Wisconsin Motor Vehicle Crash

Form DT4000

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/31/2024

Document Number Overri	de Primary Crash	Document #	9,			nvestigating Officer/Deputy DEPUTY B. TRAGER			
Crash Date <b>08/31/2024</b>	Crash Time 11:35 AM		Date Arr 08/31/2		Time Arrived	Time Arrived 11:40 AM			
Date Notified <b>08/31/2024</b>	Time Notified 11:36 AM		Total Ur	nits	Total Injured	Total Kill	led		
On Emergency	Hit and Run	Lane Clos	sure	Work Zone	Trailer	or Towed	Reporting Threshold		
Government Property	Active So	chool Zone	School I	Bus Related	Tags				
<b>▼</b> Reportable	Crash Type DT4000 (STA	ANDARD CRAS	H)		Ameno	led	Secondary Crash		
Description Diagram						Reconstruction	on Rv		
	USH 12 between	Cty Hwy PF at	nd Sauk	Not to Scale		Additional Info	ormation		
, a sworn law enf									
ON AUGUST 31, 2024 AT A TRAFFIC LIGHT. UNIT 2 NO INJURIES WERE REPOUNITS 1 AND 2 WERE CIT	2 WAS NOT ABLE TO STO ORTED. UNITS 3 AND 2 V	P IN TIME AND ST VERE REMOVED E	RUCK UNIT BY OPERAT	3. UNIT 1 SUBSEQUE	NTLY WAS UNAB	LE TO STOP IN	WHICH WAS STOPPED AT I TIME AND STRUCK UNIT 2. G. THE OPERATORS OF		

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

	Loc	ation									
	_	USH12 WB				atitude			Longitud	de	
		FT S			43	3.2904030	36		-89.758	3970168	
	_	USH12 WB HE VILLAGE OF PRA	AIRIF DU SAC			Coordinate			Y Coord		
		AUK COUNTY			27	76177.562	5		479676	<u> </u>	
					St	tructure Type	9				
	Cra	sh Scene									
1		Harmful Event			l Fi	rst Harmful E	Event Lo	cation			
	MO.	TOR VEH IN TRANSP	ORT			N ROADW					
	Man	ner of Collision			Lig	ght Condition	n				
	03 -	FRONT TO REAR				DAYLIGHT					
	Road	d Surface Condition(s)			Ro	oadway Fact	tor(s)				
	DRY	•									
	Envi	ronment Factor(s)				†					
	NOI	NE			BACKUP DUE TO REGULAR CONGESTION						
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	nal Type				Relation To Trafficway					
						TRAFFICWAY - ON ROAD					
	_	h Classification - Location	1			Crash Classification - Jurisdiction					
		BLIC PROPERTY				NO SPECIAL JURISDICTION				In	
	ITIDE	al Land				ccess Contro  CONTRO				Special Study	
	With	in Interchange Area	Junction Location		Intersection T	уре					
	NO		INTERSECTION-RELAT	ED	FOUR-WAY	' INTERSE	CTION				
	Uni	t Summary $\blacksquare$									
		Status		Vehicle Ope	erating As Class	sification		Unit Type			
	IN T	IN TRANSIT D CLASS						AUTOMO	BILE		
01	Vehi	ehicle Type						Operating A	s Endorse	ments	
0	PAS	SENGER CAR									
		Occs	Train/Bus # Recorded		tions Issued			ers		:Mat Types	
	1		D: .:	1		0			0		
		rance?	Direction Of Travel	Pre	CrashTire	Speed Lim 55		it	Total Lan	es	
UNIT	YES		NORTHBOUND	Special Fun	Mark			2		iolo I loo	
S		: Harmful Event: Collision  TOR VEH IN TRANSP			IAL FUNCTION	ON		Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way	OKI	Traffic Cont	trol			Traffic Conti	ol Inopera	tive/Missing	
		D-WAY, NOT DIVIDED	)	NO CONT				NO		g	
		ace Type		Road Curva				Road Grade			
	BLA	CKTOP (BITUMINOU	JS)	STRAIGH	Т			LEVEL			
		k Bus or HazMat									
	NO	Vehicle									
		License Plate Number		Plate Type	<u>,                                      </u>	St		Country of Is:	suance		
		332XYV			JTOMOBILE	wı		UNITED ST			
		Vehicle Identification Nu	ımber	Make	- CINOBILL	Ye		Model	A120		
5	2	JTDKB20UX8781208		ТОУОТА		20		PRIUS			
		Color		Body Style				Bus Use			
		SIL - SILVER (ALUMINUM)		4H - HATCHBACK 4 DOOR							
			IINUM)			OOR					
	щ		IINUM)		CHBACK 4 D	OOR				7 0 0 10 11	
╘	CLE	SIL - SILVER (ALUM	IINUM)	4H - HAT Vehicle Da	CHBACK 4 D		1 - I EE	T EDON'T		7 8 9 10 11	
UNIT	EHICLE	SIL - SILVER (ALUM Initial Contact Point		4H - HAT  Vehicle Da  01 - RIG	CHBACK 4 D	ORNER, 1	1 - LEF	T FRONT		7 8 9 10 11 6 2 12 5 4 3 2 1	

