# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|             | Document Number Override   | Primary Crash I   | Document #   | Agency<br>24-11                | Crash Number  |   | Officer/Deputy  K. MCCARTY                  |   |  |  |
|-------------|--|---|--|--------------------------------|---|---|---|---|--|--|
| 20          | Crash Date<br>10/07/2024   |   |  |                                | Date Arrived<br>10/07/2024  |   | Time Arrived 05:09 PM                       |   |  |  |
|             | Date Notified 10/07/2024   |   |  | Total U                        | nits  | Total Injured 01                                  | Total Kil                                   | led   |  |  |
| OI LUCAUQUO | On Emergency Hit   | and Run   | Lane Closu   | ıre                            | Work Zone   | Trailer   | or Towed                                    | Reporting Threshold   |  |  |
| <br> <br>   | Government Property  | Active Sc   | hool Zone  | School<br>NO                   | Bus Related   | Tags  |   |   |  |  |
|             | <b>✓</b> Reportable  | Crash Type<br>DT4000 (STA   | NDARD CRASH  | l)                             |   | Amend   | led   | Secondary Crash   |  |  |
|             | Description  Diagram   |   |  |                                |   |   | Reconstruction                              | on By   |  |  |
|             | Jiagram -  |   |  |                                | NOT TO<br>SCALE   |   | Photos By MCCARTY                           | 9130  |  |  |
|             | HY 12  |   |  |                                |   |   | Additional Inf<br>PHOTOS                    | ormation  |  |  |
|             |  |   |  | 01                             | 01  |   |   |   |  |  |
|             | 02   |   |  |                                |   |   |   |   |  |  |
|             |  |   | CTHC   |                                |   |   |   |   |  |  |
|             | I, a sworn law enforceme   |   |  |                                |   |   |   |   |  |  |
|             | UNIT 1 WAS TRAVELING WB ON H<br>UNIT 1 WAS STRUCK BY THE FRO<br>EB LANE BUT HIS TRUCK "DOWN<br>IN THE INSIDE LANE AND OBSER<br>PRAIRIE HOSPITAL FOR SUSPECT<br>CITED FYR-UNCONTROLLED INTE | NT OF UNIT 2. DI<br>SHIFTED" WHEN<br>'ED UNIT 1 DART<br>'ED MINOR LEG I | RIVER OF UNIT 1 S<br>HE WAS DOING SO<br>ACROSS TRAFFIC | TATED H<br>D, CAUSII<br>QUICKL | E BELIEVED HE STOPPE<br>NG HIS VEHICLE TO BE S<br>Y AND NOT YIELD. PASS | D IN THE MEDIA<br>STRUCK. DRIVER<br>OF UNIT 2 WAS | N BEFORE ATT<br>OF UNIT 2 ST<br>TAKEN BY EM | TEMPTING TO CROSS THE<br>TATED HE WAS TRAVELING<br>S GROUND TO SAUK |  |  |

