WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	ocument#	Agency 22-088	Crash Number 194	Investigating DEPUTY I.	Officer/Deputy HANSON	
֓֞֞֜֜֜֞֜֓֓֓֓֓֓֓֓֓֓֟֜֟֓֓֓֓֓֟֜֟֓֓֓֓֓֓֟֜֟֓֓֓֓֓֟֜֟֓֓֓֓֓֓	Crash Date 09/05/2022	Crash Time Date Arrived Time Arrive 03:45 PM 09/05/2022 03:05 PM		Time Arrived 03:05 PM				
	Date Notified 09/05/2022	Time Notified 02:49 PM		Total U	nits	Total Injured	Total Kille	ed
	On Emergency Hit	and Run	Lane Close		☐ Work Zone	ł	or Towed	Reporting Threshold
	Government Property	Active Scl	nool Zone	School NO	Bus Related	Tags		
	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash
	Diagram						Reconstructio	
							Photos By	
							Additional Info NONE	ormation
		No	n Reportable					
	I, a sworn law enforceme UNIT 1 WAS BACKING OUT OF A P LOT UNIT 1 STATED HE WAS BAC REPORTED AND BOTH VEHICLES	ARKING STALL AT KING OUT AND HI	T WOK KING REST IT THE REAR OF U	AURANT.	UNIT TWO WAS LEGAL	LY PARKED UNO		

