# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrid	e Primary Crash I			9,		g Officer/Deputy IT T. CLAUER		
Crash Date <b>08/25/2024</b>	Crash Time 10:45 AM		ate Arriv 8/25/20		Time Arrived	I		
Date Notified <b>08/25/2024</b>	Time Notified 10:51 AM		otal Units <b>1</b>	3	Total Injured	Total 00	Killed	
On Emergency	Hit and Run	Lane Closure	, [	Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active Sc	haal Zana	ichool Bu	s Related	Tags		•	
<b>▼</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH)			Amend	led	Secondary Crash	
Description Diagram	•				•	Reconstru		
1	F□   E	Mirror L	ake Ro	NOT TO SCALE		Additional NONE	Information	
	TED TO RESPOND TO A	MOTOR VEHICLE ACC	CIDENT C	ON MIRROR LAKE RD	AT STH 33. I ARR		CENE AND IDENTIFIED DRIVE STATED HE WAS UNABLE TO	

HIM THAT WAS IN A VIOLATION OF HIS RESTRICTED DL. NO INJURIES TO ANY SUBJECTS. VEHICLE WAS REMOVED BY CRAIGS.

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Crash Date 08/25/2024

Crash Time 10:45 AM

L	.oc	ation								
-	ON	MIRROR LAKE RD				Latitude			Longitue	de
		FT S				43.52473	259		-89.837	278301
		STH33 EB HE TOWN OF DELTO	NAI .			X Coordin	ate		Y Coord	linate
		AUK COUNTY	/N			270710.84375			482299	9.5
						Structure NO STRI	, ·			
_	,	sh Scene								
_	_	Harmful Event				l e:	( ) =			
	DIT(						iful Event Lo	ocation		
		ner of Collision				Light Cond				
	00 - NO COLLISION W/VEHICLE IN TRANSPORT					DAYLIGI				
					Roadway					
	DRY	` ,				Roddway	actor(3)			
h	Envi	ronment Factor(s)								
	ЮИ	NE				NONE				
,	Wea	ther Condition(s)								
	CLC	DUDY								
ŀ	Anim	nal Type				Relation T	o Trafficway	/		
L							WAY - OI			
		h Classification - Location	1				ssification -			
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION  Access Control Special Study					
					Access Control Special Study NO CONTROL					
		in Interchange Area	Junction Location		Intersection		OF OTION	1		
L	NO		INTERSECTION		FOUR-W	AYINIER	RSECTION			
		t Summary 💻								
		Status		•	erating As C	lassification		Unit Type		
		RANSIT	D CLASS						AUTOMOBILE	
		cle Type SSENGER CAR						Operating As Endorsements		
		Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Trail	ers	Total Haz	:Mat Types
	03	10003	Train/Bas // Nossiasa	02	ilions issued		0		0	iviat Typoo
L		rance?	Direction Of Travel		CrashTire		Speed Lim	nit	Total Lan	es
ŀ	YES	<b>;</b>	EASTBOUND		Mark		55	02		
		Harmful Event: Collision	With		Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use		icle Use
		LITY POLE				TION		NOT APPLICABLE		· /k.k.
		ic Way		Traffic Conf				Traffic Control Inoperative/Missing  NO  Road Grade  LEVEL		
		D-WAY, NOT DIVIDED ace Type	,	NO CONT						
		CKTOP (BITUMINOU	IS)	CURVE R						
F	Truc	k Bus or HazMat	,							
T	NO,	Vahiolo								
		Vehicle License Plate Number		Plate Type	<u> </u>	T	St	Country of Iss	suance	
		ACH9062		; JTOMOBIL	.E	WI	UNITED ST			
		Vehicle Identification Nu	Make			Year	Model			
	01	4T1BK36B25U05533		ТОУОТА			2005	AVALON		
		Color		Body Style	)	2003		Bus Use		
		WHI - WHITE		4D - 4DR						
	щ	Initial Contact Point		Vehicle Da	amage		L			7 8 9 10 11
	<u>디</u>	12 - FRONT						, 08 - LEFT S	SIDE	6 2 12
	VEHICL	Extent Of Damage R				EFT SIDE MIDDLE, 10 - LEFT SIDE				
		DISABLING DAMAG	i KONI,	FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						

