6TL0CR2KV7

24-10181

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override Crash Date 09/10/2024 Date Notified 09/11/2024 On Emergency | | Primary Crash Document # Crash Time 04:50 PM Time Notified 02:30 PM t and Run | | 24-10181 Dil Date Arrived Ti 09/11/2024 02 Total Units Total 02 00 | | | Investigating Officer/Deputy DEPUTY Z. DRILL | | | |
|---------------|--|---------|--|-------------------|--|---------------------|--------------------------|--|------------------------|--|--|
| ^ | | | | | | | Time Arrived 02:35 PM | Time Arrived 02:35 PM | | | |
| 6 I LUCKZKV / | | | | | | | Total Injured | Total Kille 00 | ed | | |
| -00 | | | | | | | | or Towed | Reporting Threshold | | |
| 0 1 | Government Property | | Active Sc | chool Zone | NO | Bus Related | Tags | | | | |
| | ✓ Reportable | | Crash Type PRIVATE PR | OPERTY/PARKI | NG LOT | | Amend | ed | Secondary Crash | | |
| | Description | | | | | | | 1 | | | |
| | Diagram | FEST | IVAL FOODS | | | | 5 | Reconstruction Photos By DEPUTY DR | | | |
| | not to scale | | | | | E | | Additional Info NONE, PHO | rmation TOS | | |
| | | | | | | | | | | | |
| | | | | Co, | | | | | | | |
| | | | | | | | | | | | |
| | ✓ I, a sworn law enfo | | | | | | | | | | |
| | BOTH DRIVERS OF UNITS BACKING. MINOR CONTA | CT AT D | RIVER SIDE REA | R OF UNIT 1 AND F | PASSENG | ER SIDE REAR OF UNI | T 2. INFORMATIO | N EXCHANGED | ON SCENE, NO INJURIES, | | |
| | AND BOTH PARTIES UNAN INSURANCE. BOTH PART | | | | | | | | 1 2 CITED FOR NO | | |