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

		<b>-</b>		111						
		Towed Due To Damage TOWED DUE TO DISABLI	NC DAMAGE		hicle Removed By /ERETTS TOWING					
		What Driver Was Doing	ING DAWAGE		hicle Factors					
		GOING STRAIGHT		ve	TIICIE FACIOIS					
		Driver Prior Action Other		— NO	OT APPLICABLE					
		Briver i noi Action Guier								
		Driver Actions								
	ш	FOLLOWING TOO CLOSE								
⊨	딩									
UNIT	Ĭ									
_	VEHICLE									
		Owner Name			Owner Address					
_	_	KYLE OPATIK			1185 CHERRY ST					
01	2	(608) 963-7302			PLAIN, WI 53577 ,	US				
	;	Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPO	nrt .							
	0									
	02	Event								
		Event								
	03	Lvent								
		Event								
	0									
_		Policy Holder								
UNIT	,	Insurance Company		T	Individual					
5		PROGRESSIVE-CLASSIC	-INS-CO		KYLE OPATIK					
		Individual								
		Driver		T	Citations Issued	Sex				
	_	KYLE OPATIK			1	MALE				
	₹	(608) 963-7302		Date of Birth Race						
⊨	NDIVIDUAL				WHITE					
UNIT	≥	Address			Driver License Number					
	불	1185 CHERRY ST PLAIN, WI 53577 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	_									
		On Duty	Crook		0-f-t					
	Sa	fety Equipment	Clasii	,	Safety Equipment					
		Row	Seat Position		SHOULDER & LAP E	BFI T				
		01 - FRONT ROW	07 - LEFT		5.1001D1.10.17.11 1					
		Helmet Use	-		Helmet Compliance					
		Eye Protection			Tint Compliance					
10	90	Injury Se	=		Airbag					
	0		PARENT INJURY  Ejection Path		NON DEPLOYED		L Transad/Extrinated			
					ARI E		Trapped/Extricated NOT TRAPPED			
	NOT EJECTED NOT EJECTED/NOT AI  Medical Transport				EMS Agency Identifier		EMS Run #			
	NOT TRANSPORTED				rigonoy idonunei					
	Hospital				Date of Death		Time of Death			
		•								
		Distracte	ed By Source				1			
		Distracted By NOT A	PPLICABLE (NOT DIS	TRAC	TED)					
		Distracted By Action				<u> </u>				
		NOT DISTRACTED								

