WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override | Primary Crash D | Ocument # | Agency 24-113 | Crash Number 29 | Investigatir DEPUTY | | | U |
|-----------------------------|---------------------------|------------------|---------------------|---------------------------|-------------------------|---------|---------------|--------------------|
| Crash Date 10/10/2024 | Crash Time 10:42 PM | | Date Arr 10/10/2 | | Time Arrive 10:50 PM | | | |
| Date Notified 10/10/2024 | Time Notified 10:42 PM | | Total Un 01 | its | Total Injure 00 | ed | Total Kille | d |
| On Emergency | Hit and Run | Lane Closu | 1 | Work Zone | | er or T | Fowed | Reporting |
| Government Property | Active Sc | hool Zone | School E NO | Bus Related | Tags | | | |
| Reportable | Crash Type DT4000 (STA | NDARD CRASH | l) | | Amer | ded | | Secondary Crash |
| Description | | | | | | | | |
| Diagram | | | | | | | constructior | |
| Non Reporta | ble Slide Off | | | | | | | |
| | | | | | | Ado | ditional Info | rmation |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| I, a sworn law enforc | ement officer, agre | e that I have no | ot added | any CJIS data in th | his report. | | | |
| | | | | | | | | |

6TL0D2XVSB

24-11329

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Location 🛛 🗖 | | | | | | | | | |
|---|---|---|--|--|------------------------|---|--|---|--------------------------|--|
| Ī | INTERSECTION | | | | Latitude Long | | | Longitue | de | |
| | ON DAM RD | | | | 43.31109 | 9521 | | -89.732 | 2275051 | |
| | AT DAM HEIGHTS RD IN THE TOWN OF PRA | | | | | | | | linate | |
| | IN SAUK COUNTY | IRIE DU SAC | | | 278418.53125 4798988.5 | | | | | |
| | | | | | Structure Type | | | | | |
| | | | | | NO STRI | UCTURE | | | | |
| (| Crash Scene | | | | | | | | | |
| Ì | First Harmful Event | | | | First Harm | ful Event Lo | ocation | | | |
| | DITCH | | | | ON ROA | | | | | |
| Ī | Manner of Collision | | | | Light Cond | | | | | |
| | | VEHICLE IN TRANSPORT | | | DARK/U | | | | | |
| | Road Surface Condition(s) | Roadway I | Factor(s) | | | | | | | |
| | DRY | | | | | | | | | |
| ľ | Environment Factor(s) | | | | | | | | | |
| | NONE | | NONE | | | | | | | |
| ł | Weather Condition(s) | | | | | | | | | |
| | | | | | | | | | | |
| | CLEAR | | | | | | | | | |
| Ī | Animal Type | | | | | o Trafficway | | | | |
| ļ | | | | WAY - OI | - | | | | | |
| | Crash Classification - Locat PUBLIC PROPERTY | tion | | | | ssification - | Jurisdiction | | | |
| + | Tribal Land | | | | | ontrol | SDICTION | | Special Study | |
| | | | | NO CONTROL | | | | | | |
| Î | Within Interchange Area | hin Interchange Area Junction Location Intersection | | | | ion Type | | | | |
| | NO | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | | |
| | Unit Summary | | | | | | | | | |
| | Unit Status | | | erating As Cl | assification | | Unit Type | | | |
| | | | D CLASS | | AUTOMOBILE | | | | | |
| 5 | | | | | | | Operating A | s Endorse | ments | |
| - | (SPORT) UTILITY VEH | | Total # Cita | tions lesued | | Total Trail | are | Total Haz | Mat Types | |
| | | Train/Bus # Recorded | | | | | | 101011102 | inat Types | |
| | Total Occs | Train/Bus # Recorded | | 10113 135060 | | | | 0 | | |
| | Total Occs 3 Insurance? | Train/Bus # Recorded Direction Of Travel | 0 | | | 0 Speed Lim | iit | 0 Total Lan | es | |
| | 3 | | 0 | CrashTire Mark | | 0 | nit | - | es | |
| | 3 Insurance? | Direction Of Travel | 0 Pre Special Fun | CrashTire Mark | | 0 Speed Lim | Emergency | Total Lan 2 Motor Veh | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH | Direction Of Travel | 0 Pre Special Fun NO SPEC | CrashTire Mark Inction CIAL FUNC | | 0 Speed Lim | Emergency NOT APP | Total Lan 2 Motor Veh LICABLE | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way | Direction Of Travel EASTBOUND on With | 0 Pre Special Fun NO SPEC Traffic Cont | CrashTire Mark Inction CIAL FUNC | | 0 Speed Lim | Emergency NOT APP Traffic Cont | Total Lan 2 Motor Veh LICABLE | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID | Direction Of Travel EASTBOUND on With | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT | CrashTire Mark Inction CIAL FUNC | | 0 Speed Lim | Emergency NOT APP Traffic Cont | Total Lan 2 Motor Veh LICABLE | icle Use | |