Wisconsin Motor Vehicle Crash Form DT4000

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1 of 7

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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| Loc  | cation                       |                            |          |                          |                   |                              |               |   |            |             |   |
|------|------------------------------|----------------------------|----------|--------------------------|-------------------|------------------------------|---------------|---|------------|-------------|---|
|      | ERSECTION                    |                            |          |                          |                   | Latitude                     |               |   | Longitud   | lo.         |   |
|      | USH12 EB                     |                            |          |                          |                   | 43.35281                     | 0238          |   | -89.763    |             |   |
|      | CTHC EB                      |                            |          |                          |                   |                              |               |   |            |             |   |
|      | THE TOWN OF SUMP             | X Coordina                 |          |                          | Y Coordi          |                              |               |   |            |             |   |
|      | SAUK COUNTY                  | 276000.59375 4803705.5     |          |                          |                   |                              |               |   |            |             |   |
|      |                              | Structure 7                | ,,       |                          |                   |                              |               |   |            |             |   |
| Cra  | sh Scene                     |                            |          |                          |                   |                              |               |   |            |             |   |
| Firs | t Harmful Event              |                            |          |                          |                   | First Harm                   | ful Event Lo  | ocation                                 |            |             |   |
|      | TOR VEH IN TRANSP            | ORT                        |          |                          |                   | ON ROA                       |               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |             |   |
| _    | nner of Collision            |                            |          |                          |                   | Light Cond                   |               |   |            |             |   |
|      | - ANGLE                      |                            |          |                          |                   | DAYLIGI                      |               |   |            |             |   |
|      |                              |                            |          |                          |                   |                              |               |   |            |             |   |
|      | d Surface Condition(s)       |                            |          |                          |                   | Roadway I                    | racior(s)     |   |            |             |   |
| DR   | Υ                            |                            |          |                          |                   |                              |               |   |            |             |   |
| Env  | ironment Factor(s)           |                            |          |                          |                   |                              |               |   |            |             |   |
| NO   | , ,                          |                            |          |                          |                   | NONE                         |               |   |            |             |   |
| NO   | INE                          |                            |          |                          |                   | NONL                         |               |   |            |             |   |
| Wea  | ather Condition(s)           |                            |          |                          |                   |                              |               |   |            |             |   |
| CLI  | EAR                          |                            |          |                          |                   |                              |               |   |            |             |   |
| Ļ.   |                              |                            |          |                          |                   |                              |               |   |            |             |   |
| Anir | nal Type                     |                            |          |                          |                   |                              | o Trafficway  |   |            |             |   |
|      |                              |                            |          |                          |                   |                              | WAY - OI      |   |            |             |   |
|      | sh Classification - Location | 1                          |          |                          |                   |                              | ssification - |   |            |             |   |
|      | BLIC PROPERTY                |                            |          |                          |                   | NO SPECIAL JURISDICTION      |               |   |            |             |   |
| Trib | al Land                      |                            |          |                          |                   | Access Control Special Study |               |   |            |             |   |
|      |                              |                            |          |                          |                   | NO CONTROL                   |               |   |            |             |   |
| With | nin Interchange Area         | Junction Location          |          |                          | Intersectio       | ••                           |               |   |            |             |   |
| NO   |                              | NON-JUNCTION               |          | NOT AN                   |                   | INTERSECTION                 |               |   |            |             |   |
| Clos | sure Type                    |                            |          | Reasons for Closu        |                   |                              | ure           |   |            |             |   |
