WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | cument Number Override | | Primary Crash [| | Agency Crash Number 24-12197 | | | Investigating Officer/Deputy DEPUTY B. FISH | | | |
|---|------------------------|-----|---------------------------|---------------------------------------|---|-----------------|----|---|-------------------------|------------------------|--|
| Crash Dat 11/01/20 | | | Crash Time 10:28 PM | | Date Arri 11/01/2 | | | Time Arrived 10:31 PM | | | |
| Date Notif | | | Time Notified | | Total Uni | | | Total Injured Total Killed | | | |
| 11/01/20 | 1/01/2024 | | 10:28 PM | | 02 | | 02 | 00 | | | |
| Crash Dat 11/01/20 Date Notif 11/01/20 | mergency | Hit | and Run | Lane Closu | | Work Zone | • | | | Reporting Threshold | |
| | | | | hool Zone | School B NO | us Related | | Tags | | - | |
| 🔽 Repo | | | Crash Type DT4000 (STA | NDARD CRASH |) | | | Amende | d | Secondary Crash | |
| Descri | ption 🗖 | | | | | | | i. | Reconstructio | | |
| S8903 Hwy 12 | worn law enfo | | nt officer, agre | T T T T T T T T T T T T T T T T T T T | o Scale ity Fish County 2/2024 | ea to turn into | æ | ay I | Photos By DEPUTY FIS | SH | |

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 1 of 9

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24-12197

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| l | _oc | ation | | | | | | | | | | |
|------|--|---|----------------------------------|-------------------|------------|-------------------|--|---------------------|-----------------------------------|--------------|---------------|--|
| - | | ERSECTION | | | | | Latitude | | | Longitud | le | |
| | | 8903 USH12 WB | | | | | 43.32079 | 9171 | | -89.759 | 043548 | |
| | | USH12 WB USE/BUILDING 8903) | | | | | X Coordina | ate | | Y Coord | inate | |
| | (110 | 03L/BOILDING 8903) | | | | | 276283.1 | 875 | | 480013 | 7 | |
| | | HE TOWN OF PRAIRI | E DU SAC | | | | Structure Type HOUSE/BUILDING | | | | | |
| (| Cra | sh Scene | | | | | | | | | | |
| | | Harmful Event | | | | | First Harm | | ocation | | | |
| | | FOR VEH IN TRANSPO | DRT | | | | ON ROADWAY | | | | | |
| | | ner of Collision | | | | | Light Condition | | | | | |
| | | FRONT TO REAR | | | | | DARK/U | | | | | |
| | | d Surface Condition(s) | | | | | Roadway F | -actor(s) | | | | |
| | DRY | | | | | | | | | | | |
| Ť | Envi | ronment Factor(s) | | | | | | | | | | |
| | NOM | NE | | | | | NONE | | | | | |
| t | Wea | ther Condition(s) | | | | | 1 | | | | | |
| | CLEAR | | | | | | | | | | | |
| ł | | | | | | | Relation To | o Trafficwa | y | | | |
| | | | | | | | TRAFFIC | | | | | |
| | | | | | | | | | Jurisdiction | | | |
| | | | | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | |
| | | | | | | | NO CON | | | | opoolar olday | |
| | | | | | | Intersectio | | | | | | |
| _ L | NO | | CROSSOVER-RELATED | | Deeee | ons for Closu | INTERSE | LIION | | | | |
| | Closure Type LANE CLOSURE | | | | Reast | | lie | | | | | |
| | | Initial Lane/Rd Closed | Time Initial Lane/Rd Close | Date Scene Cleare | | | | | | | | |
| | 11/0 | 1/2024 | 10:28 PM | | | | | | | | | |
| | | All Lanes Open | Time All Lanes Open | | | | ed | | ne Scene Clea | ared | | |
| L | | 1/2024 | 11:03 PM | | 11/01 | /2024 | | 11 | :07 PM | | | |
| | | t Summary Status | | Vehi | icle One | arating As C | lassification | | Unit Type | | | |
| | | | | | | | assincation | | AUTOMO | BII F | | |
| ł | | cle Type | | 00 | LAGO | | | | Operating A | | nents | |
| | | ORT) UTILITY VEHICL | E | | | | | | | | | |
| t | Tota | Occs | Train/Bus # Recorded | Tota | al # Citat | tions Issued | | Total Trail | 0 | | Mat Types | |
