

6TL0D5DXZQ  
22-09781

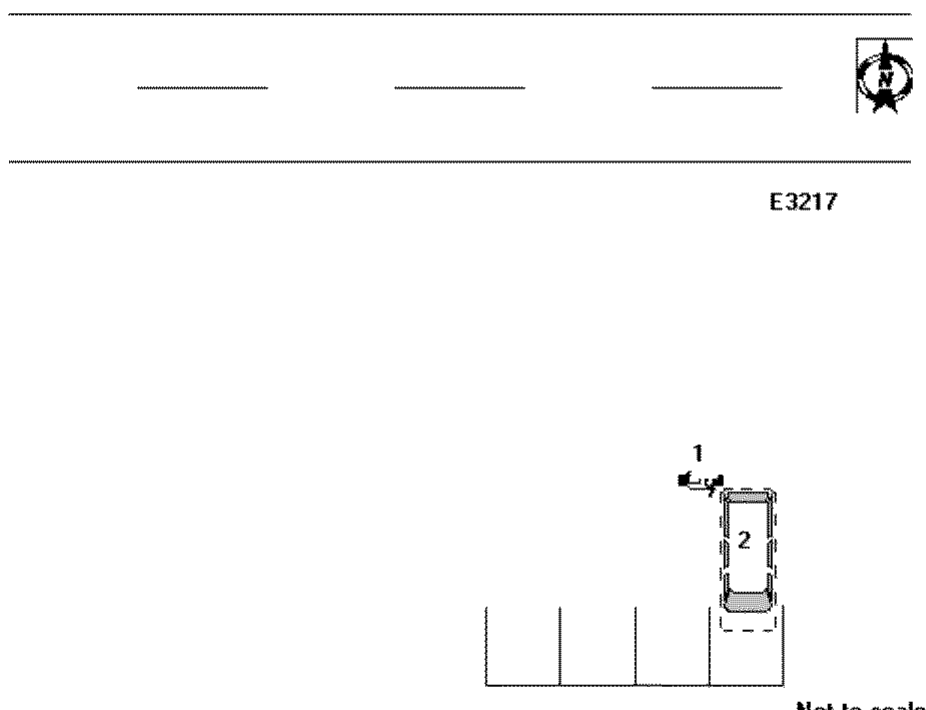
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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 22-09781		Investigating Officer/Deputy DEPUTY C. FRANK	
Crash Date 10/01/2022		Crash Time 02:04 PM		Date Arrived 10/01/2022		Time Arrived 02:24 PM	
Date Notified 10/01/2022		Time Notified 02:05 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 checked="" type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

**Description**

<p>Diagram</p> <hr/> <div style="text-align: center;">  <p>E3217</p> <p>Not to scale</p> </div>	<p>Reconstruction By</p> <hr/> <p>Photos By 9198</p> <hr/> <p>Additional Information PHOTOS</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE ABOVE DATE AND TIME UNIT 1 AND UNIT 2 WERE IN THE PARKING LOT OF E3217 USH 14. UNIT 2 BEGAN BACKING OUT OF A PARKING STALL. UNIT 2 OPERATOR STATED SHE OBSERVED MOTORCYCLES PASSING BEHIND HER AND STOPPED. UNIT 1 WAS FOLLOWING MOTORCYCLES IN FRONT OF HIM. UNIT 1 STATED HE CONTINUED TO FOLLOW THE MOTORCYCLES AS HE OBSERVED UNIT 2 STOP BACKING. UNIT 1 OPERATOR STATED AS HE PASSED BEHIND UNIT 2 IT BACKED INTO UNIT 1.

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Location

Table with 3 columns: Location details (PARKING LOT, USH14 EB LOT E3217, FIRE E3217, IN THE TOWN OF SPRING GREEN, IN SAUK COUNTY), Latitude (43.190599295), Longitude (-90.159569994), X Coordinate (243257.703125), Y Coordinate (4786828.5), Structure Type (FIRE)

