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20-01490

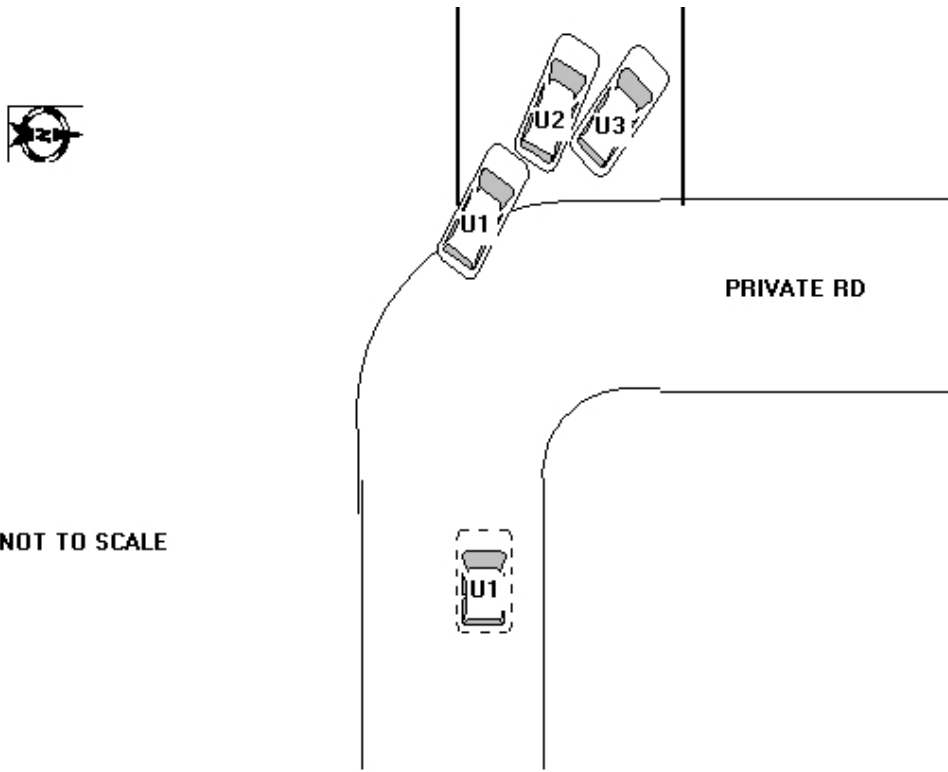
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-01490</b>		Investigating Officer/Deputy <b>DEPUTY A. BREUNIG</b>	
Crash Date <b>02/09/2020</b>		Crash Time <b>09:00 AM</b>		Date Arrived <b>02/09/2020</b>		Time Arrived <b>09:32 AM</b>	
Date Notified <b>02/09/2020</b>		Time Notified <b>09:05 AM</b>		Total Units <b>03</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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>PRIVATE PROPERTY/PARKING LOT</b>			<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p>NOT TO SCALE</p> <p>PRIVATE RD</p>	Reconstruction By
	Photos By <b>A BREUNIG</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 1 WAS TRAVELING ON A PRIVATE ROAD AT CHRISTMAS MOUNTAIN VILLAGE. UNIT 2 AND 3 WERE PARKED IN A PARKING AREA IN FRONT OF THEIR CONDOS. UNIT 2 AND 3 WERE UNOCCUPIED AND PARKED OFF THE PRIVATE RD. UNIT 1 WAS TRAVELING DOWN A HILL INTO A CURVE TO THE RIGHT. THERE WAS HEAVY SNOW AND THE ROAD WAS SNOW COVERED AND SLIPPERY. UNIT 1 LOST CONTROL AND SLID OFF THE LEFT SIDE OF THE DRIVE. UNIT 1 STRUCK UNIT 2. UNIT 2 WAS PUSHED INTO UNIT 3 WHERE ALL VEHICLES CAME TO A REST.

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**Location**

PRIVATE PROPERTY S944 CHRISTMAS MOUNTAIN RD (FIRE S944)  IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude <b>43.609947017</b>	Longitude <b>-89.867049918</b>
	X Coordinate <b>268631.46875</b>	Y Coordinate <b>4832546.5</b>
	Structure Type <b>FIRE</b>	

**Crash Scene**

First Harmful Event <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>04 - REAR TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>SNOW</b>			
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - OTHER</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

UNIT 01	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>2</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>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>ACM8695</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1G1115S30GU140292</b>		Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>IMPALA</b>			
Color <b>RED - RED</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>					

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL</b>			
01	Owner Name <b>TEARSA L CHANDLER (920) 619-0122</b>		Owner Address <b>N1581 RANGELINE RD KEWAUNEE, WI 54216 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>RUN OFF ROADWAY LEFT</b>		
	Event	<b>PARKED MOTOR VEHICLE</b>		
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>MICHAEL CHANDLER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>GRANT EUGENE PARIZEK (920) 619-0122</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>4030 PARK RD GREENLEAF, WI 54126 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT 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>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
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT INDIVIDUAL	01	001	<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	01	002	<b>Individual</b>						
			Passenger <b>TEARSA LYNN CHANDLER (920) 619-0122</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
						Date of Birth		Race <b>WHITE</b>	
			Address <b>N1581 RANGELINE RD KEWAUNEE, WI 54216 , US</b>			Driver License Number <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>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					

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	<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

UNIT	02	Unit Status <b>LEGALLY PARKED</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>0</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>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>0</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>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>					

UNIT	02	<b>Vehicle</b>				
		License Plate Number <b>MSAIMEE</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3C4PDDDG2FT601083</b>		Make <b>DODGE</b>	Year <b>2015</b>	Model <b>JOURNEY LI</b>
		Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>07 - LEFT REAR CORNER</b>		Vehicle Damage <b>03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 06 - REAR, 07 - LEFT REAR CORNER</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>PLATTS WRECKER</b>		
		What Driver Was Doing <b>LEGALLY PARKED</b>				

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name AIMEE J BAILEY (608) 345-6043	Owner Address 3005 GANNON ST MADISON, WI 53711 , US
02	Sequence Of Events	
	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
04	Event	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual AIMEE BAILEY

## Unit Summary

UNIT 03	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 0	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 0	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE	Vehicle				
	License Plate Number 607XEE		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2LMDU88C27BJ07708		Make LINCOLN	Year 2007	Model MKX AWD
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		

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UNIT	VEHICLE	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors
		Driver Prior Action Other	<b>NOT APPLICABLE</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>ANTHONY J WOOD (608) 239-1969</b>	Owner Address <b>5220 STONEHAM DR FITCHBURG, WI 53711 , US</b>
UNIT	VEHICLE	<b>Sequence Of Events</b>	
		01	Event <b>MOTOR VEH IN TRANSPORT</b>
		02	Event
		03	Event
		04	Event
UNIT	VEHICLE	<b>Policy Holder</b>	
		Insurance Company <b>SAFECO-INS-CO-OF-AMERICA</b>	Individual <b>ANTHONY WOOD</b>