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		Towed Due To Damage		Vehicle Removed By		_		
		TOWED DUE TO DISABL	ING DAMAGE	CRAIGS TOWING				
		What Driver Was Doing		Vehicle Factors				
		RIGHT TURN						
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
	ш	SPEED TOO FAST/COND	), IMPROPER TURN, FA	ILURE TO CONTROL				
<b>—</b>	VEHICLE							
UNIT	¥							
$\supset$	Ē							
	>							
		Owner Name		Owner Address				
		RAPHAEL BERJE		1611 BROADWA				
0	01	(608) 330-4970		WISCONSIN DEI	LLS, WI 53965 , US	<b>;</b>		
		Sequence Of Events						
		Event						
	01	DITCH						
	02	Event UTILITY POLE						
		Event						
	03							
	04	Event						
_		Policy Holder						
LIND								
5		PROGRESSIVE-CASUAL	TY-INS-CO	Individual  RAPHAEL BERJE				
				10 11 11 12 22 102				
		Individual						
		Driver  RAPHAEL BERJE		Citations Issued	Sex			
	7	(608) 330-4970		02	MALE			
_	INDIVIDUAL	,		Date of Birth	Race BLACK/AFRICA	N AMERICAN		
L	1	Address		Driver License Number				
5	D	1611 BROADWAY		Driver Electise Number				
	Z	WISCONSIN DELLS, WI	53965 , US	STATE: WISCONSIN COUNTRY: UNITED STATES				
		On Dut	y Crash	Safety Equipment				
	Sat	On Dut	y Crash	Safety Equipment				
	Sat	fety Equipment			P BELT			
	Sat	fety Equipment  Row 01 - FRONT ROW	y Crash  Seat Position  07 - LEFT	Safety Equipment SHOULDER & LAN	P BELT			
	Sat	fety Equipment Row	Seat Position		P BELT			
	Sat	Row 01 - FRONT ROW	Seat Position	SHOULDER & LAN	P BELT			
	Sat	Row 01 - FRONT ROW	Seat Position	SHOULDER & LAN	P BELT			
	Sat	Row 01 - FRONT ROW Helmet Use	Seat Position	SHOULDER & LAN	P BELT			
4		Row 01 - FRONT ROW Helmet Use Eye Protection Injury S	Seat Position 07 - LEFT	SHOULDER & LAN	P BELT			
01	Sat	Row 01 - FRONT ROW Helmet Use Eye Protection Injury S	Seat Position 07 - LEFT Severity PPARENT INJURY	SHOULDER & LAN Helmet Compliance Tint Compliance	P BELT			
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LAN  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED	P BELT	Trapped/Extricated		
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED	Seat Position 07 - LEFT Severity PPARENT INJURY	SHOULDER & LANDER & L		NOT TRAPPED		
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LAN  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED				
01		Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LAN  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identifie		NOT TRAPPED EMS Run #		
01		Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path	SHOULDER & LANDER & L		NOT TRAPPED		
01		Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT A	SHOULDER & LAN  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identifie		NOT TRAPPED EMS Run #		
01		Row 01 - FRONT ROW Helmet Use Eye Protection  Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT All ted By Source	SHOULDER & LAN  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identifie  Date of Death		NOT TRAPPED EMS Run #		
01		Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury S NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT All ted By Source	SHOULDER & LAN  Helmet Compliance  Tint Compliance  Airbag  NON DEPLOYED  PPLICABLE  EMS Agency Identifie  Date of Death		NOT TRAPPED EMS Run #		

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		<u>_</u>							
		Non Motorist	Striking Ur	nit#	Location				
		Prior Action							
LINIT	INDIVIDUAL	Action							
		Action Other							To/From School
	L	Drug & Alcohol	Suspected <b>NO</b>	d Alcohol U	lse	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	3	
2	001	Drug Type							
		Individual Condition  APPEARED NORM	1AL						
		 Individual							
		Passenger				Citations Issued	Sex		
	_	KENNEDY MILLER	₹			0	FEMALE		
_	JUAI	(608) 432-3206				Date of Birth	Race WHITE		
LIND	INDIVIDUAL	Address N1594 COUNTY ROLYNDON STATION		14 , US		Driver License Number		ITED STATES	
	Sat	fety Equipment	On Duty C	rash		Safety Equipment			
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAF	BELT		
		Helmet Use				Helmet Compliance			
		Eye Protection				Tint Compliance			
6	005	Injury	NO APP	ARENT II		Airbag NON DEPLOYED			
		Ejected NOT EJECTED		jection Pa	<sup>th</sup> CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORT	FD			EMS Agency Identifier		EMS Run #	
		Hospital				Date of Death		Time of Death	
		Distracted By	Distracted	By Source	9	<u> </u>			
		Distracted By Action							
			Striking Ur	nit#	Location				
		Non Motorist	9 01						

