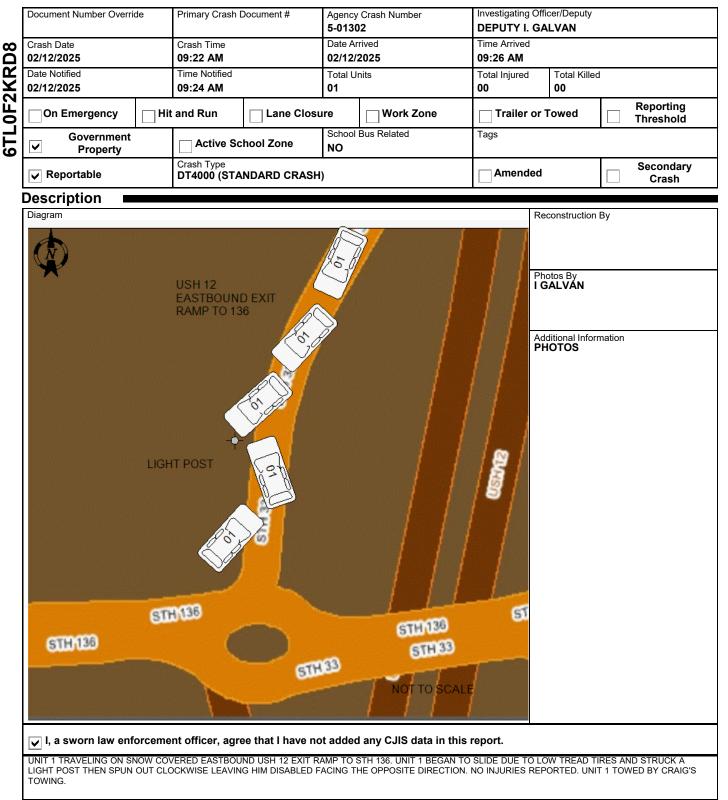
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25-01302

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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



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| Lo  | cation                                    |                                  |                            |  |   |             |                             |                       |  |
|---|---|----------------------------------|----------------------------|--|---|-------------|-----------------------------|-----------------------|--|
|   | N STH33 WB                                |                                  |                            | La   | Latitude  |             | Longitude                   |                       |  |
|   | 01 FT N                                   | 43                               | 43.475712054               |  | -89.7   | 75892832    |                             |                       |  |
|   | F STH136 EB<br>I THE VILLAGE OF V         |                                  |                            | X  | X Coordinate                                      |             | Y Coc                       | ordinate              |  |
|   |   | VEST BARADOO                     |                            | 27   | 275490.0625 4817387.5                             |             |                             |                       |  |
|   |   |                                  |                            |  | Structure Type NO STRUCTURE                       |             |                             |                       |  |
|   | ash Scene                                 |                                  |                            |  |   |             |                             |                       |  |
| -   | st Harmful Event                          |                                  |                            | Fir  | st Harmful Event                                  | Location    |                             |                       |  |
| LL  | JM LIGHT SUPPORT                          | г                                |                            |  | DADSIDE   |             |                             |                       |  |
| Manner of Collision<br>00 - NO COLLISION W/VEHICLE IN TRANSPORT |   |                                  |                            | Light Condition                                |   |             |                             |                       |  |
| 00  | - NO COLLISION W                          | /VEHICLE IN TRANSPO              | RT                         | DA   | DAYLIGHT  |             |                             |                       |  |
| Ro  | oad Surface Condition(s)                  |                                  |                            | Roadway Factor(s)                              |   |             |                             |                       |  |
| SI  | NOW, SLUSH                                |                                  |                            |  |   |             |                             |                       |  |
| En  | vironment Factor(s)                       |                                  |                            |  |   |             |                             |                       |  |
| w   | EATHER CONDITIO                           | NS                               |                            | ROAD SURFACE CONDITION (W<br>ETC)              |   |             |                             | ET, ICY, SNOW, SLUSH, |  |
| W   | eather Condition(s)                       |                                  |                            |  |   |             |                             |                       |  |
| CI  | LOUDY, SNOW                               |                                  |                            | Relation To Trafficway<br>TRAFFICWAY - ON ROAD |   |             |                             |                       |  |
| Ar  | nimal Type                                |                                  |                            |  |   |             |                             |                       |  |
|   |   |                                  |                            |  |   |             |                             |                       |  |
|   | ash Classification - Loca                 | ition                            |                            |  | Crash Classification - Jurisdiction               |             |                             |                       |  |
|   | JBLIC PROPERTY                            |                                  |                            |  | NO SPECIAL JURISDICTION Access Control Special St |             | Special Study               |                       |  |
|   |   |                                  |                            |  | NO CONTROL  |             |                             |                       |  |
|   | Within Interchange Area Junction Location |                                  |                            |  | tersection Type                                   |             |                             |                       |  |
|   | ES  | EXIT RAMP                        |                            | NOT AN INT                                     | ERSECTION   |             |                             |                       |  |
|   | nit Summary                               |                                  | Vehicle Ope                | erating As Class                               | ification   | Linit Turne |                             |                       |  |
| -   |   |                                  | D CLASS                    | Frainly AS Class                               | Classification Unit Type AUTOMOBILE               |             |                             |                       |  |