| L | 2 | | | 1 | | | | 0 | | | | |
| | Insur YES | ance? | Direction Of Travel WESTBOUND | | Pre | CrashTire Mark | | Speed Lin 55 | | | es | |
| | | Harmful Event: Collision V | | | cial Fun | | | | | | | |
| | MOTOR VEH IN TRANSPORT NO Traffic Way Traffi DIVIDED HWY MEDIAN W/BARRIER NO | | | | | IAL FUNC | TION | | NOT APP | | | |
| | | | | | fic Cont | | | | Traffic Cont | rol Inoperat | ive/Missing | |
| | | | | | d Curva | | | | NO Road Grade LEVEL | | | |
| | | | | RAIGH | | | | | | | | |
| | | k Bus or HazMat | | | | | | | | | | |
| _ | NO | Apielo | | | | | | | | | | |
| | | Vehicle License Plate Number | | Pla | te Tvpe | | 1 | St | Country of Is | suance | | |
| - 18 | | | | | • • | VTOMOBILE WI | | | Country of Issuance UNITED STATES | | | |
| | | Vehicle Identification Number | | | Make | | - 1 | | Model | | | |
| 5 | 01 | Vehicle Identification Num 2T3P1RFV4LC106746 | | Ma | | | | Year 2020 | Model RAV4 | | | |

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

| | | | | Body Style | | Bus Use | | | | |
|---------------|------------|--|------------------|--------------------------------------|---------------|-----------------------------------|----------------|--|--|--|
| | | SIL - SILVER (ALUMINUM) Initial Contact Point | | UT - SPORT UTILITY Vehicle Damage | VEHICLE | <u> </u> | | | | |
| E | 5 | 12 - FRONT | | i onnoio Donnago | | | 7 8 9 10 11 | | | |
| UNIT | VEHICLE | Extent Of Damage DISABLING DAMAGE | | 12 - FRONT | | | 6 5 4 3 2 1 | | | |
| | - | Towed Due To Damage | | Vehicle Removed By | | | | | | |
| | | TOWED DUE TO DISABLIN | G DAMAGE | EVERETTS TOWING | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | GOING STRAIGHT | | NOT APPLICABLE | | | | | | |
| | | Driver Prior Action Other | | | | | | | | |
| | | Driver Actions OPERATED MOTOR VEHIC | | RELESS OR ERRAT | IC MANNER | | | | | |
| UNIT | VEHICLE | | | | | | | | | |
| 5 | Ϋ́Ε | | | | | | | | | |
| | | Owner Name | | Owner Address | # c | | | | | |
| 5 | 6 | RIVVER NEWSO | M | 124 SPRUCE ST SAUK CITY, WI 5 | | | | | | |
| | | | | | | | | | | |
| | ; | Sequence Of Events | | | | | | | | |
| | 6 | Event MOTOR VEH IN TRANSPOR | रा | | | | | | | |
| | 02 | Event LEFT TURN | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | 04 | Event | | | | | | | | |
| Policy Holder | | | | | | | | | | |
| UNIT | | Insurance Company PROGRESSIVE-UNIVERSA | L-INSURANCE-COMP | Individual RIVVER NEWSOM | | | | | | |
| | 1 | Individual | | | | | | | | |
| | | Driver RIVVER NEWSO | | Citations Issued | Sex | | | | | |
| | F | RIVVER NEWSO |)WI | 1 | MALE | | | | | |
| ⊢ | INDIVIDUAL | | | Date of Birth | Race WHITE | | | | | |
| UNIT | Σ | Address | | Driver License Number | r | | | | | |
| | Ę | 124 SPRUCE ST # 6 | | | | | | | | |
| | = | SAUK CITY, WI 53583 , US | | | | | | | | |
| | Sat | fety Equipment | rash | Safety Equipment | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP | BEIT | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | SHOULDER & EAR | DEET | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| 5 | 2 | Injury Seve | | Airbag | | | | | | |
| • | 001 | | TED MINOR INJURY | | | | | | | |
| | | - | jection Path | | | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport | | EMS Agency Identifier EMS Run # | | | | | | |
| | | OTHER | | | | | | | | |
| A.C | | Motor Vehicle Crash | This repo | rt does not include anv C | eteb 2II | Crash Da | ate 11/01/2024 | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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 | | | |