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

Action Other  Drug & Alcohol Test Other  Drug & Alcohol Test Other  Action Other  Drug & Alcohol Test Other  Test NOT GWEN  The Thot GWEN  Th										
Action Other    Drug & Alcohol   Suspected Alcohol   Use   NO   NO   NO   NO   NO   NO   NO   N			Prior Action							
Action Other    Drug & Alcohol   No			Action							
Action Other    Drug & Alcohol   No										
Action Other    Drug & Alcohol   No		<b>₽</b>								
Action Other    Drug & Alcohol   No	╘	ם								
Action Other    Drug & Alcohol   No	5	$\overline{\geq}$								
Action Other    Drug & Alcohol   No		N								
Passenger   Actions   Ac										
Passenger   Actions   Ac			A 1: OII					I = /5		
Alcohol Test Given			Action Other					To/From School		
Alcohol Test Given TEST NOT GIVEN Drug Test Results  Date of Birth Race  FEMALE  Quate of Birth Race  Individual Condition  Appearance  Nor Date of Birth Race  Individual Race  Distracted By Source  Distracted By Source  Distracted By Striking Unit # Location  Drug Test Type  Alcohol Test Results  Drug Test Type  Drug Test Results  Drug Test Type  Drug Test Results  Drug Test Type  Drug Te			Suspected Alcoh	nol Use	Suspected Drug Use					
TEST NOT GIVEN  TEST NOT GIVEN  TEST NOT GIVEN  TEST NOT GIVEN  Drug Test Type  TEST NOT GIVEN  Drug Test Results  Test Results  Drug Test Results  TEST NOT GIVEN  Drug Test Results  Drug Test Results  Drug Test Results  Sex  O FEMALE  Date of Birth Race  HISPANIC  Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  Test Wisconsin Country: United States  Safety Equipment  Tint Compliance  Eye Protection  Tint Compliance  Tint Compliance  Eye Protection  Nor APPARENT INJURY NON DEPLOYED  More Jest Citations Issued  O FEMALE  Distracted By  Striking Unit # Location  Location		L	Drug & Alcohol NO		NO					
Drug Test Given TEST NOT GIVEN  Drug Type  Drug Test Results  Drug Te				Alcohol Test Type	•		Alcohol Test Results			
TEST NOT GIVEN  Drug Type  Individual Condition APPEARED NORMAL  Individual Passenger  Address S1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Safety Equipment On Duty Crash Safety Equipment  Safety Equipment On Duty Crash Safety Equipment On Duty Crash Safety Equipment  Safety Equipment On Duty Crash Safety Equipment  Safety Equipment On Duty Crash Safety Equipment  Safety Equipment  NON Deployed  Injury Severity NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT EJECTED NOT EJECTED NOT EJECTED NOT TRAPPED  Medical Transport NOT TRANSPORTED Hospital  Distracted By Distracted By Distracted By Source  Distracted By Distracted By Source  Distracted By Action  Non Motorist  Striking Unit # Location				Drug Toot Type		I D T4 D ! 4-				
Individual Condition APPEARED NORMAL  Individual Passenger SURI ALCANTARA (608) 448-1282  Address S1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Safety Equipment  Row 02 - SECOND ROW Helmet Use Eye Protection  Injury NO APPARENT INJURY Hort EJECTED NOT EJECTED NOT EJECTED NOT TRANSPORTED  Hospital  Distracted By Distracted By Distracted By Action  Non Motorist  Citations Issued Sex FEMALE (Citations Issued FEMAL			TEST NOT GIVEN	Drug Test Type		Drug Test Results				
Individual Condition  APPEARED NORMAL  Individual  Passenger SIR IALCANTARA (608) 448-1282  Date of Birth Race HISPANIC  Driver License Number  S1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Safety Equipment  Row 02 - SECOND ROW 09 - RIGHT  Helimet Use  Eye Protection  Injury Seventy NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By Distracted By Distracted By Source  Distracted By Distracted By Scurce  Sex Get Citations Issued O FEMALE Citations Issued Female Sex O FEMALE Sex O FEMALE  O Date of Birth Race HISPANIC  Safety Equipment Safety Equ	Ξ	02	Drug Type			ı				
APPEARED NORMAL  Individual  Passenger  Address Sur Address S1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Safety Equipment  Row 102 - SECOND ROW 109 - RIGHT  Helmet Use  Injury  NO APPARENT INJURY  Ejected NOT EJECTED  NOT EJECTED  NOT EJECTED  NOT EJECTED  NOT EJECTED  NOT EJECTED  NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By  Sex 0 FEMALE 0 Race HISPANIC  Date of Birth Race HISPANIC  STATE: WISCONSIN COUNTRY: UNITED STATES  STATE: WISCONSIN COUNTRY: UNITED STATES  Stafety Equipment  SHOULDER & LAP BELT  1 Injury  NO APPARENT INJURY  NON DEPLOYED  Ejected  Ejection Path NOT EJECTED  NOT TRANSPORTED  Hospital  Distracted By Source  Distracted By Source  Striking Unit # Location		0								
Individual   Passenger   Sur   ALCANTARA   (608) 448-1282			Individual Condition							
Passenger SURI ALCANTARA (608) 448-1282  Passenger SURI ALCANTARA (608) 448-1282  Address \$1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Passenger SURI ALCANTARA (608) 448-1282  Address \$1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Priver License Number STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  Safety Equipment  Part			APPEARED NORMAL							
Passenger SURI ALCANTARA (608) 448-1282  Passenger SURI ALCANTARA (608) 448-1282  Address \$1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Passenger SURI ALCANTARA (608) 448-1282  Address \$1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US  Priver License Number STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment  Safety Equipment  Part										
SURI ÀLCANTARA (608) 448-1282    Date of Birth   Race   HISPANIC				Citations Issued Sex						