24-10181

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | ation | | | | | | | | |
|---------|--|---|---|--|--|--------------------------|--|---|---|------------------|
| | | | | | | Latitude | | | Longitu | de |
| | | H33 EB LOT 615 | | | | | 43.473953651 | | 0 | 0847248 |
| | (OT | HER 615) | | | | X Coordin | | Y Coordinate | | |
| | | | | | | - | | | 48171 | |
| | | THE VILLAGE OF WES | SI BARABOO | Structure | | | - | | | |
| | IN S | | | | OTHER | | | | | |
| | Cr0 | sh Scene | | | | | | | | |
| | _ | Harmful Event | | | | First Harm | ful Event L | action | | |
| | | TOR VEH IN TRANSP | ORT | | | | Inful Event Lo | E OR ZONE | | |
| | - | ner of Collision | | Light Cond | | | | | | |
| | | | | DAYLIG | | | | | | |
| | Roa | d Surface Condition(s) | | | | Roadway | | | | |
| | DR | ., | | | | | | | | |
| | Envi | ironment Factor(s) | | | | _ | | | | |
| | NO | NE | | | | NONE | | | | |
| | Wea | ather Condition(s) | | | | - | | | | |
| | CLE | EAR | | | | | | | | |
| | Anin | nal Type | | | | Relation T | o Trafficwa | / | | |
| | | | | | | NON TR | AFFICWA | Y - PARKIN | G LOT | |
| | Cras | sh Classification - Locatior | | | | Crash Clas | ssification - | Jurisdiction | | |
| | | BLIC PROPERTY | | | | NO SPECIAL JURISDICTION | | | | |
| | Triba | al Land | | | Access Control Special Study NO CONTROL | | | Special Study | | |
| | With | in Interchange Area | Junction Location | | Intersection | on Type | | | | |
| | NO | | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | |
| | Uni | t Summary 🛛 🗖 | | | | | | | | |
| | | Status | | Vehicle Ope | erating As C | Classification Unit Type | | | | |
| | IN 1 | RANSIT | | D CLASS | CLASS | | | AUTOMOBILE | | |
| 6 | | icle Type | | | | | Operating A | s Endorse | ements | |
| 0 | | ORT) UTILITY VEHIC | F | | | | | | | |
| | Tota | | | | | | | | | |
| | 1 | al Occs | -E Train/Bus # Recorded | Total # Cita | itions Issued | 1 | Total Trail | ers | | zMat Types |
| | 1 Insu | al Occs | | 0 | | | Total Trail 0 Speed Lin | | Total Haz 0 Total Lar | |
| ⊢ | | Il Occs | Train/Bus # Recorded | 0 | tions Issued CrashTire Mark | | 0 | | 0 | |
| IN | Insu YES | Il Occs | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY | 0 | CrashTire Mark | | 0 Speed Lin | | 0 Total Lar | nes |
| UNIT | Insu YES Mos | il Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With | 0 Pre Special Fur | CrashTire Mark | 9 | 0 Speed Lin | nit | 0 Total Lar Motor Veh | nes nicle Use |
| UNIT | Insu YES Mos MO Traf | Il Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT | 0 Pre Special Fur | CrashTire Mark Inction CIAL FUNC | 9 | 0 Speed Lin | it Emergency | 0 Total Lar Motor Veh | nes nicle Use |
| UNIT | Insu YES Mos MO Traf PAF | Il Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT | CrashTire Mark Diction CIAL FUNC trol | 9 | 0 Speed Lin | Emergency NOT APP Traffic Cont | 0 Total Lar Motor Veh LICABLE | nicle Use |
| UNIT | Insu YES Mos MO Traf PAF Surf | Il Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction CIAL FUNC trol TROL ature | 9 | 0 Speed Lin | it Emergency NOT APP Traffic Cont NO Road Grade | 0 Total Lar Motor Veh LICABLE | nicle Use |
| UNIT | Insu YES Mos Traf PAF Surf BLA | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT | CrashTire Mark Inction CIAL FUNC trol TROL ature | 9 | 0 Speed Lin | Emergency NOT APP Traffic Cont | 0 Total Lar Motor Veh LICABLE | nicle Use |
| UNIT | Insu YES Mos Traf PAF Surf BLA | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU sk Bus or HazMat | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction CIAL FUNC trol TROL ature | 9 | 0 Speed Lin | it Emergency NOT APP Traffic Cont NO Road Grade | 0 Total Lar Motor Veh LICABLE | nicle Use |
| UNIT | Insu YES MO Traf PAF Surf BLA Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU sk Bus or HazMat | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction CIAL FUNC trol TROL ature | 9 | 0 Speed Lin | it Emergency NOT APP Traffic Cont NO Road Grade | 0 Total Lar Motor Veh LICABLE | nicle Use |
| UNIT | Insu YES MO Traf PAF Surf BLA Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU sk Bus or HazMat | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction CIAL FUNC trol TROL ature /N | 9 | 0 Speed Lin | it Emergency NOT APP Traffic Cont NO Road Grade | 0 Total Lar Motor Veh LICABLE rol Inopera | nicle Use |
| UNIT | Insu YES MO Traf PAF Surf BLA Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU sk Bus or HazMat Vehicle | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva UNKNOW Plate Type | CrashTire Mark Inction CIAL FUNC trol TROL ature /N | e TION | 0 Speed Lin 05 St WI | it NOT APP Traffic Cont NO Road Grade LEVEL | 0 Total Lar Motor Veh LICABLE rol Inopera | nicle Use |
| | Insu YES MOS Traf PAF Surf BL/ Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 597YPH Vehicle Identification Nu | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY S) mber | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva UNKNOW Plate Type AUT - AL Make | CrashTire Mark Inction CIAL FUNC trol TROL ature /N | e TION | 0 Speed Lin 05 St WI Year | it Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model | 0 Total Lar Motor Veh LICABLE rol Inopera | nicle Use |
| 01 UNIT | Insu YES MO Traf PAF Surf BLA Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 597YPH Vehicle Identification Nu JTJHZKFA4M202744 | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY S) mber | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva UNKNOW Plate Type AUT - AL Make LEXUS | CrashTire Mark Inction CIAL FUNC trol TROL ature /N | e TION | 0 Speed Lin 05 St WI | it Emergency NOT APP Traffic Cont NO Road Gradd LEVEL Country of Is UNITED S Model RX | 0 Total Lar Motor Veh LICABLE rol Inopera | nicle Use |
| | Insu YES MOS Traf PAF Surf BL/ Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU ck Bus or HazMat Vehicle License Plate Number 597YPH Vehicle Identification Nu JTJHZKFA4M202744 Color | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY S) mber | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva UNKNOW Plate Type AUT - AL Make LEXUS Body Style | CrashTire Mark Inction CIAL FUNC trol FROL ature /N | E | 0 Speed Lin 05 St WI Year 2021 | it Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model | 0 Total Lar Motor Veh LICABLE rol Inopera | nicle Use |
| | Insu YES Mos MO Traf PAF BL/ Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU k Bus or HazMat Vehicle License Plate Number 597YPH Vehicle Identification Nu JTJHZKFA4M202744 Color RED - RED | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY S) mber | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva UNKNOW Plate Type AUT - AL Make LEXUS Body Style UT - SPC | CrashTire Mark Inction CIAL FUNC trol FROL ature /N | e TION | 0 Speed Lin 05 St WI Year 2021 | it Emergency NOT APP Traffic Cont NO Road Gradd LEVEL Country of Is UNITED S Model RX | 0 Total Lar Motor Veh LICABLE rol Inopera | nicle Use |
| 01 | Insu YES Mos MO Traf BL/ Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU k Bus or HazMat Vehicle License Plate Number 597YPH Vehicle Identification Nu JTJHZKFA4M202744 Color RED - RED Initial Contact Point | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY S) mber 36 | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva UNKNOW Plate Type AUT - AL Make LEXUS Body Style | CrashTire Mark Inction CIAL FUNC trol FROL ature /N | E | 0 Speed Lin 05 St WI Year 2021 | it Emergency NOT APP Traffic Cont NO Road Gradd LEVEL Country of Is UNITED S Model RX | 0 Total Lar Motor Veh LICABLE rol Inopera | nicle Use |
| | Insu YES Mos MO Traf PAF BL/ Truc NO | I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANSP fic Way RKING LOT OR PRIVA ace Type ACKTOP (BITUMINOU k Bus or HazMat Vehicle License Plate Number 597YPH Vehicle Identification Nu JTJHZKFA4M202744 Color RED - RED | Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With ORT TE PROPERTY S) mber 36 | 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva UNKNOW Plate Type AUT - AL Make LEXUS Body Style UT - SPC Vehicle Da | CrashTire Mark Inction CIAL FUNC trol FROL ature /N | E | 0 Speed Lin 05 St WI Year 2021 | it Emergency NOT APP Traffic Cont NO Road Gradd LEVEL Country of Is UNITED S Model RX | 0 Total Lar Motor Veh LICABLE rol Inopera | nes nicle Use |



