                |  |  |
|      | ۸L                          | Action   |                    |                  |  |                      |   |                        |                |  |  |
| UNIT | INDIVIDUAL                  |  |                    |                  |  |                      |   |                        |                |  |  |
|      | INDI                        |  |                    |                  |  |                      |   |                        |                |  |  |
|      |                             | Action Other   |                    |                  |  |                      |   |                        | To/From School |  |  |
|      |                             | S  | uspected Alcohol L | Jse              | Suspected Drug Use                     |                      |   |                        |                |  |  |
|      |                             | Drug & Alcohol N                                     | 0                  | <u> </u>         | NO                                     |                      | I   |                        |                |  |  |
|      |                             | Alcohol Test Given Alcohol Test NOT GIVEN            |                    | Alcohol Test Typ | e                                      |                      | Alcohol Test F                                    | Results                |                |  |  |
|      |                             | Drug Test Given TEST NOT GIVEN                       |                    | Drug Test Type   |  | Drug Test Result     | s   |                        |                |  |  |
| 2    | 001                         | Drug Type  |                    |                  |  |                      |   |                        |                |  |  |
|      |                             | Individual Condition                                 |                    |                  |  |                      |   |                        |                |  |  |
|      |                             | NOT OBSERVED   |                    |                  |  |                      |   |                        |                |  |  |
| 1    | Uni                         | t Summary 💻  |                    |                  |  |                      |   |                        |                |  |  |
|      |                             |  |                    |                  | /ehicle Operating As Classi<br>D CLASS | Unit Type AUTOMOBILE |   |                        |                |  |  |
|      | HIT AND RUN<br>Vehicle Type |  |                    |                  |  |                      | Operating As Endorsements                         |                        |                |  |  |
| 02   |                             | Al Occs Train/Bus # Recorded                         |                    |                  | Fotal # Citations Issued               | lers 1               | Total Hazl  | Mat Types              |                |  |  |
|      | 1                           | rance?   | Direction Of Tr    | c                | )                                      | 0<br>Speed Lir       | C   | <b>0</b><br>Total Lane |                |  |  |
| E    | UN                          | KNOWN  | UNKNOWN            | [                | Pre CrashTire<br>Mark                  | 55                   | 2   | 2                      |                |  |  |
| UNIT | MO                          | t Harmful Event: Collision<br>TOR VEH IN TRANSP      |                    | ı                | Special Function<br>UNKNOWN            |                      |   |                        | cle Use        |  |  |
|      | тwo                         | ic Way<br>D-WAY, DIVIDED, UNF                        | ROTECTED (P        | AINTED > 4       | Traffic Control NO CONTROL             |                      | Traffic Control Inoperative/Missing NO Dead Conde |                        |                |  |  |
|      |                             | ace Type<br>ACKTOP (BITUMINOU                        | S)                 |                  | Road Curvature<br>STRAIGHT             |                      | Road Grade  |                        |                |  |  |
|      |                             | k Bus or HazMat                                      | <u> </u>           |                  |  |                      |   |                        |                |  |  |
|      |                             | Vehicle  |                    |                  |  |                      |   |                        |                |  |  |
|      |                             | License Plate Number                                 |                    |                  | Plate Type St                          |                      | Country of Issuance                               |                        |                |  |  |
| 02   | 02                          | Vehicle Identification Nu                            | mber               |                  | Make                                   | Year                 | Year Model  |                        |                |  |  |
| Ì    |                             | Color  |                    |                  | Body Style                             |                      | Bus Use   |                        |                |  |  |
|      | Щ                           | Initial Contact Point                                |                    |                  | Vehicle Damage                         |                      | 1   |                        | 7 8 9 10 11    |  |  |
| UNIT | VEHICLE                     | 99 - UNKNOWN<br>Extent Of Damage<br>VEHICLE NOT AT S | CENE               |                  | 16 - VEHICLE NOT AT                    | SCENE                |   |                        | 6 5 4 3 2 1    |  |  |
|      | >                           | Towed Due To Damage                                  |                    |                  | Vehicle Removed By                     |                      |   | I                      |                |  |  |
| 1    |                             |  |                    |                  | OPERATOR                               |                      |   |                        |                |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |                      | What Driver Was Doing             |            |                | Ve                           | nicle Factors         |         |                |  |  |  |  |  |
|------|----------------------|-----------------------------------|------------|----------------|------------------------------|-----------------------|---------|----------------|--|--|--|--|--|
|      |                      | OVERTAKE LEFT                     |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Driver Prior Action Other         |            |                | UNKNOWN                      |                       |         |                |  |  |  |  |  |
|      |                      |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Driver Actions                    |            |                |                              |                       |         |                |  |  |  |  |  |
|      | щ                    | UNKNOWN                           |            |                |                              |                       |         |                |  |  |  |  |  |
| UNIT | VEHICLE              |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
