

6TL0BFKDG2  
21-11390

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 21-11390		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 11/27/2021		Crash Time 05:45 AM		Date Arrived 11/27/2021		Time Arrived 06:03 AM	
Date Notified 11/27/2021		Time Notified 05:53 AM		Total Units 01		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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
		Photos By DEPUTY H VOLZ #9137	
		Additional Information PHOTOS	

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

UNIT 1 PULLED INTO A PARKING STALL IN A PRIVATE PARKING LOT. UNIT 1 DRIVER STRUCK THE CURB AND WENT OVER IT ONTO THE SIDE WALK. UNIT 1 DRIVER ATTEMPTED TO REVERSE OFF THE SIDEWALK AND THE VEHICLE WAS STILL IN DRIVE. DRIVER HIT THE ACCELERATOR AND THE VEHICLE DROVE FORWARD. THE VEHICLE STRUCK THE SIDE OF A BUILDING.

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Location

PARKING LOT MCKINLEY ST LOT 547 (HOUSE/BUILDING 547)  IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude 43.171300607	Longitude -90.06269058
	X Coordinate 251052	Y Coordinate 4784392.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event <b>OTHER FIXED OBJECT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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

UNIT	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>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>0</b>
	Most Harmful Event: Collision With <b>OTHER FIXED OBJECT</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>				

Vehicle

UNIT	VEHICLE	License Plate Number <b>ALT1242</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>JTHBA30G955090746</b>	Make <b>LEXUS</b>	Year <b>2005</b>	Model <b>ES</b>	
		Color <b>TAN - TAN</b>	Body Style <b>SD - SEDAN</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</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 01	Owner Name <b>BRENT A KAST</b>	Owner Address <b>439 PEARL ST # 6 POYNETTE, WI 53955 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>OTHER FIXED OBJECT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>BRENT KAST</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>BROOKLYN BARBARA KAST (608) 459-5919</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>409 N WOOD ST SPRING GREEN, WI 53588 , 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	Airbag
		<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
<b>Distracted By</b>		Distracted By Source	
		<b>NOT APPLICABLE (NOT DISTRACTED)</b>	
<b>Distracted By Action</b>			
<b>NOT DISTRACTED</b>			

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<b>UNIT</b>	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
<b>INDIVIDUAL</b>	<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>					
<b>Property Owner</b>						
<b>PROP OWNER</b>	<b>01</b>	Organization/Company <b>GREENWAY TERRACE</b> (608) 588-2586			Address <b>547 MCKINLEY ST</b> <b>SPRING GREEN, WI 53588 , US</b>	
		<b>Fixed Objects Struck</b>				
<b>01</b>	Striking Unit	Struck Object			Structure Number	Damage Tag Number
	<b>01</b>	<b>OTHER FIXED OBJECT</b>				<b>00000</b>