24-10181

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | Towed Due To Damage NOT TOWED | | Vel | Vehicle Removed By | | | | | | | | |
|------|----------------------------------|---|------------------------|----------------------------|-----|---|---------------|--------------------|--|--|--|--|
| | | What Driver Was Doing | J | | Vel | hicle Factors | | | | | | |
| | | BACKING | | | | | | | | | | |
| | | Driver Prior Action Othe | er | | NC | | | | | | | |
| | | Driver Actions | | | | | | | | | | |
| L | ГЕ | NO CONTRIBUTING | S ACTION | 4 | | | | | | | | |
| UNIT | ЧIС | | | | | | | | | | | |
| ⊃ | VEHICLE | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | | Owner Name | | | | Owner Address | 551.11 | | | | | |
| 6 | 01 | LISA MESCHKE (608) 212-7101 | | | | 1800 BROOKSI WAUNAKEE, W | | | | | | |
| U | 0 | | | | | - , | , | | | | | |
| | | Sequence Of Ev | ents | | | | | | | | | |
| | 01 | 5 Event MOTOR VEH IN TRANSPORT | | | | | | | | | | |
| | 02 | Event | | | | | | | | | | |
| | 0 | Fuent | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | |
| | 04 | Event | | | | | | | | | | |
| _ | l | Policy Holder | | | | | | | | | | |
| UNIT | ľ | Insurance Company | | | 1 | Individual | | | | | | |
| ⊃ | | ALLSTATE-INS-CO | | | I | LISA MESCHKE | | | | | | |
| | I | ndividual | | | | | | | | | | |
| | 1 | Driver | | | | Citations Issued Sex | | | | | | |
| | ۹L | LISA MESCHKE (608) 212-7101 | | | | 0 | FEMALE | | | | | |
| ⊢ | INDIVIDUAL | | | | | Date of Birth | Race WHITE | | | | | |
| UNIT | N | Address | | | [| Driver License Number | | | | | | |
| - | ND | 1800 BROOKSIDE LN WAUNAKEE, WI 53597 ,US | | | : | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | | | | | | | | | | |
| | 0-1 | On Duty Crash | | | | Safety Equipment | | | | | | |
| | Sai | iety Equipment | | | | | | | | | | |
| | | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | 1 | SHOULDER & LA | AP BELT | | | | | |
| | | Helmet Use | net Use | | ł | Helmet Compliance | | | | | | |
| | | Eye Protection | | | | Tint Compliance | | | | | | |
| | | | | | | | | | | | | |
| 2 | 001 | I * | njury Seve | rity RENT INJURY | | Airbag NON DEPLOYED | | | | | | |
| | Ŭ | Ejected | | ection Path | | | | Trapped/Extricated | | | | |
| | | NOT EJECTED NOT EJECTED/NOT AF | | | | CABLE | | NOT TRAPPED | | | | |
| | | Medical Transport | | | I | EMS Agency Identifi | er | EMS Run # | | | | |
| | | NOT TRANSPORTE | D | | | | | | | | | |
| | | Hospital | | | | Date of Death | | Time of Death | | | | |
| | | Distracted By | Distracted I JNKNOW | By Source /N | | | | | | | | |
| | | Distracted By Action | | | | | | | | | | |
| | | UNKNOWN | | | | | | | | | | |
| | | | | | | | | | | | | |