| Ve  | ehicle Type                               | 5 02100                          |                            | Operating As Endorse                           |   |             | sements                     |                       |  |
| P   | ASSENGER CAR                              |                                  |                            |  |   |             |                             |                       |  |
|   | otal Occs                                 | Train/Bus # Recorded             |                            | tions Issued                                   | Total Tra   | 0           |                             | azMat Types           |  |
| 1   | -   |                                  | 0                          |  | 0   |             |                             |                       |  |
|   | surance?<br>NKNOWN                        | Direction Of Travel<br>EASTBOUND | Pre                        | CrashTire<br>Mark                              | Speed L<br>65                                     | imit        | Total La                    | anes                  |  |
|   | ost Harmful Event: Collis                 |                                  | Special Fun                | Special Function                               |   |             | Emergency Motor Vehicle Use |                       |  |
|   | JM LIGHT SUPPORT                          |                                  |                            | NO SPECIAL FUNCTION                            |   | NOT APPLIC  |                             |                       |  |
|   | affic Way                                 | Traffic Cont                     | Traffic Control NO CONTROL |  |   |             | noperative/Missing          |                       |  |
|   |   |                                  |                            |  | NO  |             |                             |                       |  |
|   | irface Type<br>L <b>ACKTOP (BITUMIN</b>   | Road Curva<br>CURVE L            |                            |  | Road Grade<br>DOWNHILL                            |             |                             |                       |  |
|   | uck Bus or HazMat                         | CORVEL                           | CORVELEFT                  |  | DOWNHILL  |             |                             |                       |  |
| N   |   |                                  |                            |  |   |             |                             |                       |  |
|   | Vehicle                                   |                                  |                            |  |   |             |                             |                       |  |
|   | License Plate Numbe                       | er                               |                            | Plate Type S                                   |   |             |                             |                       |  |
|   | ARP6964<br>Vehicle Identification         |                                  | AUT W<br>Make Ye           |  | UNITED STATES Model                               |             |                             |                       |  |
| 0   |   | CHEV                             |                            |  | MALIBU  |             |                             |                       |  |
|   | Color                                     | Body Style                       | 1                          |  | Bus Use   |             |                             |                       |  |
|   |   |                                  | 4D - 4DR                   |  |   |             |                             |                       |  |
|   | BLK - BLACK                               |                                  |                            |  |   |             |                             |                       |  |
| ш   | Initial Contact Point                     |                                  | 4D - 4DR<br>Vehicle Da     |  |   |             |                             | 7 8 9 10 11           |  |
|   | Initial Contact Point                     | CORNER                           | Vehicle Da                 | image  |   |             |                             | 7 8 9 10 11<br>6      |  |
| VEHICLE   | Initial Contact Point                     |                                  | Vehicle Da                 |  | RNER  |             |                             |                       |  |

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|      |                                | Towed Due To Damage<br>TOWED DUE TO DISABLI             | NG DAMA     |                  | Vehicle Removed By<br>CRAIGS TOWING     |               |                                   |  |  |
|------|--------------------------------|---|-------------|------------------|---|---------------|-----------------------------------|--|--|
|      |                                | What Driver Was Doing                                   |             |                  | /ehicle Factors                         |               |                                   |  |  |
|      |                                | GOING STRAIGHT  |             |                  |   |               |                                   |  |  |
|      |                                | Driver Prior Action Other                               |             | 1                | TIRES                                   |               |                                   |  |  |
|      |                                | Driver Actions  |             |                  |   |               |                                   |  |  |
|      | Щ                              | NO CONTRIBUTING ACTI                                    | ON          |                  |   |               |                                   |  |  |
| UNIT | IIC                            |   |             |                  |   |               |                                   |  |  |
