6TL0BNZM35 21-11891

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override			Primary Crash Document#		1 ,			Investigating Officer/Deputy DEPUTY A. BREUNIG		
5 5 5	Crash Date 12/11/2021			Crash Time 12:30 PM		Date Arrived 12/11/2021			Time Arrived 01:33 PM		
Z	Date Notified 12/11/2021			Time Notified 01:24 PM		Total U 02	nits	Total I	Injured	Total Killer	d
	On Emergen	су	Hit	and Run	Lane Closs	ure	☐ Work Zone	T	railer or 1	Towed	Reporting Threshold
	Governi Prope			Active So	hool Zone	School NO	Bus Related	Tags			
	Reportable			Crash Type DT4000 (STA	NDARD CRASH	l)		A	mended		Secondary Crash
	Description			•				•			
	Diagram	WEII	ONER	SC.	VATE VEWAY				Phr. A E	otos By BREUNIG	rmation
	UNIT 1 WAS TRAVE	ELING S WN THE	OUTHBO DRIVEV	OUND ON A PRIV WAY. UNIT 1 WA	ATE DRIVEWAY. U S SLIDING DOWN E	INIT 1 HA BACKWAF		OW AND ICE KED FACING	COVERED SOUTHBO	UND ALONG	G WEIDNER RD. UNIT 2
	WAS PARKED AT T WITH ITS DRIVERS					1 TOWAR	DS THE END OF THE D	JRIVEWAY A	IND STRUC	KUNIT2. U	NH 1 CAME TO REST

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Crash Time 12:30 PM

	Location 💳									
-	ON S10659 WEIDNER R	D			Latitude			Longitu	de	
	1273 FT S					43.258062059 -90.04			4104749	
	(FIRE \$10659)					X Coordinate 252913.71875			linate 73	
						Туре				
i	Crash Scene =				'					
ו	First Harmful Event				FiretHarm	ifid Event I o	cation			
	PARKED MOTOR VEHIC	:LE			FirstHarmful Event Location ON ROADWAY					
ŀ	Manner of Collision				Light Condition					
	05 - REAR TO SIDE					HT				
Ì						Factor(s)				
	NONE				NONE					
	Weather Condition(s)]					
	CLEAR									
ľ	Animal Type				1	o Trafficway				
ŀ	Crash Classification - Locatio									
	PUBLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
	Tribal Land			Access Control Special Study NO CONTROL			Special Study			
	Within Interchange Area		1	ection Type AN INTERSECTION						
į	Unit Summary =									
\neg	Unit Status		Vehicle Op	erating As C	lassification	1	UnitType			
	IN TRANSIT D CLASS					AUTOMOBILE				
5	Vehicle Type					Operating As Endorsements				
'	(SPORT) UTILITY VEHIC	Train/Bus#Recorded	17 (180)		,	T-4- T:)		T-4-111-	-> A - + T	
	Total Occs 1	Train/Bus#Recorded	0	tions Issued	l	Total Traile	ers	0	zMat Types	
ı	Insurance?	Direction Of Travel	Pre	CrashTire	,	Speed Lim	nit	TotalLar	es	
	YES	SOUTHBOUND	☐ Mark		N/A		1			
	Most Harmful Event: Collision PARKED MOTOR VEHIC		1 '	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE				
ľ	Traffic Way	Traffic Con	Traffic Control		Traffic Co		ntrol Inoperative/Missing			
	PARKING LOT OR PRIVA	NO CONT	NO CONTROL			NO				
İ	Surface Type		Road Curva	Road Curvature		Road Grade				
	BLACKTOP (BITUMINO	US)	CURVE L	CURVE LEFT			DOWNHILL			
	Truck Bus or HazMat NO									
	Vehicle		eeekeeekeeekee	en nen en	(eeeeeeeeeee	*******		SSSSSSSS		
0.000	License Plate Number	Plate Type	Plate Type St DLR - DEALER WI Make Year FORD 2020		St		Country of Issuance			
-0000	MV56H	DLR - DE			WI	UNITED STATES				
200m00m02m0m0	Vehicle Identification N 4FMJK1JT8LEA635					Model				
000000000000000000000000000000000000000					2020	EXPEDITION Rue Hea				
000000000000000000000000000000000000000	Color GRY - GRAY	1	Body Style UT - SPORT UTILITY V		LE	Bus Use				
500000000000000000000000000000000000000	Initial Contact Point	Vehicle Da	Vehicle Damage					7 8 9 10 11		
	07 - LEFT REAR CO									
,	07 - LEFT REAR CO Extent Of Damage FUNCTIONAL DAM	07 - LEF	U/ - LEFT REAR CORNER, U8 - LEFT SIDE REAR			6 12 5 4 3 2 1				
900	P . UNO HOMAL DAM					なった。 現代を始めている 発生を組合された				