|--------|------------|---|----------------------|-------------------|----------------------------------|-------------------|--------------------------|----------------|--|--|
| | | | tracted By Source | IER NON-MOTO | RIST | | <u> </u> | | | |
| | | Distracted By Action TALKING/LISTENING | | | | | | | | |
| | | Non Motorist | king Unit # | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | AL | | | | | | | | | |
| INI | INDIVIDUAL | | | | | | | | | |
| - | INDI | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | Ľ | Drug & Alcohol NO | pected Alcohol U | se | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | | | |
| | | Drug Test Given Drug Test Type TEST NOT GIVEN | | | | Drug Test Results | | | | |
| 2 | 001 | Drug Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | |
| | ļ | ndividual | | | | | | | | |
| | Ļ | JASMINE KRUE | GER | | Citations Issued Sex 0 FEMALE | | | | | |
| ⊢ | DUA | | | | Date of Birth | Race WHITE | | | | |
| LINU | INDIVIDUAL | Address 409 LUEDERS RD | | | Driver License Number | | | | | |
| | ≤ | SAUK CITY, WI 53583 | , US | | | | | | | |
| | Saf | on On On | Duty Crash | | Safety Equipment | | | | | |
| | | Row 01 - FRONT ROW | Seat Pos 09 - RIO | | SHOULDER & LAP BELT | | | | | |
| | | Helmet Use | 00 - 144 | 5111 | Helmet Compliance | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | |
| 2 | 002 | | ry Severity | | Airbag | | | | | |
| | ° | Ejected | Ejection Pat | h | DEPLOYED-COMBI | | | | | |
| | | NOT EJECTED Medical Transport | NOT EJEC | TED/NOT APPL | EMS Agency Identifier | | NOT TRAPPED EMS Run # | | | |
| | | OTHER Hospital | | | Date of Death | | Time of Death | | | |
| Viscor | nsin M | SAUK PRAIRIE HOSP | • | This report | does not include any CJI | S data. | Crash Date | 11/01/2024 | | |

Form DT4000

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

| | | Distracted By | Distracted By S | ource | | | | | | | |
|------|---|-------------------------------------|------------------|--------------------------|----------------------------|---------------------------------|------------|-------------------|---|----------------|----------------|
| | | Distracted By Action | | | | | | | | | |
| | | | 0.11.11.11.11 | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | | |
| | 1 | Prior Action | | I | | | | | | | |
| | | Action | | | | | | | | | |
| | _ | | | | | | | | | | |
| _ | INDIVIDUAL | | | | | | | | | | |
| UNIT | VID | | | | | | | | | | |
| | IDN | | | | | | | | | | |
| | = | | | | | | | | | | |
| | | Action Other | | | | | | | | | To/From School |
| | | | | | | | | | | | |
| | L | Drug & Alcohol | Suspected Alco | hol Use | | Suspected Drug Use | | | | | |
| | 1 | Alcohol Test Given | | Alcohol Tes | t Type | | | | Alcohol Tes | t Results | |
| | | TEST NOT GIVEN Drug Test Given | | Drug Test T | vne | | Drug T | est Results | | | |
| | | TEŠT NOT GIVEN | | | | | | | | | |
| 2 | 002 | Drug Type | | · | | | | | | | |
| | • | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORM | //AL | | | | | | | | |
| | 1 | liolations | | | | | | | | | |
| | 01 | UTC Number BD759277 | Issue To? 001 | Statute Number 346.89(1) | | Description INATTENTIVE DRIV | /ING | | | | |
| | Unit | Summary | | | | | | | | | |
| | | Status | | | | ehicle Operating As Class | sification | | Unit Type | | |
| • | | RANSIT | | | U | CLASS | | | AUTOMOBILE Operating As Endorsements | | |
| 02 | | ORT) UTILITY VEHI | CLE | | | | | | | | |
| | Total 3 | Occs | Train/Bus | # Recorded | | | | Total Traile | ailers Total HazMat Types 0 | | lat Types |
| | | ance? | Direction (| Of Travel | - | Pre CrashTire | | Speed Lirr | nit | Total Lane | S |
| E. | YES | | WESTBO | DUND | | Mark | | 55 | | 4 | |
