# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document#  Crash Time 07:12 PM					Investigating Officer/Deputy DEPUTY Z. DRILL			
Crash Date 05/20/2022			Date A: 05/20/			Time Arrived 07:27 PM	<del>i</del>		
Crash Date 05/20/2022 Date Notified 05/20/2022 On Emergency Hit	Time Notified 07:15 PM		Total U 02	nits		Total Injured Total Kille 00 00		Total Killed 00	ł
On Emergency Hit	t and Run	Lane Clos		☐ Work Zone		Trailer or Towed		owed	Reporting  Threshold
Government Property	Active Sc	hool Zone	School <b>NO</b>	Bus Related		Tags			
<b>▼</b> Reportable	Crash Type PRIVATE PRO	OPERTY/PARKI	RKING LOT			Amend	ded Secondary Crash		
Description Diagram								onstruction	
Hwy 136		GREENS				Pine St	Addit	os By UTY DRI	mation
Unit 2 WAS STOPPED AND PARKE							RIVER S	SIDE BACK	SEAT OPENED THE
DOOR AND AS THE DOOR OPENEI NO INJURIES WERE REPORTED B	D UNIT 1 CROSSE	ED OVER INTO TH	E PARKIN						

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Location <b>—</b>									
PARKING LOT				Latitude			Longit	tude	
CTHBD SB LOT 603				43.47558	31922		-89.77	70120148	
(HOUSE/BUILDING 603 IN THE VILLAGE OF W	•				X Coordinate Y Coordinate 275956.5 4817357.5				
IN SAUK COUNTY	201 BARADOO			Structure Type HOUSE/BUILDING					
Crash Scene									
First Harmful Event				FirstHarm	ıful Event Lo	ocation			
PARKED MOTOR VEHI	CLE			IN PARK	ING LANE	OR ZONE			
Manner of Collision				Light Con-	dition				
01 - ANGLE				DAYLIG	ΗT				
Road Surface Condition(s)				Roadway	Factor(s)				
DRY									
Environment Factor(s)				1					
NONE				NONE					
Weather Condition(s)									
CLEAR									
Animal Type				ı	o Trafficwa				
					Y - PARKIN	G LOT			
Crash Classification - Locat PRIVATE PROPERTY	tion			Crash Classification - Jurisdiction PRIVATE PROPERTY					
TribalLand		Access C		(1)		Special Study			
			NO CON				opecial olddy		
Within Interchange Area Junction Location Intersec					CTION				
NO	NON-JUNCTION		NOTAN	INTERSE	CHON				
Unit Summary		IV. IV. I O		1 161 41		L =			
Unit Status IN TRANSIT		Vehicle Ope	erating As C	iassification		Unit Type AUTOMO	DH E		
Vehicle Type		DCLASS				Operating As Endorsements			
PASSENGER VAN									
Total Occs	Train/Bus#Recorded	Total#Citat	tions Issued		Total Trail	ers	Total Ha	azMat Types	
Insurance?	Direction Of Travel				_	oit	TotalLa	anne	
YES	NOT ON ROADWAY	Pre	CrashTire Mark		1 '		0	aicanes	
Most Harmful Event: Collision		Special Fur			I	Emergency Motor Vehicle Use			
PARKED MOTOR VEHI		NO SPEC		TION		NOT APP			
Traffic Way		Traffic Conf				Traffic Conf	trol Inope	rative/Missing	
PARKING LOT OR PRIV	/ATE PROPERTY	NO CONT				NO			
Surface Type	N::0\	Road Curva				Road Grade			
BLACKTOP (BITUMING Truck Bus or HazMat	JUS)	STRAIGH	1			LEVEL			
NO									
Vehicle									
License Plate Number	r	Plate Type			St	Country of Is	suance		
924LSP	•	1	TOMOBIL	.E	WI	UNITED S			
Vehicle Identification	Number	Make			Year	Model			
<b>a</b> 2B6HB23T5GK554	1274	DODGE			1986	B250			
Color		Body Style				Bus Use			
GLD - GOLD		VN - VAN							
Initial Contact Point	T CORNER	Vehicle Da	ımage					7 8 9 10 11	
Initial Contact Point 01 - RIGHT FRONT Extent Of Damage	I CORNER		HT FRONT	CORNE	?			5 12	
MINOR DAMAGE		01-140	01 - RIGHT FRONT CORNER					5 4 3 2 1	