| LAI  | NE CLOSURE                   |                            |          |                          |                   |                              |               |   |            |             |   |
| Date | e Initial Lane/Rd Closed     | Time Initial Lane/Rd Close | ed       | LAW                      | <b>ENFORC</b>     | EMENT, TOW TRUCK, FIRE/EMS   |               |   |            |             |   |
| 10/0 | 07/2024                      | 05:09 PM                   |          |                          |                   |                              |               |   |            |             |   |
| Date | e All Lanes Open             | Time All Lanes Open        |          | Date S                   | Scene Clear       | ed                           | Tim           | ne Scene Clear                          | ed         |             |   |
| 10/  | 07/2024                      | 05:58 PM                   |          |                          | //2024            |                              |               | :58 PM                                  |            |             |   |
| Uni  | it Summary =                 |                            |          |                          |                   |                              |               |   |            |             |   |
|      | Status                       |                            | Vehi     | cle Ope                  | erating As Cl     | assification                 |               | Unit Type                               |            |             |   |
|      | TRANSIT                      |                            |          | LASS                     | , ag , o.         | acomoanon                    |               | TRUCK                                   |            |             |   |
|      | icle Type                    |                            | 00       | LAUU                     |                   |                              |               | Operating As Endorsements               |            | mente       |   |
|      | LITY TRUCK/PICKUP            | TRUCK                      |          |                          |                   |                              |               | Operating As                            | LIIGOISCII | nonts       |   |
|      | al Occs                      | Train/Bus # Recorded       | 1        | Takal # Citations Issued |                   | Total Traile                 |               | oro I                                   | Total Hazi | Mat Types   |   |
| 1    | ai Occs                      | Traili/Bus # Necolded      |          | Total # Citations Issued |                   | _                            |               |   |            | iviat Types |   |
|      |                              | Direction Of Travel        | 1        | 1                        |                   |                              | 0             | 0                                       |            |             |   |
|      | ırance?                      | Direction Of Travel        |          |                          | CrashTire         |                              | Speed Lim     |   | Total Lane | #8          |   |
| YES  |                              | WESTBOUND                  | <u> </u> |                          | Mark              |                              | 55            |   | 4          |             |   |
|      | st Harmful Event: Collision  |                            |          | ial Fun                  | ction<br>IAL FUNC | TION                         |               | NOT APPL                                |            |             |   |
|      | TOR VEH IN TRANSP            | ORT                        |          |                          |                   | 11014                        |               |   |            |             |   |
|      | fic Way                      |                            |          | ic Cont                  |                   |                              |               | Traffic Contro                          | I Inoperat | ive/Missing | _ |
|      | IDED HWY W/O TRAF            | FIC BARRIER                |          | CONT                     |                   |                              |               | NO<br>Road Grade                        |            |             |   |
|      | face Type                    |                            |          | d Curva                  |                   |                              |               |   |            |             |   |
| BL   | ACKTOP (BITUMINOU            | JS)                        | STR      | AIGH                     | Т                 |                              | LEVEL         |   |            |             |   |
| Truc | ck Bus or HazMat             |                            |          |                          |                   |                              |               |   |            |             |   |
| NO   |                              |                            |          |                          |                   |                              |               |   |            |             |   |
|      | Vehicle                      |                            |          |                          |                   |                              |               |   |            |             |   |
|      | License Plate Number         |                            | Plat     | е Туре                   |                   |                              | St            | Country of Issu                         | uance      |             |   |
|      | VF4188                       |                            |          |                          | HT TRUC           | κ                            | wı            | UNITED STA                              |            |             |   |
|      | Vehicle Identification Nu    | mber                       |          |                          |                   |                              | Year          | Model                                   |            |             |   |
| _    |                              |                            |          | Make<br>FORD             |                   | 2011                         |               | F150                                    |            |             |   |
| 2    | 1FTFW1EF0BFA118              | 21                         | IFO      | Kυ                       |                   | I                            | 2011          | FIOU                                    |            |             |   |