| S    | Ξ                    |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | ¥                    |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Owner Name                        |            |                |                              | Owner Address         |         |                |  |  |  |  |  |
| 02   | 02                   |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
| 0    | 0                    |                                   |            |                |                              | , ,                   |         |                |  |  |  |  |  |
|      |                      |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | ÷                    | Sequence Of Events                |            |                |                              |                       |         |                |  |  |  |  |  |
|      | Σ                    | 5 Event<br>MOTOR VEH IN TRANSPORT |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 0                    | MOTOR VEH IN TRANSPORT            |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 02                   | Event                             |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 0                    |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 03                   | Event                             |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 0                    |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 04                   | Event                             |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 0                    |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | 1                    | Individual                        |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Driver<br>UNKNOWN UNKNOWN         |            |                |                              | Citations Issued      | Sex     |                |  |  |  |  |  |
|      | _                    |                                   |            |                |                              | 0                     |         |                |  |  |  |  |  |
|      | P                    |                                   |            |                |                              | Date of Birth         | th Race |                |  |  |  |  |  |
| ⊢    | Ы                    |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
| UNIT | INDIVIDUAL           | Address                           |            |                | 1                            | Driver License Number |         |                |  |  |  |  |  |
|      | ð                    |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | =                    | , ,                               |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | Sat                  | f <b>ety Equipment</b>            | y Crash    |                | Safety Equipment             |                       |         |                |  |  |  |  |  |
|      | Sai                  | ery Equipment                     |            |                | NONE USED - VEHICLE OCCUPANT |                       |         |                |  |  |  |  |  |
|      |                      | Row                               |            | Position       |                              |                       |         |                |  |  |  |  |  |
|      |                      | 01 - FRONT ROW 07 - LEFT          |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Helmet Use                        |            |                |                              | Helmet Compliance     |         |                |  |  |  |  |  |
|      |                      | Euro Desta stine                  |            |                |                              | Tint Compliance       |         |                |  |  |  |  |  |
|      |                      | Eye Protection                    |            |                |                              | Tint Compliance       |         |                |  |  |  |  |  |
|      | ~                    | Injury S                          | overity    |                | _                            | Airbag                |         |                |  |  |  |  |  |
| 02   | 002                  |                                   |            | <b>INJURY</b>  |                              |                       |         |                |  |  |  |  |  |
|      | U                    | Ejected                           | Ejection   |                | Trapped/Extricated           |                       |         |                |  |  |  |  |  |
|      |                      |                                   |            | JECTED/NOT APP | א וכ                         |                       |         | NOT APPLICABLE |  |  |  |  |  |
|      |                      | Medical Transport                 |            | 20122/101741   |                              | EMS Agency Identifier |         | EMS Run #      |  |  |  |  |  |
|      |                      | NOT TRANSPORTED                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | Hospital             |                                   |            |                |                              | Date of Death         |         | Time of Death  |  |  |  |  |  |
|      |                      |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Distract                          | ted By Sou | Irce           |                              |                       |         | l              |  |  |  |  |  |
|      | Distracted By        |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      | Distracted By Action |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      |                                   |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Striking                          | Unit #     | Location       |                              |                       |         |                |  |  |  |  |  |
|      |                      | Non Motorist                      |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      | Prior Action                      |            |                |                              |                       |         |                |  |  |  |  |  |
|      |                      |                                   |            |                |                              |                       |         |                |  |  |  |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

| UNIT | INDIVIDUAL | Action                            |                   |                    |                   |                      |                |
|------|------------|-----------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
|      |            | Action Other Drug & Alcohol       | cted Alcohol Use  | Suspected Drug Use |                   |                      | To/From School |
|      |            | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type |                    |                   | Alcohol Test Results |                |
|      |            | Drug Test Given<br>TEST NOT GIVEN | Drug Test Type    |                    | Drug Test Results |                      |                |
| 02   | 002        | Drug Type                         |                   |                    |                   |                      |                |
|      |            | Individual Condition NOT OBSERVED |                   |                    |                   |                      |                |