Wisconsin Department of Justice DCI

Case Master Report 12-1982

Date Initiated 04/22/2012

Primary Information	
Agency:	WI Department of Justice
Division:	Div. of Criminal Investigation (DCI)
Sensitive Cases:	Div. of Criminal Investigation (DCI)
Bureau:	DCI Field Operations Bureau
Section:	DCI Wausau Field Office
Lead LEO:	Glaman, Loreen C (DCI Wausau Field Office / Wisconsin Department of Justice DCI)
Type Of Case:	Public Integrity
Case Sub Type:	PI-Public Int -Misconduct in Public Office
Case Description:	Police Report Destruction

Authorized Operators
Name
Giese, Cindy K (Wausau Narcotics DCI / Wisconsin Department of Justice DCI)
Virgil, Tina R (DCI Administrative Services / Wisconsin Department of Justice DCI)
Latorraca, Donald V (Wisconsin Department of Justice DCI)
Berger, Teresa M. (DCI Wausau Field Office / Wisconsin Department of Justice DCI)

Case Status	
Case Status:	Closed
Case Status Date:	10/10/2012
Disposition Code:	Prosecution Declined
Disposition Date:	10/10/2012
Dissemination:	Hidden

Wisconsin Department of Justice DCI

Initiating Case Report 12-1982

Report Date: 04/22/2012

Primary Information	
Description:	Possible Police Report Destruction
Reporting LEO:	Glaman, Loreen C (DCI Wausau Field Office / Wisconsin Department of Justice DCI)
Approval Status:	Approved
Approved Date:	05/01/2012
Approved By:	Giese, Cindy K (DCI Wausau Field Office / Wisconsin Department of Justice DCI)

Subjects

Relationship	Name	Bio	DOB
Complainant	[redacted] (Person)	[redacted] yr. old, White, Male	[redacted]
Mentioned	Daniels, Bruce A (Person)	47 yr. old, White, Male	[redacted]

Narrative begins on the following page.

Wisconsin Division of Criminal Investigation Case Report
Case/Report Number: 12-1982

In March 2012, the Attorney General's Office received a request for assistance on a case involving possible misconduct in public office. According to the email request, the District Attorney in Taylor County requested assistance with an investigation, and possible prosecution should it be warranted on a complaint regarding the Taylor County Sheriff. The allegation was that Sheriff Bruce Daniels directed the Taylor County [redacted] to destroy an accident report related to a December 2011 single car accident in which the Sheriff's son slid into a ditch.

On Wednesday, 04/18/2012, S/A Loreen C. Glaman was assigned to investigate the allegations.

Comments/Recommendations:

Open file to act as repository for case reports while allegations are being investigated.

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Wisconsin Department of Justice DCI

Investigative 12-1982/1

Report Date: 04/30/2012

Primary Information	
Description:	Interview: [redacted]
Reporting LEO:	Glaman, Loreen C (DCI Wausau Field Office / Wisconsin Department of Justice DCI)
Approval Status:	Approved
Approved Date:	05/04/2012
Approved By:	Giese, Cindy K (DCI Wausau Field Office / Wisconsin Department of Justice DCI)

Subjects			
Relationship	Name	Bio	DOB
Complainant	[redacted] (Person)	[redacted] yr. old, White, Male	[redacted]
Mentioned	Daniels, Bruce A (Person)	47 yr. old, White, Male	[redacted]

Narrative begins on the following page.

Confidential: **Information contained in this report is confidential. The information provided by [redacted] was provided in confidence as [redacted] believes that knowledge of this information by the Sheriff of Taylor County, Bruce Daniels could affect [redacted] employment at the Sheriff's Department as Sheriff Daniels' knowledge of this information could result in the loss of [redacted] position as [redacted] for the Taylor County Sheriff's Department.**

On Tuesday, 03/24/2012, at a approximately 3:13 p.m., Special Agent Loreen C. Glaman and Special Agent in Charge Cindy Giese interviewed [redacted], DOB: [redacted], at his residence located at [redacted]. The interview was in regards to information which [redacted] had relating to the destruction of a police report. The following is a synopsis of the information provided:

On 12/14/2011, at approximately 8:00 a.m., Taylor County Sheriff Bruce Daniels called Chief [redacted] on his cell phone of [redacted] from the Sheriff's cell phone of [redacted]. The Sheriff asked [redacted] to go to the Sheriff's house as his son, [redacted] Daniels, DOB: [redacted], who is either a junior or senior at [redacted], had been in a car accident and the vehicle had slid off the road. The Sheriff stated that his wife, [redacted] Daniels, had told Daniels that the accident was not bad, and the Sheriff wanted [redacted] to look at the vehicle, as Sheriff Daniels was out of town at a conference. Although the request was unusual as accidents normally are reported to dispatch and an officer is directed to the scene, [redacted] agreed to assist and went over to the Sheriff's home located at [redacted].

When [redacted] arrived at the residence, no one was home. The vehicle, a 1998 Ford Ranger XLT, blue in color, was in the garage of the residence; [redacted] thought that was unusual. [redacted] looked at the vehicle and took pictures of it using his cell phone and sent the pictures to Sheriff Daniels with a text message stating "definitely a reportable accident." [redacted] stated he thought it was over $1000 as just the decorative stripe on the doors he knew was a lot to replace, and several panels had been damaged. (See attached pictures and text message)

Sheriff Daniels was out of town on the day of the accident, at the Sheriff's conference. [redacted] completed the required paperwork, including a Wisconsin Motor Vehicle Accident Report and an in house tracking report. After he completed the reports, he took the report and the in-house record card and placed them on Sheriff Daniels' desk as he did not have the insurance information to finish the report. [redacted] explained that the Wisconsin Motor Vehicle Accident Report can be filed/completed electronically, and this is commonly done by officers who regularly complete them as part of their day to day duties. However, [redacted] rarely completes the forms due to his current job duties, so he manually completed the paper format. (See attached forms, including a blank Wisconsin Motor Vehicle Accident Report)

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The accident occurred while [redacted] Daniels was on his way to school wherein he lost controll of his vehicle and it slid into the ditch. [redacted] stated that the conditions were slippery and it had been a little snowy. [redacted] was not told where the accident had occurred, however, he noticed that someone had gone into the ditch about a mile from the Daniels' residence, [redacted], and assumed this was the location where [redacted] Daniels had slid into the ditch. [redacted] could see tracks in the ditch, and it looked as though the vehicle had hit a few rocks, some trees, and the post of a mailbox. [redacted] took a picture of the location where the accident occurred. [redacted] did not think there was any property damage at that location though he did attempt to make contact with the property owner to explain what had happened. The property owner was not home.

When the Sheriff returned a day later from the Sheriffs' conference he had been at, he would not give the insurance information to [redacted] so that [redacted] could complete the report. The Sheriff explained that he was not sure if the accident was reportable and he wanted to do some checking on the cost for the repairs of the vehicle prior to having the report completed. [redacted] specifically asked Sheriff Daniels for the insurance information, which Sheriff Daniels did not provide. [redacted] also stated that he was going to attempt to make contact with the property owner again but the Sheriff told him not to, and said that he would go himself to the property owner. [redacted] did not know if the Sheriff ever spoke to the property owner or not.

The Sheriff went to Ed's Auto Body and spoke with Justin Rindt (last name is not certain by [redacted]) and was told that the repair would be between $2,000.00 and $2,500.00. [redacted] explained that Ed's Auto Body usually did car repairs at the lowest price in town; however, the Sheriff thought the quote was high, stating, "This is ridiculous." The Sheriff stated that he was going to find someone else to see if they would do the work for under $1,000.00. [redacted] again asked the Sheriff for his insurance information and the Sheriff said, "I really need this to be non-reportable" and again did not give [redacted] the insurance information. Within two or three days of the accident happening, when [redacted] still had not received the insurance information from the Sheriff, [redacted] went to the Sheriff and told him that the (non)reporting of the accident did not meet statutory requirements. He told the Sheriff that he needed to finish filling out the accident report and needed the insurance information from him. The Sheriff stated that he would find someone else to look at the vehicle, as he would look around to see if there would be somebody who could do the repair for under $1,000.00. The Sheriff later told [redacted] that he had found a school in Eau Claire who would do the repairs. The Sheriff again told [redacted] he needed the accident to be a non-reportable accident. Sheriff Daniels handed [redacted] the accident report form and said again that he needed to make this a non-reportable accident.