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		Towed Due To Damage NOT TOWED		Vehicle Removed By					
		What Driver Was Doing		OPERATOR					
		GOING STRAIGHT		venicle Factors	Vehicle Factors				
	Driver Prior Action Other			NOT APPLICABLE					
		Driver Actions		•					
_		FAILURE TO CONTROL							
IN I	¥								
🗕	VEHICLE								
		Owner Name	HTED OALW DDAIDIE	Owner Address	1 5				
2	KAYSER CHRYSLER CENTER SAUK PRAIRIE (608) 643-8581			816 PHILLIPS BL	SAUK CITY, WI 53583 , US				
		,,			,				
		l Seguence Of Events							
		Event							
	5	DOWNHILL RUNAWAY							
	8	Event PARKED MOTOR VEHIC	LE						
	65	Event							
	03								
	3	Event							
 -		Policy Holder							
L N		Insurance Company		Organization/Company	Organization/Company				
_		FALLS-LAKE-NATIONAL	-INSURANCE-CO	KAYSER CHRYSLE	KAYSER CHRYSLER CENTER SAUK PRAIRIE				
		ndividual							
		Driver RITA ANN TAFS		Citations Issued 0	Sex FEMALE				
	4	(608) 588-4606		Date of Birth Race					
⊨	NDINIDUA				WHITE				
L N N	2	Address S11440 BUTTERNUT RD		Driver License Number					
- }	Z	SPRING GREEN, WI 5358		STATE: WISCONSIN COUNTRY: UNITED STATES					
		L On Dut	ty Crash	Safety Equipment					
	Safety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT Helmet Compliance					
		HelmetUse	U/ - LEF!						
		11GHING GOG							
				1		Tint Compliance			
		Eye Protection		TintCompliance					
			Severity	·					
Ю	100	Injury S	Severity PPARENT INJURY	Tint Compliance Airbag NON DEPLOYED					
01	100	Injury S Injury NO AF	PPARENT INJURY Ejection Path	Airbag NON DEPLOYED		Trapped/Extricated			
01	100	Injury S Injury NO AF Ejected NOT EJECTED	PPARENT INJURY	Airbag NON DEPLOYED PPLICABLE		NOT TRAPPED			
01	100	Injury S Injury NO AF Ejected NOT EJECTED Medical Transport	PPARENT INJURY Ejection Path	Airbag NON DEPLOYED					
01	100	Injury S Injury NO AF Ejected NOT EJECTED	PPARENT INJURY Ejection Path	Airbag NON DEPLOYED PPLICABLE		NOT TRAPPED			
01	100	Injury S Injury NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	Airbag NON DEPLOYED PPLICABLE EMS Agency identifier		NOT TRAPPED EMS Run#			
10	100	Injury S Injury S Injury S NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distract	PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death		NOT TRAPPED EMS Run#			
10	100	Injury S Injury S Injury S NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distract	PPARENT INJURY Ejection Path NOT EJECTED/NOT AF	Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death		NOT TRAPPED EMS Run#			

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		Non Motorist	Striking Unit#	Location							
		Prior Action									
		Action									
	IAL										
UNIT	NDIVIDUAL										
-	NO										
		Action Other				To/From School					
	L	Drug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Re	sults			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Res	ults				
5	001	Drug Type									
		Individual Condition									
		APPEARED NORM	AL								
		Summary =				6	T				
		Status ALLY PARKED			Vehicle Operating As Classification Unit Typ D CLASS AUTON			≣			
05	Vehicle Type PASSENGER CAR						Operating As Er	ndorsements			
	Tota 0	lOccs	Train/Bus#Re	corded T	otal#Citations Issued	Total Ti	ailers Tot	tal HazMat Types			
╘	YES		Direction Of Tra SOUTHBOU	D DI	Pre CrashTire Mark	Speed 55	2	talLanes			
LIND		:HarmfulEvent:Collisio FOR VEH IN TRANS			pecialFunction OSPECIAL FUNCTION	N		Emergency Motor Vehicle Use NOT APPLICABLE			
	TW	ic Way D-WAY, NOT DIVIDE	D	N	raffic Control IO CONTROL		NO				
		ace Type .CKTOP (BITUMINO	US)		Road Curvature		Road Grade LEVEL	Road Grade			
		k Bus or HazMat		L							
	1	Vehicle				ececececece		TSTANGES SEEKSISTEMEN SEEKSISTEMEN SEE			
		License Plate Number 881TEF		ı	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES				
02	02	Vehicle Identification N 3FAHP0HA3CR169			Make Year FORD 2012		Model FUSION SE				
		Color SIL - SILVER (ALUI	MINUM)	I	Body Style 4D - 4DR	'	Bus Use	Bus Use			
_	Щ	Initial Contact Point			Vehicle Damage			7 8 9 10 11			
LIN O	VEHIC	Initial Contact Point 03 - RIGHT SIDE MIDDLE Extent Of Damage FUNCTIONAL DAMAGE			03 - RIGHT SIDE MIDD	LE		5 4 3 2 1			
	Towed Due To Damage NOT TOWED			I	Vehicle Removed By OWNER						

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l		What Driver Was Doing	Vehicle Factors							
		LEGALLY PARKED								
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions Driver Actions								
	ш									
⊨	8									
LIND	VEHIOLE									
	Щ									
		Owner Name	Owner Address							
~		RENAE M B QUALE	6324 ELMWOOD AVE							
05	02	(608) 576-1188	MIDDLETON, WI 53562 , US							
		Sequence Of Events								
		Event								
	Б	MOTOR VEH IN TRANSPORT								
	2	Event								
	05									
	3	Event								
	03									
	4	Event								
	04									
_		Policy Holder								
UNIT		Insurance Company	Individual							
		PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	RENAE QUALE							
1										