

6TL09XQZ43

22-05190

# 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 22-05190		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 06/04/2022		Crash Time 07:58 AM		Date Arrived 06/04/2022		Time Arrived 09:24 AM	
Date Notified 06/04/2022		Time Notified 08:00 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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

Diagram



Reconstruction By

Photos By  
I. GALVAN

Additional Information  
PHOTOS

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

UNIT 1 WAS BACKING INTO PARKING LOT. UNIT 1 BACKED INTO THE REAR, LEFT REAR OF UNIT 2 WHICH WAS LEGALLY PARKED. UNIT 1 CAUSED TO UNIT 2, REAR AND LEFT REAR CORNER. NO INJURIES WERE REPORTED. UNIT 2 REMAINED LEGALLY PARKED. UNIT 1 REMOVED BY OPERATOR.

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## Location

ON W MADISON ST 281 FT W OF S WOOD ST IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude	Longitude
	43.175220287	-90.074964778
	X Coordinate	Y Coordinate
	250070.25	4784864
Structure Type		NO STRUCTURE

## Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>04 - REAR TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>RAIN</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 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>	Operating As Endorsements			
	Total Occs <b>2</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>2</b>
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

## Vehicle

UNIT VEHICLE 01	License Plate Number <b>QB14794</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FVHC5DV4BDBB7981</b>	Make <b>FREIGHTLINER CORP</b>	Year <b>2011</b>	Model <b>GARBAGE TR</b>
	Color <b>WHI - WHITE</b>	Body Style <b>CB - CAB CHASSIS</b>	Bus Use	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
	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>			
01 01	Owner Name <b>PETERSON SANITATION INC. (608) 524-6603</b>	Owner Address <b>104 PARK ST BOSCOBEL, WI 53805 , US</b>		
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>PARKED MOTOR VEHICLE</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>SECURA-INS-CO</b>	Organization/Company <b>PETERSON SANITATION INC.</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANTON MICHAEL REJHOLEC (608) 553-2466</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>32777 US HWY 14 LONE ROCK, WI 53556 , US</b>	Date of Birth [REDACTED]	Race <b>WHITE</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	
	Hospital		EMS Run #	
	Date of Death		Time of Death	
	<b>Distracted By</b>			
	Distracted By Source <b>PASSENGER/OTHER NON-MOTORIST</b>			
	Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</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>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
				Passenger <b>WYATT JO FAUST</b> (608) 485-1495		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Address <b>15709 TOWER RD</b> <b>BOSCOBEL, WI 53805 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
				Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash		
Safety Equipment <b>SHOULDER &amp; LAP BELT</b>								
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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>UNIT</b>	<b>INDIVIDUAL</b>	<b>Distracted By</b>						
		Distracted By Source						
		Distracted By Action						
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			

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UNIT INDIVIDUAL	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			
01 002	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	<b>Carrier</b>			
01 01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	Source <b>DRIVER</b>		
	Name <b>PETERSON SANITATION INC. USDOT# 1366698</b>	Address <b>104 PARK ST BOSCOBEL, WI 53805 , US</b>		
UNIT TRUCK BUS	GVWR <b>10,001-26,000 LBS</b>	Vehicle Configuration <b>TRUCK MORE THAN 10,000 LBS, CAN NOT CLASSIFY</b>	Cargo Body Type <b>GARBAGE/REFUSE</b>	
	US DOT # <b>1366698</b>	Carrier Type <b>INTRASTATE CARRIER</b>	Permitted Load <b>NOT APPLICABLE</b>	
	<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit
	<input type="checkbox"/> Escort Vehicle Present			
	Measured Height	Measured Length	Measured Width	Measured Weight

### Unit Summary

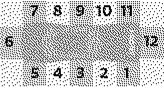
UNIT 02	Unit Status <b>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements		
	Total Occs <b>0</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>
	Total HazMat Types <b>0</b>			
	Insurance? <b>UNKNOWN</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>2</b>			
	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>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>			

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UNIT		VEHICLE			
02	02	<b>Vehicle</b>			
		License Plate Number <b>46725DS</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1J4FF48S6YL186153</b>	Make <b>JEEP</b>	Year <b>2000</b>	Model <b>CHEROKEE</b>
		Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>4D - 4DR</b>	Bus Use	
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>06 - REAR, 07 - LEFT REAR CORNER</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
02	02	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	02	Owner Name <b>KIMBERLY L CRUM (608) 415-8175</b>	Owner Address <b>520 W. MADISON ST #1 SPRING GREEN, WI 53588 , US</b>		
		<b>Sequence Of Events</b>			
04	03	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event		
		03	Event		
		04	Event		