| UNIT | | Harmful Event: Collisio | | | | pecial Function | NC | | Emergency NOT APP | Motor Vehic | le Use |
| | Traffic Way | | | | | raffic Control | | | | rol Inoperativ | ve/Missing |
| | DIVIDED HWY MEDIAN W/BARRIER Surface Type | | | | | O CONTROL | | | NO Road Grade | 2 | |
| | BLACKTOP (BITUMINOUS) | | | | Road Curvature STRAIGHT | | | Road Grade | | | |
| | Truc NO | K Bus or HazMat | | | I | | | | | | |
| | | /ehicle | | | | | | | | | |
| | | License Plate Number | r | | | Plate Type | | St | Country of Is | | |
| | | ALT4178 Vehicle Identification I | Number | | | AUT - AUTOMOBILE | | WI Year | UNITED S Model | TATES | |
| 02 | 02 | 1C4RDJDG4LC39 | | | | DODGE | | 2020 | DURANGO |) | |
| | | | | | | | | | | | |

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| 10 100 <th></th> <th></th> <th>Color</th> <th></th> <th>Body Style</th> <th></th> <th>Bus Use</th> <th></th> | | | Color | | Body Style | | Bus Use | | | | |
|---|---|------|------------------------------------|---------------------|------------------------|---------|-----------|-------------|--|--|--|
| 100 6s. REAR 0s. REAR 0s. REAR 101 0s. REAR 0s. REAR 101 101 101 | | | BLK - BLACK | | | VEHICLE | | | | | |
| 10 Towed Due To Damage Vehicle Removed By Vehicle Removed By Vehicle Removed By Vehicle Factors Vehicle Factors UP UP Vehicle Factors Vehicle Factors NOT APPLICABLE Driver Actions NOT APPLICABLE NO CONTRIBUTING ACTION NOT APPLICABLE Other Name AMBER AMBER BREUNIG Owner Name Sequence Of Events Environ Sequence Of Events Environ Event Vend Removed By Vehicle Removed By Vehice Removed By Vehice Removed By Vehice Removed By Not APPLICABLE Vehice Removed By Not APPLICABLE Vehice Removed By Not Removed By Vehice Removed By Not Applicable Vehice Removed By Not Applicable Vehice Removed By Not Removed By | E | Ë | | | venicie Damage | | | 7 8 9 10 11 | | | |
| 10 Towed Due To Damage Vehicle Removed By Vehicle Removed By Vehicle Removed By Vehicle Factors Vehicle Factors UH Unit Towe Value UH Driver Actions NO CONTRIBUTING ACTION NOT APPLICABLE Driver Actions NO CONTRIBUTING ACTION NO CONTRIBUTING ACTION Owner Address Sequence Of Events Sequence Of Events Environment Environment Vehicle Removed By NOT APPLICABLE Vehicle Removed By NOT Removed By Vehicle Removed By Not Bell How Pachage Vehicle Removed By Not Bell How Pachage Vehicle Removed By Not Bell Position Vehicle Removed By Not Bell Position Vehicle Removed By Stately Equipment Nore Learceth Vehicharalt Not Bell Position | Ī | ₽ | | | 06 - RFAR | | | 6 | | | |
| 10 Towed Due To Damage Vehicle Removed By Vehicle Removed By Vehicle Removed By Vehicle Factors Vehicle Factors UP UP Vehicle Factors Vehicle Factors NOT APPLICABLE Driver Actions NOT APPLICABLE NO CONTRIBUTING ACTION NOT APPLICABLE Other Name AMBER AMBER BREUNIG Owner Name Sequence Of Events Environ Sequence Of Events Environ Event Vend Removed By Vehicle Removed By Vehice Removed By Vehice Removed By Vehice Removed By Not APPLICABLE Vehice Removed By Not APPLICABLE Vehice Removed By Not Removed By Vehice Removed By Not Applicable Vehice Removed By Not Applicable Vehice Removed By Not Removed By | 2 | Ē | * | | 00 112/11 | | | 5 4 3 2 1 | | | |
| 10 What Driver Yaka Dolog Vehicle Factors LEFT TURN Driver Prior Action Other NOT APPLICABLE Driver Actions NOT CONTRIBUTING ACTION NOT APPLICABLE Driver Actions NOT CONTRIBUTING ACTION Seguence Of Events Sequence Of Events Sequence Of Events Sequence Of Events Sequence Of Events Event MOTOR VEH IN TRANSPORT Event Event MOTOR VEH IN TRANSPORT Event Policy Holder Individual AMBER BREUNIG Totarance Corpany Individual AMBER BREUNIG Totarance Corpany Citations Issued Policy Holder Citations Issued Totarance Corpany Conter Attimes Amber Address Sassisa US HighWay 12 PRAIRE DU SAC, WI 53578 , US Safety Equipment Citations Issued Nor APPLICABLE Individual Anber Row D1 - FRONT ROW 07 - LEFT Hermit Use Hermit Compliance Infury Non DepLoyED Ipped/Extincted Inter Compliance Infury Individual Anber | | - | Towed Due To Damage | | Vehicle Removed By | | | | | | |
