WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/17/2022

| | Document Number Override | Primary Crash D | locument# | Agency 22-081 | Crash Number 30 | | GOfficer/Deputy | | |
|------------|-----------------------------|---------------------------|--------------|----------------------|---------------------------------------|-----------------------|-----------------|----------------------|--|
| מ | Crash Date 08/17/2022 | Crash Time 05:15 PM | | Date An | | Time Arrived 05:27 PM | | | |
| 61LUC884JB | Date Notified 08/17/2022 | Time Notified 05:18 PM | | Total Ur 02 | uits | Total Injured | Total Kille | ed | |
| ک ا | On Emergency Hit | and Run | Lane Closu | ire | Work Zone | | or Towed | Reporting Threshold | |
| | Government Property | Active Sci | hool Zone | School I NO | Bus Related | Tags | | | |
| | Reportable | Crash Type PRIVATE PRO | OPERTY/PARKI | NG LOT | | Amend | led | Secondary Crash | |
| | Description | | | | | | | | |
| | Diagram | | | | | | Photos By | nn By | |
| | | | | | · · · · · · · · · · · · · · · · · · · | * | Additional Info | ormation | |
| | | | | | Culv 420 Li Bara | inn St | | | |
| | | Park | ing Lot | | | | | | |
| | Not To Scale | | | | | | | | |
| | i, a sworn law enforceme | | | | | | MAGE REPORT | FED. | |
| | | | | | | | | | |

Location

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

Crash Date 08/17/2022

| • | PARKING LOT LINN ST/ STH33 EB LOT 4: (HOUSE/BUILDING 420 LIN | | | | | 39 -89 | | ngitude 9.766261054 Coordinate | | |
|---|--|--|-------------------------|--------------------------------------|--------------------------|---------------------|--------------------|--------------------------------------|---------------|---|
| | | IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY | | | | te 5 62 5 | | 48173 | | |
| | IN SAUK COUNTY | | | | Structure Ty HOUSE/BI | | 3 | | | |
| | Crash Scene | | | | | | | | | = |
| | First Harmful Event | | | | FirstHarmfu | ul Event l | ocation | | | _ |
| | MOTOR VEH IN TRANSPO | RT | | | IN PARKIN | NG LAN | E OR ZONE | | | |
| | Manner of Collision | | | | Light Condit | | | | | |
| | 05 - REAR TO SIDE | | | | DAYLIGH | | | | | _ |
| | Road Surface Condition(s) | | | | Roadway F | actor(s) | | | | |
| | DRY | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | |
| | NONE | | | | NONE | | | | | |
| | Weather Condition(s) | | | | | | | | | |
| | CLEAR | | | | | | | | | |
| | Animal Type | | | | Relation To | | ay AY - PARKING | G LOT | | _ |
| | Crash Classification - Location | | | | Crash Class | sification | -Jurisdiction | | | _ |
| | PUBLIC PROPERTY | | | | | | RISDICTION | | | |
| | Tribal Land | | | | NO CONT | | | | Special Study | |
| | · · · · · · · · · · · · · · · · · · · | Junction Location | I | Intersectio | | | | | | |
| | NO I | NON-JUNCTION | | NOT AN | INTERSEC | TION | | | | _ |
| | Unit Summary 👅 | | | | | | | | | - |
| | Unit Status IN TRANSIT | | Vehicle Oper | rating As Cl | assification | | Unit Type AUTOMOI | 311 F | | |
| | Vehicle Type | | - B GEAGG | | | | Operating A | | ements | _ |
| 5 | (SPORT) UTILITY VEHICLE | E | | | | | ' " | | | |
| | Total Occs | Train/Bus#Recorded | Total#Citatio | ons Issued | d Total Trail | | ilers | TotalHa | zMat Types | _ |
| | 1 | | | | 0 | | | 0 | | _ |
| | Insurance? | Direction Of Travel | | rashTire | 1 | Speed Li | mit | TotalLar | nes | |
| į | YES | SOUTHBOUND | | Mark | | N/A | Emergency | 2 | hiele i lee | _ |
| 5 | Most Harmful Event: Collision W MOTOR VEH IN TRANSPO | | NO SPECIA | Special Function NO SPECIAL FUNCTION | | | NOT APPI | | | |
| | Traffic Way PARKING LOT OR PRIVATI | E PROPERTY | Traffic Contro | | | | Traffic Cont | rol Inopera | ative/Missing | |
| | Surface Type | | Road Curvatu | | | | Road Grade |) | | _ |
| | BLACKTOP (BITUMINOUS) |) | STRAIGHT | | | | LEVEL | | | |
| | Truck Bus or HazMat | | | | | | • | | | |
| | Vehicle | | | | | | | | | |
| | License Plate Number | | Plate Type | | Ts | St | Country of Is | suance | | |
| | ANT5765 | AUT - AUT | TOMOBIL | | | UNITED STATES | | | | |
| | | Vehicle Identification Number | | | Y | rear | Model | | | _ |
| | a 2CNFLEEC5B6477742 | CHEVROL | .ET | 2 | 2011 | EQX | | | | |
| | | | | 1 | | D 11 | | | Т | |
| | Color BRO - BROWN | | Body Style | | | | Bus Use | | | |
| | BRO - BROWN | | 4D - 4DR | nage | | | Bus Use | <u> </u> | | _ |
| _ | BRO - BROWN | | 1 . | mage | | | Bus Use | | 7 8 9 10 11 | |
| | BRO - BROWN | | 4D - 4DR | • | | | Bus Use | | 6 12 | |
| 5 | BRO - BROWN Initial Contact Point 06 - REAR | | 4D - 4DR Vehicle Dam | • | | | Bus Use | | | |