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		Towed Due To Damage NOT TOWED		Vehicle Removed By							
		What Driver Was Doing		Vehicle Factors							
		PARK MANEUVER		Versione i actors							
				NOT APPLICABLE							
		Driver Prior Action Other		NOT ATT ETCABLE							
UNIT	VEHICLE	Driver Actions OPERATED MOTOR VEHI	CLE IN INATTENTIVE, O	CARELESS OR ERRAT	IC MANNER						
		Owner Name		Owner Address							
2	0.0	MICHAEL STEPHEN SOB (608) 402-3987	OROWSKI	227 1ST AVE #512 BARABOO, WI 5	3913 , US						
	10	MOTOR VEH IN TRANSPO	ORT								
	02	Event PARKED MOTOR VEHICL	E								
	03	Event									
	70	Event									
_		Policy Holder									
N		Insurance Company		Individual							
_		GEICO-GENERAL-INS-CO		MICHAEL SOBOR	owski						
		ndividual			***************************************						
		Driver MICHAEL STEPHEN SOB	ODOMeici	Citations Issued							
		MICHAEL STEFFEN SOS	OROWSKI	0	MALE						
⊢	NDIVIDUAL			Date of Birth	Race WHITE						
EN C	2	Address		Driver License Number	<u>Driver License Numb</u> er						
$\supset$	9	227 1ST AVE		OTATE MINOR NAME OF TAXABLE PARTIES							
		#512  BARABOO, WI 53913   US	3	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty		Safaty Equipment							
	Sal	ety Equipment	Olden.	Safety Equipment	Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAF	BELT						
		HelmetUse		Helmet Compliance							
		Eye Protection		TintCompliance							
2	8	Injury Se	everity	Airbag							
0	5	<b>INJURY</b> NO API	PARENT INJURY	NON DEPLOYED							
		Ejected	Ejection Path			Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT AF			NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie	f	EMS Run#					
		Hospital		Date of Death		Time of Death	Time of Death				
			ed By Source								
		Distracted By Source  Distracted By UNKNOWN									
		Distracted By UNKNO	NWN								

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		Non Motorist	Striking Unit#	Location						
		Prior Action								
UNIT	INDIVIDUAL	Action								
	Z	Action Other						To/From School		
			Suspected Alcohol U	Iso	Suspected Drug Use					
	1	Drug & Alcohol	NO		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Res	sults		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	s			
2	100	Drug Type								
		Individual Condition								
		APPEARED NORM	AL							
		t Summary <b>=</b>								
		Status GALLY PARKED			ehicle Operating As Class CLASS	itication	Unit Type  AUTOMOBILE	:		
02		cle Type SSENGER CAR					Operating As En	dorsements		
	Tota	IOccs	Train/Bus#Re	1.	Total#Citations Issued TotalTra			al HazMat Types		
	4 Insu	rance?	Direction Of Tra		0 0 Pre CrashTire		<b>0</b> mit Tota	lLanes		
UNIT	YES	t Harmful Event: Collision	NOT ON ROA	Donner.	Mark pecial Function	05	0   Emergency Motor Vehicle Use			
⋽		TOR VEH IN TRANS			O SPECIAL FUNCTIO	N	NOT APPLICABLE			
		fic Way KKING LOT OR PRIV	ATE PROPERTY		raffic Control O CONTROL		Traffic Control In	Traffic Control Inoperative/Missing  NO		
		ace Type ACKTOP (BITUMINO	WIE)	<b> </b>	oad Curvature TRAIGHT		Road Grade LEVEL			
	Truc	k Bus or HazMat			INACTI		LLVLL			
	NO,	Vehicle · · · · · · · ·								
		License Plate Number			Plate Type	St	Country of Issuan			
		AHU9021 Vehicle Identification ?	Number		AUT - AUTOMOBILE	WI Year	UNITED STATE Model	ES		
02	2	1G11C5SL4FF1424		<b>I</b>	CHEVROLET	2015	MALIBU			
		Color BLK - BLACK			Body Style ID - 4DR		Bus Use			
	Щ	Initial Contact Point			/ehicle Damage		l	7 8 9 10 11		
NN	VEHICLE	09 - LEFT SIDE MII Extent Of Damage FUNCTIONAL DAM		(	09 - LEFT SIDE MIDDI	.E		6 12		
	2	Towed Due To Damag		V	ehicle Removed By					