| Image: Second | | | NOT TOWED | | | | | | | | |
| Image: Problem Prior Action Other NOT APPLICABLE Image: Problem Action Other Driver Action Other Image: Problem Action Other Image: Problem Action Other Image: Problem Action Other Action Other Image: Problem Action Other Image: Problem Action Other Action Other Image: Problem Action Other Image: Problem Action Other Action Other Image: Problem Action Other Image: Problem Action Other Image: Problem Action Other | | | * | | Vehicle Factors | | | | | | |
| 100 100 <th></th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | - | | | | | | | | |
| 10 10 No CONTRIBUTING ACTION 20 Ormer Name AMBER BREUNIG 20 Ormer Name AMBER BREUNIG 20 Sequence OF Events Fordior VEH IN TRANSPORT 20 Sequence OF Events 20 Sequence OF Events 20 Fordior VEH IN TRANSPORT 20 Fordior VEH IN TRANSPORT </th <th></th> <th></th> <th>Driver Prior Action Other</th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | Driver Prior Action Other | | | | | | | | |
| 10 10 No CONTRIBUTING ACTION 20 Ormer Name AMBER BREUNIG 20 Ormer Name AMBER BREUNIG 20 Sequence OF Events Fordior VEH IN TRANSPORT 20 Sequence OF Events 20 Sequence OF Events 20 Fordior VEH IN TRANSPORT 20 Fordior VEH IN TRANSPORT </th <th></th> <th></th> <th>Driver Actions</th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | Driver Actions | | | | | | | | |
| 0 0wmer Address Saguan Us HiGHWAY 12 PRAIRIE DU SAC, WI 53578 , US 0 Sequence Of Events Event Totor VEH IN TRANSPORT 0 Event Event 0 Event Event 0 Fordor VEH IN TRANSPORT 0 Event Event 0 Event 0 Fordor VEH IN TRANSPORT 0 Event 0 Fordor VEH IN TRANSPORT 0 Event 0 Fordor VEH IN TRANSPORT 0 Control VEH | | ш | | N | | | | | | | |
| 0 0wmer Address Saguan Us HiGHWAY 12 PRAIRIE DU SAC, WI 53578 , US 0 Sequence Of Events Event Totor VEH IN TRANSPORT 0 Event Event 0 Event Event 0 Fordor VEH IN TRANSPORT 0 Event Event 0 Event 0 Fordor VEH IN TRANSPORT 0 Event 0 Fordor VEH IN TRANSPORT 0 Event 0 Fordor VEH IN TRANSPORT 0 Control VEH | E | C. | | | | | | | | | |
| 0 0wmer Address Saguan Us HiGHWAY 12 PRAIRIE DU SAC, WI 53578 , US 0 Sequence Of Events Event Totor VEH IN TRANSPORT 0 Event Event 0 Event Event 0 Fordor VEH IN TRANSPORT 0 Event Event 0 Event 0 Fordor VEH IN TRANSPORT 0 Event 0 Fordor VEH IN TRANSPORT 0 Event 0 Fordor VEH IN TRANSPORT 0 Control VEH | S | Ĭ | | | | | | | | | |
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| 8 AMBER BREUNIG \$8903A US HIGHWAY 12 PRAIRIE DU SAC, WI 53578 , US 5 Sequence Of Events Event 6 Event Event 70 Event Event 70 Event Event 70 Formation Individual 70 Policy Holder Individual 70 Insurance Company MBER BREUNIG 70 Order Individual 70 AMBER BREUNIG 70 On Duty Crash Safety Equipment 70 On Duty Crash Safety Equipment 70 Injury Serventy 71 Helmet Use Helmet Compliance 80 Injury NO APPARENT INJURY NON DEPLOYED 80 Injury NOT APPEND NOT RAPPED | | | | | | | | | | | |
| 8 PRAIRIE DU SAC, WI 53578, US PRAIRIE DU SAC, WI 53578, US Sequence Of Events Event Wort over in transport Vent Policy Holder Individual Policy Holder Individual Offer Offer Offer Offer Offer Offer Offer Individual Offer Offer < | | | | | | WAY 12 | | | | | |