6TL0CR2KV7 24-10181

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Striking Unit # Location | | | | | | | | | | |
|----------|---|--------------------------------------|-------------------|-------------------|--------------------------------------|-----------------|---------|-------------------------------------|-----------------------|--|--|
| | | Prior Action | | | | | | | | | |
| | | | | | | | | | | | |
| İ | | Action | | | | | | | | | |
| | | | | | | | | | | | |
| | JAL | | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | | |
| 5 | N | | | | | | | | | | |
| | IN | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Action Other | | | | | | | To/From School | | |
| | | | | | | | | | | | |
| | L | Drug & Alcohol | Suspected Alcohol | Use | Suspected Drug Use | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | 9 | | A | Icohol Test Results | | | |
| | | Drug Test Given | | Drug Test Type | | Drug Test | Results | | | | |
| | | TEST NOT GIVEN | | 5 7 | | Diagreet | | | | | |
| 2 | 001 | Drug Type | | | | | | | | | |
| | 0 | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | | | | | | | | | | | |
| <u> </u> | Unit Status Vehicle Operating As Classification Unit Type | | | | | | | | | | |
| | IN TRANSIT | | | | CLASS | | | AUTOMOBILE | | | |
| 02 | | cle Type | | I | • | | | Operating As Endorsements | | | |
| | - | SENGER CAR | Train/Bus # R | ecorded T | Total # Citations Issued Total Trail | | | Total Ha | zMat Types | | |
| | 1 | | | 1 | | 0 | | 0 | | | |
| | | Irance? Direction Of T | | | | Speed Lim 05 | | Total La | nes | | |
| UNIT | NO | NOT ON RO | | | ADWAY Mark Special Function | | | mergency Motor Vel | hicle I Ise | | |
| 5 | | TOR VEH IN TRANSPORT | | | NO SPECIAL FUNCTION | | | | | | |
| | Traffic Way | | | | raffic Control | | | Traffic Control Inoperative/Missing | | | |
| | | KING LOT OR PRIN ace Type | VATE PROPERTY | | NO CONTROL Road Curvature | | | NO Road Grade | | | |
| | | | DUS) | | | | | LEVEL | | | |
| | | k Bus or HazMat | | | | | | | | | |
| | NO | | | | | | | | | | |
| | | Vehicle License Plate Number | - | | Diete Turce | St | | ountry of Issuance | | | |
| | | AWE3139 | I | | Plate Type AUT - AUTOMOBILE | wi | | Country of Issuance UNITED STATES | | | |
| | ~ | Vehicle Identification | Number | | Make | Yea | | odel | | | |
| 02 | 02 | KNAFK4A65G5564 | 4459 | | KIA MOTORS CORPOR | RAT 201 | | DRTE us Use | | | |
| | | Color SIL - SILVER (ALU | | | Body Style SD - SEDAN | | | | | | |
| | щ | Initial Contact Point | , | | Vehicle Damage | | | I | | | |
| UNIT | ICL | 05 - RIGHT REAR | CORNER | | | | | | 7 8 9 10 11 6 3 12 | | |
| 5 | VEHICLE | Extent Of Damage MINOR DAMAGE | | | 05 - RIGHT REAR COR | RNER | | | 5 4 3 2 1 | | |
| | | Towed Due To Damage NOT TOWED | | | Vehicle Removed By | | | | | | |