Safety Equipment  Row 02 - SECOND ROW 09 - RIGHT  Helmet Use Helmet Compliance  Eye Protection Tint Compliance  Injury NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT APPLICABLE NOT TRAPPED  Medical Transport NOT TRANSPORTED  Hospital Distracted By Source  Distracted By Action  Striking Unit # Location  Safety Equipment  Safety Equipment  Safety Equipment  ShoulDER & LAP BELT  Airbag  NON DEPLOYED  Trapped/Extricated  NOT TRAPPED  Trime of Death  Distracted By Action  Non Motorist  Striking Unit # Location		_	SURI ALCANTARA							
Safety Equipment  Row 02 - SECOND ROW 09 - RIGHT  Helmet Use Helmet Compliance  Eye Protection Tint Compliance  Injury NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT APPLICABLE NOT TRAPPED  Medical Transport NOT TRANSPORTED  Hospital Distracted By Source  Distracted By Action  Striking Unit # Location  Safety Equipment  Safety Equipment  Safety Equipment  ShoulDER & LAP BELT  Airbag  NON DEPLOYED  Trapped/Extricated  NOT TRAPPED  Trime of Death  Distracted By Action  Non Motorist  Striking Unit # Location		NA	(608) 448-1282		Date of Birth					
Safety Equipment  Row 02 - SECOND ROW 09 - RIGHT  Helmet Use Helmet Compliance  Eye Protection Tint Compliance  Injury NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT APPLICABLE NOT TRAPPED  Medical Transport NOT TRANSPORTED  Hospital Distracted By Source  Distracted By Action  Striking Unit # Location  Safety Equipment  Safety Equipment  Safety Equipment  ShoulDER & LAP BELT  Airbag  NON DEPLOYED  Trapped/Extricated  NOT TRAPPED  Trime of Death  Distracted By Action  Non Motorist  Striking Unit # Location	불	M	Address		Driver License Number	IIIOI AIVIO				
Safety Equipment  Row 02 - SECOND ROW 09 - RIGHT  Helmet Use Helmet Compliance  Eye Protection Tint Compliance  Injury NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT APPLICABLE NOT TRAPPED  Medical Transport NOT TRANSPORTED  Hospital Distracted By Source  Distracted By Action  Striking Unit # Location  Safety Equipment  Safety Equipment  Safety Equipment  ShoulDER & LAP BELT  Airbag  NON DEPLOYED  Trapped/Extricated  NOT TRAPPED  Trime of Death  Distracted By Action  Non Motorist  Striking Unit # Location	⊃			STATE: WISCONSIN COUNTRY: UNITED STATES						
Safety Equipment  Row 02 - SECOND ROW 09 - RIGHT  Helmet Use  Eye Protection  Tint Compliance  Eye Protection  Tint Compliance  Tint Compliance  Eye Protection  Tint Compliance  Tint Compliance  Eye Protection  Tint Compliance  Trapped/Extricated NON DEPLOYED  Ejected Ejection Path NOT EJECTED NOT APPLICABLE NOT TRAPPED  Medical Transport EMS Agency Identifier EMS Run #  NOT TRANSPORTED  Hospital  Distracted By Distracted By Source  Distracted By Action  Non Motorist  Striking Unit # Location		_	WISCONSIN BEEES, WI 33303 ,	00						
Row 02 - SECOND ROW 09 - RIGHT  Helmet Use  Eye Protection  Injury Severity NO APPARENT INJURY  Ejected NOT EJECTED NOT APPLICABLE NOT TRAPPED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By Distracted By Source  Distracted By Action  SHOULDER & LAP BELT  SHOULDER & LAP BELT  SHOULDER & LAP BELT  Helmet Compliance  Helmet Compliance  Helmet Compliance  Helmet Compliance  Helmet Compliance  First Compliance  Trapped/Extricated NOT TRAPPED  Trapped/Extricated NOT TRAPPED  Distracted By Source  Distracted By Source  Striking Unit # Location		0-4	On Duty Crash		Safety Equipment					
Color		Sai								
Helmet Use  Eye Protection  Tint Compliance  Injury  Injury Severity NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By  Distracted By  Striking Unit #  Location  Location  Location  Location  Location  Location  Location  Location  Location  Helmet Compliance  Helmet Compliance  Helmet Compliance  Helmet Compliance  First Compliance  Location  Transport NON DEPLOYED  Trapped/Extricated NOT TRAPPED  EMS Agency Identifier  EMS Run #  Distracted By  Distracted By  Distracted By Source  Distracted By  Striking Unit #  Location					SHOULDER & LAP	BELT				
Injury Severity NO APPARENT INJURY NON DEPLOYED    Ejected					Helmet Compliance					
Injury Severity NO APPARENT INJURY NON DEPLOYED    Ejected										
NON DEPLOYED   NON DEPLOYED			Eye Protection		Tint Compliance					
Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport NOT TRANSPORTED Hospital  Distracted By Distracted By Source  Non Motorist  Striking Unit # Location  Trapped/Extricated NOT TRAPPED  EMS Agency Identifier EMS Run #  Time of Death  Time of Death  Time of Death	Ξ	03			_					
NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted By Source  Non Motorist  Striking Unit # Location  NOT TRAPPED  EMS Agency Identifier  EMS Run #  Time of Death  Time of Death		0	NO741741211		NON DEPLOYED		Transad/Extrinated			
NOT TRANSPORTED Hospital Date of Death Time of Death  Distracted By Distracted By Source  Distracted By Action  Striking Unit # Location					LICABLE					
Date of Death   Time of Death					EMS Agency Identifier		EMS Run #			
Distracted By Source  Distracted By Action  Non Motorist  Striking Unit # Location					D + (D		T: (D "			
Distracted By  Distracted By Action  Non Motorist  Striking Unit # Location			Hospitai		Date of Death		Time of Death			
Distracted By Action  Non Motorist  Striking Unit # Location			Distracted By So	urce	l		<u> </u>			
Non Motorist Striking Unit # Location										
Non Motorist			2.53 dotted by / tollott							
			Non Motorist  Striking Unit #	Location						