| Image: Sequence Of Events Sequence Of Events Wordt MOTOR VEH IN TRANSPORT Event Event Policy Holder Insurance Company MBER BREUNIG Individual AMBER BREUNIG Individual Sext Freiden Racce Safety Equipment Individual Safety Equipment Individual Safety Equipment Individual Safety Equipment Individual Individual | 8 | 02 | AMBER BREONIO | | | | | | | | |
| Image: Second | - | - | | | | | | | | | |
| Image: Second | | | Sequence Of Events | | | | | | | | |
| Image: Second | | | Event | | | | | | | | |
| Image: Second State | | ò | MOTOR VEH IN TRANSPOR | RT | | | | | | | |
| Image: Second | | 02 | | RT | | | | | | | |
| Image: Second | | ~ | Event | | | | | | | | |
| Image: Section of the section of th | | ö | - | | | | | | | | |
| Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT) Individual AMBER BREUNIG Individual Address Sago3A US HIGHWAY 12 PRAIRIE DU SAC, WI 53578 , US Safety Equipment Safety Equipment Individual Row In - FRONT ROW In - LEFT Helmet Use Eye Protection Tint Compliance Eye Protection Injury Injury Sevently NO APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Not EJECTED/INOT APPLICABLE | | 64 | Event | | | | | | | | |
| Individual Individual Driver AMBER BREUNIG Citations Issued 0 Sex FEMALE Date of Birth Race WHITE Date of Birth Race WHITE Address S8903A US HIGHWAY 12 PRAIRIE DU SAC, WI 53578 , US Driver License Number Safety Equipment On Duty Crash Safety Equipment Row 01 - FRONT ROW Or Duty Crash Safety Equipment Heimet Use Helmet Compliance Eye Protection Tint Compliance Ejected Ejection Path NO APPARENT INJURY Airbag NON DEPLOYED Trapped/Extricated NOT EJECTED Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | E | | - | | | | | | | | |
| Driver AMBER BREUNIG Citations Issued 0 Sex FEMALE Date of Rirth Race WHITE Address S8903A US HIGHWAY 12 PRAIRIE DU SAC, WI 53578 , US Driver License Number Safety Equipment On Duty Crash Safety Equipment Row 01 - FRONT ROW On Duty Crash Safety Equipment Helmet Use Helmet Compliance Eye Protection Tint Compliance Staget Protection Tint Compliance Injury NO APPARENT INJURY NON DEPLOYED Trapped/Extricated NOT TRAPPED | S | | | ATTN:-CLAIMS-DEPT) | | | | | | | |
| MBER BREUNIG 0 FEMALE Date of Birth Race WHITE Address S8903A US HIGHWAY 12 PRAIRIE DU SAC, WI 53578, US Driver License Number Safety Equipment On Duty Crash Safety Equipment Row 01 - FRONT ROW On Duty Crash Safety Equipment Row 01 - FRONT ROW 07 - LEFT Helmet Compliance Helmet Use Helmet Compliance Eye Protection Tint Compliance Von DEPLOYED NON DEPLOYED Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | | 1 | ndividual | | | | | | | | |
| Image: Second | | | | | | | | | | | |
| Safety Equipment On Duty Crash Safety Equipment Row On Duty Crash Safety Equipment Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Injury NO APPARENT INJURY Airbag NON DEPLOYED Ejected Ejection Path NOT EJECTED Trapped/Extricated NOT RAPPED | | Ł | AMBER BREUNIG | | - | | | | | | |
| Safety Equipment On Duty Crash Safety Equipment Row On Duty Crash Safety Equipment Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Injury NO APPARENT INJURY Airbag NON DEPLOYED Ejected Ejection Path NOT EJECTED Trapped/Extricated NOT RAPPED | . | Š. | | | Date of Birth | | | | | | |
| Safety Equipment On Duty Crash Safety Equipment Row On Duty Crash Safety Equipment Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Injury NO APPARENT INJURY Airbag NON DEPLOYED Ejected Ejection Path NOT EJECTED Trapped/Extricated NOT RAPPED | Ξ | ₹ | Address | | Driver License Numbe | r | | | | | |
