

6TL0B3P3JX  
23-01492

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<br>23-01492           |  | Investigating Officer/Deputy<br>DEPUTY J. GREENWOOD |                    |
| Crash Date<br>02/12/2023                       |                                      | Crash Time<br>08:03 AM                      |                                    | Date Arrived<br>02/12/2023                |  | Time Arrived<br>08:18 AM                            |                    |
| Date Notified<br>02/12/2023                    |                                      | Time Notified<br>08:05 AM                   |                                    | Total Units<br>02                         |  | Total Injured<br>00                                 | Total Killed<br>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<br>NO                  |  | Tags  |                    |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>DT4000 (STANDARD CRASH)       |                                    | <input type="checkbox"/> Amended          |  | <input type="checkbox"/> Secondary Crash            |                    |

Description

|                |                                |
|----------------|--------------------------------|
| <p>Diagram</p> | Reconstruction By              |
|                | Photos By                      |
|                | Additional Information<br>NONE |

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

UNIT 1 WAS BACKING OUT OF THE PRIVATE DRIVEWAY AND BACK INTO PARKED UNIT 2.

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Location

Table with location details: ON W BROADWAY/ STH154 EB, 423 FT W OF PARK ST, IN THE VILLAGE OF ROCK SPRINGS IN SAUK COUNTY. Includes Latitude (43.478108512), Longitude (-89.920850473), X Coordinate (263774.9375), Y Coordinate (4818055), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (OTHER), Road Surface Condition(s) (DRY), Environment Factor(s) (NONE), Weather Condition(s) (CLEAR), Animal Type, Crash Classification - Location (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Total Occs (1), Direction Of Travel (WESTBOUND), and Most Harmful Event (MOTOR VEH IN TRANSPORT).

Vehicle

Table with vehicle details: License Plate Number (267VXD), Vehicle Identification Number (2GNFLFEK0H6302557), Color (GRY - GRAY), Make (CHEVROLET), Year (2017), Model (EQUINOX), and Extent Of Damage (NO DAMAGE).



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|   |  |   |  |                               |
|---|--|---|--|-------------------------------|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>NOT TOWED</b>                          | Vehicle Removed By<br><b>OPERATOR</b>   |  |                               |
|   | What Driver Was Doing<br><b>BACKING</b>                          | Vehicle Factors   |  |                               |
|   | Driver Prior Action Other  | <b>NOT APPLICABLE</b>   |  |                               |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                  |   |  |                               |
| 01<br>01                                      | Owner Name<br><b>CAROL BREKKE BEHM<br/>(608) 341-9389</b>        | Owner Address<br><b>308 W BROADWAY<br/>ROCK SPRINGS, WI 53961 , US</b>                |  |                               |
|   | <b>Sequence Of Events</b>  |   |  |                               |
| 01<br>02<br>03<br>04                          | Event<br><b>MOTOR VEH IN TRANSPORT</b>                           |   |  |                               |
|   | Event  |   |  |                               |
|   | Event  |   |  |                               |
|   | Event  |   |  |                               |
| UNIT  | <b>Policy Holder</b>   |   |  |                               |
|   | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>           | Individual<br><b>CAROL BEHM</b>   |  |                               |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>  |   |  |                               |
|   | Driver<br><b>CAROL BREKKE BEHM<br/>(608) 341-9389</b>            | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                         |                               |
|   |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                         |                               |
|   | Address<br><b>308 W BROADWAY<br/>ROCK SPRINGS, WI 53961 , US</b> | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |                               |
| 01<br>001                                     | <b>Safety Equipment</b>  |   | On Duty Crash                                |                               |
|   |  |   | Safety Equipment                             |                               |
|   | Row<br><b>01 - FRONT ROW</b>                                     | Seat Position<br><b>07 - LEFT</b>   | <b>SHOULDER &amp; LAP BELT</b>               |                               |
|   | Helmet Use   |   | Helmet Compliance                            |                               |
|   | Eye Protection   |   | Tint Compliance                              |                               |
|   | <b>Injury</b>  |   | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag<br><b>NON DEPLOYED</b> |
| Ejected<br><b>NOT EJECTED</b>                 |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                                    | Trapped/Extricated<br><b>NOT TRAPPED</b>     |                               |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |  | EMS Agency Identifier   | EMS Run #                                    |                               |
| Hospital                                      |  | Date of Death   | Time of Death                                |                               |
| <b>Distracted By</b>                          |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>                        |  |                               |
| Distracted By Action<br><b>NOT DISTRACTED</b> |  |   |  |                               |

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|                            |  |  |                             |                          |  |
|----------------------------|--|--|-----------------------------|--------------------------|--|
| <b>UNIT<br/>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<br>NO | Suspected Drug Use<br>NO |  |
|                            | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |  | Alcohol Test Type           | Alcohol Test Results     |  |
|                            | Drug Test Given<br><b>TEST NOT GIVEN</b>       |  | Drug Test Type              | Drug Test Results        |  |
|                            | Drug Type                                      |  |                             |                          |  |
|                            | Individual Condition<br><b>APPEARED NORMAL</b> |  |                             |                          |  |