| ł | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type | Direction Of Travel EASTBOUND on With ED | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction IAL FUNC Irol IROL ature | | 0 Speed Lim | Emergency NOT APP Traffic Cont NO Road Grade | Total Lan 2 Motor Veh LICABLE | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMIN | Direction Of Travel EASTBOUND on With ED | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT | CrashTire Mark Inction IAL FUNC Irol IROL ature | | 0 Speed Lim | Emergency NOT APP Traffic Cont | Total Lan 2 Motor Veh LICABLE | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type | Direction Of Travel EASTBOUND on With ED | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction IAL FUNC Irol IROL ature | | 0 Speed Lim | Emergency NOT APP Traffic Cont NO Road Grade | Total Lan 2 Motor Veh LICABLE | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat | Direction Of Travel EASTBOUND on With ED | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction IAL FUNC Irol IROL ature | | 0 Speed Lim | Emergency NOT APP Traffic Cont NO Road Grade | Total Lan 2 Motor Veh LICABLE | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO | Direction Of Travel EASTBOUND on With ED DUS) | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type | CrashTire Mark Siction SIAL FUNC rol ROL ature T | TION | 0 Speed Lim 15 St | Emergency NOT APP Traffic Cont NO Road Grade LEVEL | Total Lan 2 Motor Veh LICABLE rol Inopera | icle Use | |
| ł | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Numbe AUZ9122 | Direction Of Travel EASTBOUND on With ED DUS) | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL | CrashTire Mark Intion HAL FUNC IROL ature T | TION | 0 Speed Linr 15 St WI | Emergency NOT APP Traffic Cont NO Road Grade LEVEL | Total Lan 2 Motor Veh LICABLE rol Inopera | icle Use | |
| • | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Numbe AUZ9122 Vehicle Identification | Direction Of Travel EASTBOUND on With ED DUS) | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make | CrashTire Mark Siction SIAL FUNC rol ROL ature T | TION | 0 Speed Linr 15 St WI Year | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model | Total Lan 2 Motor Veh LICABLE rol Inopera | icle Use | |
| ł | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numbe AUZ9122 Vehicle Identification 2FMTK3G96FBC3 | Direction Of Travel EASTBOUND on With ED DUS) | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AU Make FORD | CrashTire Mark Intion CIAL FUNC IROL atture T | TION | 0 Speed Linr 15 St WI | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model EDGE | Total Lan 2 Motor Veh LICABLE rol Inopera | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMINA Truck Bus or HazMat NO Vehicle License Plate Numbe AUZ9122 Vehicle Identification 2FMTK3G96FBC3 Color | Direction Of Travel EASTBOUND on With ED DUS) | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make FORD Body Style | CrashTire Mark Italian IAL FUNC Irol ROL ature T | E | 0 Speed Linr 15 St WI Year 2015 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model | Total Lan 2 Motor Veh LICABLE rol Inopera | icle Use | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMINA Truck Bus or HazMat NO Vehicle License Plate Numbe AUZ9122 Vehicle Identification 2FMTK3G96FBC3 Color WHI - WHITE | Direction Of Travel EASTBOUND on With ED DUS) | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make FORD Body Style UT - SPC | CrashTire Mark Ital FUNC ITAL FUNC ITAL FUNC T T JTOMOBIL | E | 0 Speed Linr 15 St WI Year 2015 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model EDGE | Total Lan 2 Motor Veh LICABLE rol Inopera | icle Use | |
| • | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Numbe AUZ9122 Vehicle Identification 2FMTK3G96FBC3 Color WHI - WHITE Initial Contact Point | r Number 10206 | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make FORD Body Style | CrashTire Mark Ital FUNC ITAL FUNC ITAL FUNC T T JTOMOBIL | E | 0 Speed Linr 15 St WI Year 2015 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model EDGE | Total Lan 2 Motor Veh LICABLE rol Inopera | tive/Missing | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Numbe AUZ9122 Vehicle Identification 2FMTK3G96FBC3 Color WHI - WHITE Initial Contact Point | r Number 10206 | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make FORD Body Style UT - SPC Vehicle Da | CrashTire Mark Ital FUNC ITAL FUNC ITAL FUNC T T JTOMOBIL | E | 0 Speed Linr 15 St WI Year 2015 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model EDGE | Total Lan 2 Motor Veh LICABLE rol Inopera | icle Use tive/Missing | |
| | 3 Insurance? YES Most Harmful Event: Collisi DITCH Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle AUZ9122 Vehicle Identification 2FMTK3G96FBC3 Color WHI - WHITE Initial Contact Point 00 - NON-COLLIS | r Number 10206 | 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT - AL Make FORD Body Style UT - SPC Vehicle Da | CrashTire Mark Inction IAL FUNC Irrol ROL ature T JTOMOBIL | E | 0 Speed Linr 15 St WI Year 2015 | Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model EDGE | Total Lan 2 Motor Veh LICABLE rol Inopera | tive/Missing | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 2 of 6 Crash Date **10/10/2024** Crash Time **10:42 PM**

