

6TL0CX0QB0  
22-08894

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CX0QB0

Document Number Override		Primary Crash Document#	Agency Crash Number 22-08894	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 09/05/2022		Crash Time 03:45 PM	Date Arrived 09/05/2022	Time Arrived 03:05 PM	
Date Notified 09/05/2022		Time Notified 02:49 PM	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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

## Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

**Non Reportable**

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

UNIT 1 WAS BACKING OUT OF A PARKING STALL AT WOK KING RESTAURANT. UNIT TWO WAS LEGALLY PARKED UNOCCUPIED IN THE WOK KING PARKING LOT. UNIT 1 STATED HE WAS BACKING OUT AND HIT THE REAR OF UNIT 2. I OBSERVED A 7 INCH SCRATCH IN THE REAR BUMPER OF UNIT 2. NO INJURY REPORTED AND BOTH VEHICLES WERE DRIVEABLE. 9109

6TL0CX0QB0

22-08894

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

## Location

ON STH136 EB 51 FT N OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.473053693	Longitude -89.768912925
	X Coordinate 276044.78125	Y Coordinate 4817073.5
	Structure Type	

## 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>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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

<b>UNIT</b>	Unit Status <b>IN TRANSIT</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>4</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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>05</b>	Total Lanes <b>0</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>NO</b>				

## Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>CC94855</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>5NPEU4AC9AH612065</b>	Make <b>HYUNDAI</b>	Year <b>2010</b>	Model	
		Color	Body Style	Bus Use		
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</b>			



6TL0CX0QB0

22-08894

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>VRAJESHKUMAR P VARIA (630) 822-3443</b>		Owner Address <b>43 FOUNTAINHEAD DR APT 101 WESTMONT, IL 60559 , 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>AUTO-CLUB-INS-ASSOC</b>		Individual <b>VRAJESHKUMAR VARIA</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>VRAJESHKUMAR P VARIA (630) 822-3443</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>43 FOUNTAINHEAD DR APT 101 WESTMONT, IL 60559 , US</b>		Date of Birth [REDACTED]	Race
	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Airbag	
Injury Severity <b>NO APPARENT INJURY</b>		<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 DISTRACTED</b>		<b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action				
<b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	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>				
	UNIT INDIVIDUAL	<b>Individual</b>			
Passenger <b>JINAL V VARIA</b> (630) 822-3443		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
Date of Birth [REDACTED]		Race <b>AMERICAN INDIAN OR ALASKAN NATIVE</b>			
Address <b>43 FOUNTAINHEAD DR APT 101</b> <b>WESTMONT, IL 60559 , US</b>		Driver License Number [REDACTED] <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT INDIVIDUAL		<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					
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	<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>KANVI V VARIA</b> (630) 822-3443	Citations Issued <b>0</b>
	Sex <b>FEMALE</b>		
	Date of Birth [REDACTED]		
	Race <b>AMERICAN INDIAN OR ALASKAN NATIVE</b>		
Address <b>43 FOUNTAINHEAD DR APT 101</b> <b>WESTMONT, IL 60559 , US</b>	Driver License Number		
01	003	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
			<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>
		Row <b>02 - SECOND 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>Distracted By</b>			
Distracted By Source			
Distracted By Action			
<b>Non Motorist</b>			
Striking Unit #	Location		
Prior Action			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
01	003	<b>Drug &amp; Alcohol</b>	
		Suspected Alcohol Use NO	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	
		Drug Type	
		Individual Condition	APPEARED NORMAL
		<b>Individual</b>	
		Passenger YATHARTH V VARIA (630) 822-3443	Citations Issued 0
	Sex MALE		
	Date of Birth [REDACTED]		
	Race AMERICAN INDIAN OR ALASKAN NATIVE		
Address 43 FOUNTAINHEAD DR APT 101 WESTMONT, IL 60559 , US	Driver License Number		
01	004	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 07 - LEFT
		SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<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		
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		
Prior Action			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Action	
		Action Other	
01	004	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>			

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				
UNIT	02	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>YES</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>05</b>	Total Lanes <b>0</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>NO</b>						

Vehicle

UNIT	VEHICLE	02	License Plate Number <b>938YZL</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>KL79MRS14NB146983</b>	Make <b>CHEVROLET</b>	Year <b>2022</b>	Model <b>TRAILBLAZE</b>
			Color <b>ONG - ORANGE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
			Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
			Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</b>		
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
			What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors		
			Driver Prior Action Other	<b>NOT APPLICABLE</b>		

6TL0CX0QB0

22-08894

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

<b>UNIT</b>	<b>VEHICLE</b>	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>MICHAEL SCOTT SCHNEIDER</b>	Owner Address <b>710 S PRESTON AVE # 205 REEDSBURG, WI 53959 , US</b>
<b>UNIT</b>	<b>02</b>	<b>Sequence Of Events</b>	
		<b>01</b>	Event <b>MOTOR VEH IN TRANSPORT</b>
		<b>02</b>	Event
		<b>03</b>	Event
<b>04</b>	Event		
<b>UNIT</b>	<b>04</b>	<b>Policy Holder</b>	
		Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>MICHAEL SCHNEIDER</b>