## WISCONSIN MOTOR VEHICLE CRASH REPORT

			01 "		T							
		Non Motorist	Strik	ing Unit#	Location							
		Prior Action										
		Action										
	INDIVIDUAL											
l⊨ I	$\Xi$											
LIND	₹											
	፬											
	=											
		Action Other										To/From School
		Drug & Alashal	Susp	ected Alcoh	iol Use		Suspected Drug Use					
		Drug & Alcohol	NO				NO					
		Alcohol Test Given			Alcohol Test	Гуре				Alcohol Test	Results	
		TEST NOT GIVEN			Davis Took Too							
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	эе		Drug I	est Results			
	_	Drug Type										
6	00	Brug Type										
		Individual Condition										
		APPEARED NORM	ИAL									
	,	Violations										
	2	UTC Number	1ssu 001		Statute Number 346.14(1m)		Description AUTOMOBILE FOLL	OWIN	G TOO CI	OSFLY		
		BG113067	001									
	Uni	t Summary Status				LV	ehicle Operating As Classi	fication		11-2 T		
		RANSIT					CLASS	ncation		Unit Type  AUTOMOE	NI E	
		cle Type				15	DOLAGO			Operating As		ents
02		ORT) UTILITY VEH	ICLE									
		l Occs		Train/Bus #	Recorded	orded Total # Citations Issued Total			Total Traile	ers	Total HazN	Mat Types
	1					1			0		0	
	Insu	rance?		Direction O	f Travel	T_	Pre CrashTire		Speed Lim	it	Total Lane	S
₩	YES			NORTHB	OUND	L	Mark		55		2	
<b>S</b>		t Harmful Event: Collisi					pecial Function  O SPECIAL FUNCTIO	NI.		NOT APPL	Motor Vehic	le Use
		TOR VEH IN TRANS	SPOR	₹T				11		Traffic Contr		vo/Missing
		D-WAY, NOT DIVID	FD				affic Control  O CONTROL			NO	oi illoperati	ve/iviissirig
							oad Curvature			Road Grade		
		urface Type					TRAIGHT			LEVEL		
			<i>-</i> 000,			UTTAIOTTI EEVEE						
		ACKTOP (BITUMING	<i>3</i> 03,									
	NO	ACKTOP (BITUMING	<i></i>									
		ACKTOP (BITUMING	<i>3</i> 03)									
		ACKTOP (BITUMING k Bus or HazMat				F	°late Type		St	Country of Iss	suance	
		ACKTOP (BITUMING k Bus or HazMat  Vehicle License Plate Numbe AAE1641	r			A	AUT - AUTOMOBILE		WI	Country of Iss		
2	,	Vehicle License Plate Numbe AAE1641 Vehicle Identification	r Numb			A N	AUT - AUTOMOBILE		<b>WI</b> Year	UNITED ST	ATES	
02		Vehicle License Plate Numbe AAE1641 Vehicle Identification 1GNLVFED4AS11	r Numb			N C	AUT - AUTOMOBILE  Make  CHEVROLET		WI Year 2010	UNITED ST Model TRAVERSE	ATES	
02	,	Vehicle License Plate Numbe AAE1641 Vehicle Identification 1GNLVFED4AS11 Color	r Numb <b>9521</b>			N C	AUT - AUTOMOBILE Make CHEVROLET Sody Style		WI Year 2010	UNITED ST	ATES	
02	,	Vehicle License Plate Numbe AAE1641 Vehicle Identification 1GNLVFED4AS11 Color SIL - SILVER (ALL	r Numb <b>9521</b>			N C	AUT - AUTOMOBILE  Make  CHEVROLET		WI Year 2010	UNITED ST Model TRAVERSE	ATES	
02	,	Vehicle License Plate Numbe AAE1641 Vehicle Identification 1GNLVFED4AS11 Color	r Numb <b>9521</b>			N C	AUT - AUTOMOBILE Make CHEVROLET Sody Style		WI Year 2010	UNITED ST Model TRAVERSE	ATES	7 8 9 10 11 6 § 12

