

6TL0D1PTK7  
20-11357

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 20-11357		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date 09/20/2020		Crash Time 03:25 PM		Date Arrived 09/28/2020		Time Arrived 03:40 PM	
Date Notified 09/28/2020		Time Notified 03:29 PM		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 type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
<p>Diagram</p> <p>STH 14</p> <p>Not to scale</p>		DEP. S. MESSNER	
		Photos By	
		Additional Information PHOTOS	

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

ON 9/20/2020, AT APPROXIMATELY 3:25 PM, UNIT 1, BEARING WISCONSIN REGISTRATION PLATE # 189269A, BEING DRIVEN BY JOSPEH E. LUKASZEWSKI, ENTERED THE PARKING LOT OF E3217 STH 14, TOWNSHIP OF SPRING GREEN, SAUK COUNTY, WISCONSIN. WHILE DRIVING IN A PRIVATE PARKING LOT, UNIT 1 STOPPED AND BEGAN A BACKING MANEUVER. UNIT 2, BEARING WISCONSIN REGISTRATION PLATE #173VHJ, WAS PARKED AND THE DRIVER, CRYSTAL M. SODERSTROM, BEGAN A BACKING MANEUVER. UNIT 2, WHILE BACKING, STRUCK UNIT 1, WHILE BACKING. FUNCTIONAL AND MINOR DAMAGE OCCURRED TO BOTH VEHICLES AND NO INJURIES WERE SUSTAINED. CRYSTAL EXPLAINED TO THE INVESTIGATING DEPUTY THAT SHE LOOKED BEHIND HER, BELIEVED UNIT 1 HAD DRIVEN BY, BEGAN BACKING AND DID NOT SEE UNIT 1 UNTIL STRIKING UNIT 1. INFORMATION WAS EXCHANGED BETWEEN BOTH PARTIES. THE VEHICLES WERE PHOTOGRAPHED AND BOTH UNITS WERE REMOVED BY THEIR DRIVERS.

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Location

<b>PARKING LOT</b> <b>USH14 LOT E3217</b> <b>(FIRE E3217)</b>  <b>IN THE TOWN OF SPRING GREEN</b> <b>IN SAUK COUNTY</b>	Latitude 43.190085533	Longitude -90.188549452
	X Coordinate 240900.546875	Y Coordinate 4786861
	Structure Type <b>FIRE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>OFF ROADWAY, LOCATION UNKNOWN</b>	
Manner of Collision <b>05 - REAR TO SIDE</b>	Light Condition <b>DAYLIGHT</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>NON TRAFFICWAY - PARKING LOT</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

<b>UNIT</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>1</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>N/A</b>	Total Lanes
	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>SLAG, GRAVEL, OR STONE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>189269A</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FALP46V8TF201879</b>	Make <b>FORD</b>	Year <b>1996</b>	Model <b>MUS</b>	
		Color <b>RED - RED</b>	Body Style <b>CV - CONVERTIBLE</b>		Bus Use	
		Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>09 - LEFT SIDE MIDDLE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>JOSEPH E LUKASZEWSKI</b>		Owner Address <b>335 CREEK DRIVE BENTON, WI 53803 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>JOSEPH LUKASZEWSKI</b>	
UNIT INDIVIDUAL	Driver <b>JOSEPH E LUKASZEWSKI</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth [REDACTED]		Race <b>WHITE</b>	
	Address <b>335 CREEK DRIVE BENTON, WI 53803 , US</b>		Driver License Number [REDACTED]	
			<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<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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<b>UNIT 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 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>1</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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes	
	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>SLAG, GRAVEL, OR STONE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT VEHICLE 02</b>	<b>Vehicle</b>				
	License Plate Number <b>173VHJ</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2C3CDXJG7GH140773</b>		Make <b>DODGE</b>	Year <b>2016</b>	Model <b>AVENGER</b>
	Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>05 - RIGHT REAR CORNER</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		

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UNIT VEHICLE	What Driver Was Doing <b>BACKING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
	Owner Name <b>CRYSTAL MARIE SODERSTROM</b>		Owner Address <b>4210 COUNTY ROAD A LANCASTER, WI 53813 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
UNIT VEHICLE	04	Event		
	<b>Policy Holder</b>			
	Insurance Company <b>ARTISAN-AND-TRUCKERS-CASUALTY-CO</b>		Individual <b>CRYSTAL SODERSTROM</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>CRYSTAL MARIE SODERSTROM</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth [REDACTED]		Race <b>WHITE</b>	
	Address <b>4210 COUNTY ROAD A LANCASTER, WI 53813 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>			
UNIT INDIVIDUAL	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	
UNIT INDIVIDUAL	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<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	
UNIT INDIVIDUAL	<b>Distracted By</b>			
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>			
UNIT INDIVIDUAL	Striking Unit #		Location	

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UNIT INDIVIDUAL          02 002	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>		