

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000217 Entity: Jackson County

State: WI

DATE OF LOSS: 10/16/21

LOSS STREET : JACKSON

LOSS CITY : JACKSON

POLICE DEPT.: JACKSON COUNTY SHERIFFS

REPORT NUM. : 21-07188

Image Name: WI00000217_3331060550_211215_2182419.tif



3331060550

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21-07188

Wisconsin Motor Vehicle Crash Report

JACKSON COUNTY SHERIFFS DEPART
30 NORTH THIRD STREET
BLACK RIVER FALL, WI 54615
(715) 284-9009

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Document Number Override		Primary Crash Document #		Agency Crash Number 21-07188		Investigating Officer/Deputy DEPUTY N. KYSER	
Crash Date 10/16/2021		Crash Time 05:10 PM		Date Arrived 10/16/2021		Time Arrived 05:35 PM	
Date Notified 10/16/2021		Time Notified 05:18 PM		Total Units 03		Total Injured 02	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Location

ON USH10 EB 869 FT E OF OLD 17 RD IN THE TOWN OF GARFIELD IN JACKSON COUNTY	Latitude 44.58580276	Longitude -91.1265248	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 172427.6875	Y Coordinate 4945228	On Roadway Link ID# 1167452	On Roadway Link Offset 869
	Override <input type="checkbox"/>	Tribal Land	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) NONE		Weather Condition(s) CLOUDY	
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT	
Date Initial Lane/Road Closed 10/16/2021	Time Initial Lane/Road Closed 05:10 PM		
Date All Lanes Open 10/16/2021	Time All Lanes Open 08:49 PM	Date Scene Cleared 10/16/2021	Time Scene Cleared 08:49 PM

Unit Summary

Unit Status IN TRANSIT		Vehicle Operating As Classification M CLASS		Unit Type MOTORCYCLE	
Vehicle Type MOTORCYCLE		Operating As Endorsements			
Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02	
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	

01 UNIT

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01	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
Truck Bus or HazMat NO						
01 UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use/Driver Address	
	Last Name SHOEMAKER		First Name ANTHONY		Individual Type INDIVIDUAL	
	Street Address 233 S EAST STREET		Street Address 2		Middle Initial M Suffix	
	City FAIRCHILD		State WI		Zip Code 54741	
	Country of Residence UNITED STATES		DOB 02/06/1993		Sex M	
	Race W		Hair BROWN		Eyes GREEN	
	Height 510		Weight 130		Phone Number	
	Driver's License Number S5260139304605		State WI		License Jurisdiction STATE	
	Country of Issuance UNITED STATES		License Type NON-CDL DRIVER'S LICENSE		License Status REVOKED	
	DL Expire Year 2022		Equipment		On Duty Accident	
01 UNIT INDIVIDUAL 01	Row 01 - FRONT ROW		Seat Position 07 - LEFT		Protective Gear UNKNOWN	
	Helmet Use UNKNOWN		Helmet Compliance UNKNOWN		Airbag NOT APPLICABLE	
	Eye Protection UNKNOWN		Tint Compliance UNKNOWN		Ejection Path NOT EJECTED/NOT APPLICA	
	Injury SUSPECTED SERIOUS INJU		Injury Severity SUSPECTED SERIOUS INJU		Trapped/Extricated NOT TRAPPED	
	Ejected NOT APPLICABLE		EMS Agency Identifier 6011278		EMS Run #	
	Medical Transport EMS AIR		Date of Death		Time of Death	
	Hospital MAYO CLINIC HEALTH SYS-EAU CLAIRE		Location		To/From School	
	Non Motorist		Striking Unit #		Prior Action	
	Distracted By Action NOT DISTRACTED		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other	
	Drug & Alcohol APPEARED NORMAL		Individual Condition APPEARED NORMAL		Suspected Alcohol Use NO	
Suspected Drug Use NO						

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UNIT INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
	Drug Type						
UNIT INDIVIDUAL	Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL		
	Last Name SHOEMAKER		First Name HEATHER		Middle Initial CAE	Suffix	
	Street Address 325 CAMP ROAD		Street Address 2		PO Box		
UNIT INDIVIDUAL	City FAIRCHILD		State WI	Zip Code 54741	Country of Residence UNITED STATES		
	DOB 09/27/1988	Sex F	Race W	Hair BROWN	Eyes BROWN	Height 504	
	Weight 200		Phone Number				
UNIT INDIVIDUAL	Driver's License Number S5263238884709		State WI	Licensed Jurisdiction STATE	Country of Issuance UNITED STATES		
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2026		
	Equipment		On Duty Accident				
UNIT INDIVIDUAL	Row 02 - SECOND ROW		Seat Position 07 - LEFT		Protective Gear UNKNOWN		
	Helmet Use UNKNOWN		Helmet Compliance UNKNOWN				
	Eye Protection UNKNOWN		Tint Compliance UNKNOWN				
UNIT INDIVIDUAL	Injury		Injury Severity SUSPECTED SERIOUS INJU		Airbag NOT APPLICABLE		
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
	Medical Transport EMS AIR		EMS Agency Identifier 6011278		EMS Run #		
UNIT INDIVIDUAL	Hospital MAYO CLINIC HEALTH SYS-EAU CLAIRE		Date of Death		Time of Death		
	Non Motorist		Striking Unit #		Location		
	Prior Action		Action		To/From School		
UNIT INDIVIDUAL	Distracted By Action		Action Other				
	Distracted By Source		Action Other				
	Drug & Alcoh		Individual Condition APPEARED NORMAL				
UNIT INDIVIDUAL	Suspected Alcohol Use NO		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		

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UNIT 01	Drug Type										
	License Plate Number 303RN				Plate Type CYC		St WI		Country of Issuance UNITED STATES		
	Vehicle Identification Number 1HD1CAP1XSY215453						Year 1995		Make HD		
	Model MOTORCYCLE				Body Style MC - MOTORCYCLE			Color ONG - ORANGE			
	Initial Contact Point 12 - FRONT				Vehicle Damage 15 - ALL AREAS						
	Extent Of Damage DISABLING DAMAGE										
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				Vehicle Factors NOT APPLICABLE						
	Vehicle Removed By RODELL TOWING										
	What Driver Was Doing GOING STRAIGHT				Driver Prior Action Other			Bus Use			
	Driver Actions NO CONTRIBUTING ACTION										
<input type="checkbox"/> Vehicle Owner Same As Operator					<input type="checkbox"/> Use Operator Address						
Organization Type INDIVIDUAL			Company Name								
Last Name SHOEMAKER			First Name JULIE			Middle ANN		Suffix		Date of Birth 02/09/1961	
Street Address 233 E MAIN STREET			Street Address2			PO Box					
City FAIRCHILD			St WI		Zip Code 54741		Country of Residence UNITED STATES				
Telephone Number (507) 287-4958 EXT.											
UNIT HOL 01	01	Event MOTOR VEH IN TRANSPORT									
	02	Event									
	03	Event									
	04	Event									
UNIT HOL 01	Insurance Company GEICO-GENERAL-INS-CO				<input checked="" type="checkbox"/> Policy Holder Same As Owner			<input type="checkbox"/> Policy Holder Same As Driver			
	Organization Type INDIVIDUAL		Last Name SHOEMAKER		First Name JULIE		Policy Holder Company				

Unit Summary

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02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 02	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
02	Truck Bus or HazMat NO					
03	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name RUSSELL		First Name JERICHO		Middle Initial JOHN	Suffix
	Street Address N13830 COUNTY ROAD T		Street Address 2		PO Box	
	City FAIRCHILD		State WI	Zip Code 54741	Country of Residence UNITED STATES	
	DOB 02/17/2004	Sex M	Race W	Hair RED	Eyes BROWN	Height 509
	Weight 260		Phone Number (715) 533-4185 EXT.			
	Driver's License Number R2404300405704		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2023	
	Equipment		On Duty Accident			
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		Safety Equipment SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
03	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Non-Motorist		Striking Unit #		Location	
	Prior Action		To/From School			
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK		Action			
	Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST ARE		Action Other			
	Drug & Alcohol		Individual Condition APPEARED NORMAL			
	Suspected Alcohol Use NO		Suspected Drug Use NO			

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UNIT	INDIVIDUAL	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING		
		Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING		
02	02	Drug Type						
		License Plate Number SL3831		Plate Type LTK		St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2GCEK19T731164809				Year 2003	Make CHEV	
		Model SILVERADO		Body Style PK - PICKUP		Color GRY - GRAY		
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER				
		Extent Of Damage DISABLING DAMAGE						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors NOT APPLICABLE				
		Vehicle Removed By 194 TOWING						
		What Driver Was Doing OVERTAKE LEFT		Driver Prior Action Other		Bus Use		
		Driver Actions IMPROPER OVERTAKING / PASSING LEFT						
UNIT	VEHICLE	<input type="checkbox"/> Vehicle Owner Same As Operator				<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type INDIVIDUAL		Company Name				
		Last Name OLSON		First Name JOSHUA		Middle M	Suffix 	
		Date of Birth 01/14/1985						
		Street Address N13830 COUNTY ROAD T		Street Address2		PO Box		
		City FAIRCHILD		St WI	Zip Code 54741	Country of Residence UNITED STATES		
		Telephone Number (715) 533-4185 EXT.						
		01	Event CROSS CENTERLINE					
		02	Event MOTOR VEH IN TRANSPORT					
		03	Event					
04	Event							
UNIT	HOL 02	Insurance Company STATE-FARM-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver		
		Organization Type INDIVIDUAL	Last Name OLSON	First Name JOSHUA		Policy Holder Company		