## WISCONSIN MOTOR VEHICLE CRASH REPORT

	Щ		7	/ehicle Damage			]
LNO	VEHICLE		(	01 - RIGHT FRONT C	ORNER, 05 - RIG	HT REAR	
5	ᇤ	Extent Of Damage		CORNER, 06 - REAR LEFT FRONT CORNE		CORNER, 11 -	
	>	MINOR DAMAGE			ER, 12 - FRONT		
		Towed Due To Damage  NOT TOWED		/ehicle Removed By  OPERATOR			
		What Driver Was Doing		/ehicle Factors			
		GOING STRAIGHT					
		Driver Prior Action Other	ı	NOT APPLICABLE			
		Driver Actions					
	Е	Driver Actions FOLLOWING TOO CLOS	≣				
╘							
	VEHICL						
	VE						
		0 1					
		Owner Name  ANGELA WOLF		Owner Address 5677 WOLF RD			
07	02			MAZOMANIE, WI	53560 , US		
		Sequence Of Events					
	01	Event MOTOR VEH IN TRANSP	ORT				
		Event					
	02	MOTOR VEH IN TRANSP	ORT				
	03	Event					
	04	Event					
		Deliev Helder					
		Policy Holder Insurance Company		Individual			
5		AMERICAN-FAMILY-INS-	co	ANGELA WOLF			
	i	Individual		1			
		Driver		Citations Issued	Sex		
	١Ļ	PEYTON WOLF (608) 301-7978		1	MALE		
	DIVIDUAL	(000) 001 1010		Date of Birth	Race WHITE		
	VIC	Address		Driver License Number			_
<b>–</b>	<u>D</u>	5677 WOLF RD					
	=	MAZOMANIE, WI 53560 ,	US	STATE: WISCONSI	N COUNTRY: UNI	IED STATES	
		On Duty	Crook	Cofety Faviores and			
	Sat	fety Equipment	Crasn	Safety Equipment			
		Row	Seat Position	SHOULDER & LAP	BELT		
		01 - FRONT ROW	07 - LEFT				
		Helmet Use	•	Helmet Compliance			
		Eye Protection		Tint Compliance			
		laisan C		A interior			
02	005	Injury S Injury NO AP	PARENT INJURY	Airbag  NON DEPLOYED			
		Ejected	Ejection Path			Trapped/Extricated	
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT APPL			NOT TRAPPED	
		NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/31/2024

