

9PL014K13S  
R21-13712

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

REEDSBURG POLICE DEPARTMENT  
200 SOUTH PARK STREET  
REEDSBURG, WI 53959  
(608) 524-2376

9PL014K13S

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>R. WOLF</b>	
Crash Date <b>12/19/2021</b>		Crash Time <b>07:00 PM</b>		Date Arrived <b>12/19/2021</b>		Time Arrived <b>07:14 PM</b>	
Date Notified <b>12/19/2021</b>		Time Notified <b>07:10 PM</b>		Total Units <b>02</b>		Total Injured <b>04</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By <b>SGT WOLF/OFC MEEKER</b>
	Additional Information <b>PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT ONE WAS EASTBOUND STOPPED FOR THE LIGHTS AT THE INTERSECTION OF E. MAIN ST AND VETERANS DR. UNIT TWO WAS EASTBOUND ON E. MAIN ST. UNIT TWO WAS DISTRACTED BY YELLING AT HER CHILDREN AND REAR ENDED UNIT ONE. UNIT TWO WAS TOWED DUE TO THE DAMAGE TO THE UNIT.

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Location

ON STH23 EB 42 FT W OF STH23 EB IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532433741</b>	Longitude <b>-89.97999325</b>
	X Coordinate <b>259207.734375</b>	Y Coordinate <b>4824258.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT</b>	
Date Initial Lane/Rd Closed <b>12/19/2021</b>	Time Initial Lane/Rd Closed <b>07:00 PM</b>	Date Scene Cleared <b>12/19/2021</b>	
Date All Lanes Open <b>12/19/2021</b>	Time All Lanes Open <b>08:02 PM</b>		

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements				
	Total Occs <b>04</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>01</b>	<b>Vehicle</b>				
		License Plate Number <b>TM3427</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
<b>01</b>	Vehicle Identification Number <b>1FMEU53K47UB01447</b>		Make <b>FORD</b>	Year <b>2007</b>	Model <b>EXPLORER S</b>	

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UNIT VEHICLE	Color <b>ONG - ORANGE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>			Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>SLOW/STOPPING</b>			Vehicle Factors
	Driver Prior Action Other			<b>NOT APPLICABLE</b>
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>DAVID A LEVERENZ</b>	Owner Address <b>216 ROSALINE ST BARABOO, WI 53913 , US</b>		
UNIT 01	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT 01	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>DAVID LEVERENZ</b>		
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>EDRANEL BACALSO LE VERENZ</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>07/06/1980</b>	Race <b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA</b>	
	Address <b>216 ROSALINE ST BARABOO, WI 53913 , US</b>	Driver License Number <b>L1652028074608</b> STATE: WISCONSIN COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>			
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 01	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	

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UNIT	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
Drug Type						
Individual Condition <b>APPEARED NORMAL</b>						
UNIT	<b>Individual</b>					
	Passenger <b>DAVID A LEVERENZ</b> <b>(608) 717-8277</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>216 ROSALINE ST</b> <b>BARABOO, WI 53913 , US</b>			Date of Birth <b>03/16/1982</b>	Race <b>WHITE</b>	
	Driver License Number <b>L1651618209616</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death		

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source		
		Distracted By Action		
		<b>Non Motorist</b>	Striking Unit # Location	
		Prior Action		
		Action		
		Action Other To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
Individual Condition <b>APPEARED NORMAL</b>				
UNIT	INDIVIDUAL	<b>Individual</b>		
		Passenger <b>MAIYA M LEVERENZ</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth <b>08/28/2007</b>	Race <b>WHITE</b>
		Address <b>216 ROSALINE ST BARABOO, WI 53913 , US</b>		Driver License Number
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		
Hospital		EMS Run #		
		Date of Death		
		Time of Death		
UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source		

UNIT	Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action		
	<b>INDIVIDUAL</b>	Action		
		Action Other		
		To/From School		
		Distracted By Action		
	01	003	<b>Drug &amp; Alcohol</b>	
			Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type
Drug Test Given			Drug Test Type	Drug Test Results
Drug Type				
Individual Condition				
<b>Individual</b>				
Passenger			Citations Issued	Sex
DAVID V LEVERENZ			0	MALE
Address			Date of Birth	
216 ROSALINE ST BARABOO, WI 53913 , US		09/09/2013		
Driver License Number		Race		
		WHITE		
01	004	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
		Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>
		02 - SECOND ROW	07 - LEFT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>		Airbag
		Injury Severity	<b>NON DEPLOYED</b>	
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
Medical Transport	EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				

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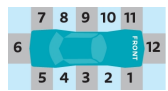
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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					

**Unit Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>					Operating As Endorsements	
		Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>			Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>CONCRETE</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>					
		License Plate Number <b>606ZHE</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1G8AJ55F07Z121414</b>		Make <b>SATURN</b>	Year <b>2007</b>	Model <b>ION</b>	
		Color <b>MAR - MAROON (BURGUNDY)</b>		Body Style <b>SD - SEDAN</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By			



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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>BRAKES</b>	
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
	Owner Name <b>FAWN MARIE WADDELL</b>		Owner Address <b>S3175A EVERGREEN RD BARABOO, WI 53913 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ALLSTATE-INS-CO</b>		Individual <b>FAWN WADDELL</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>FAWN MARIE WADDELL</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Date of Birth <b>06/25/1990</b>		Race <b>WHITE</b>	
	Address <b>S3175A EVERGREEN RD BARABOO, WI 53913 , US</b>		Driver License Number <b>W3402539072506</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 005	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>EMS GROUND</b>	
	EMS Agency Identifier <b>6001024</b>		EMS Run #	
	Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death	
Time of Death		<b>Distracted By</b>		
Distracted By Source <b>PASSENGER/OTHER NON-MOTORIST</b>		Distracted By Action <b>TALKING/LISTENING</b>		
<b>Non Motorist</b>		Striking Unit #		
Location				



UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>Individual</b>		
	Passenger <b>BYSON O STEVENS</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
Address <b>E7248 S OAK CREST DR REEDSBURG, WI 53959 , US</b>	Date of Birth <b>09/24/2010</b>		
Driver License Number	Race <b>WHITE</b>		
<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Compliance	
Eye Protection	Tint Compliance		
<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death	
<b>Distracted By</b>	Distracted By Source		
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		Passenger <b>LAYANA L TAYLOR</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>S3175A EVERGREEN RD BARABOO, WI 53913 , US</b>	Date of Birth <b>01/08/2014</b>			
	Race <b>WHITE</b>					
	Driver License Number					
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run #	
		Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location				
Prior Action						

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	007	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>LILLYANNA L TAYLOR</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>12/26/2014</b>	Race <b>WHITE</b>		
		Address <b>S3175A EVERGREEN RD BARABOO, WI 53913 , US</b>	Driver License Number		
		02	008	<b>Safety Equipment</b>	On Duty Crash
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>			Helmet Use	
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>			Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>			EMS Run #	
Hospital <b>REEDSBURG AREA MED CTR</b>	Date of Death			Time of Death	
<b>Distracted By</b>	Distracted By Source				
Distracted By Action					
02	008	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			

UNIT	INDIVIDUAL			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	<b>Violations</b>			
	02	008		
01	UTC Number <b>AP276464</b>	Issue To? <b>005</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>