WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrid	e	Primary Crash E	locument#		Agency Crash Number Investigating Officer/Deputy 22-09270 DEPUTY A. JAHNKE							
3	Crash Date 09/15/2022		Crash Time 05:28 PM		Date Ar 09/15/2				Time Arrived	ł			
T	Date Notified 09/15/2022		Time Notified 05:34 PM		Total Ur 02	nits			Total Injured		Total Killed 00	d	
֡׆֖֡֟֡֟֝֡֡֡֝֡֡֡֡֡֡֡֡֝ ֡	On Emergency	Hit	and Run	Lane Close			ork Zon	е	Trailer	or To	owed		Reporting Threshold
<u> </u>	Government Property		Active Sc	hool Zone	School NO	Bus Re	lated		Tags				
	Reportable		Crash Type PRIVATE PRO	OPERTY/PARKI	NG LOT	1			Amend	ed			Secondary Crash
	Description 🕳												
	Diagram		000		N	ot	to	Sc	ale		os By		#0482
			R	***************************************						Addi	tional Infor		#9162
			01		O1		(0					
								/					
						***************************************			l inn S				
			Culver's	6			енининий принципанти дарака		2				
	I, a sworn law enfo UNIT 1 TRAVELING FROM STALL. UNIT 2 DID NOT OF	LINN ST	INTO CULVER'S	PARKING LOT. UN	IT 1 SEAR	CHING	FOR A PA	RKING S	TALL WHEN UN				

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	Location ===									
	PRIVATE PROPERTY				Latitude			Long	itude	
	420 LINN ST/ STH33 EB				43.4751	50466		-89.7	766647271	
	(HOUSE/BUILDING 420)				X Coordin 276235.			Y Cod 4817	ordinate 7300	
	IN THE VILLAGE OF WE IN SAUK COUNTY	ST BARABOO			Structure Type HOUSE/BUILDING					
	0				177000					
	Crash Scene -									
	First Harmful Event					nful Event Lo				
	MOTOR VEH IN TRANSF	PORT					OCATION L	INKNO	·WN	
	Manner of Collision 05 - REAR TO SIDE				Light Con					
	Road Surface Condition(s)									
	DRY				Roadway Factor(s)					
	Environment Factor(s)				1					
	NONE				NONE					
	Weather Condition(s)				†					
	CLEAR									
	Animal Type				1	o Trafficway	Y - PARKIN	G LOT		
	Crash Classification - Location	n		Crash Classification - Jurisdiction						
	PRIVATE PROPERTY				PRIVAT	E PROPER	RTY			
	TribalLand			Access C NO CON				Special Study		
	Within Interchange Area	Intersection	on Type INTERSE	CTION						
		NON-JUNCTION								
	Unit Summary Tunit Status		. Vehicle On	erating As C	laccification	,	UnitType			
	IN TRANSIT		D CLASS	_	AUTOMOBILE					
_	Vehicle Type						Operating A		sements	
5	PASSENGER CAR									
	Total Occs	Train/Bus#Recorded	Total#Cita	tions Issued	d Total Traile		ilers Total Ha		HazMatTypes	
	Insurance?	Direction Of Travel		CrashTire		Speed Lin			anes	
⊢	YES	NOT ON ROADWAY		Mark	,	N/A	2			
TINO	Most Harmful Event: Collision	n With	Special Fur			1	Emergency			
_	MOTOR VEH IN TRANSF	PORT	NO SPEC	IAL FUNC	TION		NOT APPI			
	Traffic Way		Traffic Con				1	rol Inope	erative/Missing	
	PARKING LOT OR PRIVA Surface Type	A IE PROPERTY	NO CONT				NO Road Grade			
	BLACKTOP (BITUMINO)	18)	Road Curvi				LEVEL	•		
	Truck Bus or HazMat		OTTAGO	•••			LLVLL			
	NO									
	Vehicle		e en en en en en en en en en		and and an extension					
	License Plate Number		Plate Type)		St	Country of Is	suance		
	443RZC		AUT - AL	JTOMOBII	.E	WI	UNITED ST	TATES		
5	Vehicle Identification N	Make			Year					
0	a JTHBK1EG1B24299	913	Body Style			2011	ES 350			
	Color						Bus Use			
	BGE - BEIGE Initial Contact Point		4D - 4DR Vehicle Da						<u></u>	
_		IDDLE	v enticle Da	an raye					7 8 9 10 11	
HIND	03 - RIGHT SIDE MI Extent Of Damage MINOR DAMAGE		03 - RIG	HT SIDE N	MDDLE				6 12 5 4 3 2 1	
	MINTON DAMAGE								A LA LANGUE CONTRACT	

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22-09270

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		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT		versione Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions NO CONTRIBUTING ACT	ION						
l⊨	Ī								
	VEHICLE								
-	3								
		O.u Nama		Owner Address					
		OwnerName SHARON ANN LESAR		1017 ELIZABETH	ST				
2	5	(608) 356-5038		BARABOO, WI 53	913 , US				
	5	Event MOTOR VEH IN TRANSP	ORT						
	8	Event							
	0								
	63	Event							
		Event							
	2								
<u> </u>		Policy Holder							
N N		Insurance Company		Individual					
-		WEST-BEND-MUTUAL-IN	18-CU	SHARON LESAR					
		Individual Driver		Citations Issued	Sex				
	,	PETER VINCENT LESAR		0 MALE					
	3	(602) 826-9658		Date of Birth	Race				
FNO	NDIVIDUAL			Driver License Number					
5	á	Address 6642 E. SADDLEBACK S	т						
		MESA, AZ 85215 1032, U	s	STATE: ARIZONA COUNTRY: UNITED STATES					
	Sai	ety Equipment	Crash	Safety Equipment					
		Row	Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT						
		HelmetUse		HelmetCompliance					
		Eve Protection		Tint Compliance					
		_,		1 m Compilario					
2	8	Injury S	everity	Airbag					
	9	Ejected	PARENT INJURY Ejection Path	NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED			
		Medical Transport	I	EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		15-4-45-6		72000 0400 04			
		Hospital		Date of Death		Time of Death			
		L Distract	ed By Source						
		Distracted By NOT A	PPLICABLE (NOT DISTR	ACTED)					
l		Distracted By Action NOT DISTRACTED							
l									

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		Non Motorist	Unit#	Location							
		Prior Action		1							
		Action									
	J										
TIN D	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		Diog restryps		Diag restresals					
2	901	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		ndividual									
		Passenger MARK VINCENT LESAR (608) 356-5038			Citations issued 0	Sex MALE					
	E N				Date of Birth	Race WHITE					
ş	INDIVIDUA	Address 1017 ELIZABETH ST BARABOO, WI 53913 , US			Drivert icense Number						
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty ety Equipment	Crash		Safety Equipment						
	o ai	Row	SeatPo	osition	SHOULDER & LAP BELT						
		01 - FRONT ROW HelmetUse	09 - Ri	GHT	Helmet Compliance						
		Eye Protection									
			.,		Tint Compliance						
٤	30	Injury Si Injury NO AP	PARENT II		Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#				
		Hospital			Date of Death		Time of Death				
		Distracted By	ed By Source	9			<u> </u>				
		Distracted By Action									
		Striking	Unit#	Location							
		Non Motorist									

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Crash Time 05:28 PM

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		Prior Action											
		Action											
	4												
ţ	NDIVIDUAL												
EN S	3												
	Z												
								T					
		Action Other						To/From School					
	1	Suspec Drug & Alcohol NO	ted Alcohol L	ise	Suspected Drug Use			1					
		Alcohol Test Given		Alcohol Test Type	<u> </u>		Alcohol Test Results						
		TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u>						
		Drug Test Given TEST NOT GIVEN		Diog restrype		Diag restresus	•						
2	8	Drug Type	Orug Type										
		hadicide as Candidan	Individual Condition										
		APPEARED NORMAL											
		Individual Passenger			Citations Issued	l Sex							
	4	SHARON ANN LESAR (608) 356-5038			0	FEMALE							
_	INDIVIDUA	(000) 330-3030			Date of Birth	Race WHITE							
ş	Ē	Address 1017 ELIZABETH ST			Driver License Number								
	Z	BARABOO, WI 53913 , US			STATE: WISCONSIN	I COUNTRY: UNI	TED STATES						
		On Duty Crash			Sofati-Equipment								
	Sai	ety Equipment	Crasn		Safety Equipment								
		Row 02 - SECOND ROW	Seat Po		SHOULDER & LAP	BELT							
		Helmet Use	144		Heimet Compliance								
		Eye Protection			Tint Compliance								
			a. rasib.		Lûidaa								
2	8	Injury No AP		NJURY	Airbag NON DEPLOYED								
		Ejected NOT EJECTED	Ejection Pa	ith CTED/NOT APPI	I ICABI F		Trapped/Extricated NOT TRAPPED						
		Medical Transport	(10) 202		EMS Agency Identifier		EMS Run#						
		NOT TRANSPORTED			<u> </u>		- 15 d						
		Hospital			Date of Death		Time of Death						
		Distracted By	ed By Source	÷									
		Distracted By Action											
		Striking	Unit#	Location									
		Non Motorist											
I	3111511111	PriorAction											