|      | VEHICLE                        |   |             |                  |   |               |                                   |  |  |
|      | -                              |   |             |                  |   |               |                                   |  |  |
|      |                                | Owner Name<br>JAYVIAN DIXON                             |             |                  | Owner Address 1119 SILVER DR APT 202    |               |                                   |  |  |
| 0    | 01                             | (608) 844-4943  |             |                  | BARABOO, WI                             |               |                                   |  |  |
|      |                                |   |             |                  |   |               |                                   |  |  |
|      | ç                              | Sequence Of Events                                      |             |                  |   |               |                                   |  |  |
|      | 01                             | Event<br>LUM LIGHT SUPPORT                              |             |                  |   |               |                                   |  |  |
|      | 02                             | Event   |             |                  |   |               |                                   |  |  |
|      | 03                             | Event   |             |                  |   |               |                                   |  |  |
|      |                                | Event   |             |                  |   |               |                                   |  |  |
|      | 04                             |   |             |                  |   |               |                                   |  |  |
|      | l                              | ndividual   |             |                  |   |               |                                   |  |  |
|      | IAL                            | DRIVER<br>STEFAN WILLIAMS<br>(608) 844-4943             |             |                  | Citations Issued                        | Sex<br>MALE   | E                                 |  |  |
|      |                                |   |             |                  | Date of Birth                           | Race          |                                   |  |  |
| E    | NDIVIDUAI                      |   |             |                  |   |               | BLACK/AFRICAN AMERICAN            |  |  |
| UNIT | DIS                            | Address 71 FOREST DR APT 1106                           |             |                  | Driver License Number                   |               |                                   |  |  |
|      | R                              | WISCONSIN DELLS, WI 53965 , US                          |             |                  | STATE: WISCONSIN COUNTRY: UNITED STATES |               |                                   |  |  |
|      |                                |   |             |                  |   |               |                                   |  |  |
|      | On Duty Crash Safety Equipment |   |             | Safety Equipment |   |               |                                   |  |  |
|      | 1                              | Row Seat Position                                       |             | osition          | SHOULDER & LAP BELT                     |               |                                   |  |  |
|      |                                | 01 - FRONT ROW  | W 07 - LEFT |                  |   |               |                                   |  |  |
|      |                                | Helmet Use  |             |                  | Helmet Compliance                       |               |                                   |  |  |
|      |                                | Eye Protection  |             |                  | Tint Compliance                         |               |                                   |  |  |
| 01   | 001                            | Injury Severity   |             |                  | Airbag                                  |               |                                   |  |  |
| 0    | õ                              |   |             |                  | NON DEPLOYED                            |               | Tranned/Extrinated                |  |  |
|      |                                | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AI    |             |                  | PLICABLE                                |               | Trapped/Extricated<br>NOT TRAPPED |  |  |
|      |                                | Medical Transport                                       |             |                  | EMS Agency Identifier                   |               | EMS Run #                         |  |  |
|      | NOT TRANSPORTED                |   |             | Date of Death    |   | Time of Death |                                   |  |  |
|      |                                | Hospital  |             |                  |   |               |                                   |  |  |
|      |                                | Distracted By Source<br>NOT APPLICABLE (NOT DISTRACTED) |             |                  |   |               |                                   |  |  |
|      |                                | Distracted By Action <b>NOT DISTRACTED</b>              |             |                  |   |               |                                   |  |  |
|      |                                | Non Motorist  | Unit #      | Location         |   |               |                                   |  |  |
| I 1  |                                |   |             | 1                |   |               |                                   |  |  |