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[redacted] was frustrated and did not know what to do. He spoke briefly to [redacted] with the Taylor County Sheriff's Department about the situation though [redacted] could not remember if [redacted] provided any advice.

Not knowing what to do, [redacted] did as he was instructed by the Sheriff and completed a non-reportable accident report and had the non-reportable report filed with the internal records at the Sheriff's Department. [redacted] could not remember if he destroyed the original accident report or somebody else had done that.

Several times after the accident occurred, the Sheriff would bring the incident up to [redacted] and say things like "the school is doing a good job, it's under a $1,000.00," etc. About March, 2012, the Sheriff told [redacted] that the repair had been completed and that it came back at $700.00 or $800.00 total so "we're all good." When the Sheriff told this to [redacted], [redacted] did not know what to say so he did not say anything. [redacted] stated he did not see the repaired vehicle.

[redacted] stated that he felt that the Sheriff gave him an order to destroy the reportable accident report originally completed by [redacted]. He stated he has been told by the Sheriff on several occasions that he is an "at will" employee of the Sheriff.

[redacted] frequently has to carry out orders by the Sheriff and the orders include having the [redacted] talk to other employees about things that they have done wrong. The [redacted] explained that on one occasion he had to talk to a sergeant and reprimand the sergeant. However, when he did the reprimand to the sergeant, [redacted] was very upset. When [redacted] told the Sheriff that the sergeant was upset, the Sheriff stated "good for the [redacted]." It is common knowledge at the Sheriff's Department that when the Sheriff says something needs to be done, the person needs to do what he says when he says it. There is no questioning the sheriff's orders; they are expected to be completed.

[redacted] stated that on one occasion a Sheriff's Department employee quit after a short period of working with the Sheriff 's Department as that person felt threatened and felt as though he/she would lose their job because the Sheriff repeatedly told the employee he could have the person's job.

[redacted] talked to an employee in human resources and explained that there were some employee concerns about the Sheriff and about losing jobs. Human resources explained that there wasn't a whole lot that could be done to negate the Sheriff's orders, and if the Sheriff wanted to fire somebody he could fire somebody.

Recently, the Sheriff and [redacted] had an argument. During the argument the Sheriff told [redacted] that he could not disagree with the Sheriff. [redacted] explained that he thought his job was to give other points of view and the Sheriff stated that [redacted] was not to disagree with him at any point, even "behind closed doors."

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The Sheriff said to [redacted], "You are an at will employee, you serve at my will, you have no protection."

On at least one occasion, the Sheriff has told [redacted] that he does not lose any sleep over firing people and he does not have a problem with firing people.

[redacted] has been with the Sheriff's Department for [redacted] years, approximately six years ago, he was promoted to [redacted]. Sheriff Daniels has been with the Taylor County Sheriff's Department approximately [redacted] than [redacted]. Approximately six years ago, Daniels was elected Sheriff.

The Sheriff's Department allows their employees to use their work phones for personal reasons as long as they pay $120.00 a year for this privilege. [redacted] pays the $120.00 for his cell phone and uses his cell phone for personal purposes. [redacted] believes that the Sheriff also uses his cell phone for personal purposes though believes he has a second cell phone.

[redacted] believes that Sheriff Daniels is very concerned about public perception. He stated that Sheriff Daniels does not want people to be aware of any issues at the Daniels' home. [redacted] stated that he has heard rumors about Sheriff Daniels' assisting his son, [redacted] Daniels, when [redacted] Daniels was in trouble. [redacted] believes this is because Daniels is concerned about the public perception of their family.

The interview concluded at approximately 4:43 p.m.

LCG: tmb 04/27/2012

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From: Giese, Cynthia K.
Sent: Wednesday, April 18, 2012 10:46 AM
To: Matthews, David S.; Virgil, Tina R.; Glaman, Loreen C.; Powell, Robert C.
Cc: Korte, Roy R.; Latorraca, Donald V.; Sperry, Jed
Subject: RE: Taylor county case

I have spoken with Tina and Jed and S/A Loreen Glaman and S/A Bob Powell are being assigned this PIB case.

Loreen will be the Case Agent and will contact AAG Latorraca at her earliest convenience and will then coordinate with Bob. (Loreen is off Thur and Fri of this week.)

Questions, let me know.
Cindy

From: Matthews, David S.
Sent: Wednesday, April 18, 2012 8:32 AM
To: Virgil, Tina R.; Giese, Cynthia K.
Cc: Korte, Roy R.
Subject: FW: Taylor county case

Tina, Cindy:

The call has come in. Please ask the assigned agent to coordinate the matter with Don Latoracca.

Thanks.

Dave

David S. Matthews, Deputy Administrator
Wisconsin Division of Criminal Investigation
Office: 608-266-1671
Cell: [redacted]
matthewsds@doj.state.wi.us

From: Korte, Roy R.
Sent: Tuesday, April 17, 2012 9:42 PM
To: Matthews, David S.
Cc: Latorraca, Donald V.; Newell, Jodean J.
Subject: RE: Taylor county case

I am assigning Don Latoracca to this case. [redacted]

From: Wall, Edward F.
Sent: Sunday, April 15, 2012 10:29 AM
To: Potter, Kevin
Cc: Matthews, David S.; Korte, Roy R.
Subject: Re: Taylor county case

Thanks Kevin, will do.

Edward F. Wall

Administrator
Wisconsin Department of Justice
Division of Criminal Investigation
Office: [redacted]
Cell: [redacted]

www.doj.state.wi.us/dci

On Apr 15, 2012, at 11:25 AM, "Potter, Kevin" <potterkc@doj.state.wi.us> wrote:

[redacted]

From: Potter, Kevin
Sent: Friday, April 06, 2012 1:13 PM
To: Wall, Edward F.; Matthews, David S.
Cc: Korte, Roy R.
Subject: RE: Taylor county case

Dave and Ed,

[redacted]

From: Wall, Edward F.
Sent: Friday, April 06, 2012 10:16 AM
To: Matthews, David S.
Cc: Potter, Kevin
Subject: Re: Taylor county case

Copy and I recall the issues. If Kevin concurs, we will move forward with an assignment.

Edward F. Wall
Administrator
Wisconsin Department of Justice
Division of Criminal Investigation
Office: [redacted]
Cell: [redacted]

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On Apr 6, 2012, at 7:59 AM, "Matthews, David S." <matthewsds@DOJ.STATE.WI.US> wrote:

Ed, this is the matter I gave you a briefing on a couple weeks ago.

Kevin, [redacted]

Dave

David S. Matthews, Deputy Administrator
Wisconsin Division of Criminal Investigation

Office: 608-266-1671
Cell: [redacted]
matthewsds@doj.state.wi.us

From: Potter, Kevin
Sent: Thursday, April 05, 2012 4:18 PM
To: Matthews, David S.
Subject: FW: Taylor county case

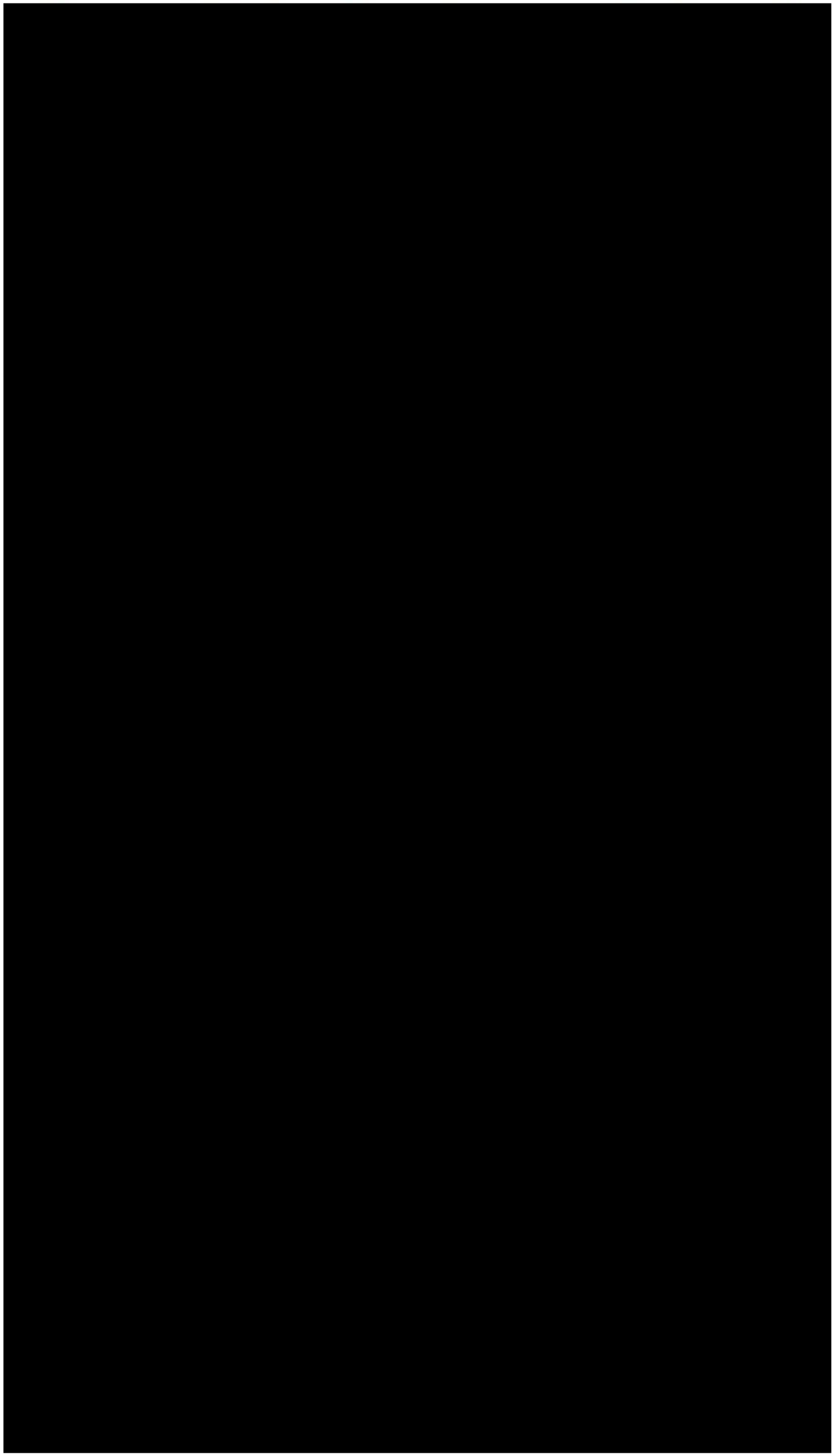
From: Means, Steven P.
Sent: Thursday, March 29, 2012 7:44 PM
To: Korte, Roy R.
Cc: Potter, Kevin
Subject: Re: Taylor county case

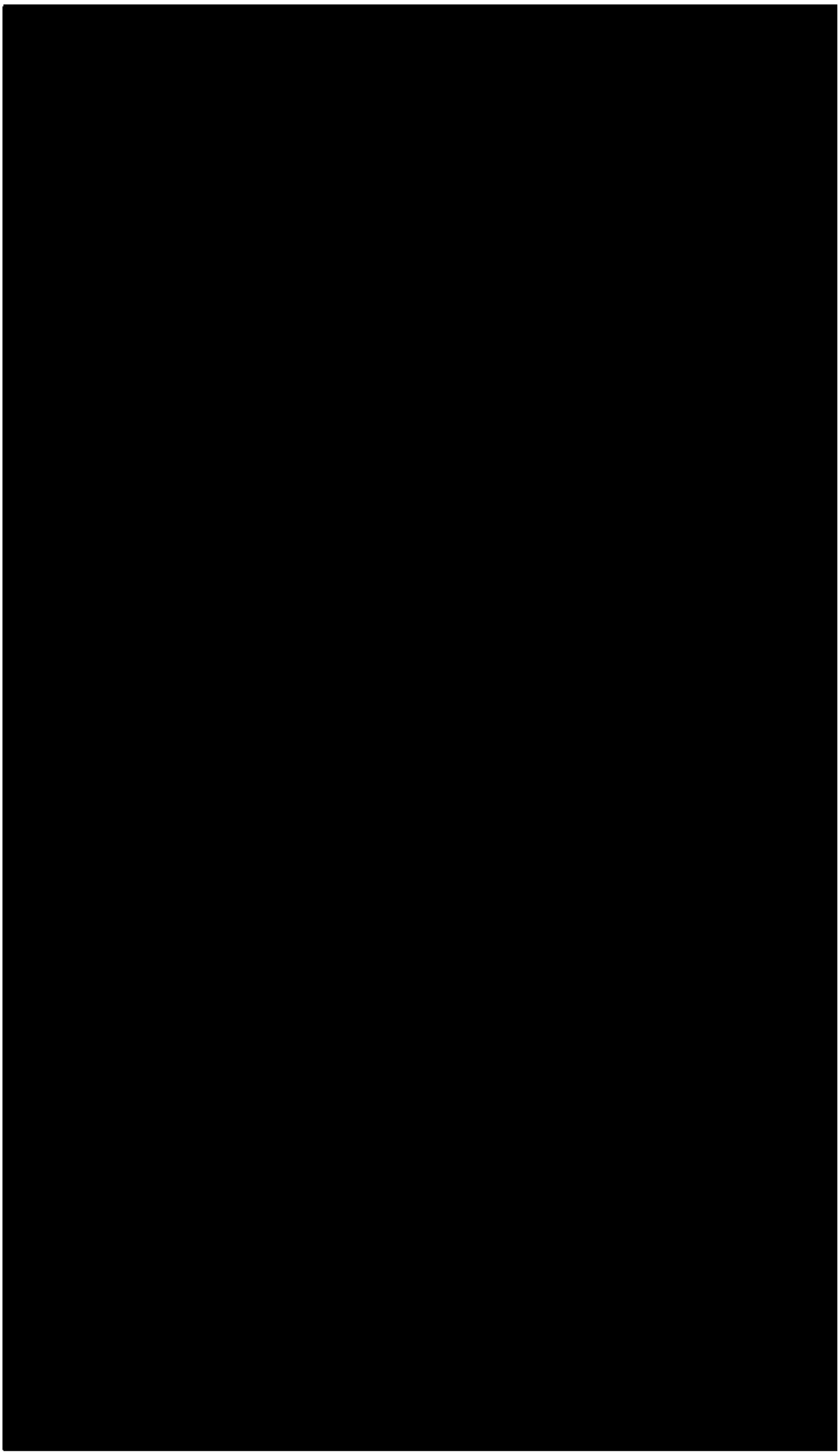
[redacted]

Sent from my iPad

On Mar 29, 2012, at 6:11 PM, "Korte, Roy R." <korterr@DOJ.STATE.WI.US> wrote:

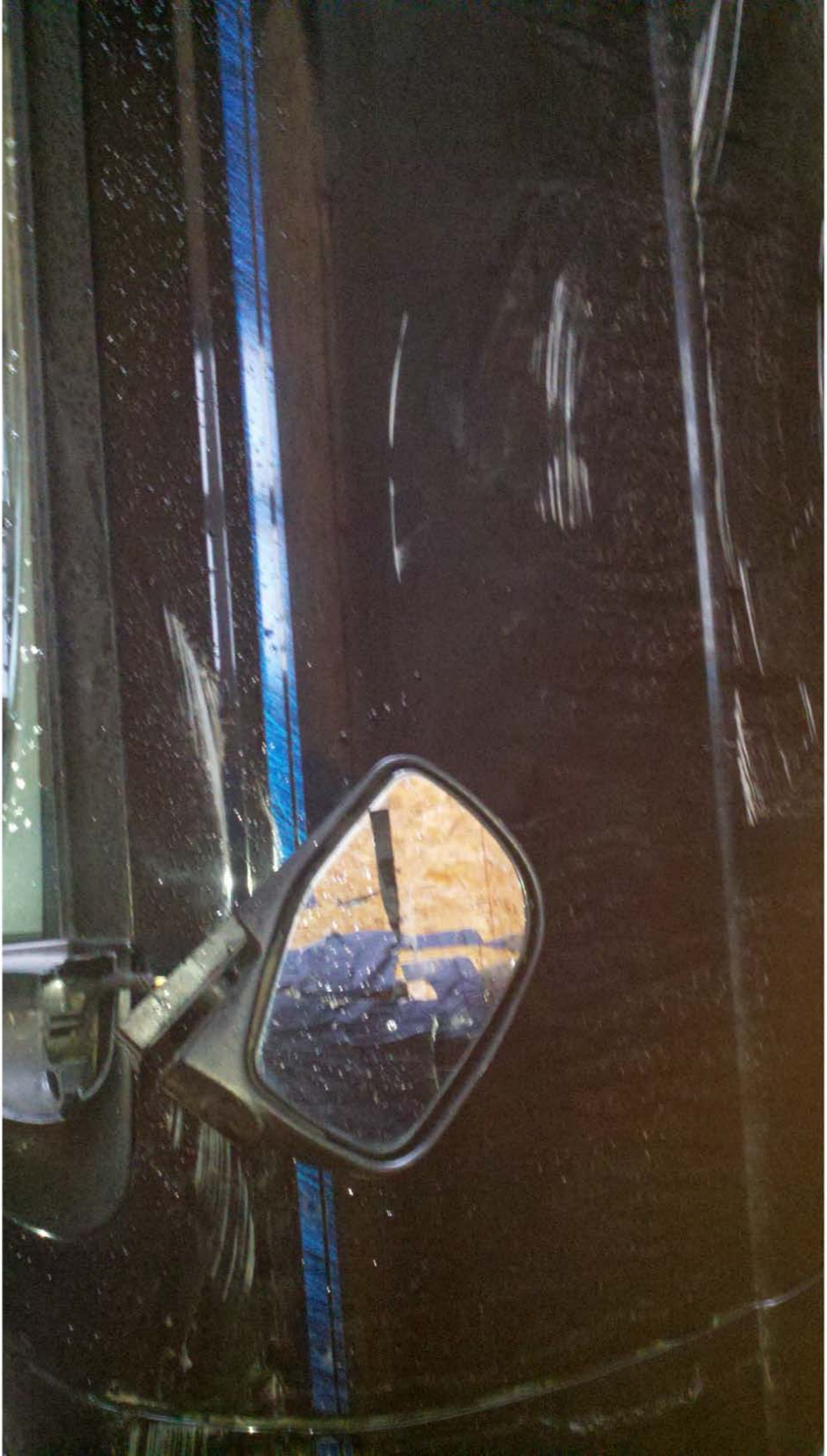
[redacted]

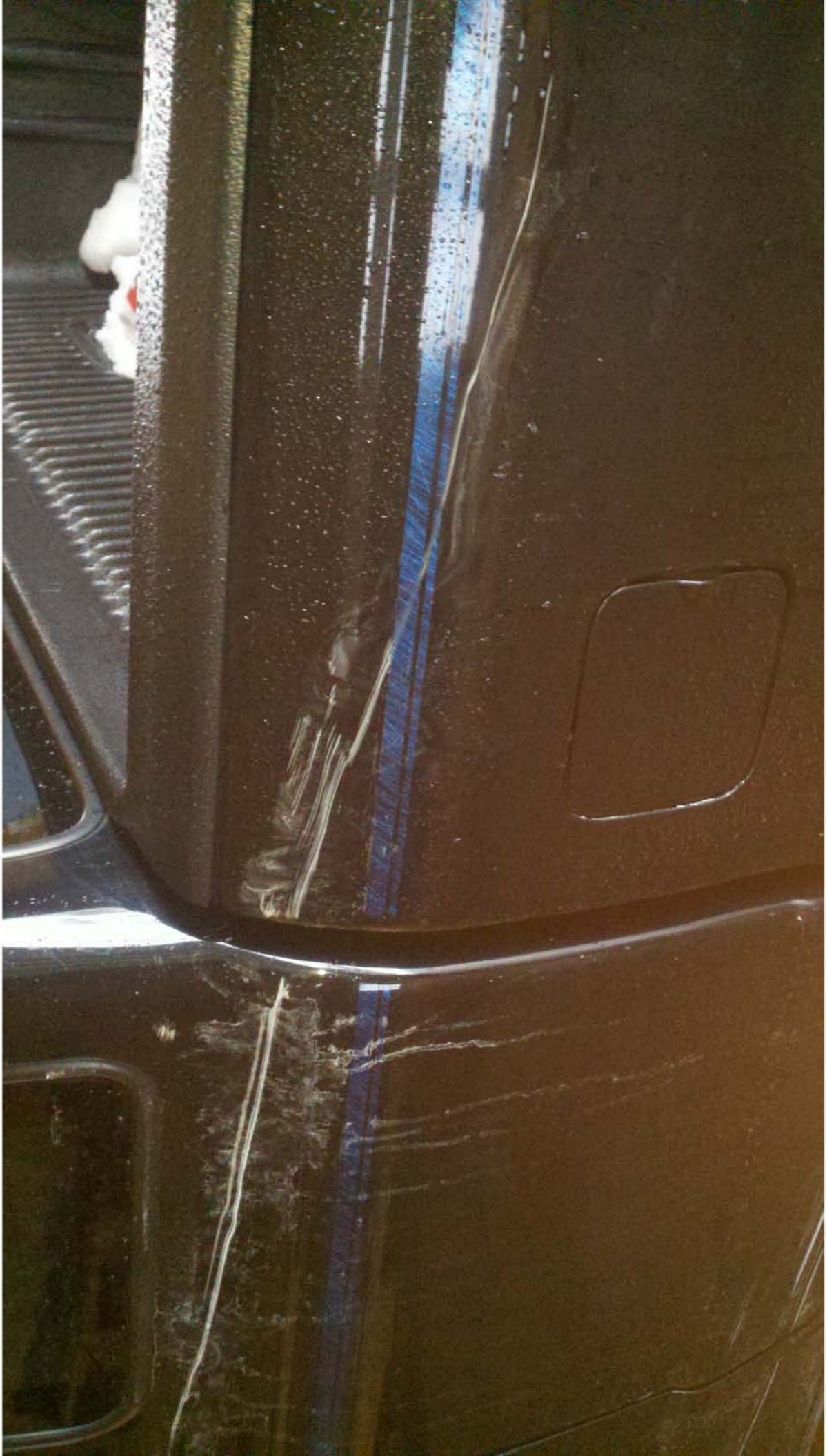


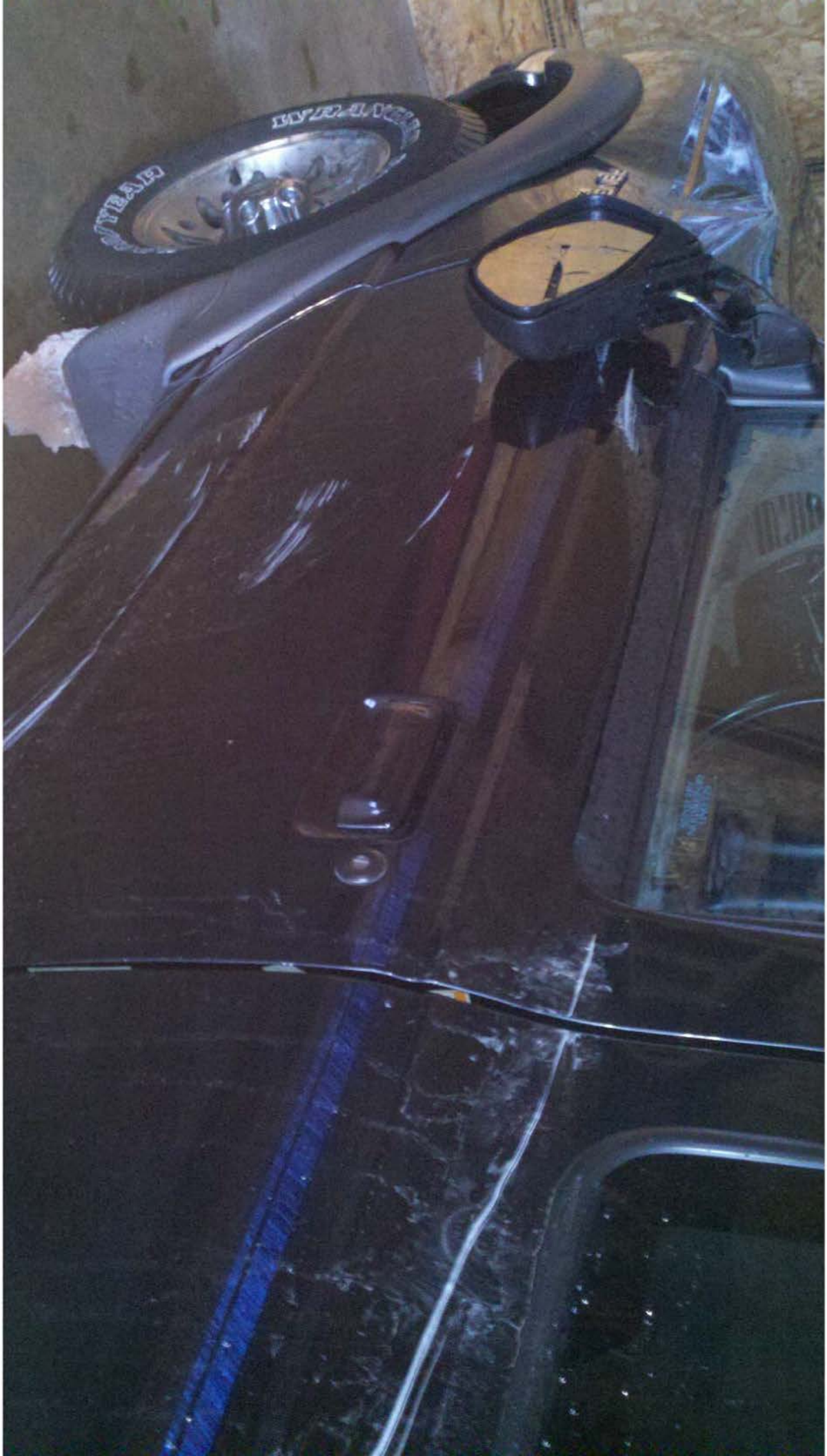


Roy Korte
Director, Criminal Litigation, Antitrust and Consumer Protection
Wisconsin Department of Justice
korterr@doj.state.wi.us
608-267-1339
608-267-2778 FAX

RANGER
XLT







[redacted]

From: [redacted]@VTEXT.COM
Sent: Tuesday, April 24, 2012 7:55 AM
To: [redacted]
Subject: Difinetly a reportable accident

Difinetly a reportable accident

Sw W

C11-7696

12-14-11

MINOR CRASH REPORT FORM (UNDER $1,000)

TAYLOR COUNTY SHERIFF'S DEPARTMENT
224 S. SECOND STREET
MEDFORD, WI 54451
715-748-2200/715-748-3813 (FAX)

Case #: C11-7696	**Twp:** Tmed	**Date:** 12-14-11	**Time:** 0800hrs	
On: River Rd	**Feet:** 1/4 mile	**Direction:** N	**At/From:** Allman Ave	

Unit #1 Name: [redacted] Daniels			**DOB:** [redacted]
Address: [redacted]			
Sex: m **Phone:** [redacted]		**DL #:** [redacted]	
Plate #: [redacted]	**Year:** 1998	**Make:** Ford	**Color:** Blue
Insurance Co.: Vin# [redacted]			**Seatbelt Used:** Y

Unit #2 Name:			**DOB:**
Address:			
Sex: **Phone:**		**DL #:**	
Plate #:	**Year:**	**Make:**	**Color:**
Insurance Co.:			**Seatbelt Used:**

Witness Name:	**DOB:**
Address:	
Sex: **Phone:**	

Details: Unit 1 white S/B on River Rd lost control of vehicle due to poor road conditions, slush or roadway. Unit 1 sled into the west ditch striking a mailbox causing minor damage to unit 1 and no visible damage to mailbox

[redacted]

Officer Name/Badge: [redacted] **Time Notified:** 0808 **Time Arrived:**

Daniels.

CLASSIFICATION 30170 | CENSUS Tmed | DATE 12-14-11 | CASE# (C) M R G Nº 7696

INCIDENT Vehicle sled into ditch | TIME REC'D 0800 | DISP.

LOCATION [redacted] River DR. | 10-23 | 10-24

NAME Bruce Daniels | DOB

ADDRESS | PHONE

CITY | STATE | ZIP

REC'D BY | DISP. BY | OFFICERS [redacted] | DATE CLEARED 12-14-11 | DATE/TIME OF INCIDENT 0800 - 12-14-11

DAY: M1 T2 (W3) T4 F5 S6 S7 | OFFENDER TYPE: 1 Adult (2) Juvenile | REPORT TYPE: 1 Incident (2) Accident 3 Citation 4 Other | DATE | REPORTING OFFICER

HOW REC'D: 1. 911 2. Police Radio (3) Phone 4. TTY 5. Person 6. On View 7. Off Duty 8. C.B. 9. Other

STATUS: 1. Unfounded 2. Pending Lead 3. Other 4. Cleared by Arrest or Citation (5) Cleared No Arrest Involved

Bruce Daniels called me derict and reported that his son [redacted] had sled into ditch and struck a mail box. I responded and observed some damage to vehicle, no damage to mail box, no injury.

Non reportable Accident Report Complete [redacted]

CODE: W=WITNESS S=SUSPECT V=VICTIM C=CALLER O=OTHER P=PROPERTY DAMAGE VICTIM
L=LOCATION T=TOWING COMPANY R=TRANSPORTED D=DRIVER

CODE	LAST NAME	FIRST	MI	D.O.B.	ADDRESS	PHONE
D.	Daniels	[redacted]		[redacted]	[redacted]	

CODE: S=STOLEN R=RECOVERED D=DAMAGE LOSS

CODE	QUANT	ARTICLE	BRAND NAME	SERIAL NUMBER	COLOR	VALUE
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
INSURANCE CO. NAME					TOTAL $	$

OFFICER:

Amended Document On Emergency

A168500

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.
Mark Areas as shown:
Correct Mark
Incorrect Marks

County | MUN/TWP | Accident Date (MONTH / DAY / YEAR) | Time of Accident (Military Time) (HOUR / MIN.) | Total Number (UNITS / INJURED / KILLED)

Hit & Run
Government Property
Fire (Narrative)
Photos Taken (Narrative)
Trailer or Towed (Narrative)
Truck or Bus (Last Page)
Load Spillage
Construction Zone
Names Exchanged

Unit #

Sheet No. Of

Police No.

Reportable Accident

ACCIDENT LOCATION
Public Highway, Intersection/Related
Public Highway, Non-Intersection
Parking Lot
Private Property or Road

LATITUDE (GPS) Degrees: Minutes: Seconds:

LONGITUDE (GPS) Degrees: Minutes: Seconds:

ON Hwy No. and / Street Name

Estimated FT. MI. N W E S

FROM/AT Hwy No. and / Street Name

House # Utility # Fire # Railroad # Other

Agency Space

Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
		Other	N W E S

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
		Other	N W E S

Please Do Not Write In This Shaded Space

Speed Limit | OPERATOR NAME Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number

Driver's License Number State Exp. Year

Speed Limit | OPERATOR NAME Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number

Driver's License Number State Exp. Year

Date of Birth | Sex | Operating as Classified: | Class (Mark Only One) | Endorse (Mark All That Apply)

On Duty Accident: P Police; E EMT/First Responder; F Fire Fighter; H Winter Hwy Maintenance

CMV

Date of Birth | Sex | Operating as Classified: | Class (Mark Only One) | Endorse (Mark All That Apply)

On Duty Accident: P Police; E EMT/First Responder; F Fire Fighter; H Winter Hwy Maintenance

CMV

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
			1 Deployed; 2 Non Deployed; 3 Not Applicable; 4 Unknown	1 Not Applicable; 2 Not Ejected; 3 Totally Ejected; 4 Partially Ejected; 5 Unknown

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
			1 Deployed; 2 Non Deployed; 3 Not Applicable; 4 Unknown	1 Not Applicable; 2 Not Ejected; 3 Totally Ejected; 4 Partially Ejected; 5 Unknown

Accident No.

TRAPPED/EXTRICATED: 1 Not Applicable; 2 Not Trapped; 3 Trapped/Extricated; 4 Trapped/Not Extricated; 5 Unknown | Medical Transport

TRAPPED/EXTRICATED: 1 Not Applicable; 2 Not Trapped; 3 Trapped/Extricated; 4 Trapped/Not Extricated; 5 Unknown | Medical Transport

Vehicle Owner Same | Last Name First M.I.

Street Address

City & State ZIP Phone Number

Vehicle Owner Same | Last Name First M.I.

Street Address

City & State ZIP Phone Number

Year of Vehicle | Make | Model | Body Style | Color

Vehicle ID Number

License Plate Number | Plate Type | State | Exp. Year

Policy Holder's Name Same | Citation

Liability Insurance Company | Stat. #

Year of Vehicle | Make | Model | Body Style | Color

Vehicle ID Number

License Plate Number | Plate Type | State | Exp. Year

Policy Holder's Name Same | Citation

Liability Insurance Company | Stat. #

Date

Occupant Unit Number

NAME Last First M.I.

ADDRESS Street & Number City & State ZIP

Date of Birth | Sex | Severity | SEAT Position | SAFETY Equipment | AIRBAG (1 Deployed; 2 Non Deployed; 3 Not Applicable; 4 Unknown)

Address Same as Operator: Yes / No

EJECTED: 1 Not Applicable; 2 Not Ejected; 3 Totally Ejected; 4 Partially Ejected; 5 Unknown

TRAPPED/EXTRICATED: 1 Not Applicable; 2 Not Trapped; 3 Trapped/Extricated; 4 Trapped/Not Extricated; 5 Unknown

Medical Transport | Agency Space

Location

MV4000 907

EMS Number

Occupant Unit Number

NAME Last First M.I. | Date of Birth | Sex (M) (F) | Severity (K) (N) (A) (B) (C) | SEAT Position | SAFETY Equipment | AIRBAG (1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown

ADDRESS Street & Number City & State ZIP

Address Same as Operator: Yes / No

EJECTED: (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown

TRAPPED/EXTRICATED: (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown

Medical Transport (Y) (N)

Agency Space

Occupant Unit Number

NAME Last First M.I. | Date of Birth | Sex (M) (F) | Severity (K) (N) (A) (B) (C) | SEAT Position | SAFETY Equipment | AIRBAG (1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown

ADDRESS Street & Number City & State ZIP

Address Same as Operator: Yes / No

EJECTED: (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown

TRAPPED/EXTRICATED: (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown

Medical Transport (Y) (N)

Agency Space

Type of Accident

First Harmful Event

Most Harmful Event

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

(select one per vehicle)

Collision With Object Not Fixed

1	Motor Vehicle in Transport	1
2	Parked Motor Vehicle	2
3	Deer	3
4	Pedalcycle	4
5	Pedestrian	5
6	Railway Train	6
7	Other Animal	7
8	Motor Vehicle in Transport In Other Roadway	8
9	Other Object (Not Fixed)	9

Collision With Fixed Object

10	Traffic Sign Post	10
11	Traffic Signal	11
12	Utility Pole	12
13	Lum. Light Support	13
14	Other Post	14
15	Tree	15
16	Mailbox	16
17	Guardrail Face	17
18	Guardrail End	18
19	Median Barrier	19
20	Bridge Parapet End	20
21	Bridge/Pier/Abut.	21
22	Impact Attenuator	22
23	Overhead Sign Post	23
24	Bridge Rail	24
25	Culvert	25
26	Ditch	26
27	Curb	27
28	Embankment	28
29	Fence	29
30	Other Fixed Object	30
31	Unknown	31

Non-Collision

32	Overturn	32
33	Fire/Explosion	33
34	Immersion	34
35	Jackknife	35
36	Other Non-Collision	36

Driver Condition

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

Driver Factors (Or Pedestrians)

1	Appeared Normal	1
2	Reduced Alertness	2
3	Ability Impaired	3
4	Not Observed	4

Presence

5	Neither Alcohol nor Drugs Present	5
6	Yes—Alcohol Present	6
7	Yes—Drugs Present	7
8	Yes—Alcohol & Drugs Present	8
9	Unknown	9

Alcohol

AC Value	AC Value

10	Test Not Given	10
11	Test Refused	11
12	Test Given, Alcohol Unknown	12
13	Test Given, No Alcohol Reported	13

Drugs

14	Test Not Given	14
15	Test Refused	15
16	Test Given, Drugs Unknown	16
17	Test Given, No Drugs Reported	17
18	Drugs Reported (Specify Below)	18
19	Marijuana	19
20	Cocaine	20
21	Opiates	21
22	Amphetamines	22
23	PCP	23
24	Other Drug Medication	24
25	Type Unknown	25

Unit # (2) (3) (4) (5) (6) (7) (8) (9) (10)

Pedestrian

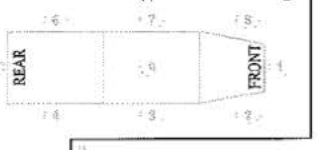
Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

1 No Collision with Motor Vehicle in Transport
2 Rear-end
3 Head On
4 Rear to Rear
5 Angle
6 Sideswipe, Same Direction
7 Sideswipe, Opposite Direction
8 Unknown

Unit # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Darken Numbered Area(s) of Vehicle Damage



0 None
10 Undercarriage
11 Total (Damage to All Areas)
12 Other
13 Unknown

Extent of Damage

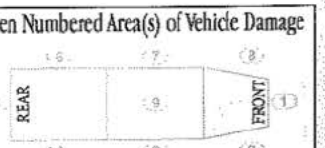
0 None
1 Very Minor
2 Minor
3 Moderate
4 Severe
5 Very Severe
6 Unknown

Vehicle Towed Due to Damage (Y) (N)

Vehicle Removed By:

Unit # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Darken Numbered Area(s) of Vehicle Damage



0 None
10 Undercarriage
11 Total (Damage to All Areas)
12 Other
13 Unknown

Extent of Damage

0 None
1 Very Minor
2 Minor
3 Moderate
4 Severe
5 Very Severe
6 Unknown

Vehicle Towed Due to Damage (Y) (N)

Vehicle Removed By:

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag #

PROPERTY OWNER Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number ( )

Occupant Unit Number

NAME Last First M.I. Date of Birth Sex (M, F) | Severity | SEAT Position | SAFETY Equipment | AIRBAG

ADDRESS Street & Number City & State ZIP

Address Same as Operator: Yes / No

EJECTED: 1 Not Applicable, 2 Not Ejected, 3 Totally Ejected, 4 Partially Ejected, 5 Unknown

TRAPPED/EXTRICATED: 1 Not Applicable, 2 Not Trapped, 3 Trapped/Extricated, 4 Trapped/Not Extricated, 5 Unknown

Medical Transport: Y / N

Agency Space

AIRBAG: 1 Deployed, 2 Non Deployed, 3 Not Applicable, 4 Unknown

Occupant Unit Number

NAME Last First M.I. Date of Birth Sex (M, F) | Severity | SEAT Position | SAFETY Equipment | AIRBAG

ADDRESS Street & Number City & State ZIP

Address Same as Operator: Yes / No

EJECTED: 1 Not Applicable, 2 Not Ejected, 3 Totally Ejected, 4 Partially Ejected, 5 Unknown

TRAPPED/EXTRICATED: 1 Not Applicable, 2 Not Trapped, 3 Trapped/Extricated, 4 Trapped/Not Extricated, 5 Unknown

Medical Transport: Y / N

Agency Space

AIRBAG: 1 Deployed, 2 Non Deployed, 3 Not Applicable, 4 Unknown

Type of Accident

First Harmful Event

Most Harmful Event

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

(select one per vehicle)

Collision With Object Not Fixed

1 Motor Vehicle in Transport
2 Parked Motor Vehicle
3 Deer
4 Pedalcycle
5 Pedestrian
6 Railway Train
7 Other Animal
8 Motor Vehicle in Transport In Other Roadway
9 Other Object (Not Fixed)

Collision With Fixed Object

10 Traffic Sign Post
11 Traffic Signal
12 Utility Pole
13 Lum. Light Support
14 Other Post
15 Tree
16 Mailbox
17 Guardrail Face
18 Guardrail End
19 Median Barrier
20 Bridge Parapet End
21 Bridge/Pier/Abut.
22 Impact Attenuator
23 Overhead Sign Post
24 Bridge Rail
25 Culvert
26 Ditch
27 Curb
28 Embankment
29 Fence
30 Other Fixed Object
31 Unknown

Non-Collision

32 Overturn
33 Fire/Explosion
34 Immersion
35 Jackknife
36 Other Non-Collision

Driver Condition

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

Driver Factors (Or Pedestrians)

1 Appeared Normal
2 Reduced Alertness
3 Ability Impaired
4 Not Observed

Presence

5 Neither Alcohol nor Drugs Present
6 Yes—Alcohol Present
7 Yes—Drugs Present
8 Yes—Alcohol & Drugs Present
9 Unknown

Alcohol

AC Value | AC Value

10 Test Not Given
11 Test Refused
12 Test Given, Alcohol Unknown
13 Test Given, No Alcohol Reported

Drugs

14 Test Not Given
15 Test Refused
16 Test Given, Drugs Unknown
17 Test Given, No Drugs Reported
18 Drugs Reported (Specify Below)
19 Marijuana
20 Cocaine
21 Opiates
22 Amphetamines
23 PCP
24 Other Drug Medication
25 Type Unknown

Unit

Pedestrian

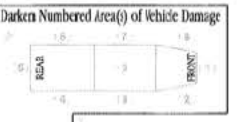
Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

1 No Collision with Motor Vehicle in Transport
2 Rear-end
3 Head On
4 Rear to Rear
5 Angle
6 Sideswipe, Same Direction
7 Sideswipe, Opposite Direction
8 Unknown

Unit

Darken Numbered Area(s) of Vehicle Damage



9 None
10 Undercarriage
11 Total (Damage to All Areas)
12 Other
13 Unknown

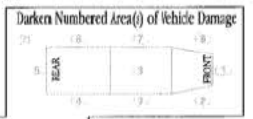
Extent of Damage: 0 None, 1 Very Minor, 2 Minor, 3 Moderate, 4 Severe, 5 Very Severe, 6 Unknown

Vehicle Towed Due to Damage: Y / N

Vehicle Removed By:

Unit

Darken Numbered Area(s) of Vehicle Damage



9 None
10 Undercarriage
11 Total (Damage to All Areas)
12 Other
13 Unknown

Extent of Damage: 0 None, 1 Very Minor, 2 Minor, 3 Moderate, 4 Severe, 5 Very Severe, 6 Unknown

Vehicle Towed Due to Damage: Y / N

Vehicle Removed By:

Fixed Object Struck

Unit # | Unit # | Unit # | Unit #

Govt. Damage Tag #

PROPERTY OWNER Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number ( )

Pictorial Representation of Narrative

Draw Diagram of Accident & Indicate North with an arrow in the circle.

Supplemental Reports (Y, N) Witness Statements (Y, N) Measurements Taken (Y, N)

Skidmarks to Impact: Unit 1 FEET Unit 2 FEET

Surface Type:

NARRATIVE

Photos By:

WITNESS NAME Last First M.I.

ADDRESS Street & Number Date of Birth

City & State ZIP Phone Number ( )

ACCESS CONTROL

1 No Control (Unlimited Access)
2 Full Control (Only Ramp Entry/Exit)
3 Partial Control

ROAD TERRAIN

Part A
1 Straight
2 Curve
Part B
3 Level/Flat
4 Hill

LIGHT CONDITION

1 Daylight
2 Dark—Not Lighted
3 Dark—Lighted
4 Dawn
5 Dusk
6 Unknown

TRAFFIC WAY

1 Not Physically Divided (2-Way Traffic)
2 Divided Highway, Median Strip, without Traffic Barrier
3 Divided Highway, Median Strip, with Traffic Barrier
4 One-Way Traffic
5 Parking Lot or Private Property

ROAD SURFACE CONDITION

1 Dry
2 Wet
3 Snow/Slush
4 Ice
5 Sand, Mud, Dirt, Oil
6 Other
7 Unknown

WEATHER

1 Clear
2 Cloudy
3 Rain
4 Snow
5 Fog, Smog, Smoke
6 Sleet, Hail (Freezing Rain or Drizzle)
7 Blowing Sand, Soil, Dirt, Snow
8 Severe Crosswinds
9 Other
10 Unknown

RELATION TO ROADWAY

1 On Roadway
2 Parking Lot or Private Property
3 Shoulder (Other Than Shoulder within Median or Gore)
4 Median (Other Than Median within Gore)
5 Outside Shoulder—Left
6 Outside Shoulder—Right
7 Off Roadway—Location Unknown
8 Gore (Area between Ramp & Highway)
9 On Ramp
10 Unknown

What Drivers Were Doing

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

1 Going Straight
2 Making Left Turn
3 Making Right Turn
4 Slowing or Stopping
5 Stopped in Traffic
6 Legally Parked
7 Violating No Passing Zone
8 Illegally Parked
9 Parking Maneuver
10 Backing Maneuver
11 Changing Lanes
12 Overtaking on Left
13 Overtaking on Right
14 Making U-Turn
15 Turning on Red
16 Merging
17 Negotiating Curve
18 Other

Traffic Control

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

1 No Control
2 Traffic Signal Operating
3 Traffic Signal Flashing
4 Stop Sign
5 Stop Sign with Flasher
6 Warning
7 Warn Sign with Flasher
8 Yield Sign
9 Traffic Control Person
10 RR-sing Signal
11 Other

A168500

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

Driver Factors

Unit Number	Unit Number

N/A N/A

1 Exceeding Speed Limit
2 Speed Too Fast/Condition
3 Fail to Yield Right of Way
4 Inattentive Driving
5 Following Too Close
6 Improper Turn
7 Left of Center
8 Disregarded Traffic Control
9 Improper Overtaking
10 Unsafe Backing
11 Failure to Have Control
12 Driver Condition
13 Physically Disabled
14 Other

Vehicle Factors

Unit Number	Unit Number

N/A N/A

1 Brake System
2 Tires
3 Steering System
4 Turn Signals
5 Head Lamps
6 Stop Lamps
7 Tail Lamps
8 Disabled in Prior Accident
9 Other Disabled
10 Mirrors
11 Suspension System
12 Other

Highway Factors

Unit Number	Unit Number

N/A N/A

1 Snow, Ice or Wet
2 Narrow Shoulder
3 Low Shoulder
4 Soft Shoulder
5 Loose Gravel
6 Rough Pavement
7 Debris From Prior Accident
8 Other Debris
9 Sign Obscured or Missing
10 Narrow Bridge
11 Construction Zone
12 Visibility Obscured
13 Other

OFFICER INFORMATION

Last First M.I.

Law Enforcement Agency Address

City & State ZIP

Phone Number ( )

Agency # Enforcement Agency Officer ID #

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan							Jan		
Feb							Feb		
Mar	0	0	0	0	0	0	Mar	0	0
Apr	1	1	1	1	1	1	Apr	1	1
May	2	2	2	2	2	2	May	2	2
June	3	3	3	3	3	3	June	3	3
July	4	4	4	4	4	4	July	4	4
Aug	5	5	5	5	5	5	Aug	5	5
Sept	6	6	6	6	6	6	Sept	6	6
Oct	7	7	7	7	7	7	Oct	7	7
Nov	8	8	8	8	8	8	Nov	8	8
Dec	9	9	9	9	9	9	Dec	9	9

Truck & Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.).

When To Use This Section: ***Did the accident involve:. . .***

Part A
A truck or truck combination > 10,000 lbs GVWR/GCWR? Y N
Any vehicle displaying a hazardous materials placard? Y N
A vehicle designed to carry 9 or more people, including the driver? Y N

***STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.*

Part B
Any person who was fatally injured? Y N
Any injured person who required transport for immediate medical treatment? Y N
One or more vehicles towed from the scene due to disabling damage? Y N

***STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section . . .*

Hazardous Material Information

* Hazardous Material Class Numbers (1-2digit):
* Hazardous Material "UN" Numbers (4 digit):
* Hazardous Material Placard Displayed? Y N
* Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

* Interstate Carrier? Y N

Carrier Name

Carrier Identification Numbers

US DOT	IC
ICC MC	IC
Carrier Address	

Source: Vehicle Side, Shipping Papers, Trip Manifest, Driver, Log Book

Vehicle Information

Gross Vehicle Weight Rating LBS Total # of Axles

Vehicle Configuration

1 Bus
2 Single Unit Vehicle
3 Single unit truck + 3 axles
4 Truck/Trailer
5 Truck/Tractor
6 Tractor/Semi-Trailer
7 Tractor/Doubles
8 Tractor/Triples
9 Unknown Heavy Truck
10 Log Truck

Cargo Body Type

1 Bus
2 Van/enclosed box
3 Cargo Tank
4 Flatbed
5 Dump
6 Concrete Mixer
7 Auto Transporter
8 Garbage/Refuse
9 Other
10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE *(Mark in initial sequence in the order that they occurred)*

1	2	3	4	Ran off Road	1	2	3	4	Collision Involving Motor Vehicle in Transp.
1	2	3	4	Jackknife	1	2	3	4	Collision Involving Parked Motor Vehicle
1	2	3	4	Overturn (Rollover)	1	2	3	4	Collision Involving Train
1	2	3	4	Downhill Runaway	1	2	3	4	Collision Involving Pedalcycle
1	2	3	4	Cargo Loss or Shift	1	2	3	4	Collision Involving Animal
1	2	3	4	Explosion or Fire	1	2	3	4	Collision Involving Fixed Object
1	2	3	4	Separation of Units	1	2	3	4	Collision Involving Other Object
1	2	3	4	Collision Involving Pedestrian	1	2	3	4	Other

Printed in U.S.A.

Wisconsin Department of Justice DCI

Memo to File 12-1982/2

Report Date: 08/27/2012

Primary Information	
Description:	Contact with Insurance Agent
Reporting LEO:	Glaman, Loreen C (Wausau Gaming DCI / Wisconsin Department of Justice DCI)
Approval Status:	Approved
Approved Date:	08/27/2012
Approved By:	Giese, Cindy K (Wausau Narcotics DCI / Wisconsin Department of Justice DCI)

Synopsis

At the request of AAG Roy Korte, S/A Loreen C. Glaman contacted an Insurance Agent at American Family on 08/23/2012 to obtain an opinion on the relevance of an unreported accident with $2100 in damages. AAG Korte requested a "general industry" understanding of whether or not an accident would increase rates or otherwise effect an insurance policy.

Though an absolute answer could not be provided, the Insurance Agent offered the following considerations:

1. A claim with damage over $1000 would increase insurance rates.
2. However, a person can repair damage themselves and NOT file a claim.
3. NOT repairing damage can be problematic for an insurance company, and could lead to fraud.
4. Not filing a claim would not be fraud to the insurance company, as long as the damage is repaired.
5. A police report does not necessarily have to be filed especially in a one car accident, but insurance companies often will ask the policy holder to have an accident report filed.
6. A person with less than 5 years of driving experience will probably have their insurance rates adjusted (higher) for an accident, even if a claim is not filed with the insurance company.
7. Generally, an accident involving a 17 year old is relevant as it will most likely result in higher premiums, but filing a claim is not necessary as long as the damage is fixed.

Wisconsin Department of Justice DCI

Memo to File 12-1982/3

Report Date: 10/10/2012

Primary Information	
Description:	Meeting with [redacted]
Reporting LEO:	Glaman, Loreen C (Wausau Gaming DCI / Wisconsin Department of Justice DCI)
Approval Status:	Approved
Approved Date:	10/10/2012
Approved By:	Giese, Cindy K (Wausau Narcotics DCI / Wisconsin Department of Justice DCI)

Synopsis

On Monday, 10/08/2012, S/A Loreen C. Glaman and S/A Ronald W. Glaman met with [redacted] at a pre-determined location to discuss the decision made by the WI Attorney General's Office (WI AG) regarding pursuit of an investigation/charges of Taylor County Sheriff Bruce Daniels. WI AG had decided that the investigation/charges would not be pursued.

Wisconsin Department of Justice DCI

Investigative 12-1982/4

Report Date: 10/10/2012

Primary Information	
Description:	Close Case File
Reporting LEO:	Glaman, Loreen C (Wausau Gaming DCI / Wisconsin Department of Justice DCI)
Approval Status:	Approved
Approved Date:	10/10/2012
Approved By:	Giese, Cindy K (Wausau Narcotics DCI / Wisconsin Department of Justice DCI)

Subjects

Relationship	Name	Bio	DOB
Mentioned	Daniels, Bruce A (Person)	48 yr. old, White, Male	[redacted]

Narrative begins on the following page.

In April 2012, DCI was asked to review a complaint against Taylor County Sheriff Bruce Daniels. After gathering the facts of the complaint, the WI Attorney General's Office reviewed the file and declined prosecution.

Comments/Recommendations:
Close case file.

This document contains neither recommendations nor conclusions of the Division of Criminal Investigation. It is the property of this Division, and is loaned to your agency. Its contents are not to be distributed outside your agency.