		Distracted By	Distr NO	racted By Source T APPLICABI	e LE (NOT DISTR	AC	TED)						
		Distracted By Action NOT DISTRACTED	)										
	,	Non Motorist	Strik	ing Unit#	Location								
		Prior Action											
		Action											
	UAL												
UNIT	INDIVIDUAL												
	IND												
		Action Other										To/From School	
	L	Orug & Alcohol	Susp <b>NO</b>	pected Alcohol (	Use		Suspected Drug Use <b>NO</b>						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	/ре				Alcohol Tes	Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Results							
02	002	Drug Type											
Individual Condition													
		APPEARED NORM	/IAL										
	,	<b>Violations</b>											
	02	UTC Number BG113068	002		atute Number 6.14(1m)		Description AUTOMOBILE FOLL	OWIN	G TOO CL	OSELY			
		t Summary   •											
		Status RANSIT					hicle Operating As Classi CLASS	fication		Unit Type <b>AUTOMOI</b>	BILE		
03		cle Type									Operating As Endorsements		
0	-	ORT) UTILITY VEH			a a a r d a d	_			Total Trails		Total Ha-N	let Tymes	
	10ta	Occs		Train/Bus # Ro	ecorded	0	tal # Citations Issued		Total Traile	:15	Total HazM <b>0</b>	iat Types	
_	Insu	ance?		Direction Of T			Pre CrashTire Mark		Speed Limi	it	Total Lanes	5	
NIT	Most	Harmful Event: Collision		ith			ecial Function  O SPECIAL FUNCTIO	N		Emergency NOT APPI	Motor Vehic	le Use	
	Traff	ic Way D-WAY, NOT DIVIDI					affic Control  CONTROL			Traffic Contr	ol Inoperativ	ve/Missing	
	Surface Type				Ro	oad Curvature			Road Grade				
		CKTOP (BITUMING	OUS)	1		Sī	RAIGHT			LEVEL			
	NO	K Bus of Haziviat											
	,	<b>Vehicle</b>											
		License Plate Numbe	r				late Type			Country of Is:			
		Vehicle Identification Number					UT - AUTOMOBILE			UNITED STATES  Model			
03	03	7FARS6H82RE063					ONDA			CR-V			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Color	1 6	Body Style	1	Bus Use							
		WHI - WHITE		MV - MINI VAN		- <del>-</del>							
	ш	Initial Contact Point		Vehicle Damage		ı							
⊢	Ä	06 - REAR					7 8 9 10 11						
UNIT	¥	Extent Of Damage		05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT			6 3 12						
⊃	VEHICLE	FUNCTIONAL DAMAGE		REAR CORNER			5 4 3 2 1						
	>	Towed Due To Damage	1	Vehicle Removed By									
		NOT TOWED		OPERATOR									
		What Driver Was Doing		Vehicle Factors									
		SLOW/STOPPING		vernoie i dotors									
		Driver Prior Action Other		NOT APPLICABLE									
		Briver i fier Adder Guier											
		Driver Actions											
	ш	NO CONTRIBUTING ACTION	I										
<b> </b>	VEHICLE												
UNIT	¥												
)	Ē												
	>												
		Owner Name		Owner Address									
.		KRISHAN RAI		<b>404 ANDOVER LN</b>									
03	03	(806) 283-2303		BALLWIN, MO 630	011 , US								
		Sequence Of Events											
		Event											
	2	MOTOR VEH IN TRANSPOR	Т										
		Event											
	02												
		Event											
	03												
	_	Event											
	9												
		Policy Holder											
UNIT		Insurance Company Individual											
<del> </del>		AMERICAN-AUTOMOBILE-II	NS-CO	KRISHAN RAI									
		Individual											
		Driver		Citations Issued	Sex								
		KRISHAN RAI		0	MALE								
	₹	(806) 283-2303		Date of Birth	Race								
_	DUAI												
N N	₹	Address		Driver License Number	L								
<b>1</b>	INDIN	404 ANDOVER LN											
	=	BALLWIN, MO 63011, US		STATE: MISSOURI	COUNTRY: UNIT	ED STATES							
	_	On Duty Cr	ash	Safety Equipment									
	Sat	fety Equipment											
		Row	Seat Position	SHOULDER & LAP	BELT								
		01 - FRONT ROW	07 - LEFT										
		Helmet Use		Helmet Compliance									
		Eye Protection		Tint Compliance									
03	003	Injury Seve	=	Airbag									
	0	NO7417	RENT INJURY	NON DEPLOYED		I <b>T</b>							
		-	ection Path	IOADI E		Trapped/Extricated							
			OT EJECTED/NOT APPL										
		Medical Transport		EMS Agency Identifier EMS Run #									
		NOT TRANSPORTED											