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Towed Due To Damage | | | Vehicle Removed By | | | | | | |
|------|------------|---|------------|----------------------------|-----------------------|---------------------------------|----------------------|---------------------------------------|--|--|--|
| | | NOT TOWED | | | | ERETTS TOWING | | | | | |
| | | What Driver Was Doing | | ` | Veh | icle Factors | | | | | |
| | | GOING STRAIGHT Driver Prior Action Other | | | NO | NOT APPLICABLE | | | | | |
| | | Driver Prior Action Other | | | | | | | | | |
| | | Driver Actions | | | | | | | | | |
| | щ | RAN OFF ROADWAY | Y | | | | | | | | |
| ⊑∣ | 5 | | | | | | | | | | |
| INU | VEHICLE | | | | | | | | | | |
| _ | 2 | | | | | | | | | | |
| | | Ourser Neme | | | _ | Ourses Address | | | | | |
| | | Owner Name HUYNH PHAM | | | | Owner Address 1500 JEFFERSON | ST | | | | |
| | 6 | | | | | WEST BEND, WI 5 | | | | | |
| | | | | | | | | | | | |
| | | Sequence Of Eve | nts | | | | | | | | |
| | | Event | | | | | | | | | |
| | 6 | DITCH | | | | | | | | | |
| | 02 | Event | | | | | | | | | |
| | - | Front | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 04 | Lion | | | | | | | | | |
| _ | , i | Policy Holder | | | | | | | | | |
| IN I | | Insurance Company | | | Individual | | | | | | |
| 2 | | PROGRESSIVE-CLA | SSIC-IN | S-CO | HUYNH PHAM | | | | | | |
| | | Individual | | | | | | | | | |
| | | Driver | | | Citations Issued Sex | | | | | | |
| | Ļ | HUYNH PHAM | | | 0 MALE | | | | | | |
| . | INDIVIDUAL | | | | | ate of Birth | Race ASIAN OR NAT | NATIVE HAWAIIAN OR OTHER PACIFIC ISLA | | | |
| E I | 号 | Address | | | Driver License Number | | | | | | |
| - | | 1500 JEFFERSON ST | | | | | | | | | |
| | ≤ | WEST BEND, WI 530 | 90 , US | | | | | | | | |
| | | | | | | | | | | | |
| | Saf | fety Equipment | n Duty Cr | ash | S | afety Equipment | | | | | |
| | Ou, | | | 0.15.11 | - | HOULDER & LAP | | | | | |
| | | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | ľ | HOULDER & LAF | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | | | |
| | | | | | | | | | | | |
| | | Eye Protection | | | Т | int Compliance | | | | | |
| | | | | | | | | | | | |
| 2 | 5 | | jury Seve | RENT INJURY | | irbag ION DEPLOYED | | | | | |
| | Ŭ | Ejected | | ection Path | 1 | ION DEPLOTED | | Trapped/Extricated | | | |
| | | NOT EJECTED | - | OT EJECTED/NOT APPL | LIC | ABLE | | NOT TRAPPED | | | |
| | | Medical Transport | | | E | MS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORTED | D | | | | | | | | |
| | | Hospital | | | D | ate of Death | | Time of Death | | | |
| | | D | etracted F | By Source | | | | | | | |
| | | Distracted By No | OT APP | LICABLE (NOT DISTRA | ст | ED) | | | | | |
| | | Distracted By Action | | | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | | |
| | | | | | | | | Creek Data 10/10/2021 | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 3 of 6 Crash Date **10/10/2024** Crash Time **10:42 PM**

