WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Agency 25-014	Crash Number 42	Investigating Offi DEPUTY A. W		1
Crash Date 02/15/2025	Crash Time 12:11 PM	Date Ar 02/15/ 2		Time Arrived 12:33 PM		
Date Notified 02/15/2025	Time Notified 12:12 PM	Total U	nits	Total Injured	Total Kill	ed
	and Run		◯ Work Zone	Trailer or	1	Reporting Threshold
Government	Active School Zone		Bus Related	Tags		Inresnoid
✓ Property ✓ Reportable	Crash Type DT4000 (STANDARD CRAS			Amended		Secondary Crash
Description		,				Clasii
Diagram	No	ot to Sca	de	Ph	otos By WILCOX	
OZ O	CTH PF	[01				
I, a sworn law enforceme ON 02/15/2025, I WAS DISPATCHED CTH PF WHEN UNIT 1 WAS NEGO' BEING ICY AND DRIVING TOO FAS DISABLING DAMAGE TO BOTH UN	D TO E7528 CTH PF IN THE TOWN TIATING A RIGHT-HAND CURVE. N BT. UNIT 1 OPERATOR TRIED TO (N OF HONEY WHILE NEGO CORRECT T	CREEK FOR A TWO-VI OTATING THE CURVE U THE UNIT 1 BUT WAS UN	EHICLE TRAFFIC CRA INIT 1 OPERATOR LOS NABLE TO DUE SO. UI	ST CONTRO	OL DUE TO THE ROADS INIT 2 HEADON, CAUSING

