

6TL0CR2KSS
23-05707

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 23-05707		Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 06/03/2023		Crash Time 09:35 PM		Date Arrived 06/03/2023		Time Arrived 09:35 PM	
Date Notified 06/03/2023		Time Notified 09:35 PM		Total Units 01		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>	Reconstruction By
	Photos By DEPUTY DRILL
	Additional Information PHOTOS

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

WHILE BACKING OUT OF A PARKING SPOT, DRIVER OF UNIT ONE ACCIDENTALLY STRUCK A GAS PUMP AT A VERY LOW RATE OF SPEED. MINOR DAMAGE TO UNIT ONE (BROKEN TAIL LAMP COVER AND SCUFF TO PAINT), NO INJURIES REPORTED BY DRIVER OR PASSENGER. DAMAGE TO GAS PUMP WAS COSMETIC ON THE OUTSIDE OF THE PUMP. INTERNALLY ON THE GAS PUMP THERE WAS A PIPE CRACKED AND A GAS LEAK. PUMPS SHUT DOWN FOR SAFETY AND CAUTION TAPED OFF UNTIL INSPECTION CAN BE PERFORMED. NO SIGNS OF IMPAIRMENT FROM DRIVER OF UNIT ONE. DRIVER OF UNIT ONE WAS ACCOMPANIED BY A LEGAL ADULT WHO WAS IN THE PASSENGER SEAT AND WHO WAS ALSO THE VEHICLE OWNER. INSURANCE INFORMATION EXCHANGED BETWEEN BUSINESS OWNER AND OWNER OF THE VEHICLE. NO CITATIONS ISSUED FOR THIS INCIDENT. THIS ENDED MY INVOLVEMENT AT THIS TIME.

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Location

ON 150 S MAIN ST/ STH23 EB 100 FT N OF WALNUT ST (OTHER 150) IN THE VILLAGE OF LOGANVILLE IN SAUK COUNTY	Latitude 43.440652025	Longitude -90.036840629
	X Coordinate 254241.890625	Y Coordinate 4814231
	Structure Type OTHER	

Crash Scene

First Harmful Event OTHER FIXED OBJECT		First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/LIGHTED	
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

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 05	Total Lanes 0	
	Most Harmful Event: Collision With OTHER FIXED OBJECT		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 BLACKTOP (BITUMINOUS)		Road Curvature UNKNOWN		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle					
	01	License Plate Number 760YHT		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2FMDK48C58BA51078		Make FORD	Year 2008	Model EDGE
	VEHICLE	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 05 - RIGHT REAR CORNER		
Extent Of Damage MINOR DAMAGE						



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name JODY BIRDSILL (608) 415-8684		Owner Address 2402 RUSSELL CT REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event OTHER FIXED OBJECT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual JODY BIRDSILL	
UNIT INDIVIDUAL	Individual			
	Driver KENNETH MEYER (608) 415-8718		Citations Issued 0	Sex MALE
	Address 422 MIDWAY DR REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		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	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	Action Other					
		To/From School					
		Drug & Alcohol		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					
		Individual					
		Passenger JODY BIRDSILL (608) 415-8684			Citations Issued 0	Sex FEMALE	
		Address 2402 RUSSELL CT REEDSBURG, WI 53959 , US			Date of Birth	Race WHITE	
Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES				
01	002	Safety Equipment		On Duty Crash			
		Safety Equipment SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		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			
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol	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			

Property Owner

PROP OWNER 01	Individual LYLE KINDSCHI (608) 963-5878	Address S6858 ELI VALLEY RD LOGANVILLE, WI 53943 , US
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Fixed Objects Struck

01	Striking Unit 01	Struck Object OTHER FIXED OBJECT	Structure Number	Damage Tag Number
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Witness

WITN ESS 01	Individual AMANDA RENFROW-BOYD (608) 727-2211	Address 114 MINOR ST LIME RIDGE, WI 53942 , US	Date of Birth
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