Crash Date 05/20/2022
Crash Time 07:12 PM

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		What Driver Was Doing			Vehic	le Factors						
		LEGALLY PARKED										
		Driver Prior Action Other			NOT	APPLICABLE						
		Driver Actions NO CONTRIBUTING ACT	ON									
_	VEHICLE	NO CONTRIBUTING ACT	UN									
N	<u>♀</u>											
$\supset$	亩											
		Owner Name			To	)wner Address						
~		ASHLEY ROSE ATKINSO	4		101 FURNACE ST							
05	8	(734) 625-6793			-	A VALLE, WI 539	141 , US					
		Sequence Of Events										
	5	Event PARKED MOTOR VEHICL	F									
	8	Event										
		Event										
	8	L76.ii										
		Event										
	\$											
_		Policy Holder	************									
L		Insurance Company			Individual							
$\neg$												
		Individual										
		Occupent Of Motor Vehicle Not in Transport ASHLEY ROSE ATKINSON			Cita	ations Issued	Sex		######################################			
500,***					0		FEMALE					
	INDIVIDUAL				Dat	te of Birth	Race WHITE					
FIND	#				Duit	vent čenne s November						
5	ā	Address 101 FURNACE ST			Day	ver License Number						
		LA VALLE, WI 53941 , US	;		ST	ATE: WISCONSI	N COUNTRY: UNI	TED STATES				
		On Duty	Crash		Sat	fety Equipment						
	Sai	ety Equipment										
		Row	SeatPo		SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LI	EFT								
		Helmet Use			Hei	lmet Compliance						
		Eye Protection			Tin	tCompliance						
					' "'	Compilarios						
05	805	Injury Se	everity		Airl	bag						
0	8	injury <sub>no ap</sub>			UN	IKNOWN						
		Ejected	Ejection Pa					Trapped/Extricated				
		UNKNOWN	UNKNOW	/N				UNKNOWN				
		Medical Transport NOT TRANSPORTED			EM	IS Agency Identifier		EMS Run#				
		Hospital			Dat	te of Death		Time of Death				
		1100			] "			7 1170 57 55 51 17				
		Distract	ed By Sourc	9								
		Distracted By										
		Distracted By Action										
		A_2	11-1-1-4	1								
		Non Motorist	UNIC#	Location								
	WHISH I			I								

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		Prior Action									
UNIT	NDIVIDUAL	Action									
	ION	Action Other						To/From School			
		Suspec	ted Alcohol U	leo	Suspected Drug Use						
	1	Drug & Alcohol NO	led Alcondic	75 <del>c</del>	NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	ı				
02	8	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		Individual									
		Occupant Of Motor Vehicle No SUSAN M DINY	tin Transpo	rt	Citations Issued  0	Sex FEMALE					
E	NDIVIDUAL				Date of Birth	Race WHITE					
LNN	2	Address 108 MADISON ST UNION CENTER, WI 5396:	2 . US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
					Potest 5 and annual to						
	Sal	(ety Equipment	Crasn		Safety Equipment						
		Row 01 - FRONT ROW	Seat Po		NONE USED - VEH	HICLE OCCUPANT					
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
05	88	injury Se Injury NO AP	everity PARENT II	NJURY	Airbag UNKNOWN						
		Ejected UNKNOWN	Ejection Pa				Trapped/Extricated UNKNOWN				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifie	र्वे	EMS Run#				
		Hospital			Date of Death		Time of Death				
		Dietract	ed By Source	•							
		Distracted By		-							
		Distracted By Action									
		Non Motorist	Unit#	Location							
l		Prior Action									