Location

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Crash Date 09/05/2022

•	ON STH136 EB 51 FT N OF STH136 EB IN THE VILLAGE OF WES IN SAUK COUNTY		X Coordin 276044.	ate		-89.76 Y Coon 48170	8912925 dinate		
				Structure	Туре		•		
	Crash Scene FirstHarmfulEvent			Firettlem	nful Event Lo				
	PARKED MOTOR VEHICL	E		I		OR ZONE			
	Manner of Collision			LightCon					
	04 - REAR TO REAR			DAYLIG					
	Road Surface Condition(s)			Roadway	Factor(s)				
	DRY								
	Environment Factor(s)								
	NONE			NONE					
	Weather Condition(s)								
	CLEAR								
	Animal Type			I	To Trafficway	y Y - PARKIN	G LOT		
	Crash Classification - Location PRIVATE PROPERTY				Crash Classification - Jurisdiction				
	Tribal Land			PRIVATE PROPERTY Access Control				Special Study	
				NO CONTROL				, ,	
	Within Interchange Area	Junction Location		ction Type	CTION				
		NON-JUNCTION	NOT	AN INTERSE	CHON				
	Unit Summary Unit Status		Vehicle Operating A	s Classification	3	UnitType			
	I Onk Status								
	IN TRANSIT		D CLASS			AUTOMOI	BILE		
	IN TRANSIT Vehicle Type					1		ements	
5	IN TRANSIT Vehicle Type PASSENGER CAR	Train/Bus#Recorded	D CLASS			AUTOMOI Operating A	s Endorse		
5	IN TRANSIT Vehicle Type	Train/Bus#Recorded			Total Trail	AUTOMOI Operating A	s Endorse	ements zMat Types	
5	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance?	Direction Of Travel	Total#Citations lss 0	ued	Total Trail 0 Speed Lin	AUTOMOI Operating A ers	s Endorse Total Ha. 0 Total Lar	zMat Types	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES	Direction Of Travel EASTBOUND	Total#Citations lss 0 Pre CrashT Mark	ued	Total Trail	AUTOMOI Operating A ers	Total Ha. O Total Lar	zMat Types nes	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance?	Direction Of Travel EASTBOUND Vith	Total#Citations lss 0	ued	Total Trail 0 Speed Lin	AUTOMOI Operating A ers	Total Ha. 0 Total Lar 0 Motor Vel	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V	Direction Of Travel EASTBOUND Vith	Total#Citations lss 0 Pre Crash1 Mark Special Function	ued	Total Trail 0 Speed Lin	AUTOMOI Operating A ers nit Emergency NOT APPI	Total Ha. 0 Total Lar 0 Motor Vel	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision W PARKED MOTOR VEHICL: Traffic Way PARKING LOT OR PRIVATE Surface Type	Direction Of Travel EASTBOUND With E FE PROPERTY	Total # Citations iss O Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature	ued	Total Trail 0 Speed Lin	ers Emergency NOT APPI Traffic Cont NO Road Grade	Total Ha. Total Lar Total Lar Motor Vel LICABLE	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL Traffic Way PARKING LOT OR PRIVAT	Direction Of Travel EASTBOUND With E FE PROPERTY	Total#Citations iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL	ued	Total Trail 0 Speed Lin	AUTOMOI Operating A ers iit Emergency NOT APPI Traffic Cont	Total Ha. Total Lar Total Lar Motor Vel LICABLE	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS)	Direction Of Travel EASTBOUND With E FE PROPERTY	Total # Citations iss O Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature	ued	Total Trail 0 Speed Lin	ers Emergency NOT APPI Traffic Cont NO Road Grade	Total Ha. Total Lar Total Lar Motor Vel LICABLE	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle	Direction Of Travel EASTBOUND With E FE PROPERTY	Total # Citations Iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT	ued	Total Trail 0 Speed Lin 05	AUTOMOI Operating A ers Emergency NOT APPI Traffic Cont NO Road Grade LEVEL	Total Ha. 0 Total Lar 0 Motor Vel ICABLE	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number	Direction Of Travel EASTBOUND With E FE PROPERTY	Total # Citations Iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type	ued Tire NCTION	Total Trail 0 Speed Lin 05	AUTOMOI Operating A ers Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is	Total Ha. Total Lar Total Lar Motor Vel LICABLE rol Inoperior	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number CC94855 Vehicle Identification Nur	Direction Of Travel EASTBOUND With E FE PROPERTY S)	Total # Citations Iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT	ued Tire NCTION	Total Trail 0 Speed Lin 05	AUTOMOI Operating A ers Emergency NOT APPI Traffic Cont NO Road Grade LEVEL	Total Ha. Total Lar Total Lar Motor Vel LICABLE rol Inoperior	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number CC94855	Direction Of Travel EASTBOUND With E FE PROPERTY S)	Total#Citations Iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make HYUNDAI	ued Tire NCTION	Total Trail 0 Speed Lin 05	AUTOMOI Operating A ers Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST	Total Ha. Total Lar Total Lar Motor Vel LICABLE rol Inoperior	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL: Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number CC94855 Vehicle Identification Nur 5NPEU4AC9AH61206 Color	Direction Of Travel EASTBOUND With E FE PROPERTY S)	Total#Citations Iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make HYUNDAI Body Style	ued Tire NCTION	Total Trail 0 Speed Lin 05 St tL Year	AUTOMOI Operating A ers iit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST	Total Ha. Total Lar Total Lar Motor Vel LICABLE rol Inoperior	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL: Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number CC94855 Vehicle Identification Nur 5NPEU4AC9AH61206 Color	Direction Of Travel EASTBOUND With E FE PROPERTY S)	Total#Citations Iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make HYUNDAI	ued Tire NCTION	Total Trail 0 Speed Lin 05 St tL Year	AUTOMOI Operating A ers Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST	Total Ha. Total Lar Total Lar Motor Vel LICABLE rol Inoperior	zMat Types nes hicle Use	
	IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 4 Insurance? YES Most Harmful Event: Collision V PARKED MOTOR VEHICL: Traffic Way PARKING LOT OR PRIVAT Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number CC94855 Vehicle Identification Nur 5NPEU4AC9AH61206 Color	Direction Of Travel EASTBOUND With E FE PROPERTY S)	Total#Citations Iss 0 Pre CrashT Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make HYUNDAI Body Style	ued Tire NCTION	Total Trail 0 Speed Lin 05 St tL Year	AUTOMOI Operating A ers Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST	Total Ha. Total Lar Total Lar Motor Vel LICABLE rol Inoperior	zMatTypes nes hicle Use E ative/Missing	