Wisconsin Motor Vehicle Crash Form DT4000

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2 of 7

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |                 | 0-1   |   | D - 4 - 04 4 -  |                              | Dona I I a a       |           |  |  |  |  |
|------|-----------------|---|---|---|------------------------------|--------------------|-----------|--|--|--|--|
|      |                 | Color   |   | Body Style  |                              | Bus Use            |           |  |  |  |  |
|      |                 | RED - RED   | PK - PICKUP   |   |                              |                    |           |  |  |  |  |
| ا ا  |                 | Initial Contact Point   | Vehicle Damage 7 8 9 10 11  |   |                              |                    |           |  |  |  |  |
| FIND | ≌               | 05 - RIGHT REAR CORNE   | К   | 04 - RIGHT SIDE REA   | AR, 05 - RIGHT R             | EAR CORNER,        | 6 12      |  |  |  |  |
| 5    | VEHICLE         | Extent Of Damage  |   | 06 - REAR, 07 - LEFT  | REAR CORNER                  |                    | 5 4 3 2 1 |  |  |  |  |
|      | >               | FUNCTIONAL DAMAGE   |   |   |                              |                    |           |  |  |  |  |
|      |                 | Towed Due To Damage  NOT TOWED  |   | Vehicle Removed By  |                              |                    |           |  |  |  |  |
|      |                 | What Driver Was Doing   |   | OPERATOR Vehicle Factors  |                              |                    |           |  |  |  |  |
|      |                 | LEFT TURN   |   | verlicle Factors  |                              |                    |           |  |  |  |  |
|      |                 | Driver Prior Action Other   |   | POWER TRAIN   |                              |                    |           |  |  |  |  |
|      |                 | Driver Prior Action Other   |   | T OWER THOMAS   |                              |                    |           |  |  |  |  |
|      |                 | Driver Actions  |   |   |                              |                    |           |  |  |  |  |
|      |                 | FAILED TO YIELD RIGHT-  | OF-WAY  |   |                              |                    |           |  |  |  |  |
| ⊢    | VEHICLE         | FAILED TO HELD RIGHT*UF*VVAT  |   |   |                              |                    |           |  |  |  |  |
| PIND | ₽               |   |   |   |                              |                    |           |  |  |  |  |
| ⊃    | 竝               |   |   |   |                              |                    |           |  |  |  |  |
|      | >               |   |   |   |                              |                    |           |  |  |  |  |
|      |                 | Owner Name  |   | Owner Address   |                              |                    |           |  |  |  |  |
|      |                 | MARSHALL MAR  | TIN   | E11081 MAPLE P  | ARK DR                       |                    |           |  |  |  |  |
| 2    | 2               | (608) 963-4360  |   | PRAIRIE DU SAC  | , WI 53578 , US              |                    |           |  |  |  |  |
|      |                 |   |   |   |                              |                    |           |  |  |  |  |
|      |                 | Sequence Of Events  |   |   |                              |                    |           |  |  |  |  |
|      |                 | Event   |   |   |                              |                    |           |  |  |  |  |
|      | 2               | MOTOR VEH IN TRANSPO  | RT  |   |                              |                    |           |  |  |  |  |
|      |                 | Event   |   |   |                              |                    |           |  |  |  |  |
|      | 02              | LEFT TURN   |   |   |                              |                    |           |  |  |  |  |
|      |                 | Event   |   |   |                              |                    |           |  |  |  |  |
|      | 03              |   |   |   |                              |                    |           |  |  |  |  |
|      | -               | Event   |   |   |                              |                    |           |  |  |  |  |
|      | 9               |   |   |   |                              |                    |           |  |  |  |  |
|      |                 |   |   |   |                              |                    |           |  |  |  |  |
| ا∟ا  |                 | Policy Holder   |   |   |                              |                    |           |  |  |  |  |
| Ę    | 1               | Policy Holder Insurance Company   |   | Individual  |                              |                    |           |  |  |  |  |
| LIND |                 | Policy Holder Insurance Company PROGRESSIVE-CLASSIC-  | INS-CO  | Individual MARSHALL MART  | IN                           |                    |           |  |  |  |  |
| TINO |                 | Insurance Company PROGRESSIVE-CLASSIC-  | INS-CO  |   | IN                           |                    |           |  |  |  |  |
| TINO |                 | Insurance Company PROGRESSIVE-CLASSIC- Individual   | INS-CO  | MARSHALL MART   |                              |                    |           |  |  |  |  |
| TINO | ,               | Insurance Company PROGRESSIVE-CLASSIC- Individual  Driver MARSHALL  MAR   |   |   | Sex MALE                     |                    |           |  |  |  |  |