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|      |                                    | Prior Action          |                  |                |                         |  |                      |                   |  |  |
|------|------------------------------------|-----------------------|------------------|----------------|-------------------------|--|----------------------|-------------------|--|--|
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      |                                    | Action                |                  |                |                         |  |                      |                   |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      | Ļ                                  |                       |                  |                |                         |  |                      |                   |  |  |
|      | 4                                  |                       |                  |                |                         |  |                      |                   |  |  |
|      | Ы                                  |                       |                  |                |                         |  |                      |                   |  |  |
| UNIT | 5                                  |                       |                  |                |                         |  |                      |                   |  |  |
|      | INDIVIDUAL                         |                       |                  |                |                         |  |                      |                   |  |  |
|      | Z                                  |                       |                  |                |                         |  |                      |                   |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      |                                    | Action Other          |                  |                |                         |  |                      | To/From School    |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      |                                    | Suspected Alcohol Use |                  |                | Suspected Drug Use      |  |                      |                   |  |  |
|      | Drug & Alcohol NO                  |                       |                  |                | NO                      |  |                      |                   |  |  |
|      |                                    | Alcohol Test Give     |                  |                | Alashal Test Des        |  |                      |                   |  |  |
|      |                                    |                       | 51               |                | pe                      |  | Alcohol Test Results |                   |  |  |
|      |                                    | TEST NOT GIVEN        |                  |                |                         |  |                      |                   |  |  |
|      |                                    |                       |                  | Drug Test Type | t Type Drug Test Result |  | 6                    |                   |  |  |
|      |                                    | TEST NOT GIVEN        |                  |                |                         |  |                      |                   |  |  |
| - I  | Σ                                  | Drug Type             |                  |                |                         |  |                      |                   |  |  |
| 6    | 001                                |                       |                  |                |                         |  |                      |                   |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
| İ    |                                    | Individual Condition  |                  |                |                         |  |                      |                   |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      |                                    | APPEARED NORMAL       |                  |                |                         |  |                      |                   |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      | Pro                                | perty Owne            | r                |                |                         |  |                      |                   |  |  |
| -    |                                    |                       |                  |                |                         |  |                      |                   |  |  |
| 0    | GOVERNMENT<br>SAUK COUNTY HWY DEPT |                       |                  |                | Address<br>620 STH 136  |  |                      |                   |  |  |
| ۲. H | (608) 356-3855                     |                       |                  |                | PO BOX 26               |  |                      |                   |  |  |
| PROP |                                    |                       |                  |                | BARABOO, WI 53913 , US  |  |                      |                   |  |  |
|      |                                    |                       |                  |                |                         |  |                      |                   |  |  |
|      | Fixe                               | ed Objects St         | truck            |                |                         |  |                      |                   |  |  |
|      |                                    | Striking Unit         | Struck Object    |                |                         |  | Structure Number     | Damage Tag Number |  |  |
|      | 0                                  | 01                    | LUM LIGHT SUPPOR | эт             |                         |  |                      | 337895            |  |  |
|      | •                                  | 01                    |                  | <b>N</b>       |                         |  |                      | 337033            |  |  |