

6TL0DKRB1G

Document Number Override		Primary Crash Document #	Agency Crash Number 23-11325	Investigating Officer/Deputy DEPUTY R. BARNES	
Crash Date 10/18/2023		Crash Time 07:15 PM	Date Arrived 10/18/2023	Time Arrived 07:38 PM	
Date Notified 10/18/2023		Time Notified 07:15 PM	Total Units 03	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
	Additional Information NONE

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

UNIT 1 WAS PARKED IN THE DRIVEWAY WITH THE OPERATOR AND PASSENGER EXITING THE VEHICLE. AS THEY EXITED THE VEHICLE, THE VEHICLE BEGAN ROLLING BACKWARD DOWN THE DRIVEWAY. THE VEHICLE ROLLED UNTIL IT STRUCK UNITS 2 AND 3, WHICH WERE PARKED IN THE DRIVEWAY ACROSS THE STREET.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

Table with 3 columns: Address (PARKING LOT 5TH ST LOT 200), Coordinates (Latitude, Longitude, X, Y), and Structure Type (HOUSE/BUILDING).

Crash Scene

Table with 4 columns: Event details (First Harmful Event, Manner of Collision, Road Surface, Environment, Weather, Animal Type), Location (First Harmful Event Location, Relation To Trafficway, Crash Classification), and Control (Access Control, Special Study, Intersection Type).

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), and various operational metrics (Occurrences, Citations, Trailers, etc.).

Table with 4 columns: Vehicle Identification (License Plate, VIN, Color), Vehicle Details (Make, Year, Model, Body Style), Damage Description (Initial Contact Point, Extent Of Damage), and a diagram of a vehicle with damage indicators.

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing PARK MANEUVER		Vehicle Factors	
	Driver Prior Action Other		BRAKES, POWER TRAIN	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name SARA BODENDEIN (608) 393-7712		Owner Address 280 5TH ST LA VALLE, WI 53941 , US	
	Sequence Of Events			
01	01	Event DOWNHILL RUNAWAY		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-CONNECT-INS-CO		Individual SARA BODENDEIN	
UNIT INDIVIDUAL	Individual			
	Driver SARA BODENDEIN (608) 393-7712		Citations Issued 0	Sex FEMALE
	Address 280 5TH ST LA VALLE, WI 53941 , 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 NONE USED - VEHICLE OCCUPANT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag UNKNOWN
	Ejected UNKNOWN		Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action				

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 ISAIAH P BODENDEIN			Citations Issued 0	Sex MALE	
		Date of Birth			Race WHITE		
Address 200 5TH STREET LA VALLE, WI 53941 , US			Driver License Number				
01	002	Safety Equipment		On Duty Crash			
				Safety Equipment			
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	NONE USED - VEHICLE OCCUPANT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag UNKNOWN		
		Ejected UNKNOWN		Ejection Path UNKNOWN		Trapped/Extricated UNKNOWN	
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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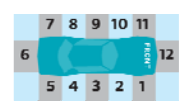
UNIT INDIVIDUAL 01 002
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status LEGALLY PARKED Vehicle Operating As Classification D CLASS Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR Operating As Endorsements
Total Occs 0 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NOT ON ROADWAY Pre Crash Tire Mark Speed Limit 25 Total Lanes 0
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 BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

Vehicle

UNIT 02 02
License Plate Number 448YFD Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1G1JC5SB4G4130057 Make CHEVROLET Year 2016 Model CRUZE
Color BRO - BROWN Body Style 4D - 4DR Bus Use
Initial Contact Point 11 - LEFT FRONT CORNER Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
Extent Of Damage MINOR DAMAGE
Towed Due To Damage NOT TOWED Vehicle Removed By OWNER
What Driver Was Doing LEGALLY PARKED



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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name DONETTE ALLERT (608) 415-0960	Owner Address 201 MILL STREET LA VALLE, WI 53941 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO	Individual DONETTE ALLERT

Unit Summary

UNIT 03	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
UNIT	Total Occs 0	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 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function With 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 STRAIGHT		Road Grade LEVEL		
Truck Bus or HazMat NO						

Vehicle

UNIT 03	License Plate Number EP1403		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCHK29U77E125637		Make CHEVROLET	Year 2007	Model SILVERADO
UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)		Body Style PK - PICKUP		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
	Extent Of Damage MINOR DAMAGE				
	Towed Due To Damage NOT TOWED				
		Vehicle Removed By OWNER			

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UNIT	VEHICLE	What Driver Was Doing LEGALLY PARKED	Vehicle Factors
		Driver Prior Action Other	NOT APPLICABLE
03	03	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name JAMES ALLERT (608) 415-0960	Owner Address 201 MILL ST LA VALLE, WI 53941 , US
Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT	
		Event	
		Event	
		Event	
Policy Holder			
Insurance Company 1ST-AUTO-&-CASUALTY-INS-CO		Individual JAMES ALLERT	