| Safety Equipment On Duty Crash Safety Equipment Row On Duty Crash Safety Equipment Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Injury NO APPARENT INJURY Airbag NON DEPLOYED Ejected Ejection Path NOT EJECTED Trapped/Extricated NOT RAPPED | Э | ā | S8903A US HIGHWAY 12 | | | | | | | | |
| Safety Equipment Seat Position 01 - FRONT ROW Seat Position 07 - LEFT SHOULDER & LAP BELT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Injury NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path NOT EJECTED Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | | ≤ | PRAIRIE DU SAC, WI 53578 | , US | | | | | | | |
| Safety Equipment Seat Position 01 - FRONT ROW Seat Position 07 - LEFT SHOULDER & LAP BELT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Injury NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path NOT EJECTED Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | | | | | | | | | | | |
| Row 01 - FRONT ROW Seat Position 07 - LEFT SHOULDER & LAP BELT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury NO APPARENT INJURY Airbag NON DEPLOYED Trapped/Extricated NOT EJECTED | | Sat | On Duty C | rash | Safety Equipment | | | | | | |
| 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury NO APPARENT INJURY Airbag NON DEPLOYED Ejected Ejection Path NOT EJECTED Ejected/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | | •••• | | 0 | | | | | | | |
| Helmet Use Helmet Compliance Eye Protection Tint Compliance Big Injury Nou Apparent NO Apparent INJURY NON DEPLOYED Ejected Ejection Path NOT EJECTED Ejected/NOT APPLICABLE | | | - | | SHOULDER & LAP | DELI | | | | | |
| Injury Injury Seventy NO APPARENT INJURY Airbag NON DEPLOYED Ejected Ejection Path NOT EJECTED Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | | | | | Helmet Compliance | | | | | | |
| Injury Injury Seventy Airbag NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED | | | | | | | | | | | |
| B Injury NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED | | | Eye Protection | | Tint Compliance | | | | | | |
| Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED | 2 | 33 | Injury Seve | erity | Airbag | | | | | | |
| NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED | • | 8 | | | | | | | | | |
| | | | - | - | | | | | | | |
| | | | NOT EJECTED N Medical Transport | IOT EJECTED/NOT APP | | | | | | | |
| Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED EMS Run # EMS Run # | | | | | LING Agency Identifier | | EWG RUIT# | | | | |
| Wisconsin Motor Vehicle Crash This report does not include any CJIS data. Crash Date 11/01/2024 | | | | T L · | | | Court D | 11/01/0001 | | | |

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Hospital | | Date of Death | | Time of Death | | | |
|-----------|------------|--|-----------------------------|---------------------------|-------------------|--------------------------|----------------|--|--|
| | | | | | | | | | |
| | | Distracted By NOT APPLI | Source CABLE (NOT DISTRA | CTED) | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | |
| | | Non Motorist | Location | | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | Ļ | | | | | | | | |
| UNIT | DU | | | | | | | | |
| 5 | INDIVIDUAL | | | | | | | | |
| | Z | | | | | | | | |
| | | Action Other | | | | | To/From School | | |
| | | | | | | | | | |
| | l | Drug & Alcohol NO | cohol Use | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | 2 | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | . | | | |
| 8 | 003 | Drug Type | | | | | | | |
| | | Individual Condition | | | | | | | |
| | | APPEARED NORMAL | | | | | | | |
| | | Individual | | | | | | | |
| | | Passenger | | Citations Issued | Sex | | | | |
| | Ļ | EASTON BREUNIG | | 0 | MALE | | | | |