7 of 11

## WISCONSIN MOTOR VEHICLE CRASH REPORT

Properties   Distracted By Source   Distracted By Source   NOT APPLICABLE (NOT DISTRACTED)												
Distracted by Action NOT DISTRACTED  Non Motoriss  Prior Action  Individual  Passenger  Ada Androw  Appeared  AnsHulira  Action  Action  Action  Action  Action  Action  Action  Individual  Action  Individual  Action  Action  Individual  Action  A			Hospital				Date of Death		Time of Death			
NOT DISTRACTED   Non Motorist   Striking Unit #   Location		·	Distracted By	Distracted E	By Source LICABL	E (NOT DISTRAC	CTED)					
Prior Action  Action  Action  Action  Action  Action Other  Drug & Alcohol Suspected Atcohol Use No N				)								
Action Other    Action Other		ļ	Non Motorist	Striking Uni	t #	Location						
Action Other    Drug & Alcoho    Suspected Alcohol Use   No   No   No   No   No   No   No   N			Prior Action									
Action Other    Drug & Alcohol   Suspected Alcohol Use   NO   NO   NO   NO   NO   NO   NO   N			Action									
Action Other    Drug & Alcohol   Suspected Alcohol Use   NO   NO   NO   NO   NO   NO   NO   N		IAL										
Action Other    Drug & Alcohol   Suspected Alcohol Use   NO   NO   NO   NO   NO   NO   NO   N	Ĭ	VIDL										
Suspected Drug Use   NO   NO   NO   NO   NO   NO   NO   N	_	INDI										
Suspected Drug Use   NO   NO   NO   NO   NO   NO   NO   N												
Test NOT GIVEN  TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Given TEST NOT GIVEN  Drug Test Results  Drug Test Results  TEST NOT GIVEN  Drug Test Results  Drug Test Results  Drug Test Results  Test Not Given  Alcohol Test Type  Drug Test Results  Drug Test Result			Action Other							To/From School		
TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Results  Date of Brug Alexander  Date of Birth Race  Date of		L	Drug & Alcohol	Suspected A	Alcohol U	se						
TEST NOT GIVEN  Drug Type  Individual Condition  APPEARED NORMAL  Individual  Passenger ANSHULIKA RAI  Passenger ANSHULIKA RAI  Date of Birth Race  Address 404 ANDOVER LN BALLWIN, MO 63011 , US  STATE: MISSOURI COUNTRY: UNITED STATES  Safety Equipment  Row 01 - FRONT ROW 01 - FRONT ROW 01 - FRONT ROW 01 - FRONT ROW Helmet Use Eye Protection  Tint Compliance  Eye Protection  Eye Row  Airbag  NON DEPLOYED  Eye Row  NOT TRANSPORTED  EMS Run #			_			Alcohol Test Type			Alcohol Test Results			
Individual Condition  APPEARED NORMAL  Individual  Passenger ANSHULIKA RAI  Passenger ANSHULIKA RAI  Date of Birth Race  Address 404 ANDOVER LN BALLWIN, MO 63011 , US  STATE: MISSOURI COUNTRY: UNITED STATES  Safety Equipment  Row 01 - FRONT ROW 07 - LEFT  Row 01 - FRONT ROW 101 - FRONT			Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Results		;			
Individual Condition  APPEARED NORMAL  Individual  Passenger ANSHULIKA RAI  Passenger ANSHULIKA RAI  Date of Birth Race  Address 404 ANDOVER LN BALLWIN, MO 63011 , US  Safety Equipment  On Duty Crash Safety Equipment  Safety Equipment  Safety Equipment  On Duty Crash Seat Position 01 - FRONT ROW 01 - FRONT ROW 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT DESCRIPTION ON TRAPPED  Medical Transport NOT TRANSPORTED  Injury Severity NOT TRANSPORTED  Medical Transport NOT TRANSPORTED  Citations Issued Sex FEMALE Date of Birth Race  Sex FEMALE  Date of Birth Race  Safety Equipment State: MISSOURI COUNTRY: UNITED STATES  ShOULDER & LAP BELT  Trapped/Extricated NOT TRAPPED  Medical Transport NOT TRANSPORTED	03	003	Drug Type									
Individual  Passenger ANSHULIKA RAI  Passenger ANSHULIKA RAI  Date of Birth Race  Address 404 ANDOVER LN BALLWIN, MO 63011 , US  Safety Equipment  Row 01 - FRONT ROW 101 - FRONT ROW Helmet Use Eye Protection  Injury Injury Severity NO APPARENT INJURY NO APPARENT INJURY NOT EJECTED NOT EJECTED NOT EJECTED NOT EJECTED NOT EJECTED NOT TRANSPORTED  Citations Issued FEMALE  Sax  FEMALE  Driver License Number States  Safety Equipment SHOULDER & LAP BELT  Trapped/Extricated NOT TRAPPED  Trapped/Extricated NOT TRAPPED  EMS Agency Identifier  EMS Run #			Individual Condition									
Passenger ANSHULIKA RAI  Passenger ANSHULIKA RAI  Date of Birth Race  Address 404 ANDOVER LN BALLWIN, MO 63011 , US  Safety Equipment  Row 01 - FRONT ROW 01 - FRONT ROW 107 - LEFT  Helmet Use  Eye Protection  Injury NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT EJECTED NOT TRANSPORTED  Citations Issued Sex FEMALE  Sarey FEMALE  Sarey FEMALE  Sare  Sex FEMALE  Race  State  Sex FEMALE  Sare  Shoulders State			APPEARED NORM	<b>IAL</b>								
AAddress Address 404 ANDOVER LN BALLWIN, MO 63011 , US  Safety Equipment  Row 01 - FRONT ROW 101 - FRONT ROW NO APPARENT INJURY  Injury NO APPARENT INJURY  NOT EJECTED NOT RANSPORTED  Address 404 ANDOVER LN STATE: MISSOURI COUNTRY: UNITED STATES  Safety Equipment SHOULDER & LAP BELT 07 - LEFT Helmet Compliance  Airbag NON DEPLOYED  Trapped/Extricated NOT TRAPPED  EMS Agency Identifier  EMS Run #		İ										
Safety Equipment  Row 01 - FRONT ROW Helmet Use Eye Protection  Injury NO APPARENT INJURY  Dispected NOT EJECTED NOT EJECTED Medical Transport NOT TRANSPORTED  On Duty Crash Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment ShOULDER & LAP BELT  The Compliance  Helmet Compliance  Tint Compliance  Tint Compliance  Trapped/Extricated NOT TRAPPED  EMS Agency Identifier EMS Run #		L										
Safety Equipment  Row 01 - FRONT ROW Helmet Use Eye Protection  Injury NO APPARENT INJURY  Dispected NOT EJECTED NOT EJECTED Medical Transport NOT TRANSPORTED  On Duty Crash Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment Safety Equipment ShOULDER & LAP BELT  The Compliance  Helmet Compliance  Tint Compliance  Tint Compliance  Trapped/Extricated NOT TRAPPED  EMS Agency Identifier EMS Run #	<b>–</b>	DUA					Date of Birth	Race				
Safety Equipment  Row 01 - FRONT ROW 07 - LEFT  Helmet Use Helmet Compliance  Eye Protection Tint Compliance  Injury NO APPARENT INJURY NON DEPLOYED  Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRANSPORTED  NOT TRANSPORTED  SHOULDER & LAP BELT OT - LAP BELT OT	Ž		<b>404 ANDOVER LN</b>					1				
Row 01 - FRONT ROW 07 - LEFT  Helmet Use Helmet Compliance  Eye Protection Tint Compliance  Injury No APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED  Medical Transport NOT TRANSPORTED  NOT TRANSPORTED  SHOULDER & LAP BELT OT -		Z	BALLWIN, MO 630	)11 , US			STATE: MISSOURI COUNTRY: UNITED STATES					
8 Injury No APPARENT INJURY NON DEPLOYED    Ejected NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRANSPORTED   EMS Agency Identifier   EMS Run #		Sat	ety Equipment	On Duty Cra	ash		Safety Equipment					
Eye Protection  Tint Compliance  Injury  Injury Severity NO APPARENT INJURY NON DEPLOYED  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Eye Protection  Tint Compliance  NON DEPLOYED  Trapped/Extricated NOT TRAPPED  EMS Agency Identifier  EMS Run #							SHOULDER & LAP	BELT				
Trapped/Extricated   NOT EJECTED   NOT EJECTED/NOT APPLICABLE   EMS Agency Identifier   EMS Run #			Helmet Use				Helmet Compliance					
S Injury NO APPARENT INJURY NON DEPLOYED  Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED  Medical Transport EMS Agency Identifier EMS Run #			Eye Protection				Tint Compliance					
Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED  Medical Transport EMS Agency Identifier EMS Run #	03	004	Injury	Injury Sever	ity RENT II	NJURY	_					
NOT TRANSPORTED			Ejected	Eje	ection Pa	th	ICABLE					
			Medical Transport	I								
							Date of Death Time of Death					

