

6TL0D6N031  
22-05858

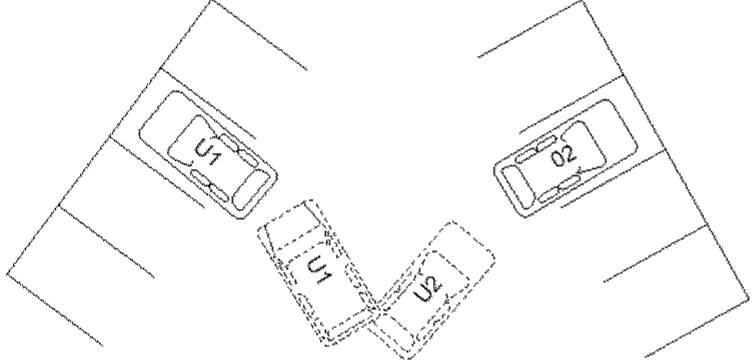
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 22-05858		Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 06/21/2022		Crash Time 10:31 AM		Date Arrived 06/21/2022		Time Arrived 10:36 AM	
Date Notified 06/21/2022		Time Notified 10:31 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 PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p style="text-align: center;">Festival Foods Parking Lot</p> <p style="text-align: center;">Not to Scale</p>	Reconstruction By
	Photos By B STODDARD
	Additional Information NONE, PHOTOS

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

UNITS 1 AND 2 WERE BACKING OUT OF ANGLED PARKING SPOTS ACROSS FROM EACH OTHER AT THE SAME TIME. UNITS 1 AND 2 BACKED INTO EACH OTHER AT SLOW SPEEDS.

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## Location

<b>PARKING LOT</b> <b>STH136 EB LOT 615 LINN</b> <b>(HOUSE/BUILDING 615 LINN)</b>  <b>IN THE VILLAGE OF WEST BARABOO</b> <b>IN SAUK COUNTY</b>	Latitude	Longitude
	43.474126921	-89.770522975
	X Coordinate	Y Coordinate
	275918.53125	4817197
Structure Type		HOUSE/BUILDING

## Crash Scene

First Harmful Event	First Harmful Event Location	
<b>MOTOR VEH IN TRANSPORT</b>	<b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision	Light Condition	
<b>05 - REAR TO SIDE</b>	<b>DAYLIGHT</b>	
Road Surface Condition(s)	Roadway Factor(s)	
<b>DRY</b>	<b>NONE</b>	
Environment Factor(s)		
Weather Condition(s)		
<b>CLEAR</b>	Relation To Trafficway	
Animal Type	<b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location	Crash Classification - Jurisdiction	
<b>PRIVATE PROPERTY</b>	<b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control	Special Study
	<b>NO CONTROL</b>	
Within Interchange Area	Junction Location	Intersection Type
<b>NO</b>	<b>NON-JUNCTION</b>	<b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status	Vehicle Operating As Classification	Unit Type		
	<b>IN TRANSIT</b>	<b>D CLASS</b>	<b>AUTOMOBILE</b>		
	Vehicle Type	Operating As Endorsements			
	<b>(SPORT) UTILITY VEHICLE</b>				
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
	<b>2</b>		<b>0</b>	<b>0</b>	<b>0</b>
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	<b>YES</b>	<b>NOT ON ROADWAY</b>		<b>N/A</b>	
Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use			
<b>MOTOR VEH IN TRANSPORT</b>	<b>NO SPECIAL FUNCTION</b>	<b>NOT APPLICABLE</b>			
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing			
<b>PARKING LOT OR PRIVATE PROPERTY</b>	<b>NO CONTROL</b>	<b>NO</b>			
Surface Type	Road Curvature	Road Grade			
<b>BLACKTOP (BITUMINOUS)</b>	<b>STRAIGHT</b>	<b>LEVEL</b>			
Truck Bus or HazMat					
<b>NO</b>					

## Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number	Plate Type	St	Country of Issuance
		<b>AMN4978</b>	<b>AUT - AUTOMOBILE</b>	<b>WI</b>	<b>UNITED STATES</b>
		Vehicle Identification Number	Make	Year	Model
		<b>2CNFLCEC2B6350225</b>	<b>CHEVROLET</b>	<b>2011</b>	<b>EQUINOX</b>
		Color	Body Style	Bus Use	
<b>GRY - GRAY</b>	<b>UT - SPORT UTILITY VEHICLE</b>				
Initial Contact Point	Vehicle Damage				
<b>05 - RIGHT REAR CORNER</b>	<b>05 - RIGHT REAR CORNER, 06 - REAR</b>				
Extent Of Damage					
<b>MINOR 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>ANDREW JAMES SCHNAE (608) 844-7570</b>	Owner Address <b>910 CYNTHIA LN WISCONSIN DELLS, WI 53965 , 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>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>ANDREW SCHNAE</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANDREW JAMES SCHNAE (608) 844-7570</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>910 CYNTHIA LN WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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>		
<b>Distracted By Action</b>		<b>NOT DISTRACTED</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>Individual</b>					
		Passenger <b>ANELL AMELIA MUNOZ REYES</b> (608) 844-7570			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>910 CYNTHIA LN</b> <b>WISCONSIN DELLS, WI 53965 , US</b>			Date of Birth [REDACTED]	Race	
		Driver License Number			Safety Equipment		
		<b>Safety Equipment</b>		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Compliance					
Eye Protection		Tint Compliance					
<b>01</b>	<b>002</b>	<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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit#	Location				

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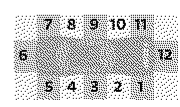
UNIT INDIVIDUAL 01 002
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR Operating As Endorsements
Total Occs 1 Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
Insurance? YES Direction Of Travel NOT ON ROADWAY Pre Crash Tire Mark Speed Limit Total Lanes
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way PARKING LOT OR PRIVATE PROPERTY Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

Vehicle

UNIT 02 002
License Plate Number 183KSW Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1G1ZG5STXMF010344 Make CHEVROLET Year 2021 Model MALIBU
Color RED - RED Body Style SD - SEDAN Bus Use
Initial Contact Point 08 - LEFT SIDE REAR Vehicle Damage
Extent Of Damage MINOR DAMAGE 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR
Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR
What Driver Was Doing BACKING



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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name IONE LOIS DEICH (608) 393-3409	Owner Address 915 10TH ST BARABOO, WI 53913 , US
	<b>Sequence Of Events</b>	
01 02 03 04	Event	MOTOR VEH IN TRANSPORT
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company LIBERTY-MUTUAL-INS-CO	Individual IONE DEICH
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver IONE LOIS DEICH (608) 393-3409	Citations Issued 0
		Sex FEMALE
		Race WHITE
	Address 915 10TH ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
003	<b>Injury</b>	
	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	EMS Run#
		Date of Death
		Time of Death
<b>Distracted By</b>		
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		
<b>Non Motorist</b>		
	Striking Unit#	Location

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<b>UNIT</b>	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>			
	<b>02</b>	<b>003</b>		