18-03512

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

	e Primary Crash [		ngency Crash Nu 8-03512	mber	Investigating <b>DEPUTY A</b>	Officer/Deputy . MEEKER		
Crash Date	Crash Time		Date Arrived		Time Arrived			
04/07/2018	02:40 AM		4/07/2018		02:55 AM	I =	<u> </u>	
Date Notified <b>04/07/2018</b>	Time Notified 02:53 AM		Total Units <b>03</b>		Total Injured Total Ki 00 00		lled	
On Emergency	✓ Hit and Run	Lane Closure	e Wo	rk Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active So	L I 7	School Bus Relat NO	ed	Tags			
✓ Reportable	Crash Type PRIVATE PR	OPERTY/PARKING	G LOT		Amende	ed	Secondary Crash	
Description =	-				•			
	unit 2	Unit 1	Dra	wing not to sa	Φ	Photos By DEPUTY ME RABATA  Additional Info PHOTOS	TEKER AND DEPUTY	

Location PARKING LOT

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Latitude

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

Crash Time 02:40 AM

Longitude

	CTHBD NB LOT 1550					43.49823	34738		-89.777652879		
`		USE/BUILDING 1550) HE TOWN OF BARAB			X Coordin 275431.2			Y Coordinate 4819894			
		AUK COUNTY			Structure Type HOUSE/BUILDING						
С	ra	sh Scene									
F	irst	Harmful Event				First Harm	nful Event Lo	ocation			
F	PAR	KED MOTOR VEHICL	.E			IN PARK	ING LAN	OR ZONE	Ē		
Ν	/lanr	ner of Collision				Light Cond	dition				
C	)7	REAR TO SIDE				DARK-UNKNOWN LIGHTING Roadway Factor(s)					
F	Roac	Surface Condition(s)									
[	DRY	,									
E	nvir	onment Factor(s)									
1	101	<b>IE</b>				NONE					
٧	Vea	ther Condition(s)									
(	CLE	AR									
A	Anim	al Type					o Trafficway	/ Y - PARKIN	IG LOT		
		h Classification - Location					ssification -	Jurisdiction  ISDICTION			
٦	Tribal Land  Within Interchange Area  NO  NO  NON-JUNCTION					Access Co	ontrol L CONTRO	DL	Special Study		
					Intersection Type NOT AN INTERSECTION						
U	nit	Summary =									
		Status		Vehicle Ope	erating As C	lassification	<u> </u>	Unit Type			
L	.EG	ALLY PARKED		D CLASS	D CLASS			AUTOMOBILE			
	Vehicle Type (SPORT) UTILITY VEHICLE							Operating As Endorsements			
		Occs	Train/Bus # Injured	Total # Citations Issued			Total Trail	ers	Total HazMat Types		
C	)			0		0 Speed Lin			0		
Ι.	nsur <b>/ES</b>	ance?	Direction Of Travel NOT ON ROADWAY	Pre	CrashTire Mark			nit	Total Lanes		
		Harmful Event: Collision V		Special Fun				Emergency Motor Vehicle Use			
		TOR VEH IN TRANSPO		NO SPEC	IAL FUNC	TION	ION		LICABLE		
1	raff	ic Way		Traffic Cont	trol			Traffic Control Inoperative/Missing			
F	AR	KING LOT OR PRIVA	TE PROPERTY	NO CONT	ROL			NO			
		асе Туре		Road Curva				Road Grade LEVEL			
		CKTOP (BITUMINOUS	S)	STRAIGH	IT						
	rucl <b>10</b>	k Bus or HazMat									
	'	/ehicle									
		License Plate Number	Plate Type		_	St	Country of Issuance				
		372XZV	-1		JTOMOBIL	.E			IAIES		
7	01	Vehicle Identification Nun 1GNDT13S742315584		Make CHEVRO	LET		Year <b>2004</b>	Model TRAILBLAZE			
		Color GRY - GRAY		Body Style	ORT UTILIT	TY VEHIC	LE	Bus Use NOT A BU	s		
_	Ę	Initial Contact Point	.NED	Vehicle Da	amage						
	VEHICL	5RIGHT REAR COR Extent Of Damage		5RIGHT	Γ REAR C	ORNER, 6	REAR				
	<b>Y</b>	FUNCTIONAL DAMA	GE								
		4	Thia	rapart daga nat	inaluda anu	C IIC data			Crash Data 04/07/2018		