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22-08894

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		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER				
		What Driver Was Doing		Vehicle Factors				
		BACKING Driver Prior Action Other		NOT APPLICABLE				
		Diver Pilo Actor Other						
	ш	Driver Actions NO CONTRIBUTING ACTION	ON	•				
≒	VEHICLE							
IN	H							
		Owner Name VRAJESHKUMAR P VARIA	,	Owner Address 43 FOUNTAINHE	AD DR APT 101			
	5	(630) 822-3443		WESTMONT, IL				
		Sequence Of Events						
	5	PARKED MOTOR VEHICLI	E					
	8	Event						
	8	Event						
		Event						
	3							
⊨		Policy Holder		ranamananananananananananananan				
IN		Insurance Company AUTO-CLUB-INS-ASSOC		Individual VRAJESHKUMAR	VARIA			
		Individual						
		Driver VRAJESHKUMAR P VARIA	4	Citations Issued Sex MALE				
	Ħ	(630) 822-3443		Date of Birth Race				
LNN	₽	Address		Driver License Number				
5	NDIVIDUA	Address 43 FOUNTAINHEAD DR AF		STATE: ILLINOIS COUNTRY: UNITED STATES				
		WESTMONT, IL 60559 , U	s	STATE. ILLINOIS COUNTRE UNITED STATES				
		On Duty	Crash	Safety Equipment				
	Sai	fety Equipment		- CLICKII DEB C I A	D. D.E. T			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT				
		HelmetUse		Helmet Compliance				
		Eye Protection		Tint Compliance				
				·				
۶	8	Injury Se Injury NO APF	venty PARENT INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJECTED/NOT API	PLICABLE EMS Agency Identifie	er	NOT TRAPPED EMS Run#		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distracted By NOT AS	d By Source	ACTED)		1		
		Distracted By NOT AF Distracted By Action	-FLICABLE (NOT DISTR	ACTED)				
		NOT DISTRACTED						

Crash Date 09/05/2022
Crash Time 03:45 PM

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Crash Date 09/05/2022

		Striking Non Motorist	Unit#	Location						
		Prior Action		1						
		Action								
	٦W									
UNIT										
_	INDIVIDUAL									
		Action Other						To/From School		
		I Drug & Alcohol NO	ted Alcohol L	jse	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results				
		TEST NOT GIVEN Drug Type								
2	8	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		ndividual				, , , , , , , , , , , , , , , , , , , 				
	_	Passenger JINAL V VARIA (630) 822-3443 Address 43 FOUNTAINHEAD DR APT 101			Citations Issued Sex FEMALE					
<u>⊢</u>	INDINIDUA				Date of Birth	Race AMERICAN INE	DIAN OR ALASKAN N	ATIVE		
N N N					Driver License Number					
	1	WESTMONT, IL 60559 , L	IS		STATE: ILLINOIS COUNTRY: UNITED STATES					
	Sai	On Duty Tety Equipment	Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT					
		01 - FRONT ROW 09 - RIGHT HelmetUse		Helmet Compliance						
		Eye Protection			Tint Compliance					
٦	005	Injury Se	everity		Airbag					
	9	Injury NO AP Ejected	PARENT II		NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run#			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By	ed By Source	e						
		Distracted By Action								
		Non Motorist Striking	Unit#	Location						

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		Prior Action									
		Action									
	4										
⊨	NDIVIDUAL										
L N	Z										
	Z										
		Action Other						To/From School			
		Suspect	ed Alcohol U	se	Suspected Drug Use						
	1	Drug & Alcohol NO			NO		T				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3				
2	8	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		Individual Passenger			Citations Issued	Sex					
	<u> </u>	KANVI V VARIA (630) 822-3443			0	FEMALE					
.	INDIVIDUAL				Date of Birth Race AMERICAN INDIAN OR ALASKAN NATIVE						
ş	3	Address			Driver License Number	r					
	Z	43 FOUNTAINHEAD DR APT 101 WESTMONT, IL 60559 , US									
					Defet (For inspect						
	Sai	ety Equipment On Duty	Crash		Safety Equipment						
		Row Seat Position			CHILD RESTRAINT SYSTEM - FORWARD FACING						
		HelmetUse	02 - SECOND ROW 09 - RIGHT HelmetUse		HeimetCompliance						
		Eye Protection	Protection			Tint Compliance					
2	8	Injury Se Injury NO API	everity	LILIPY	Airbag NON DEPLOYED						
		Ejected	Ejection Pat		NON DEPLOYED Trapped/Extricated						
		NOT EJECTED Medical Transport	NOT EJEC	CTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED				
		NOT TRANSPORTED			EWS Agency Identifier		EMS Run#				
		Hospital			Date of Death Time of Death						
		Distracted By Distracte	ed By Source	,	1		1				
		Distracted By Action									
		Non Motorist	Unit#	Location							
		PriorAction		1							