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| | | Non Motorist | Striking Unit | t# | Location | | | | | |
|-------|------------|--------------------------------------|---------------|------------------------|-------------------|--------------------------|-------------------|----------------------|-------------------|--|
| | | Prior Action | | 1 | | | | | | |
| | | Action | | | | | | | | |
| | Ļ | | | | | | | | | |
| ⊢ | INDIVIDUAL | | | | | | | | | |
| UNIT | Ξ | | | | | | | | | |
| | R | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | | To/From School | |
| | | | Suspected / | Alcohol Us | e . | Suspected Drug Use | | | | |
| | Ľ | Drug & Alcohol | NO | | | NO | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | | Alcohol Test Type | | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | |
| _ | - | Drug Type | | | | | | | | |
| 6 | 001 | 0 71 | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORM | AL | | | | | | | |
| | | ndividual | | | | | | | | |
| | | Passenger THANH THAI | | | | Citations Issued | Sex | | | |
| | IAL | | | | | 0 Date of Birth | Race | Race | | |
| UNIT | đ | | | | | | | IVE HAWAIIAN OR C | THER PACIFIC ISLA | |
| 5 | NDIVIDUAL | Address 1500 JEFFERSON | | | | Driver License Numbe | er | | | |
| | = | WEST BEND, WI 53 | 5090 , OS | | | | | | | |
| | Saf | fety Equipment | On Duty Cra | ash | | Safety Equipment | | | | |
| | Sai | Row | | Seat Pos | ition | SHOULDER & LAF | P BELT | | | |
| | | 01 - FRONT ROW | | 09 - RIC | | | | | | |
| | | Helmet Use | | | | Helmet Compliance | | | | |
| | | Eye Protection | | | | Tint Compliance | | | | |
| 01 | 2 | | Injury Sever | rity | | Airbag | | | | |
| • | 8 | Ejected | | RENT IN ection Path | JURY | NON DEPLOYED | | Trapped/Extricated | | |
| | | NOT EJECTED | - | | TED/NOT APPL | ICABLE | | NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORT | FD | | | EMS Agency Identifier | r | EMS Run # | | |
| | | Hospital | | | | Date of Death | | Time of Death | | |
| | | | Distracted E | By Source | | | | | | |
| | | Distracted By | | | | | | | | |
| | | Distracted By Action | | | | | | | | |
| | | Non Motorist | Striking Unit | t # | Location | | | | | |
| Nisco | nsin N | Notor Vehicle Crash | | | This report | t does not include any C | JIS data. | Crash Date | 10/10/2024 | |

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Prior Action | | | | | | | |
|------------|------------|--|---------------------|----------------------|---------------------------|--|-----------------------------------|----------------|--|
| UNIT | INDIVIDUAL | Action | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | Drug & Alcohol NO | ed Alcohol U | Jse | Suspected Drug Use | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | _ | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | 3 | | |
| 2 | 002 | Drug Type | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| | | Individual | | | Citations Issued | L Cau | | | |
| | Ļ | Passenger THINH NGUYEN | | | Citations Issued 0 | MALE | | | |
| E | DUA | | | | Date of Birth | Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA | | | |
| UNIT | INDIVIDUAL | Address W154N10285 REGENCY (GERMANTOWN, WI 5302 | | | Driver License Number | | | | |
| | Sat | fety Equipment | r Crash | | Safety Equipment | | | | |
| | | Row 02 - SECOND ROW | Seat Po 07 - LI | | SHOULDER & LAP BELT | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| 2 | 003 | Injury Se NO AP | everity PARENT I | NJURY | Airbag NON DEPLOYED | | | | |
| | | Ejected NOT EJECTED | Ejection Pa | ath CTED/NOT APPI | | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport | 101 202 | | EMS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | | |
| | | Distracted By | ed By Sourc | e | | | | | |
| | | Distracted By Action | | | | | | | |
| | | Non Motorist | Unit # | Location | | | | | |
| | | Prior Action | | 1 | | | | | |
| i Wisco | onsin M | Motor Vehicle Crash | | This repor | t does not include any CJ | IS data. | Crash Date | 10/10/2024 | |

Form DT4000

Crash Date 10/10/2024 Crash Time 10:42 PM

6TL0D2XVSB

24-11329

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Action | | | | | |
|------|------------|-----------------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | Ļ | | | | | | |
| | Ā | | | | | | |
| UNIT | Ę | | | | | | |
| | INDIVIDUAL | | | | | | |
| | Z | | | | | | |
| | | | | | | | |
| 1 | | Action Other | | | | | To/From School |
| | | | | | | | |
| | l | Drug & Alcohol NO | Jse | Suspected Drug Use | | | |
| İ. | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | | | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | 3 | |
| 5 | 003 | Drug Type | | | | | |
| | • | | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | | | | | | |