

6TL0D0GSFP
20-06452

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D0GSFP

Document Number Override		Primary Crash Document #	Agency Crash Number 20-06452	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 07/03/2020		Crash Time 11:28 AM	Date Arrived 07/03/2020	Time Arrived 11:38 AM	
Date Notified 07/03/2020		Time Notified 11:30 AM	Total Units 02	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
		Photos By
		Additional Information NONE

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

UNIT 2 WAS ENTERING THE CULVERS LOT OFF OF W LINN ST. UNIT 1 WAS LEAVING THE DRIVE THRU AREA AND TURNING TO EXIT THE LOT ONTO W LINN ST. UNIT 1 DRIVER STATED HE ACTUALLY DIDN'T SEE UNIT 2 UNTIL IT WAS TOO LATE AND RAN INTO THE SIDE OF IT. UNIT 2 DRIVER AGREED WITH HIS STATEMENT.

Location

PARKING LOT LINN ST/ STH33 EB LOT 420 (HOUSE/BUILDING 420) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475309313	Longitude -89.765943765
	X Coordinate 276293.28125	Y Coordinate 4817316
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	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 Crash Tire Mark	Speed Limit N/A	Total Lanes		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 01 VEHICLE	Vehicle					
		License Plate Number ND1007		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GCVKREC5EZ379006		Make CHEVROLET	Year 2014	Model SILVERADO			
Color SIL - SILVER (ALUMINUM)		Body Style PK - PICKUP		Bus Use			
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER					
Extent Of Damage FUNCTIONAL DAMAGE							

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER TURN, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name CHRISTOPHER JAMES SOMMERFIELD (231) 632-0421		Owner Address 710 BASCOM HILL DR BARABOO, WI 53913 , US	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company SHEBOYGAN-FALLS-INSURANCE-CO		Individual CHRISTOPHER SOMMERFIELD	
UNIT INDIVIDUAL	Individual			
	Driver CHRISTOPHER JAMES SOMMERFIELD (231) 632-0421		Citations Issued 0	Sex MALE
	Address 710 BASCOM HILL DR BARABOO, WI 53913 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment 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 APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		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	
	Drug Type					
	Individual Condition APPEARED NORMAL					

Unit Summary

UNIT	02	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 NORTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit N/A		Total Lanes			
	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 CC58017		Plate Type AUT - AUTOMOBILE		St IL	Country of Issuance UNITED STATES		
		Vehicle Identification Number KM8K1CAA9LU448504		Make HYUNDAI		Year 2020	Model UTILITY		
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE			Bus Use		
		Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage 08 - LEFT SIDE REAR					
		Extent Of Damage FUNCTIONAL DAMAGE							
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR							

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UNIT	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
02	02	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name SHIJU K VARGHESE (847) 722-4514	Owner Address 650 KENMARE CT DES PLAINES, IL 60016 , US		
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	02	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual SHIJU VARGHESE		
UNIT	INDIVIDUAL	Individual			
		Driver SHIJU K VARGHESE (847) 722-4514	Citations Issued 0	Sex MALE	
		Date of Birth		Race WHITE	
		Address 650 KENMARE CT DES PLAINES, IL 60016 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
02	002	Safety Equipment		Safety Equipment	
		On Duty Crash	SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag NON DEPLOYED	
		Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		EMS Agency Identifier	
Medical Transport NOT TRANSPORTED		Date of Death		EMS Run #	
Hospital		Time of Death			
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
02	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
02	002	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger CHRISTINA J CHAMAKALA (847) 337-6462	Citations Issued 0	Sex FEMALE
02	003	Date of Birth	Race WHITE	
		Address 2314 E BARBERRY CT ARLINGTON HEIGHT, IL 60004 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
02	003	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	Helmet Use
02	003	Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
02	003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
02	003	Hospital	Date of Death	Time of Death
		Distracted By	Distracted By Source	
02	003	Distracted By Action		
		Non Motorist	Striking Unit #	Location
02	003	Prior Action		

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UNIT	INDIVIDUAL				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		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		
	Drug Type				
	Individual Condition APPEARED NORMAL				
	02	003			