| TINO | ,               | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver  |   | MARSHALL MART  Citations Issued   | Sex                          |                    |           |  |  |  |  |
|      | ,               | Insurance Company PROGRESSIVE-CLASSIC- Individual  Driver MARSHALL  MAR   |   | MARSHALL MART  Citations Issued 1   | Sex<br>MALE                  |                    |           |  |  |  |  |
|      | ,               | Insurance Company PROGRESSIVE-CLASSIC- Individual  Driver MARSHALL  MAR   |   | MARSHALL MART  Citations Issued 1   | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
| UNIT | ,               | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL MAR (608) 963-4360  Address E11081 MAPLE PARK DR  | TIN   | Citations Issued 1 Date of Birth  | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      |                 | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address   | TIN   | Citations Issued 1 Date of Birth  | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | ,               | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL MAR (608) 963-4360  Address E11081 MAPLE PARK DR  | TIN   | Citations Issued 1 Date of Birth  | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual  Driver MARSHALL MAR (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357   | TIN<br>8 , US   | Citations Issued 1 Date of Birth  | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual  Driver MARSHALL MAR (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357   | TIN<br>8 , US   | Citations Issued 1 Date of Birth  Driver License Number   | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  fety Equipment Row  | TIN  8 , US  Crash  Seat Position   | Citations Issued 1 Date of Birth  Driver License Number   | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual  Driver MARSHALL MAR (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357   | TIN 8 , US Crash  | Citations Issued 1 Date of Birth  Driver License Number  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  fety Equipment Row  | TIN  8 , US  Crash  Seat Position   | Citations Issued 1 Date of Birth  Driver License Number  Safety Equipment   | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  fety Equipment  Row 01 - FRONT ROW Helmet Use   | TIN  8 , US  Crash  Seat Position   | Citations Issued 1 Date of Birth  Driver License Number  Safety Equipment  RESTRAINT USE L  Helmet Compliance                                 | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
|      | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual  Driver MARSHALL MAR (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  fety Equipment  Row 01 - FRONT ROW   | TIN  8 , US  Crash  Seat Position   | Citations Issued 1 Date of Birth  Driver License Number  Safety Equipment  RESTRAINT USE L  | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
| UNIT | INDIVIDUAL Safe | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection   | TIN  78 , US  Crash  Seat Position 07 - LEFT                                    | Citations Issued 1 Date of Birth Driver License Number Safety Equipment RESTRAINT USE L Helmet Compliance Tint Compliance                     | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
| UNIT | INDIVIDUAL Safe | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection   | TIN  8 , US  Crash  Seat Position  07 - LEFT                                    | Citations Issued 1 Date of Birth Driver License Number Safety Equipment RESTRAINT USE U Helmet Compliance Tint Compliance Airbag              | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |
| UNIT | INDIVIDUAL      | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Injury Ser NO APF               | TIN  8 , US  Crash  Seat Position 07 - LEFT  Venty  PARENT INJURY               | Citations Issued 1 Date of Birth Driver License Number Safety Equipment RESTRAINT USE L Helmet Compliance Tint Compliance                     | Sex<br>MALE<br>Race<br>WHITE | TransadiEutricated |           |  |  |  |  |
| UNIT | INDIVIDUAL Safe | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Set NO APF                        | TIN  8 , US  Crash  Seat Position 07 - LEFT  Venty PARENT INJURY  Ejection Path | Citations Issued 1 Date of Birth Driver License Number Safety Equipment RESTRAINT USE L Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex<br>MALE<br>Race<br>WHITE | Trapped/Extricated |           |  |  |  |  |
| UNIT | INDIVIDUAL Safe | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Injury NO APP Ejected NOT EJECTED | TIN  8 , US  Crash  Seat Position 07 - LEFT  Venty  PARENT INJURY               | Citations Issued 1 Date of Birth Driver License Number Safety Equipment RESTRAINT USE U Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex<br>MALE<br>Race<br>WHITE | NOT TRAPPED        |           |  |  |  |  |
| UNIT | INDIVIDUAL Safe | Insurance Company PROGRESSIVE-CLASSIC- Individual Driver MARSHALL (608) 963-4360  Address E11081 MAPLE PARK DR PRAIRIE DU SAC, WI 5357  Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection  Injury Set NO APF                        | TIN  8 , US  Crash  Seat Position 07 - LEFT  Venty PARENT INJURY  Ejection Path | Citations Issued 1 Date of Birth Driver License Number Safety Equipment RESTRAINT USE L Helmet Compliance Tint Compliance Airbag NON DEPLOYED | Sex<br>MALE<br>Race<br>WHITE |                    |           |  |  |  |  |

