6TL0CX0QDB

24-12498

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash [| Primary Crash Document # Crash Time 99:99 Time Notified 03:46 AM | | Agency Crash Number 24-12498 Date Arrived 11/09/2024 Total Units 01 | | Investigating Officer/Deputy DEPUTY K. MCCARTY | | | |
|------------|--|--|--|---------------------|--|---------------------------------|---|-------------------------------------|---|--|
| DB | Crash Date 11/09/2024 | 99:99 | | | | | Time Arrived 03:56 AM | | | |
| 6TL0CX0QDB | Date Notified 11/09/2024 | | | | | | Total InjuredTotal Kille0000 | | эd | |
| 0C) | On Emergency | Hit and Run | Lane Closu | ire | Work Zone | Trai | ler or [·] | Towed | Reporting Threshold | |
| 6TL | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | | | |
| | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH |) | | Ame | nded | | Secondary Crash | |
| ĺ | Description | | | | | | | | | |
| | Diagram | | | | | $\mathbf{\Phi}$ | | constructior otos By CCARTY 9 | | |
| | | 07 | Coon Bluff Rd | | | | Ad PH | ditional Infor IOTOS | rmation | |
| | Not to scale | | | 0111 | | | | | | |
| | | | 10 | | | | | | | |
| | ✔ I, a sworn law enfor | | | | | | | | | |
| | UNIT 1 WAS TRAVELING NE UNIT 1 OVER CORRECT, CF | BON COON BLUFF RD JI ROSSED CENTERLINE, C | UST SOUTH OF SO CROSSED SB LANE | UTH AVE , AND EN | E. UNIT 1 DRIFTED OUT | SIDE OF THE N . UNIT 1 ROLLE | B LANE D ONT(| AND PART | IALLY INTO THE NB DITCH. ENGER SIDE WHERE IT | |

UNIT 1 OVER CORRECT, CROSSED CENTERLINE, CROSSED SB LANE, AND ENTERED THE SB DITCH. UNIT 1 ROLLED ONTO ITS PASSENGER SIDE WHERE IT CAME TO A REST IN THE SB DITCH. UNIT 1 WAS UNOCC UPON LE ARRIVAL. CRAIGS REMOVED VEHICLE DUE TO DISABLING DAMAGE. FOLLOW-UP INVESTIGATION IDENTIFIED ALEXANDRA PHILLIPS AS THE DRIVER. THE CRASH WAS NOT REPORTED TO LE AS THE OPERATOR WAS SCARED SHE WOULD BE IN TROUBLE. OPERATOR CITED FOR FAILURE TO REPORT ACCIDENT TO LAW ENFORCEMENT. CITE ISSUED AND EXPLAINED. 24-12498

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| ON COON BLUFF RD | | | | Latitude | | | Longitu | |
|---|--|--|--|---------------|--|---|--|-----------------------------------|
| 0.37 MI S OF SOUTH AVE | | | | | 55902 | | -89.867131374 | |
| IN THE TOWN OF DEL | LONA | | | | | Y Coordinate 4828227 | | |
| IN SAUK COUNTY | | | | | 48282 | .21 | | |
| | | | | Structure | туре | | | |
| Crash Scene | | | | | | | | |
| First Harmful Event | | | | First Harm | nful Event Lo | ocation | | |
| OVERTURN/ROLLOVE | R | | | ROADSI | DE | | | |
| Manner of Collision | | Light Cond | | | | | | |
| 00 - NO COLLISION W Road Surface Condition(s) | | DARK/U | | | | | | |
| . , | | | Roadway Factor(s) | | | | | |
| DRY | | | | | | | | |
| Environment Factor(s) | | | | | | | | |
| NONE | | | | NONE | | | | |
| Weather Condition(s) | | | | | | | | |
| CLEAR | | | | | | | | |
| Animal Type | | | | Relation T | o Trafficwa | / | | |
| | | | | TRAFFIC | WAY - OI | NROAD | | |
| Crash Classification - Loca | | | | ssification - | | | | |
| PUBLIC PROPERTY Tribal Land | | | NO SPECIAL JURISDICTION | | | Chapiel Study | | |
| | | Access Control Special Study NO CONTROL | | | | | | |
| Within Interchange Area | Junction Location | | Intersectio | | | | | |
| NO | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | |
| Unit Summary | | | | | | · · · · - | | |
| Unit Status | | | | | Unit Type AUTOMO | BILE | | |
| Vehicle Type | | DOLAGO | | | | Operating As Endorsements | | |
| | | | | | | | | |
| (SPORT) UTILITY VEH | ICLE | | | | | | | |