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		Action									
	INDIVIDUAL										
FIND	8										
S	2										
	Z										
		Action Other							To/From School		
		Action Other							10/2101113011001		
			Suspected	Alcoholt	Jse	Suspected Drug Use	+				
	1	Drug & Alcohol	NO			NO		<b>.</b>			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	•		Alcohol Test Results			
		Drug Test Given			Drug Test Type		Drug Test Result	<u> </u> 			
		TEST NOT GIVEN			"						
07	600	Drug Type			•		•				
_	0										
		Individual Condition									
		APPEARED NORM	AL								
		Individual									
		Occupant Of Motor Ve JAZMIN M DINY	hicle Notin	Transpo	at	Citations issued  0	Sex FEMALE				
	3				Date of Birth	Race					
⊨	INDIVIDUAL						WHITE				
FNO	2	Address 101 FURNACE ST				Driver License Numb	per				
	Z	LA VALLE, WI 5394	41 , US								
	Sai	ety Equipment	On Duty Cr	ash		Safety Equipment					
		Row		SeatPo	naitian	NONE USED - VEHICLE OCCUPANT					
		02 - SECOND ROW	,	07 - LI		1-11/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
		Helmet Use				Helmet Compliance					
		Eye Protection				TintCompliance					
		Lyeriolection				rintCompliance					
05	8		Injury Seve	erity		Airbag					
J	0	Ejected	NO APPA	RENT I		UNKNOWN		Trapped/Extricated			
		UNKNOWN	-	NKNOW				UNKNOWN			
		Medical Transport				EMS Agency Identific	er er	EMS Run#			
		NOT TRANSPORT	ED								
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted	By Source	e						
		Distracted By Action									
			Striking Un	it#	Location						
		Non Motorist									
		Prior Action									

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									. ,		
TINO	INDIVIDUAL	Action									
		Action Other							To/From School		
	1	Drug & Alcohol N	uspected IO	i Alcohol Us	se	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				
05	9004	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		ndividual									
		Occupant Of Motor Vehicle Not In Transport  DAVID T ATKINSON JR			Citations issued  0	Sex MALE					
_	DUA				Date of Birth	Race WHITE					
TINO	INDIVIDUAL	Address 101 FURNACE ST LA VALLE, WI 53941	1 , US			Driver License Number					
	Saf	On Duty Crash  fety Equipment				Safety Equipment					
		Row 02 - SECOND ROW		Seat Pos 09 - RiO		NONE USED - VEHICLE OCCUPANT					
		HelmetUse				Heimet Compliance					
		Eye Protection				Tint Compliance					
05	900	Injury <sub>N</sub>		RENT IN		Airbag UNKNOWN					
		Ejected UNKNOWN		jection Pati NKNOW				Trapped/Extricated UNKNOWN			
		Medical Transport NOT TRANSPORTE	:D			EMS Agency Identifier		EMS Run#			
		Hospital				Date of Death		Time of Death			
		Distracted By	Vistracted	By Source							
		Distracted By Action									
		Non Motorist	Striking Ur	nit#	Location						
		Prior Action									

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	-	Action					
UNIT	INDIVIDUAL						
)	INDI						
		Action Other					To/From School
							1 o/From School
	L	Orug & Alcohol NO	Use	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		
02	005	Drug Type					
		Individual Condition					
		APPEARED NORMAL					