6TL0C884JB

22-08130

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | Vehicle Removed By | | | | | | |
|-----|----------|---|----------------------------|---|-------------------------------|--------------|--------------------|--|--|--|
| | | | | OPERATOR Valida Forder | | | | | | |
| | | What Driver Was Doing BACKING | | Ver | Vehicle Factors | | | | | |
| | | Driver Prior Action Other | | NO | T APPLICABLE | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| ᆫ | VEHICLE | UNSAFE BACKING | | | | | | | | |
| N N | ¥ | | | | | | | | | |
| - | Ų | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | | Owner Address 517 GROVE ST | | | | | |
| | 5 | PEGGY ANN BURGETTE (608) 434-0351 | | | BARABOO, WI 539 | 13 , US | | | | |
| | | | | | | | | | | |
| | | Sequence Of Events | | 10010010010 | | | | | | |
| | | Event | | 000000000000000000000000000000000000000 | | | | | | |
| | 10 | MOTOR VEH IN TRANSP | UR I | | | | | | | |
| | 8 | Event | | | | | | | | |
| | | Event | | | | | | | | |
| | 8 | | | | | | | | | |
| | 2 | Event | | | | | | | | |
| | 0 | | | | | | | | | |
| l⊨ | | Policy Holder | | | | | | | | |
| N N | | Insurance Company | | Individual PEGGY BURGETTE | | | | | | |
| | | STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO | | | | | | | | |
| | | ndividual Driver | | Te | itations issued | Sex | | | | |
| | | PEGGY ANN BURGETTE (608) 434-0351 Address 517 GROVE ST BARABOO, WI 53913 , US | | | 0 FEMALE | | | | | |
| | 4 | | | | ate of Birth | Race | | | | |
| I≡ | ₫ | | | | | WHITE | | | | |
| FNS | NDIVIDUA | | | | river License Number | | | | | |
| | Z | | | | TATE: WISCONSIN | COUNTRY: UNI | TED STATES | | | |
| | | | | | | | | | | |
| | | On Duty | / Crash | 8 | afety Equipment | | | | | |
| | Sai | fety Equipment | | | | | | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | ۱ | HOULDER & LAP E | BELT | | | | |
| | | HelmetUse | 01 - 223 1 | Helmet Compliance | | | | | | |
| | | Hemoross | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| | | loign S | ovosity | | ishaq | | | | | |
| 2 | 8 | Injury Severity Injury NO APPARENT INJURY | | Airbag NON DEPLOYED | | | | | | |
| | | Ejected Ejection Path | | <u> </u> | | | Trapped/Extricated | | | |
| | | NOT EJECTED | NOT EJECTED/NOT AP | | | | NOT TRAPPED | | | |
| | | MedicalTransport | | | MS Agency Identifier | | EMS Run# | | | |
| | | NOT TRANSPORTED Hospital | | - | ate of Death | | Time of Death | | | |
| | | 1 100 priss | | ' | - 1 O: D 5 6 (1) | | sane or Deadt | | | |
| | | Distract | ted By Source | | | | 1 | | | |
| | | Distracted By NOT A | PPLICABLE (NOT DISTR | ACT | ED) | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |
| I | | | | | | | | | | |