Wisconsin Motor Vehicle Crash Form DT4000

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3 of 7

Crash Date 10/07/2024
Crash Time 05:02 PM

Page 3 of 7

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| ı   |                                    | Lloopital                           |                    |             |                          |  | Data of Dooth                     |                   |              | Time of Doc             | . th          |                |
|---|------------------------------------|-------------------------------------|--------------------|-------------|--------------------------|--|-----------------------------------|-------------------|--------------|-------------------------|---------------|----------------|
|   |                                    | Hospital                            |                    |             |                          |  | Date of Death                     |                   |              | Time of Dea             | itn           |                |
| Distracted By Not Applicable (NOT DISTRACTED)  Distracted By Action |                                    |                                     |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   |                                    | Distracted By Action NOT DISTRACTED | )                  |             |                          |  |                                   |                   |              |                         |               |                |
|   |                                    | Non Motorist                        | Strik              | ing Unit #  | Location                 |  |                                   |                   |              |                         |               |                |
|   |                                    | Prior Action                        |                    |             | l l                      |  |                                   |                   |              |                         |               |                |
|   |                                    | Action                              |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   | JAL                                |                                     |                    |             |                          |  |                                   |                   |              |                         |               |                |
| L   | INDIVIDUAL                         |                                     |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   | Ν                                  |                                     |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   |                                    |                                     |                    |             |                          |  |                                   |                   |              |                         |               | I              |
|   |                                    | Action Other                        |                    |             |                          |  |                                   |                   |              |                         |               | To/From School |
|   | ı                                  | Drug & Alcohol                      | Susp<br><b>NO</b>  | pected Alco | hol Use                  |  | Suspected Drug Use NO             |                   |              |                         |               |                |
|   |                                    | Alcohol Test Given TEST NOT GIVEN   |                    |             | Alcohol Tes              | st Type                                  | ne e                              |                   |              | Alcohol Test Results    |               |                |
|   |                                    | Drug Test Given TEST NOT GIVEN      | t Given Dr         |             | Drug Test                | Drug Test Type                           |                                   | Drug Test Results |              |                         |               |                |
| 2   | Drug Type                          |                                     |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   |                                    | Individual Condition                |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   |                                    | APPEARED NORMAL                     |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   | ,                                  | Violations                          |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   | 2                                  | UTC Number<br>BJ676014              | 1ssu<br><b>001</b> | ie To?      | Statute Number 346.18(1) |  | Description FAIL/YIELD/UNCON      | TROL              | LED INTE     | RSECTION                |               |                |
| •   | Uni                                | Summary •                           |                    |             |                          |  | •                                 |                   |              |                         |               |                |
|   |                                    | Status                              |                    |             |                          | Ve                                       | ehicle Operating As Classit       | fication          | l            | Unit Type               |               |                |
|   | IN T                               | RANSIT                              |                    |             |                          | D  | D CLASS                           |                   |              | AUTOMOBILE              |               |                |
| 05  |                                    | cle Type                            |                    |             |                          |  |                                   |                   |              | Operating A             | s Endorsem    | nents          |
| ١٥  |                                    | SSENGER CAR                         |                    | T:-/D       | # Recorded               |  |                                   |                   | I T-4-1 T11- |                         | T-4-111N      | Ant Town       |
|   | 2                                  | l Occs                              |                    |             |                          | 0  | otal # Citations Issued           |                   | Total Traile |                         | Total HazN    |                |
| <u>⊢</u>  | YES                                | rance?                              |                    | Direction ( |                          |  | Pre CrashTire<br>Mark             |                   | Speed Lim    |                         | Total Lane    |                |
| LIND  |                                    | Harmful Event: Collision            |                    |             |                          |  | pecial Function O SPECIAL FUNCTIO | N                 |              | NOT APP                 |               | cle Use        |
|   |                                    | ic Way                              |                    |             |                          |  | raffic Control                    |                   |              | Traffic Cont            | rol Inoperati | ve/Missing     |
|   | DIVIDED HWY W/O TRAFFIC BARRIER    |                                     |                    |             |                          | O CONTROL                                |                                   |                   | NO           |                         |               |                |
|   | Surface Type BLACKTOP (BITUMINOUS) |                                     |                    |             |                          | Road Curvature Road Grade STRAIGHT LEVEL |                                   |                   |              |                         |               |                |
| l   |                                    | k Bus or HazMat                     | JU3)               | <u> </u>    |                          | 3  | TRAIGHT                           |                   |              | LEVEL                   |               |                |
|   | NO                                 |                                     |                    |             |                          |  |                                   |                   |              |                         |               |                |
|   | '                                  | Vehicle                             |                    |             |                          |  |                                   |                   | 0:           |                         |               |                |
|   |                                    | License Plate Number<br>ERX5934     | r                  |             |                          |  | Plate Type<br>AUT - AUTOMOBILE    |                   | St<br>MI     | Country of Is UNITED ST |               |                |
| I   | <b>~</b> !                         | LIVAU904                            |                    |             |                          |  | TO 1 - AUTOMOBILE                 |                   | .411         | CHILDS                  | AILU          |                |