Crash Scene

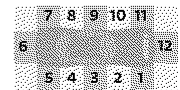
Table with 3 columns: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (IN PARKING LANE OR ZONE), Manner of Collision (05 - REAR TO SIDE), Light Condition (DAYLIGHT), Road Surface Condition(s) (DRY), Roadway Factor(s) (NONE), Environment Factor(s) (NONE), Weather Condition(s) (CLEAR), Animal Type, Relation To Trafficway (NON TRAFFICWAY - PARKING LOT), Crash Classification - Location (PRIVATE PROPERTY), Crash Classification - Jurisdiction (PRIVATE PROPERTY), Tribal Land, Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (NON-JUNCTION), Intersection Type (NOT AN INTERSECTION)

Unit Summary

Table with 3 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (M CLASS), Unit Type (MOTORCYCLE), Vehicle Type (MOTORCYCLE), Operating As Endorsements, Total Occs (1), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark, Speed Limit (05), Total Lanes (1), 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 (SLAG, GRAVEL, OR STONE), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO)

Vehicle

Table with 4 columns: License Plate Number (620TW), Plate Type (CYC - CYCLE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1HD1KED15JB686524), Make (HARLEY DAVIDSON), Year (2018), Model (FLHTK), Color (RED - RED), Body Style (MC - MOTORCYCLE), Bus Use, Initial Contact Point (02 - RIGHT SIDE FRONT), Vehicle Damage (02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR), Extent Of Damage (MINOR DAMAGE)



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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>GOING STRAIGHT</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>SIDNEY JAMES WILLIAMS (608) 487-5212</b>	Owner Address <b>10649 STATE HIGHWAY 71 SPARTA, WI 54656 , 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-ADVANCED-INSURANCE-CO</b>	Individual <b>SIDNEY WILLIAMS</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SIDNEY JAMES WILLIAMS (608) 487-5212</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>10649 STATE HIGHWAY 71 SPARTA, WI 54656 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Protective Gear <b>GLOVES, BOOTS, JACKET, LONG PANTS</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use <b>NO</b>		Helmet Compliance <b>UNKNOWN</b>	
	Eye Protection <b>YES: WORN AND WINDSHIELD</b>		Tint Compliance <b>YES</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT APPLICABLE</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>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
	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>				

## Unit Summary

<b>UNIT 02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>				Operating As Endorsements	
	Total Occs <b>2</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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>05</b>	Total Lanes <b>1</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>SLAG, GRAVEL, OR STONE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT VEHICLE 02 02</b>	<b>Vehicle</b>				
	License Plate Number <b>125YUG</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2D4GP44L25R128570</b>		Make <b>DODGE</b>	Year <b>2005</b>	Model <b>GRAND CARA</b>
	Color <b>GLD - GOLD</b>		Body Style <b>VN - VAN</b>		Bus Use
	Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			

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UNIT	What Driver Was Doing <b>BACKING</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
VEHICLE	Driver Actions <b>UNSAFE BACKING</b>		
	Owner Name <b>MEGAN RAYE LEIS (608) 485-0576</b>	Owner Address <b>903 HUMMEL ST APT 15 BOSCOBEL, WI 53805 , US</b>	
02	<b>Sequence Of Events</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>MEGAN LEIS</b>	
INDIVIDUAL	<b>Individual</b>		
	Driver <b>MEGAN RAYE LEIS (608) 485-0576</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>903 HUMMEL ST APT 15 BOSCOBEL, WI 53805 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	<b>Safety Equipment</b>		Safety Equipment
	On Duty Crash	<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	
002	<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 APPLICABLE (NOT DISTRACTED)</b>	
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>	
<b>Non Motorist</b>		Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	002	Action Other		To/From School	
		<b>Drug &amp; Alcohol</b> Suspected Alcohol Use NO		Suspected Drug Use NO	
02	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
02	002	Drug Type			
		Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	<b>Individual</b>			
		Passenger JAMES L LEIS (608) 485-0576	Citations Issued 0	Sex MALE	
02	003	Date of Birth [REDACTED]	Race WHITE		
		Address 903 HUMMEL ST APT 15 BOSCOBEL, WI 53805 , US	Driver License Number		
02	003	<b>Safety Equipment</b> On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING	
02	003	Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
02	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	
02	003	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
02	003	<b>Distracted By</b> Distracted By Source			
		Distracted By Action			
02	003	<b>Non Motorist</b> Striking Unit #		Location	
		Prior Action			

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UNIT INDIVIDUAL	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>			
	02 003			