Crash Date 08/17/2022 Crash Time 05:15 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Non Motorist Strik | ing Unit# | Location | | | | | | |
|---------|--|--|------------------|-------------------|--|---------------------|----------------------------|--|--|--|
| | | Prior Action | | l | | | | | | |
| ! | | Action | | | | | | | | |
| | J | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | |
| UNIT | 喜 | | | | | | | | | |
| | 2 | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | 1 | Drug & Alcohol NO | pected Alcohol U | lse | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | • | | Alcohol Test Res | ults | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Resu | ults | | | |
| 5 | 100 | Drug Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | APPEARED NORMAL | | | | | | | | | |
| | | | | | | | | | | |
| | | t Summary Status | | ΙV | ehicle Operating As Class | ification | UnitType | | | |
| | IN T | RANSIT | | | / CLASS | | MOTORCYCLE | MOTORCYCLE | | |
| 05 | | cle Type TORCYCLE | | | | | Operating As Endorsements | | | |
| | Tota 1 | lOccs | Train/Bus#Re | corded T | otal#Citations Issued | TotalTr 0 | 0 | al HazMatTypes | | |
| ш | YES | Insurance? Direction Of Trav YES NORTHBOUNI | | ND [| Pre CrashTire Mark | Speed I N/A | 2 | alLanes | | |
| TINO | | tHarmfulEvent: Collision Wi T OR VEH IN TRANSPOI | | | Special Function NO SPECIAL FUNCTION | N | Emergency Moto NOT APPLICA | r Vehicle Use BLE | | |
| | Traffic Way PARKING LOT OR PRIVATE PROPERTY Surface Type BLACKTOP (BITUMINOUS) | | | I . | raffic Control | | Traffic Control Inc | operative/Missing | | |
| | | | | | Road Curvature STRAIGHT | | Road Grade LEVEL | | | |
| | Truc | k Bus or HazMat | | | | | | | | |
| | NO, | Vehicle | | | | | | | | |
| | | License Plate Number | | | Plate Type | St | Country of Issuance | ce | | |
| | | 917HE | | | CYC - CYCLE WI | | UNITED STATES | | | |
| | 8 | Vehicle Identification Numl JKBVNCA17YB503692 | | | Make KAWASAKI | Year 2000 | Model | | | |
| | | Color | | | Body Style MC - MOTORCYCLE | | Bus Use | | | |
| | ш | BLK - BLACK Initial Contact Point | | | | | | | | |
| | | | | 1 | Vehicle Damage | | | | | |
| Ħ | 2 | 03 - RIGHT SIDE MIDD | LE | | - | N = | | 7 8 9 10 11 6 12 | | |
| TINO | VEHICLE | | LE | | 03 - RIGHT SIDE MIDE Vehicle Removed By |)LE | | -1-1-NESSEGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG | | |

Crash Date 08/17/2022
Crash Time 05:15 PM

6TL0C884JB

22-08130

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Crash Date 08/17/2022

| | | What Driver Was Doing | | 3 | Vehicle Factors | | | | | |
|--------|-----------|-------------------------------------|--------------|---------------------|---|------------|--------------------------------|--|--|--|
| | | GOING STRAIGHT | | , | NOT APPLICABLE | • | | | | |
| | | Driver Prior Action Other | | | NOT AFFLICABLE | • | | | | |
| | | Driver Actions | | | | | | | | |
| _ | Щ | NO CONTRIBUTING ACT | ION | | | | | | | |
| N | VEHICLE | | | | | | | | | |
| \neg | Ū | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | | Owner Address 422 KOCH ST | | | | | |
| | 8 | DAVID A STANLEY (608) 477-3489 | | | BARABOO, WI | 53913 , US | | | | |
| | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | 5 | Event MOTOR VEH IN TRANSP | ORT | | | | | | | |
| | | Event | | | | | | | | |
| | 8 | L rom | | | | | | | | |
| | 63 | Event | | | | | | | | |
| | | Event | | | | | | | | |
| | Event | | | | | | | | | |
| _ | | Policy Holder | | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | | |
| _ | | PEKIN-INS-CO | | DAVID STANLEY | | | | | | |
| | | Individual Driver DAVID A STANLEY | | | | | | | | |
| | | | | | Citations Issued Sex 0 MALE | | | | | |
| | 3 | (608) 477-3489 | | Date of Birth | Race | | | | | |
| ⊨ | INDIVIDUA | | | | WHITE | | | | | |
| LNN | Ã. | Address 422 KOCH ST | | | Driver License Number | | | | | |
| | Z | BARABOO, WI 53913 , US | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | | | | | | | | | | |
| | Sai | On Duty fety Equipment | Crash | | Protective Gear | | | | | |
| | Ĭ | Row | Le cat Co | sition | LONG PANTS | | | | | |
| | | 01 - FRONT ROW | Seat Po | | Long Fairie | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | NO | | | UNKNOWN | | | | | |
| | | Eye Protection YES: WORN | | | Tint Compliance UNKNOWN | | | | | |
| 05 | 200 | Injury Severity | | | Airbag | | | | | |
| 0 | 8 | Injury NO AP | | | NOT APPLICAB | LE | I = 1 = 4 : 4 1 | | | |
| | | Ejected NOT APPLICABLE | Ejection Pa | in CTED/NOT APPI | LICABLE | | Trapped/Extricated NOT TRAPPED | | | |
| | | Medical Transport | 1 | | EMS Agency Identifier | | EMS Run# | | | |
| | | NOT TRANSPORTED | | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | L Distract | ed By Source | | 1 | | 1 | | | |
| | | Distracted By NOT A | PPLICABL | E (NOT DISTRA | CTED) | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | |
| | | l Strikina | Unit# | Location | | | | | | |
| | | Non Motorist | | | | | | | | |

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

Crash Date 08/17/2022

| 1 8 | | Truinu Antinu | | | | | |
|--------------|------------|---------------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Prior Action Prior Action | | | | | |
| | | | | | | | |
| | | Action | | | | | |
| | | | | | | | |
| | 4 | | | | | | |
| l <u>⊨</u> ∜ | 2 | | | | | | |
| UNIT | INDIVIDUAL | | | | | | |
| ⊃ | Ħ | | | | | | |
| | Z | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | | | | | | | |
| | | Suspected Alcohol | Use | Suspected Drug Use | | | |
| | i | Drug & Alcohol NO | | NO | | | |
| | | Alcohol Test Given | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | | | | |
| | | Drug Test Given | Drug Test Type | | Drug Test Results | | |
| | | TEST NOT GIVEN | | | | | |
| 02 | 005 | Drug Type | • | | • | | |
| 0 | 8 | | | | | | |
| | | | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |
| | | AT LAKED HOKWAL | | | | | |
| 1 | | | | | | | |