2

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data.

4 of 7

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

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

| ~    |           | Vehicle Identification Number               |                         | Mak                          | е   | Year         |     | Model     |             |  |
|------|-----------|---|-------------------------|------------------------------|---|--------------|-----|-----------|-------------|--|
| 05   |           | 1FMCU0EG3AKD18395                           |                         | FO                           | RD  | 2010         |     | ESCAPE    |             |  |
|      |           | Color                                       |                         | Bod                          | y Style   | •            | T   | Bus Use   |             |  |
|      |           | SIL - SILVER (ALUMINUM)                     |                         | 4D - 4DR                     |   |              |     |           |             |  |
|      | щ         | Initial Contact Point                       |                         |                              | Vehicle Damage  |              |     |           |             |  |
| EN S | VEHICLE   | 12 - FRONT Extent Of Damage                 |                         |                              | - RIGHT FRONT CO  | RNER, 02 - I | RIG | HT SIDE   | 7 8 9 10 11 |  |
| 목    | Ξ         |   |                         |                              | ONT, 10 - LEFT SIDE                                     | E FRONT, 11  | - L | EFT FRONT |             |  |
| -    | 7         | DISABLING DAMAGE                            |                         | CORNER, 12 - FRONT 5 4 3 2 1 |   |              |     |           |             |  |
|      |           | Towed Due To Damage                         |                         |                              | icle Removed By   |              |     |           |             |  |
|      |           | TOWED DUE TO DISABLE                        | NG DAMAGE               |                              |   |              |     |           |             |  |
|      |           | What Driver Was Doing                       |                         | Vehi                         | icle Factors  |              |     |           |             |  |
|      |           | GOING STRAIGHT                              |                         |                              |   |              |     |           |             |  |
|      |           | Driver Prior Action Other                   |                         | NO.                          | T APPLICABLE  |              |     |           |             |  |
|      |           |   |                         |                              |   |              |     |           |             |  |
|      |           | Driver Actions                              |                         |                              |   |              |     |           |             |  |
| l.   | VEHICLE   | NO CONTRIBUTING ACT                         | ON                      |                              |   |              |     |           |             |  |
| EN S | ᅙ         |   |                         |                              |   |              |     |           |             |  |
| 5    | 표         |   |                         |                              |   |              |     |           |             |  |
|      | 7         |   |                         |                              |   |              |     |           |             |  |
|      |           |   |                         |                              |   |              |     |           |             |  |
|      |           | Owner Name                                  |                         |                              | Owner Address   |              |     |           |             |  |
| 05   | 05        | AYYUB KHAN                                  |                         |                              | 28892 HIDDEN TRL<br>FARMINGTON HILLS, MI 48331 2983, US |              |     |           |             |  |
| ١٩١  | 0         |   |                         |                              |   |              |     |           |             |  |
|      |           |   |                         |                              |   |              | _   |           |             |  |
|      | ;         | Sequence Of Events                          |                         |                              |   |              |     |           |             |  |
|      | 5         | Event<br>MOTOR VEH IN TRANSPO               | ORT                     |                              |   |              |     |           |             |  |
|      |           | Event                                       |                         |                              |   |              |     |           |             |  |
|      | 02        | MOTOR VEH TRAN OTHE                         | R RDWY                  |                              |   |              |     |           |             |  |
|      | 03        | Event                                       |                         |                              |   |              |     |           |             |  |
|      | 0         | CROSS MEDIAN                                |                         |                              |   |              |     |           |             |  |
|      | 4         | Event                                       |                         |                              |   |              |     |           |             |  |
| _    |           | Policy Holder                               |                         |                              |   |              |     |           |             |  |
| FIN  |           | Insurance Company                           |                         | In                           | dividual  |              |     |           |             |  |
| >    |           | 2447  |                         | AYYUB KHAN                   |   |              |     |           |             |  |
|      | - 1       | Individual                                  |                         |                              |   |              |     |           |             |  |
|      |           | Driver                                      |                         | С                            | itations Issued   | Sex          |     |           |             |  |
|      | _         | MAZIN DARWISH                               | ł                       | 0                            |   | MALE         |     |           |             |  |
|      | NDIVIDUAL | (608) 358-1149                              |                         | D                            | ate of Birth  | Race         |     |           |             |  |
| l⊨∣  | ₫         |   |                         |                              |   |              |     |           |             |  |
| E L  | ≥         | Address                                     |                         | ח                            | rivar I icanea Numbar                                   |              |     |           |             |  |
| -    | 불         | 2332 WEST LAWN AVE<br>MADISON, WI 53711, US |                         |                              |   |              |     |           |             |  |
|      | _         |   |                         |                              |   |              |     |           |             |  |
|      |           | O- D-t-                                     | Ob                      |                              |   |              |     |           |             |  |
|      | Sat       | On Duty<br>fety Equipment                   | Crasn                   | S                            | Safety Equipment  |              |     |           |             |  |
|      |           | Row   | Cook Doolling           | SHOULDER & LAP BELT          |   |              |     |           |             |  |
|      |           | 01 - FRONT ROW                              | Seat Position 07 - LEFT | GHOOLDER & LAF BELT          |   |              |     |           |             |  |
|      |           | Helmet Use                                  | 0 22.1                  | Н                            | elmet Compliance  |              |     |           |             |  |
|      |           |   |                         | ''                           | Heimer Compilance                                       |              |     |           |             |  |
|      |           | Eye Protection                              |                         | Т                            | int Compliance  |              |     |           |             |  |
|      | ٠.        | I I at a second                             | work.                   |                              |   |              |     |           |             |  |
| 05   | 002       | Injury Se                                   | PARENT INJURY           | Airbag DEPLOYED-FRONT        |   |              |     |           |             |  |
|      |           | Ejected                                     | Ejection Path           | Trapped/Extricated           |   |              |     |           |             |  |
|      |           | NOT EJECTED                                 | NOT EJECTED/NOT API     |                              |   |              |     |           |             |  |
|      |           |   |                         |                              |   |              |     | •         |             |  |