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

								• •
		Distracted By Distracted	cted By Source	)				
		Distracted By Action						
	,	Non Motorist	g Unit#	Location				
		Prior Action		L				
		Action						
<b>⊥</b>	INDIVIDUAL							
UNIT	IVIC							
	IN							
		Action Other						To/From School
	Ĺ	Orug & Alcohol NO	cted Alcohol U	lse	Suspected Drug Use			
		Alcohol Test Given		Alcohol Test Type	_		Alcohol Test Results	
		TEST NOT GIVEN		,			7 11001101 1 001 1 1001110	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
03	004	Drug Type		<u> </u>		_I		
		Individual Condition						
		APPEARED NORMAL						
	ı	ndividual			1	T.		
		Passenger ADYANT RAI			Citations Issued  0	Sex MALE		
	INDIVIDUAL				Date of Birth	Race		
UNIT	ΝD	Address			Driver License Number	<u> </u>		
5	NDI	404 ANDOVER LN BALLWIN, MO 63011, L	10		Briver Electise (Variable)			
	_	BALLWIN, WO 63011 , C	13					
	Sat	On Du	ty Crash		Safety Equipment			
		Row	Seat Po		CHILD RESTRAINT	SYSTEM - FORV	VARD FACING	
		02 - SECOND ROW Helmet Use	07 - LE	:FT	Helmet Compliance			
		Eye Protection			Tint Compliance			
		Uniury	Severity		Airbag			
03	002	Injury <sub>NO A</sub>	PPARENT II		NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Pa	<sup>th</sup> CTED/NOT APPL	ICARI E		Trapped/Extricated NOT TRAPPED	
		Medical Transport	INOT EUE	C. LD/HOT AFPL	EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED			, , , , , ,			
		Hospital			Date of Death		Time of Death	
		Distracted By Distract	cted By Source	9	1		l	

9 of 11

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action										
		Non Motorist	Striking Ur	nit#	Location							
		Prior Action										
		Action										
	ᆜ											
	INDIVIDUAL											
≒	₫											
LNO	≥											
	9											
	=											
		Action Other							To/From School			
		Action Other							10/1101113011001			
			Suspected	Alcohol Us	20	Suspected Drug Use						
	1	Drug & Alcohol	NO	AICOHOLOS	56	NO						
		Alcohol Test Given			Alashal Test Type	_		Alcohol Test Results				
		TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results				
					Drug Test Type		I D T+ D					
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	5				
		Drug Type										
03	002	Drug Type										
	_											
		Individual Condition										
		APPEARED NORM	IAL									
		Individual				Louis I	To.					
		Passenger KRISHIKA RAI				Citations Issued	Sex					
	7	(806) 283-2303				O Deducat Diath	FEMALE Race					
	INDIVIDUAL	, ,				Date of Birth	Nace					
LNO	₹	Address				Driver License Numbe	<u> </u> r					
5	ā	404 ANDOVER LN				Diver Electise Nambe						
	Z	BALLWIN, MO 630										
			On Duty C	rash		Safety Equipment						
	Sat	fety Equipment	,									
		Row		Seat Pos	sition	CHILD RESTRAIN	SYSTEM - FOR	WARD FACING				
		02 - SECOND ROW	V	09 - RIC								
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
03	900	Injury	Injury Seve	erity		Airbag						
J	0			ARENT IN		NON DEPLOYED						
		Ejected		jection Pat				Trapped/Extricated				
		NOT EJECTED	N	IOI EJEC	TED/NOT APPL			NOT TRAPPED				
		Medical Transport  NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #				
		Hospital	ED			Date of Death		Time of Death				
						Sato of Boatt		. IIIIO OI DOUIII				
			Distracted	By Source		<u> </u>						
		Distracted By										
		Distracted By Action										

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/31/2024

		Non Motorist Striking Unit #	Location				
		Prior Action					
LIND	INDIVIDUAL	Action					
		Action Other					To/From School
	1	Drug & Alcohol NO	ol Use	Suspected Drug Use NO			1
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
03	900	Drug Type			1		
		Individual Condition					
		APPEARED NORMAL					