| Total Occs | ICLE Train/Bus # Recorded | | tions Issued | | Total Trail | ers | | zMat Types |
| Total Occs 2 | Train/Bus # Recorded | 1 | | | 0 | | 0 | |
| Total Occs 2 Insurance? | Train/Bus # Recorded Direction Of Travel | 1 Pre | CrashTire | | 0 Speed Lin | | 0 Total La | |
| 2 Insurance? | Train/Bus # Recorded Direction Of Travel NORTHBOUND | 1 | CrashTire Mark | | 0 | | 0 Total Lai 2 | nes |
| 2 Insurance? | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With | 1 Pre Special Fur | CrashTire Mark | | 0 Speed Lin | hit Emergency NOT APP | 0 Total Lar 2 Motor Vel | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R | 1 Pre Special Fur NO SPEC Traffic Cont | CrashTire Mark Inction CIAL FUNC | | 0 Speed Lin | it Emergency NOT APP Traffic Cont | 0 Total Lar 2 Motor Vel | nes hicle Use |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT | CrashTire Mark Inction CIAL FUNC Trol TROL | | 0 Speed Lin | Emergency NOT APP Traffic Cont | 0 Total Lar 2 Motor Vel LICABLE | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type | Train/Bus # Recorded Direction Of Travel NORTHBOUND On With R ED | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction IAL FUNC Irol IROL ature | | 0 Speed Lin | it Emergency NOT APP Traffic Cont NO Road Grade | 0 Total Lar 2 Motor Vel LICABLE | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID | Train/Bus # Recorded Direction Of Travel NORTHBOUND On With R ED | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT | CrashTire Mark Inction IAL FUNC Irol IROL ature | | 0 Speed Lin | Emergency NOT APP Traffic Cont | 0 Total Lar 2 Motor Vel LICABLE | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING | Train/Bus # Recorded Direction Of Travel NORTHBOUND On With R ED | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva | CrashTire Mark Inction IAL FUNC Irol IROL ature | | 0 Speed Lin | it Emergency NOT APP Traffic Cont NO Road Grade | 0 Total Lar 2 Motor Vel LICABLE | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) | 1 Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH | CrashTire Mark Inction BIAL FUNC trol ROL ature T | | 0 Speed Lin 45 | it NOT APP Traffic Cont NO Road Grade LEVEL | 0 Total Lai 2 Motor Vel LICABLE rol Inopera | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Number | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH | CrashTire Mark Inction BIAL FUNC trol ROL ature T | | 0 Speed Lin 45 | hit NOT APP Traffic Cont NO Road Grade LEVEL | 0 Total La 2 Motor Vel LICABLE rol Inopera | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Number AKZ9072 | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH | CrashTire Mark Inction BIAL FUNC trol ROL ature T | | 0 Speed Lin 45 St WI | it NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S | 0 Total La 2 Motor Vel LICABLE rol Inopera | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Number | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) r Number | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH | CrashTire Mark Inction BIAL FUNC trol ROL ature T | | 0 Speed Lin 45 | hit NOT APP Traffic Cont NO Road Grade LEVEL | 0 Total La 2 Motor Vel LICABLE rol Inopera | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Number AKZ9072 Vehicle Identification | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) r Number | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make CHEV Body Style | CrashTire Mark inction CIAL FUNC trol TROL ature T | TION | 0 Speed Lin 45 