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

Crash Date 08/25/2024

Crash Time 10:45 AM

		Action									
	Ļ										
_	INDIVIDUAL										
UNIT	NE										
	ND										
	_										
		Action Other						To/From School			
		Action Other						10/1 Tolli Goliodi			
	,	Orug & Alcoho	Suspected Alco	hol Use	Suspected Drug Use NO			•			
		Alcohol Test Given	1110	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN	١	7 HOOHOI TOOL TYPO	•		7 Hoorier Tool Hoodile				
		Drug Test Given TEST NOT GIVEN				S					
10	003	Drug Type									
		Individual Condition									
		APPEARED NOR	MAL								
	1	Violations									
	01	UTC Number BL501728	Issue To? 001	Statute Number 343.085(2m)(a)1	Description PROB LICENSEE O	PER CLASS D VEH W/OTHER PERSON IN VEH					
	02	UTC Number BL501729	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description FAILURE TO KEEP	VEHICLE UNDE	R CONTROL				
	Pro	perty Owner									
10	Orga <b>ALL</b>	inization/Company IANT ENERGY		:	Address <b>4902 N BILTMORE</b>						
PROP OWNER					MADISON, WI 53707	1077, US					
	Fixe	ed Objects Stru	ıck								
		Striking Unit St	ruck Object				Structure Number	Damage Tag Number			
	2	01 U	TILITY POLE								