## Unit Summary

|                    |   |  |   |                            |  |  |
|--------------------|---|--|---|----------------------------|--|--|
| <b>UNIT<br/>02</b> | Unit Status<br><b>LEGALLY PARKED</b>                              |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|                    | Vehicle Type<br><b>PASSENGER CAR</b>                              |  |   |                            | Operating As Endorsements                            |  |
|                    | Total Occs<br><b>1</b>  | Train/Bus # Recorded                         | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                    | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>NOT ON ROADWAY</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit<br><b>30</b>   | Total Lanes<br><b>2</b>                              |  |
|                    | Most Harmful Event: Collision With<br><b>PARKED MOTOR VEHICLE</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                    | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                        |  | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|                    | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                      |  | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |  |
|                    | Truck Bus or HazMat<br><b>NO</b>                                  |  |   |                            |  |  |

|   |   |                                    |   |                     |   |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
|---|---|------------------------------------|---|---------------------|---|---|---|---|----|----|---|--|--|--|----|---|---|---|---|---|
| <b>UNIT<br/>VEHICLE<br/>02<br/>02</b>   | <b>Vehicle</b>  |                                    |   |                     |   |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
|   | License Plate Number<br><b>AMV3040</b>                    |                                    | Plate Type<br><b>AUT - AUTOMOBILE</b>   | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
|   | Vehicle Identification Number<br><b>2G1WX15K119334060</b> |                                    | Make<br><b>CHEVROLET</b>  | Year<br><b>2001</b> | Model<br><b>MONTE CARL</b>                  |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
|   | Color<br><b>SIL - SILVER (ALUMINUM)</b>                   |                                    | Body Style<br><b>CP - COUPE</b>   |                     | Bus Use                                     |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
|   | Initial Contact Point<br><b>11 - LEFT FRONT CORNER</b>    |                                    | Vehicle Damage<br><b>11 - LEFT FRONT CORNER</b>   |                     |   |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
|   | Extent Of Damage<br><b>MINOR DAMAGE</b>                   |                                    | <table border="1" style="float: right;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>6</td><td></td><td></td><td></td><td>12</td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table> |                     |   | 7 | 8 | 9 | 10 | 11 | 6 |  |  |  | 12 | 5 | 4 | 3 | 2 | 1 |
|   | 7   | 8                                  | 9   | 10                  | 11  |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
| 6                                       |   |                                    |   | 12                  |   |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
| 5                                       | 4   | 3                                  | 2   | 1                   |   |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |
| Towed Due To Damage<br><b>NOT TOWED</b> |   | Vehicle Removed By<br><b>OWNER</b> |   |                     |   |   |   |   |    |    |   |  |  |  |    |   |   |   |   |   |

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|----------------------------|--|---|--------------------------------------|---------------|
| UNIT<br>VEHICLE            | What Driver Was Doing<br><b>LEGALLY PARKED</b>                     | Vehicle Factors   |                                      |               |
|                            | Driver Prior Action Other  | <b>NOT APPLICABLE</b>   |                                      |               |
|                            | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                    |   |                                      |               |
| 02<br>02                   | Owner Name<br><b>MERCADEZE ALIECE KOZLOWSKI<br/>(608) 415-9887</b> | Owner Address<br><b>510 WILLOW ST<br/>BARABOO, WI 53913 , US</b>                      |                                      |               |
|                            | <b>Sequence Of Events</b>  |   |                                      |               |
| 04<br>01<br>02<br>03<br>04 | Event<br><b>PARKED MOTOR VEHICLE</b>                               |   |                                      |               |
|                            | Event  |   |                                      |               |
|                            | Event  |   |                                      |               |
|                            | Event  |   |                                      |               |
| UNIT                       | <b>Policy Holder</b>   |   |                                      |               |
|                            | Insurance Company<br><b>WISCONSIN-MUTUAL-INS-CO</b>                | Individual<br><b>MERCADEZE KOZLOWSKI</b>  |                                      |               |
| UNIT<br>INDIVIDUAL         | <b>Individual</b>  |   |                                      |               |
|                            | Passenger<br><b>MERCADEZE ALIECE KOZLOWSKI<br/>(608) 415-9887</b>  | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                 |               |
|                            |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                 |               |
|                            | Address<br><b>510 WILLOW ST<br/>BARABOO, WI 53913 , US</b>         | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                                      |               |
| 02<br>002                  | <b>Safety Equipment</b>  |   | Safety Equipment                     |               |
|                            | On Duty Crash  | <b>NONE USED - VEHICLE OCCUPANT</b>   |                                      |               |
|                            | Row<br><b>01 - FRONT ROW</b>                                       | Seat Position<br><b>07 - LEFT</b>   |                                      |               |
|                            | Helmet Use   |   | Helmet Compliance                    |               |
|                            | Eye Protection   |   | Tint Compliance                      |               |
| 02<br>002                  | <b>Injury</b>  |   | Airbag                               |               |
|                            | Injury Severity<br><b>NO APPARENT INJURY</b>                       | <b>UNKNOWN</b>  |                                      |               |
|                            | Ejected<br><b>UNKNOWN</b>  | Ejection Path<br><b>UNKNOWN</b>   | Trapped/Extricated<br><b>UNKNOWN</b> |               |
|                            | Medical Transport<br><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                             |               |

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|-------------|--|---|---------------------------------|----------------------|
| <b>UNIT</b> | Prior Action                                   |   |                                 |                      |
|             | Action   |   |                                 |                      |
|             | Action Other                                   |   | To/From School                  |                      |
|             | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b>          | Suspected Drug Use<br><b>NO</b> |                      |
|             |  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type               | Alcohol Test Results |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                              | Drug Test Results               |                      |
|             | Drug Type                                      |   |                                 |                      |
|             | Individual Condition<br><b>APPEARED NORMAL</b> |   |                                 |                      |
|             | <b>02</b>                                      | <b>002</b>                                  |                                 |                      |
|             |  |   |                                 |                      |