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 6

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Lo	ocation =							
	N CTHPF WB			Latitude		Longitude		
-	62 MI W			43.31825204	4	-89.946803726		
_	F CEDAR RD			X Coordinate		Y Coordinate		
	I THE TOWN OF HO I SAUK COUNTY	NEY CREEK		261047.9062	5	4800374.5		
IIN	SAUK COUNTY			Structure Type				
				NO STRUCT	URE			
Cr	ash Scene							
Fir	rst Harmful Event			First Harmful Ev	vent Location			
М	OTOR VEH IN TRA	NSPORT		ON ROADWA	AY			
Ma	anner of Collision			Light Condition				
02	2 - FRONT TO FROM	NT		DAYLIGHT				
Ro	oad Surface Condition(s	5)		Roadway Facto	or(s)			
w	ET, SNOW, SLUSH	, ICE			.,			
Er	nvironment Factor(s)			1				
w	EATHER CONDITION	ONS		NONE				
W	eather Condition(s)			_				
CI	LOUDY							
Ar	nimal Type			Relation To Tra	-			
Cr	rash Classification - Loc	cation			Y - ON ROAD ation - Jurisdiction			
Pl	UBLIC PROPERTY			NO SPECIAL	JURISDICTION			
Tri	ibal Land			Access Control NO CONTRO		Special Study		
1/1/	ithin Interchange Area	Junction Location	Intersection					
N	•	NON-JUNCTION		Intersection Type NOT AN INTERSECTION				
Ur	nit Summarv							
	nit Summary nit Status		Vehicle Operating As C		Unit Type			
Ur					-	BILE		
Ur IN	nit Status		Vehicle Operating As C		Unit Type AUTOMO	BILE As Endorsements		
Ur IN	nit Status I TRANSIT		Vehicle Operating As C		Unit Type AUTOMO			
Ur IN Ve	nit Status I TRANSIT ehicle Type	Train/Bus # Recorded	Vehicle Operating As C	Classification	Unit Type AUTOMO			
Ur IN Ve	nit Status I TRANSIT shicle Type ASSENGER VAN	Train/Bus # Recorded	Vehicle Operating As C	Classification	Unit Type AUTOMO Operating A	As Endorsements		
Ur IN Ve P/ To 1	nit Status I TRANSIT shicle Type ASSENGER VAN	Train/Bus # Recorded Direction Of Travel	Vehicle Operating As C D CLASS Total # Citations Issued	Classification Tota 0	Unit Type AUTOMO Operating A	As Endorsements Total HazMat Types		
Ur IN Ve P/ To 1	nit Status I TRANSIT ehicle Type ASSENGER VAN otal Occs		Vehicle Operating As C D CLASS Total # Citations Issued	Classification Tota 0	Unit Type AUTOMO Operating /	As Endorsements Total HazMat Types 0		
Ur Ve P/ To 1	nit Status I TRANSIT chicle Type ASSENGER VAN otal Occs surance?	Direction Of Travel WESTBOUND	Vehicle Operating As C D CLASS Total # Citations Issued 1 Pre CrashTire Mark Special Function	Tota O Spe 55	Unit Type AUTOMO Operating A al Trailers	Total HazMat Types 0 Total Lanes		
Ur IN Ve P/ To 1 Ins YI Mc M	nit Status I TRANSIT chicle Type ASSENGER VAN otal Occs surance? ES ost Harmful Event: Colli OTOR VEH IN TRA	Direction Of Travel WESTBOUND	Total # Citations Issued 1 Pre CrashTire Mark Special Function NO SPECIAL FUNC	Tota O Spe 55	Unit Type AUTOMO Operating / al Trailers eed Limit Emergency NOT APP	Total HazMat Types O Total Lanes 2 Motor Vehicle Use		
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Urrina Veter Programme Transfer To Modern Minima Transfer TV Succession Succe	nit Status I TRANSIT chicle Type ASSENGER VAN otal Occs surance? ES ost Harmful Event: Colli OTOR VEH IN TRA affic Way NO-WAY, NOT DIVI urface Type	Direction Of Travel WESTBOUND ision With NSPORT	Vehicle Operating As CD CLASS Total # Citations Issued 1 Pre CrashTire Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature	Tota O Spe 55	Unit Type AUTOMO Operating / al Trailers eed Limit Emergency NOT APP Traffic Con NO Road Grad	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing		
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Urr INV Ve Pr To 1 Ins Yrr Tv Su BI Tri No	I TRANSIT chicle Type ASSENGER VAN otal Occs surance? ES ost Harmful Event: Colli OTOR VEH IN TRA affic Way WO-WAY, NOT DIVI urface Type LACKTOP (BITUMII uck Bus or HazMat O Vehicle License Plate Numt KX4635 Vehicle Identificatio 1GCWGAFG9L1 Color	Direction Of Travel WESTBOUND Sign With NSPORT DED NOUS)	Vehicle Operating As C D CLASS Total # Citations Issued 1 Pre CrashTire Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type LTK Make CHEV Body Style	Classification Tota 0 Spe 55 CTION	Unit Type AUTOMO Operating // al Trailers eed Limit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e		
Urring Very Property of the Pr	ITRANSIT chicle Type ASSENGER VAN otal Occs surance? ES ost Harmful Event: Colli OTOR VEH IN TRA affic Way NO-WAY, NOT DIVI urface Type LACKTOP (BITUMII uck Bus or HazMat O Vehicle License Plate Numt KX4635 Vehicle Identificatio 1GCWGAFG9L1 Color WHI - WHITE	Direction Of Travel WESTBOUND Sign With NSPORT DED NOUS) Der In Number 267832	Vehicle Operating As C D CLASS Total # Citations Issued 1 Pre CrashTire Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type LTK Make CHEV Body Style VN - VAN	Classification Tota 0 Spe 55 CTION	Unit Type AUTOMO Operating // al Trailers eed Limit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S IT Model OEXPRESS	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e		
Urring Interval Inter	init Status I TRANSIT chicle Type ASSENGER VAN otal Occs surance? ES ost Harmful Event: Colli OTOR VEH IN TRA affic Way NO-WAY, NOT DIVI urface Type LACKTOP (BITUMII uck Bus or HazMat O Vehicle License Plate Numt KX4635 Vehicle Identificatio 1GCWGAFG9L1 Color WHI - WHITE Initial Contact Point	Direction Of Travel WESTBOUND Sign With NSPORT DED NOUS) Der In Number 267832	Vehicle Operating As C D CLASS Total # Citations Issued 1 Pre CrashTire Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type LTK Make CHEV Body Style	Classification Tota 0 Spe 55 CTION	Unit Type AUTOMO Operating // al Trailers eed Limit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S IT Model OEXPRESS	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE trol Inoperative/Missing e		
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Urin No	init Status I TRANSIT chicle Type ASSENGER VAN otal Occs surance? ES ost Harmful Event: Colli OTOR VEH IN TRA affic Way NO-WAY, NOT DIVI urface Type LACKTOP (BITUMII uck Bus or HazMat O Vehicle License Plate Numt KX4635 Vehicle Identificatio 1GCWGAFG9L1 Color WHI - WHITE Initial Contact Point	Direction Of Travel WESTBOUND Ision With NSPORT DED NOUS) Der In Number 267832	Vehicle Operating As C D CLASS Total # Citations Issued 1 Pre CrashTire Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type LTK Make CHEV Body Style VN - VAN Vehicle Damage	Classification Tota 0 Spe 55 CTION St WI Year 202	Unit Type AUTOMO Operating A al Trailers Ped Limit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S T Model 0 EXPRESS Bus Use	Total HazMat Types O Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e SSUANCE TATES G2 7 8 9 10 11 6 7 8 9 10 11		
Urin No	init Status I TRANSIT chicle Type ASSENGER VAN otal Occs surance? ES ost Harmful Event: Colli OTOR VEH IN TRA affic Way NO-WAY, NOT DIVI urface Type LACKTOP (BITUMII uck Bus or HazMat O Vehicle License Plate Numt KX4635 Vehicle Identificatio 1GCWGAFG9L1 Color WHI - WHITE Initial Contact Point	Direction Of Travel WESTBOUND Ision With NSPORT DED NOUS) Der In Number 267832	Vehicle Operating As CD CLASS Total # Citations Issued 1 Pre CrashTire Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type LTK Make CHEV Body Style VN - VAN Vehicle Damage 01 - RIGHT FRON	Classification Tota 0 Spe 55 CTION St WI Year 202	Unit Type AUTOMO Operating A al Trailers Ped Limit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S T Model 0 EXPRESS Bus Use	Total HazMat Types O Total Lanes 2 Motor Vehicle Use PLICABLE trol Inoperative/Missing e SSUANCE TATES G2		