Unit Summary

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03 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With STRUCK BY FALLING, SHIFTING CA		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
03	Truck Bus or HazMat NO					
04 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
	Last Name ATKINSON		First Name CALEB		Middle Initial C	Suffix
	Street Address 108 GRAND AVENUE		Street Address 2		PO Box	
	City NEILLSVILLE		State WI	Zip Code 54456	Country of Residence UNITED STATES	
	DOB 02/07/2002	Sex M	Race W	Hair BROWN	Eyes HAZEL	Height 508
	Weight 190		Phone Number (720) 415-3517 EXT.			
	Driver's License Number A3251030204709		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2029	
	Equipment	On Duty Accident		Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
Medical/Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
Non Motorist	Striking Unit #		Location		To/From School	
Prior Action		Action				
Distracted By Action NOT DISTRACTED						
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other				
Drug & Alcoh	Individual Condition APPEARED NORMAL					
Suspected Alcohol Use NO		Suspected Drug Use NO				

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UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
03	INDIVIDUAL	Drug Type					
		Role PASSENGER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
05	INDIVIDUAL	Last Name BALL		First Name ALEXA		Middle Initial MAE	Suffix
		Street Address 314 HILL STREET		Street Address 2		PO Box	
UNIT	INDIVIDUAL	City NEILLSVILLE		State WI	Zip Code 54456	Country of Residence UNITED STATES	
		DOB 11/12/2003	Sex F	Race W	Hair BROWN	Eyes BLUE	Height 504
05	INDIVIDUAL	Driver's License Number B4000130391206		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES	
		License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2023	
05	INDIVIDUAL	Equipment		On Duty Accident		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
UNIT	INDIVIDUAL	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
05	INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED	
UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
05	INDIVIDUAL	Non Motorist		Striking Unit #		Location	
		Prior Action		Action		To/From School	
UNIT	INDIVIDUAL	Distracted By Action					
		Distracted By Source		Action Other			
05	INDIVIDUAL	Drug & Alcoh		Individual Condition APPEARED NORMAL			
		Suspected Alcohol Use NO		Suspected Drug Use NO			
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	

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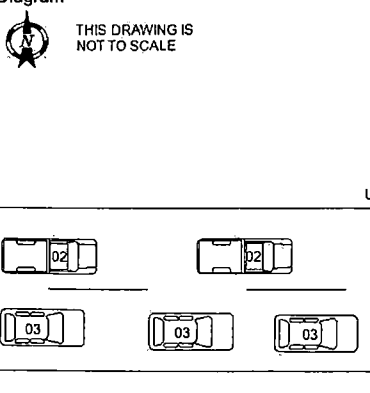
UNIT 03 VEHICLE	Drug Type						
	License Plate Number AMB2131			Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FA6P8AMXH5225066			Year 2017	Make FORD		
	Model MUSTANG		Body Style 2D - 2DR		Color BLK - BLACK		
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER				
	Extent Of Damage MINOR DAMAGE						
	Towed Due To Damage NOT TOWED		Vehicle Factors NOT APPLICABLE				
	Vehicle Removed By OWNER						
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use		
	Driver Actions OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, RACING						
UNIT 03 VEHICLE	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type INDIVIDUAL		Company Name				
	Last Name ATKINSON		First Name CALEB		Middle C	Suffix 	
	Date of Birth 02/07/2002						
	Street Address 108 GRAND AVENUE		Street Address2		PO Box		
	City NEILLSVILLE		St WI	Zip Code 54456	Country of Residence UNITED STATES		
	Telephone Number (720) 415-3517 EXT.						
	01	Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE					
	02	Event					
	03	Event					
04	Event						
UNIT HOL 03	Insurance Company GEICO-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver		
	Organization Type INDIVIDUAL	Last Name ATKINSON	First Name CALEB		Policy Holder Company		

Description

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Crash ReportJACKSON COUNTY SHERIFFS DEPART
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Diagram  THIS DRAWING IS NOT TO SCALE	Reconstruction By
	Photos By N.KYSER 143 C.BRAGEE 139
	Additional Information PHOTOS, BODY CAMERA VIDEO

UNIT 01 WAS TRAVELING WESTBOUND ON US HIGHWAY 10. UNIT 02 AND UNIT 03 WERE TRAVELING EASTBOUND ON US HIGHWAY 10. UNIT 02 WAS ATTEMPTING TO PASS UNIT 03 WHEN UNIT 02 STRUCK UNIT 01 IN THE WESTBOUND LANE. DEBRIS FROM THE COLLISION STRUCK UNIT 03.

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name KYSER	Officer First Name NICHOLAS	Officer Middle Name	Suffix
DOT Officer ID 143	DNR Officer ID 143	Officer Badge Number 143		
Officer EMail NICHOLAS.KYSER@CO.JACKSON.WI.US				
Local Agency Number	Law Enforcement Agency Jurisdiction JACKSON		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name JACKSON COUNTY SHERIFFS DEPART		TAS Agency Name JACKSON COUNTY SHERIFF		
Law Enforcement Agency Street Address 30 NORTH THIRD STREET		Law Enforcement Agency Street Address2		
Law Enforcement Agency City BLACK RIVER FALL	LEA State WI	Law Enforcement Agency Zip Code 54615		

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Law Enforcement Agency Phone Number (715) 284-9009 EXT.	ORI Number WI0270000	BFUNC Agency 2700	TraCS Agency Number 195
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Attachment

01	<input type="checkbox"/> Confidential File Link	
	Attached File	File Name
		Agency Space

OFFICE USE ONLY