St WI Year 2002 | it Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model | 0 Total La 2 Motor Vel LICABLE rol Inopera | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Numbe AK29072 Vehicle Identification 1GNEK13Z42J308 Color RED - RED | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) r Number | 1 Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make CHEV Body Style UT - SPC | CrashTire Mark ICTION ITAL FUNC T T T T DRT UTILIT | TION | 0 Speed Lin 45 St WI Year 2002 | it NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model TAHOE | 0 Total La 2 Motor Vel LICABLE rol Inopera | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Numbe AK29072 Vehicle Identification 1GNEK13Z42J308 Color RED - RED Initial Contact Point | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) r Number | 1 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make CHEV Body Style | CrashTire Mark ICTION ITAL FUNC T T T T DRT UTILIT | TION | 0 Speed Lin 45 St WI Year 2002 | it NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model TAHOE | 0 Total La 2 Motor Vel LICABLE rol Inopera | nes hicle Use E |
| Total Occs 2 Insurance? NO Most Harmful Event: Collisi OVERTURN/ROLLOVE Traffic Way TWO-WAY, NOT DIVID Surface Type BLACKTOP (BITUMING Truck Bus or HazMat NO Vehicle License Plate Numbe AK29072 Vehicle Identification 1GNEK13Z42J308 Color RED - RED | Train/Bus # Recorded Direction Of Travel NORTHBOUND on With R ED DUS) r Number | 1 Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make CHEV Body Style UT - SPC | CrashTire Mark Diction BIAL FUNC Trol ROL ature T | TION | 0 Speed Lin 45 St WI Year 2002 | it NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model TAHOE | 0 Total La 2 Motor Vel LICABLE rol Inopera | nes hicle Use ative/Missing |

24-12498

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

| | | 3 DAMAGE | | | | | | |
|----------|---------------------------------|--|---|--|--|---|--|--|
| | | | | | | | | |
| | Driver Prior Action Other | | UNI | KNOWN | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Ľ | 107,110,120 | | | | | | | |
| ₽ | | | | | | | | |
| ΝE | | | | | | | | |
| | | | | | | | | |
| | | | | Owner Address 308 LINION STREE | т | | | |
| 0 | | | | | | | | |
| | | | | | | | | |
| | Sequence Of Events | | | | | | | |
| 01 | | г | | | | | | |
| 02 | Event CROSS CENTERLINE | | | | | | | |
| 03 | Event DITCH | | | | | | | |
| | | | | | | | | |
| 6 | OVERTURN/ROLLOVER | | | | | | | |
| l | | | | | | | | |
| | DRIVER ALEXANDRA PHILLIPS | | | | | | | |
| A | | | | | | | | |
| DU | | | | | WHITE | | | |
| | Address | | Driver License Number | | | | | |
| | | | s | TATE: WISCONSIN | COUNTRY: UNI | TED STATES | | |
| | | | | | | | | |
| ı Saf | On Duty Cr | rash | Si | afety Equipment | | | | |
| | | Seat Position | R | ESTRAINT USE UN | IKNOWN | | | |
| | 01 - FRONT ROW | 07 - LEFT | | | | | | |
| | Helmet Use | • | H | elmet Compliance | | | | |
| | Eye Protection | | Ti | int Compliance | | | | |
| ב ו | Injury Seve | rity | A | irbag | | | | |
| - | | | Ν | ON DEPLOYED | | | | |
| | | | | | | Trapped/Extricated UNKNOWN | | |
| | Medical Transport | | E | MS Agency Identifier | | EMS Run # | | |
| | | | | | | | | |
| | | | ate of Death | | Time of Death | | | |
| | Distracted By UNKNOW | By Source /N | | | | | | |
| | Distracted By Action UNKNOWN | | | | | | | |
| | Non Motorist | it # Location | | | | | | |