Wisconsin Motor Vehicle Crash Form DT4000

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2 of 6

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

								` '		
		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Vel	hicle Removed By					
		What Driver Was Doing		Vel	hicle Factors					
		NEGOTIATING CURVE		- NC	OT APPLICABLE					
		Driver Prior Action Other		"	71 AFFLICABLE					
		Driver Actions								
	щ	SPEED TOO FAST/COND	, FAILURE TO CONTRO	OL						
L N	ᅙ									
5	VEHICLE									
	>									
		Owner Name			Owner Address					
2	2	BLUE SKY SATELLITE SI	ERVICES INC		3120 HOLMGREN GREEN BAY, WI					
٥	٠					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	;	Sequence Of Events								
	5	Event MOTOR VEH IN TRANSPO	ORT							
	05	Event								
		Frank								
	03	Event								
	4	Event								
_	-	Policy Holder								
FIND		Insurance Company		T	ORGANIZATION/COMPANY					
┍		EMPLOYERS-MUTUAL-C	ASUALTY-CO		BLUE SKY SATELLITE SERVICES INC					
	- 1	Individual								
		DRIVER WILLIAM CLARI	K	- 1	Citations Issued	Sex				
	F	(337) 693-3307	•		1 MALE Date of Birth Race					
╘	NDIVIDUAL				WHITE					
L N	≥	Address W7170 STATE ROAD 152		ı	Driver License Number	1				
	Ĭ	WAUTOMA, WI 54982 , U								
	Car	On Duty fety Equipment	Crash		Safety Equipment					
	Sai			Ш,		DEL T				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	l'	SHOULDER & LAP	BELI				
		Helmet Use		-	Helmet Compliance					
		Eye Protection		Tint Compliance						
10	00	Injury Severity		Airbag						
٦	0		PARENT INJURY Ejection Path	DEPLOYED-FRONT						
		Ejected NOT EJECTED	NOT EJECTED/NOT A	PPLIC	CABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By NOT A	ed By Source PPLICABLE (NOT DIST	RAC	TED)		1			
		Distracted By Action	•		<u> </u>					
		NOT DISTRACTED								