Orash Date 09/15/2022
Orash Time 05:28 PM

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TINO	INDIWIDUAL	Action									
		Action Other									To/From School
	i	Drug & Alcohol NO	pected Alcohol U	se		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty					Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		+		Drug 1	Fest Results			
01	693	Drug Type									
		Individual Condition APPEARED NORMAL									
	Uni	t Summary									
	Unit	Status			ı	icle Operating As Classi	fication		Unit Type	D11 F	
02		Cle Type			D C	LASS			AUTOMOI Operating A		ements
0	PASSENGER CAR Total Occs Train/Bus#Recorded				Tota	al#Citations Issued		Total Traile	ers	Total Haz	zMat Types
	2				0		0 Speed Lim		0		
	UNF	rance? (NOWN	Direction Of Tra			Mark N/A				Total Lan	
LIND		tHarmful Event: Collision Wi T OR VEH IN TRANSPOF				Special Function NO SPECIAL FUNCTION			NOT APPI	Motor Veh L ICABLE	nicle Use :
		fic Way KKING LOT OR PRIVATE	E PROPERTY		ı	Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type ACKTOP (BITUMINOUS)	ı		l	Road Curvature STRAIGHT			Road Grade LEVEL		
	Truc	k Bus or HazMat									
	,	Vehicle	**********		T =:		<	- A			S S S S S S S S S S S S S S S S S S S
		License Plate Number 998YWU				te Type IT - AUTOMOBILE		WI	Country of Is UNITED ST		
05	2	Vehicle Identification Numb 3VWD07AJ6EM268232			Mal VO	ke LKSWAGEN			Model JETTA		
		Color SIL - SILVER (ALUMINUM)			1	dy Style - SEDAN			Bus Use		
NNIT	VEHICLE	Initial Contact Point 06 - REAR				Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR				7 8 9 10 11 6	
] ¬	与	Extent Of Damage MINOR DAMAGE					EN,	VV - NEAR	•		5 4 3 2 1
		Towed Due To Damage NOT TOWED				hicle Removed By PERATOR					
		What Driver Was Doing LEAVING A PARKED F	POSITION								

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					Vehicle Factors								
		Driver Prior Action Other			NOT APPLICABLE								
LINO	VEHICLE	Driver Actions UNSAFE BACKING, LOC	KED BUT E	DID NOT SEE									
05	20	Owner Name DOMINIQUE ALEJANDR.	A MARTINE	z z	Owner Address 201 CAROLINA S SAUK CITY, WI 53								
		l Sequence Of Events			l								
	F 0	Event MOTOR VEH IN TRANSF											
	8	Event											
	8	Event											
	8	Event											
		Individual											
		Driver			Citations Issued	Sex							
		HEID! M SALAZAR (608) 477-7584			0	FEMALE							
⊨	INDIVIDUA	(000) 411-1304			Date of Birth	Race WHITE							
	Ξ	Address			Driver License Number	r ·							
_	Z	420 6TH AVE BARABOO, WI 53913 , L	JS		STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sai	on Dul	y Crash		Safety Equipment								
		Row 01 - FRONT ROW	SeatPo 07 - LE		SHOULDER & LAP BELT								
		Helmet Use			Heimet Compliance								
		Eye Protection			Tint Compliance								
05	8	Injury S	Severity PPARENT !!	NJURY	Airbag NON DEPLOYED								
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT API	PLICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#						
		Hospital			Date of Death		Time of Death						
		Distracted By NOT	ted By Source APPLICABL	E (NOT DISTR	ACTED)								
		Distracted By Action NOT DISTRACTED											
		Non Motorist	g Unit#	Location									
		Prior Action											

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TINO	INDIVIDUAL	Action										
		Action Other						To/From School				
	1	Drug & Alcohol NO	ted Alcohol U	se	Suspected Drug Use NO							
		AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	•					
03	8	Drug Type				•						
		Individual Condition										
		APPEARED NORMAL										
		Individual										
		Passenger GABRIEL J SALAZAR			Citations Issued	Sex	*******************************					
	¥	(608) 477-5442			Date of Birth	MALE Race						
⊨	8				Date of Billi	WHITE						
LIND	INDIVIDUAL	Address 420 6TH AVE BARABOO, Wt 53913 , U	S		Driver License Number STATE: WISCONSI		TED STATES					
	Sai	On Duty Tety Equipment	Crash		Safety Equipment							
		Row 01 - FRONT ROW	SeatPo		SHOULDER & LAP BELT							
		Helmet Use	_		Helmet Compliance							
		Eye Protection			TintCompliance							
05	60	Injury S Injury NO AP	everity PARENT II		Airbag NON DEPLOYED							
		Ejected NOT EJECTED	Ejection Par		I .		Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED	1		EMS Agency Identifier		EMS Run#					
		Hospital			Date of Death		Time of Death					
		Distracted By	ted By Source)								
		Distracted By Action										
		Non Motorist	Unit#	Location								
		Prior Action										

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I		Action					
		Venoti					
	4						
<u> </u>	đ						
LIND	5						
-	INDIVIDUAL						
	=						
		Action Other					To/From School
		Action Other					10/210/11001
		Suspected Alcohol	lse	Suspected Drug Use			
	1	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	•	
		TEŠT NOT GIVEN					
02	900	Drug Type					
٦	6						
		La divida de la Cara divers					
		Individual Condition					
		APPEARED NORMAL					