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		Action									
	INDIVIDUAL										
╘	3										
Ę	2										
	9										
		Action Other							To/From School		
				A ! L - L !	1	I D					
	1	Drug & Alcohol N	spected	Alcoholi	Jse	Suspected Drug Use					
		Alcohol Test Given			Alcohol Test Type	1		Alcohol Test Results			
		TEST NOT GIVEN			,						
		Drug Test Given			Drug Test Type		Drug Test Results	3			
		TEŠT NOT GIVEN									
2	8	Drug Type									
_											
		Individual Condition									
		APPEARED NORMAL	L								
		, , , , , , , , , , , , , , , , , , , ,									
		Individual									
		Passenger YATHARTH V VARIA (630) 822-3443 Address			Citations Issued	3					
	3				0	MALE					
	\supseteq				Date of Birth	Race AMERICAN INDIAN OR ALASKAN NATIVE					
EN C	5				Driver License Number						
⊃	45 ; Objet Altericab bit At 1 101										
		WESTMONT, IL 6055	9,08								
	Sai	fety Equipment	n Duty Cra	ash		Safety Equipment					
		Row		SeatPo	nsition	SHOULDER & LAP BELT					
		02 - SECOND ROW		07 - LI							
		Helmet Use		<u> </u>		Helmet Compliance					
		Eye Protection				Tint Compliance					
_	4	ni ni	ury Seve	ritv		Airbag					
2	8	Injury _N	O APPA	RENT I	NJURY	NON DEPLOYED					
		Ejected	Eji	ection Pa	ıth .			Trapped/Extricated			
		NOT EJECTED	N	OT EJE	CTED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run#			
		Hospital	,			Date of Death		Time of Death			
		110001001				Date of Death		Tane or Death			
		L L	stracted E	By Sourc		1		1			
		Distracted By									
		Distracted By Action									
		C+	riking Uni	i+ #	Location						
		Non Motorist	annig UIII	1 T	20000011						
		Prior Action			1						

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Crash Time 03:45 PM

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UNIT	NDIVIDUAL	Action								
		Action Other								To/From School
	1	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	/pe			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type)	Drug 1	Fest Results	•		
10	004	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		t Summary -						L -		
	LEC	Status SALLY PARKED			Vehicle Operating As Class D CLASS	itication		Unit Type AUTOMOI		
02		icle Type SSENGER CAR						Operating A	s Endorser	ments
	Tota	Il Occs	Train/Bus#Re	corded	Total#Citations Issued 0		Total Traile	ers	Total Hazi	Mat Types
<u> </u>	Insu YES	rance?	Direction Of Tra		Pre CrashTire Mark		Speed Lim	it	Total Lane	98
TNU		t Harmful Event: Collision W TOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTIO	N		Emergency NOT APPI		icle Use
	ı	fic Way RKING LOT OR PRIVATE	PROPERTY		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type ACKTOP (BITUMINOUS)	1		Road Curvature STRAIGHT			Road Grade	•	
		k Bus or HazMat								
	_	Vehicle								
		License Plate Number			Plate Type AUT - AUTOMOBILE		St WI	Country of Is		
		938YZL Vehicle Identification Numl	per		Make Make		Year	UNITED ST	AIES	
	02	KL79MRSL4NB146983	}		CHEVROLET		2022	TRAILBLA	ZE	
		Color ONG - ORANGE			Body Style UT - SPORT UTILITY	/EHICI	LE	Bus Use		
⊨		Initial Contact Point 06 - REAR			Vehicle Damage					7 8 9 10 11
TIND	VEHICLE	Extent Of Damage MINOR DAMAGE			06 - REAR					6 12 5 4 3 2 1
		Towed Due To Damage NOT TOWED			Vehicle Removed By OWNER					
		What Driver Was Doing LEGALLY PARKED			Vehicle Factors					
		Driver Prior Action Other			NOT APPLICABLE					

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UNIT	Driver Actions NO CONTRIBUTING ACTION	
2	OwnerName MICHAEL SCOTT SCHNEIDER	Owner Address 710 S PRESTON AVE # 205 REEDSBURG, WI 53959 , US
	Sequence Of Events	
8	Event	
8	Event	
8	Event	
2	Event	
_	Policy Holder	
UNIT	Insurance Company	Individual
)	PROGRESSIVE-ADVANCED-INSURANCE-CO	MICHAEL SCHNEIDER