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3 of 6

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		_									
		Non Motorist	Striking Unit #	‡ L	ocation						
		Prior Action									
		Action									
	\L										
╘	INDIVIDUAL										
UNIT	DIVI										
	Ξ										
											1= =
		Action Other									To/From School
	L	Drug & Alcohol	NO Suspected Alo	cohol Use		Suspected Drug Use	Э				
		Alcohol Test Given TEST NOT GIVEN		Α	Icohol Test Typ	e			Alcohol Tes	t Results	
01		Drug Test Given TEST NOT GIVEN		D	rug Test Type		Drug 7	est Results			
	001	Drug Type									
)	La dividual Operatistas									
		Individual Condition									
		APPEARED NORM	WIAL								
		Violations									
	01	UTC Number BC936751	Issue To? 001	Statute 346.5	Number 7(3)	Description DRIVING TOO FA	AST FOR	CONDITIC	NS		
ı	Uni	t Summary •	1								
		Status RANSIT				Vehicle Operating As Classification D CLASS			Unit Type TRUCK		
05		cle Type			<u> </u>	D CLASS			Operating As Endorsements		
0		LITY TRUCK/PICKU									
	Total	l Occs	Train/Bu	ıs # Recor	ded 1	Total # Citations Issued		Total Traile	ers	Total Hazi	Mat Types
		rance?		n Of Trave	ı	Pre CrashTire		Speed Lim	it	Total Lane	es
L N N	YES Most	Harmful Event: Collision	EASTB on With	SOUND		Mark 55 Special Function			Emergency Motor Vehicle Use		
_ ر		TOR VEH IN TRANS	SPORT			NO SPECIAL FUNCTION			NOT APPLICABLE		
		ic Way D-WAY, NOT DIVIDI	ED			raffic Control			Traffic Control Inoperative/Missing NO		
		ace Type				Road Curvature			Road Grade		
	BLA	CKTOP (BITUMING	DUS)		(CURVE LEFT			LEVEL		
		k Bus or HazMat			'				•		
	NO.	4.11.1.									
	'	Vehicle License Plate Number				Diata Tuna		Ct	Country of Is	cuanco	
		AG6600	·			, · ·		UNITED ST			
١		Vehicle Identification N	Number			Make			71.20		
05	02	2GTEK19T231347				GMC		2003	SIERRA		
		Color				Body Style			Bus Use		
		BGE - BEIGE				4D - 4DR					
		Initial Contact Point 12 - FRONT									7 8 9 10 11
											6 2 12