| ⊢ | INDIVIDUAL | | | Date of Birth | Race | | | | |
| INI | Ν | Address S8903A US HIGHWAY 12 | | Driver License Number | | | | | |
| | Z | PRAIRIE DU SAC, WI 53578, | US | | | | | | |
| | C. | On Duty Cras | h | Safety Equipment | | | | | |
| | Sal | fety Equipment | | | | | | | |
| | | | Seat Position | SHOULDER & LAP BELT | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| 8 | 004 | Injury Seventy | Airbag NON DEPLOYED | | | | | | |
| | - | Ejected Eject | tion Path | | | Trapped/Extricated | | | |
| | | NOT EJECTED NOT Medical Transport | FEJECTED/NOT APPL | EMS Agency Identifier | | NOT TRAPPED EMS Run # | | | |
| | | NOT TRANSPORTED | | Line Agency Identifier | | Line run # | | | |
| | | Hospital | | Date of Death | | Time of Death | | | |
| Wieco | oncin * | Motor Vehicle Crash | This report | t does not include any CJ | IIS data | Crash Date | 11/01/2024 | | |
| | DT40 | | rnis report | 7 of 9 | | | 10:28 PM | | |

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| | | Distracted By | By Source | | | | | | | |
|-------|---|--------------------------------------|------------------------------|------------------------|-------------------|----------------------|----------------|--|--|--|
| | | Distracted By Action | | | | | | | | |
| | | | | | | | | | | |
| | | Non Motorist | it # Location | | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | | Action | | | | | | | | |
| | Β | | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | | |
| 5 | R | | | | | | | | | |
| | Z | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | To/From School | | | |
| | | | | | | | | | | |
| | - 1 | Drug & Alcohol NO | | NO | | • | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | | | | |
| | | Drug Test Given | Drug Test Type | | Drug Test Results | | | | | |
| | · | TEST NOT GIVEN | | | | | | | | |
| 02 | 004 | Drug Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | |
| | | AFFEARED NORMAL | | | | | | | | |
| | 1 | ndividual | | | | | | | | |
| | | Passenger MIRANDA BREUNIG | | Citations Issued 0 | Sex FEMALE | | | | | |
| | NAI | | | Date of Birth | Race | | | | | |
| UNIT | INDIVIDUAL | Address | | Driver License Number | | | | | | |
| 5 | Ĩ | S8903A US HIGHWAY 12 | | | | | | | | |
| | = | PRAIRIE DU SAC, WI 53578 | , 05 | | | | | | | |
| | _ | On Duty C | rash | Safety Equipment | | | | | | |
| | Sat | ety Equipment | | | DC: T | | | | | |
| | | Row 02 - SECOND ROW | Seat Position 08 - MIDDLE | SHOULDER & LAP | BELI | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | | | | Tint Compliance | | | | | | |
| 02 | 005 | Injury Seve Injury NO APPA | erity ARENT INJURY | Airbag NON DEPLOYED | | | | | | |
| | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP | | | NON DEPEOTED | | Trapped/Extricated | | | | |
| | | | | | | NOT TRAPPED | | | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | | |
| | | Distracted | By Source | | | | | | | |
| | | Distracted By | , | | | | | | | |
| Visco | sconsin Motor Vehicle Crash This report does not include any CJIS data. Crash Date 11/01/2024 | | | | | | | | | |

Form DT4000

Crash Time 10:28 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Distracted By Action | | | | | | |
|------|------------|--------------------------------------|---------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| UNIT | INDIVIDUAL | Action | | | | | | |
| | | Action Other Drug & Alcohol | Suspected Alcohol U | Jse | Suspected Drug Use | | | To/From School |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | 3 | |
| 02 | 005 | Drug Type | | 1 | | | | |
| | | Individual Condition | IAL | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000