| | INDIVIDUAL 04 03 02 01 | What Driver Was Doing GOING STRAIGHT Driver Prior Action Other Driver Actions 107,116,120 Owner Name MATTHEW KNEELAND Sequence Of Events Event RUN OFF ROADWAY RIGHT Event CROSS CENTERLINE Event DITCH Event OVERTURN/ROLLOVER Individual DRIVER ALEXANDRA PHILLIPS Address 331 BLY ST # 207 WAUPUN, WI 53963 , US Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection NOT TRANSPORTED Hospital Distracted By Action UNKNOWN Distracted By Action UNKNOWN | GOING STRAIGHT Driver Prior Action Other Driver Actions 107,116,120 Owner Name MATTHEW KNEELAND Sequence Of Events Event RUN OFF ROADWAY RIGHT Event DTCH Event DTCH Event OVERTURN/ROLLOVER Individual DRIVER ALEXANDRA PHILLIPS Address 331 BLY ST # 207 WAUPUN, WI 53963 , US Safety Equipment Row Seat Position 01 - FRONT ROW 07 - LEFT Heimet Use Ejection Eye Protection UNKNOWN Medical Transport NO APPARENT INJURY NOT TRANSPORTED Hospital Distracted By Action UNKNOWN Distracted By Action UNKNOWN | TOWED DUE TO DISABLING DAMAGE CR.J What Driver Was Doing Veh GOING STRAIGHT UNI Driver Action Other UNI Driver Actions 107,116,120 Owner Name MATTHEW KNEELAND MATTHEW KNEELAND Sequence Of Events Event Event Run OFF ROADWAY RIGHT Event Event Event OVERTURN/ROLLOVER Difference Individual DRIVER Address 331 BLY ST # 207 WAUPUN, WI 53963 , US S Safety Equipment On Duty Crash Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use H Eye Protection T Virknown UNKNOWN Distracted By Action Distracted By Source UNKNOWN Stirking Unit # Location | TOWED DUE TO DISABLING DAMAGE CRAIGS TOWING What Driver Was Doing Vehicle Factors GOING STRAIGHT UNKNOWN Driver Prior Action Other UNKNOWN Driver Prior Action Other UNKNOWN Driver Actions 107,116,120 Owner Name Owner Address MATTHEW KNEELAND Owner Address 308 UNION STREE La Val.LE, WI 5394 Sequence Of Events Event RUN OFF ROADWAY RIGHT Event Event Event OVERTURN/ROLLOVER Citations Issued 1 Date of Birth OPTON Or Duty Crash Safety Equipment Safety Equipment Row On Duty Crash Safety Equipment Row Seat Position The Compliance Eye Protection Thi Compliance Eye Protection Mathow I Elected Path NON DEPLOYED Ejected Ejected No APPARENT INJURY NON DEPLOYED Eye Protection Elected Path Date of Death Distracted By Source UNKNOWN UNKNOWN Distracted By Action UNKNOWN <th>Tower Due To DisABLING DAMAGE CRAIGS TOWING What Driver Was Doing GOING STRAIGHT Vehicle Factors Driver Prior Action Other UNKNOWN Driver Actions UNKNOWN Driver Actions UNKNOWN Driver Actions UNKNOWN Driver Actions Owner Address 308 UNION STREET LA VALLE, WI 53941 , US Sequence Of Events Event RUN OFF ROADWAY RIGHT Event CROSS CENTERLINE Event CROSS CENTERLINE Event OVERTURN/ROLLOVER Citations Issued 1 Driver Liense Number Sex WHITE Address JBLY ST # 207 WAUPUN, WI S3863 , US Safety Equipment Row Heimel Use Gon Duty Crash 07 - LEFT Heimel Use Heimel Compliance Eye Protection Tint Compliance Injury No APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NOT TRANSPORTED Hospital Date of Death Distracted By Source UNKNOWN EMS Agency Identifier Distracted By Source UNKNOWN Distracted By Source UNKNOWN</th> | Tower Due To DisABLING DAMAGE CRAIGS TOWING What Driver Was Doing GOING STRAIGHT Vehicle Factors Driver Prior Action Other UNKNOWN Driver Actions UNKNOWN Driver Actions UNKNOWN Driver Actions UNKNOWN Driver Actions Owner Address 308 UNION STREET LA VALLE, WI 53941 , US Sequence Of Events Event RUN OFF ROADWAY RIGHT Event CROSS CENTERLINE Event CROSS CENTERLINE Event OVERTURN/ROLLOVER Citations Issued 1 Driver Liense Number Sex WHITE Address JBLY ST # 207 WAUPUN, WI S3863 , US Safety Equipment Row Heimel Use Gon Duty Crash 07 - LEFT Heimel Use Heimel Compliance Eye Protection Tint Compliance Injury No APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NOT TRANSPORTED Hospital Date of Death Distracted By Source UNKNOWN EMS Agency Identifier Distracted By Source UNKNOWN Distracted By Source UNKNOWN | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Prior Action | | | | | | | | | | | |