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4 of 6

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	Щ		V	ehicle Damage				
╘	VEHICLE							
E I	Ĭ	Extent Of Damage		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT				
-	Ē	DISABLING DAMAGE	'	JOHNEN, IZ - I NOMI				
	_	Towed Due To Damage	V	ehicle Removed By				
		TOWED DUE TO DISABLING		onido romovou by				
		What Driver Was Doing		ehicle Factors				
		NEGOTIATING CURVE	ľ	enicle ractors				
				IOT APPLICABLE				
		Driver Prior Action Other	l'	IOT ATT LICABLE				
		Birrahaliana						
		Driver Actions NO CONTRIBUTING ACTION	M					
.	Щ	NO CONTRIBUTING ACTIO	N					
E I	VEHICL							
5	Ξ							
	5							
		Owner Name		Owner Address				
~	~	TODD LITSCHER		E8125 COUNTY R				
07	05	(608) 393-3374		SAUK CITY, WI 53	583 , US			
	:	Sequence Of Events						
		Event						
	2	MOTOR VEH IN TRANSPOR	RT .					
		Event						
	02							
		Event						
	03	Event						
		Frank						
	9	Event						
╘		Policy Holder						
Η		Insurance Company		INDIVIDUAL				
LIND			ANCE-CO	INDIVIDUAL TODD LITSCHER				
TINO	ı	Insurance Company	ANCE-CO					
LIND	ı	Insurance Company ACUITY,-A-MUTUAL-INSUR	ANCE-CO		Sex			
LINO	ı	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER	ANCE-CO	TODD LITSCHER				
TINO	1	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER	ANCE-CO	TODD LITSCHER Citations Issued 0	Sex MALE Race			
	1	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER	ANCE-CO	TODD LITSCHER Citations Issued	MALE			
	1	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374	ANCE-CO	Citations Issued O Date of Birth	MALE Race			
UNIT	1	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address	ANCE-CO	TODD LITSCHER Citations Issued 0	MALE Race			
	ı	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374	ANCE-CO	Citations Issued O Date of Birth	MALE Race			
	1	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF	ANCE-CO	Citations Issued O Date of Birth	MALE Race			
	1	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583, US		Citations Issued 0 Date of Birth Driver License Number	MALE Race			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US		Citations Issued O Date of Birth	MALE Race			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr	rash	Citations Issued 0 Date of Birth Driver License Number Safety Equipment	MALE Race WHITE			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US Fety Equipment Row	rash Seat Position	Citations Issued 0 Date of Birth Driver License Number	MALE Race WHITE			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US Fety Equipment Row 01 - FRONT ROW	rash	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	MALE Race WHITE			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US Fety Equipment Row	rash Seat Position	Citations Issued 0 Date of Birth Driver License Number Safety Equipment	MALE Race WHITE			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US Fety Equipment Row 01 - FRONT ROW Helmet Use	rash Seat Position	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	MALE Race WHITE			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US Fety Equipment Row 01 - FRONT ROW	rash Seat Position	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	MALE Race WHITE			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	MALE Race WHITE			
TINO	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	Seat Position 07 - LEFT	Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	MALE Race WHITE			
	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve	Seat Position 07 - LEFT	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	MALE Race WHITE			
TINO	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr Row 01 - FRONT ROW Helmet Use Eye Protection Injury Seve NO APPA Ejected	Seat Position 07 - LEFT writy ARENT INJURY ection Path	Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE	Trapped/Extricated		
TINO	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APPA Ejected NOT EJECTED Injury NO APPA	Seat Position 07 - LEFT	Citations Issued Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE	NOT TRAPPED		
TINO	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APPA Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT writy ARENT INJURY ection Path	Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE			
TINO	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APPA Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT writy ARENT INJURY ection Path	Citations Issued O Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier	MALE Race WHITE	NOT TRAPPED EMS Run #		
TINO	INDIVIDUAL	Insurance Company ACUITY,-A-MUTUAL-INSUR Individual DRIVER TODD LITSCHER (608) 393-3374 Address E8125 COUNTY ROAD PF SAUK CITY, WI 53583 , US On Duty Cr Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APPA Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT writy ARENT INJURY ection Path	Citations Issued Citations Issued Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE	NOT TRAPPED		

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 5 of 6

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Distracted By NOT APP	By Source PLICABLE (NOT DISTRA	CTED)			
		Distracted By Action NOT DISTRACTED					
		Non Motorist Striking Ur	hit # Location				
		Prior Action					
		Action					
	A _F						
TINO	3						
5	INDIVIDUAL						
	Z						
		Action Other					To/From School
		Action Other					To/From School
	ı	Drug & Alcohol NO	Alcohol Use	Suspected Drug Use 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		
05	005	Drug Type	1				
		La dividual Constitue					
		Individual Condition					
		APPEARED NORMAL					