24-10181

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | - | | | | | | | |
|------|-----------|---|--------------------|--------------------|------------------------|---|--------|--------------------|--|--|--|--|
| | | What Driver Was Doing | | | | Vehicle Factors | | | | | | |
| | | BACKING | | | | | | | | | | |
| | | Driver Prior Action Other | | | NOT | NOT APPLICABLE | | | | | | |
| | | | | | | | | | | | | |
| | | Driver Actions | | | | | | | | | | |
| | | | | | | | | | | | | |
| | щ | NO CONTRIBUTING | ACTION | | | | | | | | | |
| UNIT | VEHICLE | | | | | | | | | | | |
| Z | Ŧ | | | | | | | | | | | |
| | Ē | | | | | | | | | | | |
| | > | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Owner Name | | | | Owner Address | | | | | | |
| | ~ | MARY FINLEY | | | | 42 1/2 3RD ST # A | | | | | | |
| 02 | 02 | (608) 383-9643 | | | BARABOO, WI 53913 , US | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Sequence Of Eve | nts | | | | | | | | | |
| | - | Event | | _ | | | | | | | | |
| | 01 | MOTOR VEH IN TRA | NSPOR | Т | | | | | | | | |
| | | Event | | | | | | | | | | |
| | 02 | | | | | | | | | | | |
| | • | | | | | | | | | | | |
| | 3 | e Event | | | | | | | | | | |
| | Ö | | | | | | | | | | | |
| | | Event | | | | | | | | | | |
| | 04 | 2.0.0 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Individual | | | | | | | | | | |
| | | Driver MARY FINLEY (608) 383-9643 | | | | ations Issued | Sex | | | | | |
| | | | | | | | FEMALE | | | | | |
| | | | | | | (5) // | | | | | | |
| | n' | (, | | | Dat | Date of Birth Race WHITE | | | | | | |
| E | D | | | | | | | | | | | |
| UNIT | NDIVIDUAL | Address | | | Dri | Driver License Number | | | | | | |
| | D | 142 1/2 3RD ST # A | | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | 4 | BARABOO, WI 53913 | 3,US | | ST | | | | | | | |
| | | | | | | | | | | | | |
| | | | n Duty Cra | ash | S of | fatu Fauinment | | | | | | |
| | Sat | fety Equipment | I Duty Ch | 4511 | Safety Equipment | | | | | | | |
| | our | ety Equipment | | | | | | | | | | |
| | | Row Seat Position | | | | IOULDER & LAP E | BELT | | | | | |
| | | 01 - FRONT ROW | | 07 - LEFT | | | | | | | | |
| | | Helmet Use | | | He | Imet Compliance | | | | | | |
| | | | | | | | | | | | | |
| | | Eye Protection | | | Tin | Tint Compliance | | | | | | |
| | | | | | Tint Compliance | | | | | | | |
| | | | | | | | | | | | | |
| 02 | 002 | · · · · · · · · · · · · · · · · · · · | ury Seve | | | Airbag | | | | | | |
| | | | NO APPARENT INJURY | | NC | NON DEPLOYED | | | | | | |
| | | Ejected | Eje | ection Path | | | | Trapped/Extricated | | | | |
| | | NOT EJECTED | N | OT EJECTED/NOT AP | PLICA | BLE | | NOT TRAPPED | | | | |
| | | Medical Transport | | | | IS Agency Identifier | | EMS Run # | | | | |
| | | NOT TRANSPORTED | ` | | | io Agency Identifier | | | | | | |
| | | | , | | | | | T (D) | | | | |
| | Hospital | | Dat | te of Death | | Time of Death | | | | | | |
| | | | | | | | | | | | | |
| | | Di | stracted E | By Source | | | | | | | | |
| | | Distracted By N | OT APP | LICABLE (NOT DISTR | RACTE | D) | | | | | | |
| | | Distracted By Action | | | | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | | | |
| | | | | +# " | | | | | | | | |
| | | Non Motorist | riking Uni | t# Location | | | | | | | | |
| | | | | | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| UNIT | INDIVIDUAL | Action | | | | | | |
|------|------------|--------------------------------------|-------------------------|--------------------------|--------------------------------|-------------------|----------------------|----------------|
| | | Action Other | | | | | | To/From School |
| | L | Drug & Alcohol | Suspected Alco | | Suspected Drug Use | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | |
| 02 | 002 | Drug Type | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORM | IAL | | | | | |
| | | Violations | | | | | | |
| | 01 | UTC Number BG020270 | Issue To? 002 | Statute Number 344.62(1) | Description OPERATE MOTOR V | EHICLE W/O IN | SURANCE | |