|------|------------|--|--------------|-------------------|---|------------------|----------------------|----------------|--|--|--|--|--|
| | | Action | | | | | | | | | | | |
| | AL | | | | | | | | | | | | |
| UNIT | /IDU | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | | | |
| | | Suspected Alcohol Use Suspected Drug Use Drug & Alcohol NO NO | | | | | | | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | | | | | | |
| | | TEST NOT GIVEN Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Result | s | | | | | | |
| | - | TEST NOT GIVEN Drug Type | | | | | | | | | | | |
| 9 | 001 | brag rype | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | | |
| | | NOT OBSERVED | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Ļ | PASSENGER ANGEL WILK | | | Citations Issued 0 | Sex FEMALE | | | | | | | |
| ⊨ | DUA | | | | Date of Birth | Race WHITE | | | | | | | |
| UNIT | INDIVIDUAL | Address 308 UNION ST | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | | |
| | Z | LA VALLE, WI 53941 , U | S | | STATE: WISCONS | SIN COUNTRY: UN | IITED STATES | | | | | | |
| | Sat | fety Equipment | y Crash | | Safety Equipment | | | | | | | | |
| | | Row | Seat Po | | RESTRAINT USE | UNKNOWN | | | | | | | |
| | | 01 - FRONT ROW Helmet Use | 09 - R | IGHT | Helmet Compliance | | | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | | | |
| _ | 8 | Injury S | Severity | | Airbag | | | | | | | | |
| 9 | 00 | Injury Injury Airbag Injury NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated | | | | | | | | | | | |
| | | UNKNOWN | UNKNOV | | | | UNKNOWN | | | | | | |
| | | Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier EMS Run # | | | | | | | | |
| | | Hospital | | | Date of Death Time of Death | | | | | | | | |
| | | Distracted By | ted By Sourc | e | | | | | | | | | |
| | | Distracted By Action | | | | | | | | | | | |
| | | Non Motorist | Unit # | Location | | | | | | | | | |
| | | Prior Action | | | | | | | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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| | | Action | | | | | | |
|------|------------|-----------------------------------|------------------|--------------------------|---------------------------------|-------------------|----------------------|----------------|
| | AL | | | | | | | |
| UNIT | DU | | | | | | | |
| 5 | INDIVIDUAL | | | | | | | |
| | Z | | | | | | | |
| | | | | | | | | |
| ľ | | Action Other | | | | | | To/From School |
| | | | Suspected Alco | hol Use | Suspected Drug Use | | | |
| | L | Drug & Alcohol | NO | | NO | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | Drug Test Type | | Drug Test Desults | | |
| | | Drug Test Given TEST NOT GIVEN | | Diug rest type | | Drug Test Results | | |
| 2 | 002 | Drug Type | | | | • | | |
| | 0 | | | | | | | |
| | | Individual Condition | | | | | | |
| | | | IAL | | | | | |
| | 1 | Violations | | | | | | |
| | 6 | UTC Number BJ676040 | Issue To? 001 | Statute Number 346.70(1) | Description FAILURE OF OPERA | ATOR TO NOTIF | Y POLICE OF ACCIDI | ENT |