Wisconsin Motor Vehicle Crash Form DT4000

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

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

|                        |            | Medical Transport NOT TRANSPORTED                 |  |               | EMS Agency Identifier     |                   | EMS Run #                |                |  |  |
|------------------------|------------|---|--|---------------|---------------------------|-------------------|--------------------------|----------------|--|--|
|                        |            | Hospital  |  |               | Date of Death             |                   | Time of Death            |                |  |  |
|                        |            |   |  |               |                           |                   |                          |                |  |  |
|                        |            | Distracted By NO                                  | acted By Source APPLICABL                | E (NOT DISTRA | CTED)                     |                   |                          |                |  |  |
|                        |            | NOT DISTRACTED                                    |  |               |                           |                   |                          |                |  |  |
|                        |            | Non Motorist Strik                                | ing Unit#                                | Location      |                           |                   |                          |                |  |  |
|                        |            | Prior Action                                      |  |               |                           |                   |                          |                |  |  |
| Action  Action  Action |            |   |  |               |                           |                   |                          |                |  |  |
|                        |            | Action Other                                      |  |               |                           |                   |                          | To/From School |  |  |
|                        | ı          | Drug & Alcohol NO                                 | pected Alcohol U                         | se            | Suspected Drug Use NO     |                   |                          |                |  |  |
|                        |            | Alcohol Test Given TEST NOT GIVEN                 | ,  |               |                           |                   | Alcohol Test Results     |                |  |  |
|                        |            | Drug Test Given TEST NOT GIVEN                    | g Test Given ST NOT GIVEN Drug Test Type |               |                           | Drug Test Results | •                        |                |  |  |
| 05                     | 005        | Drug Type   |  |               |                           |                   |                          |                |  |  |
|                        |            | Individual Condition                              |  |               |                           |                   |                          |                |  |  |
|                        |            | NOT OBSERVED                                      |  |               |                           |                   |                          |                |  |  |
|                        | - 1        | Individual  |  |               |                           |                   |                          |                |  |  |
|                        |            | Passenger MATTHEW QURAISHI-LANDES                 |  |               | Citations Issued  0       | Sex<br>MALE       |                          |                |  |  |
|                        | ¥          | (408) 797-8820                                    |  |               | Date of Birth             | Race              |                          |                |  |  |
| F                      | Ę          | Address   |  |               | WHITE                     |                   |                          |                |  |  |
| 5                      | INDIVIDUAL | Address 2332 WEST LAWN AVE MADISON, WI 53711 , US |  |               | Driver License Number     |                   |                          |                |  |  |
|                        |            |   |  |               |                           |                   |                          |                |  |  |
|                        | Sat        | fety Equipment                                    | Outy Crash                               |               | Safety Equipment          |                   |                          |                |  |  |
|                        |            | Row<br>01 - FRONT ROW                             | Seat Po                                  |               | SHOULDER & LAP            | BELT              |                          |                |  |  |
|                        |            | Helmet Use  | <b>I</b>                                 |               | Helmet Compliance         |                   |                          |                |  |  |
|                        |            | Eye Protection                                    | otection                                 |               |                           | Tint Compliance   |                          |                |  |  |
| 05                     | 003        | In to an a  | y Severity<br>SPECTED MIN                | OR INJURY     | Airbag  DEPLOYED-FRONT    | r                 |                          |                |  |  |
|                        |            | Ejected   | Ejection Pa                              |               | ICABI E                   |                   | Trapped/Extricated       |                |  |  |
|                        |            | NOT EJECTED  Medical Transport                    | NOT EJE                                  | CTED/NOT APPL | EMS Agency Identifier     |                   | NOT TRAPPED<br>EMS Run # |                |  |  |
|                        |            | EMS GROUND  |  |               | 6000555                   |                   | 24101205                 |                |  |  |
| 1                      |            |   |  | This are and  | t doos not include ony CI | 10 4-4-           | Crook Data               | 10/07/2024     |  |  |

Wisconsin Motor Vehicle Crash Form DT4000

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|    |            | Hospital SAUK PRAIRIE HOSP        |                   | Date of Death         |                   | Time of Death        |                |
|----|------------|-----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
|    |            | Distracted By Soul                | rce               | <u> </u>              |                   |                      |                |
|    |            | Distracted By Action              |                   |                       |                   |                      |                |
|    |            | Non Motorist Striking Unit #      | Location          |                       |                   |                      |                |
|    |            | Prior Action                      |                   |                       |                   |                      |                |
|    |            | Action                            |                   |                       |                   |                      |                |
|    | JAL        |                                   |                   |                       |                   |                      |                |
| L  | INDIVIDUAL |                                   |                   |                       |                   |                      |                |
|    | <u>N</u>   |                                   |                   |                       |                   |                      |                |
|    |            |                                   |                   |                       |                   |                      |                |
|    |            | Action Other                      |                   |                       |                   |                      | To/From School |
|    | ı          | Drug & Alcohol NO                 | l Use             | Suspected Drug Use NO |                   |                      | I              |
|    |            | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | •                     |                   | Alcohol Test Results |                |
|    |            | Drug Test Given TEST NOT GIVEN    | Drug Test Type    |                       | Drug Test Results |                      |                |
| 05 | 003        | Drug Type                         |                   |                       |                   |                      |                |
|    |            | Individual Condition              |                   |                       |                   |                      |                |
|    |            | APPEARED NORMAL                   |                   |                       |                   |                      |                |