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		Towed Due To Damage NOT TOWED			Vehicle Removed By ARNESON SERVICE						
		What Driver Was Doing			Vehicle Factors						
		LEGALLY PARKED		NO	NOT APPLICABLE						
		Driver Prior Action Other		140	TATT LICABLE						
		Driver Actions									
ا ـ	쁘	NO CONTRIBUTING ACTION									
	VEHICL										
7	中										
		Driver Distractions NOT DISTRACTED									
_	7										
2	01										
		Owner Name			Owner Address						
		KAYLA R JOHNSON (608) 886-4594			1550 W. PINE ST. #503 BARABOO, WI 53913,U	IS					
		,			,						
	١	Sequence Of Even	ts								
	01	Event PARKED MOTOR VEH									
		Event									
	02										
	03	Event									
	04	Event									
		Policy Holder									
		Insurance Company Individual									
			RSAL-INSURANCE-COMP	ŀ	KAYLA JOHNSON						
U		Summary ===									
		Status GALLY PARKED			Vehicle Operating As Classification  D CLASS			Unit Type AUTOMOBILE			
F		cle Type		00	DOLAGO			Operating As Endorsements			
02	PAS	SSENGER CAR									
		Occs	Train/Bus # Injured		I # Citations Issued	Total Traile	ers	Total HazMat Types			
-	0 Insur	ance?	Direction Of Travel	0	Dra CreekTire	0 Speed Lim	it	Total Lanes			
<b>-</b>	YES		NOT ON ROADWAY		Pre CrashTire Mark						
$\neg$		Most Harmful Event: Collision With			cial Function SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE				
		ic Way	X I		ic Control			rol Inoperative/Missing			
		KING LOT OR PRIVAT	E PROPERTY		CONTROL		NO				
		ace Type			Road Curvature		Road Grade				
L	BLACKTOP (BITUMINOUS)  Truck Bus or HazMat  STRAIGHT  LEVEL										
	NO										
	,	Vehicle									
	License Plate Number				Plate Type St			Country of Issuance			
		294URK		AU	T - AUTOMOBILE	WI	UNITED ST	TATES			

Form DT4000

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05	02	Vehicle Identification Numb 4T4BF3EKXAR010405		Ma TO	ke YOTA	Year 2010	Model CAMRY			
		Color			dy Style		Bus Use			
		GRY - GRAY			- 4DR		NOT A BUS	5		
⊨ا	C.E.	Initial Contact Point 5RIGHT REAR CORN	IER	ver	nicle Damage					
LIND	VEHICL	Extent Of Damage			RIGHT REAR CORNER, 6	REAR				
_	VE	MINOR DAMAGE								
		Towed Due To Damage  NOT TOWED		Vel	nicle Removed By					
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other		NC	T APPLICABLE					
		WINE I HOLD ACTION CALLET								
		Driver Actions NO CONTRIBUTING A	CTION	-						
⊨ا	CE	NO CONTRIBOTING A	CHON							
	VEHICL									
	NE									
		Driver Distractions								
		NOT DISTRACTED								
05	02									
		Owner Name NORAH L JAHNKE			Owner Address 125 LUEDERS RD					
		(608) 963-8551			SAUK CITY, WI 53583	us				
	Ş	Sequence Of Event Event	ts							
	01	MOTOR VEH IN TRANS	SPORT							
	02	Event								
	03	Event								
	04	Event								
		Policy Holder								
LNO		Insurance Company		Individual						
		ALLSTATE-INS-CO		DIANNA JAHNKE						
		t Summary Status		Voh	icle Operating As Classification		Unit Type			
		AND RUN			LASS		AUTOMO	BILE		
ריי		Vehicle Type					Operating As Endorsements			
	•	ORT) UTILITY VEHICLE	Train/Bus # Injured	Tota	Il # Citations Issued	Total Traile	ers	Total HazMat Types		
	1	. 0000		0				0		
_	Insur	nsurance? Direction Of Travel YES NOT ON ROADWAY			Pre CrashTire Speed Lim		nit Total Lanes			
₹	Most	Harmful Event: Collision Wi	th	Special Function			Emergency NOT APPI	Motor Vehicle Use		
		RKED MOTOR VEHICLE ic Way			SPECIAL FUNCTION fic Control			rol Inoperative/Missing		
		PARKING LOT OR PRIVATE PROPERTY			NO CONTROL			NO		

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			oad Curvature		Road Grade						
		` '	TRAIGHT		LEVEL						
	Truck Bus or HazMat  NO										
	Vehicle										
			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES						
03	33		Make CHEVROLET	Year 2013	Model CAPTIVA						
		WHI - WHITE	Body Style UT - SPORT UTILITY VEHIO	CLE	Bus Use NOT A BUS						
LIND	VEHICLE	7LEFT REAR CORNER	Vehicle Damage  7LEFT REAR CORNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLI SIDE FRONT, 11LEFT FRONT CORNER								
			Vehicle Removed By OPERATOR								
LINO	VEHICLE	Driver Actions UNKNOWN									
03	03	Driver Distractions UNKNOWN IF DISTRACTED									
		Owner Name	Owner Address								
			, ,								
		Sequence Of Events									
	5	Event PARKED MOTOR VEHICLE									
	05	Event									
	03	Event									
	9	Event									
$_{\perp}$		Policy Holder									
L N N		Insurance Company GEICO-GENERAL-INS-CO	Individual KEVIN OMUKWE								
		Individual									
		Driver UNKNOWN	Citations Issued  0		Sex						
╘	IDUAL		Date of Birth		Race						

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

Crash Date 04/07/2018

Crash Time 02:40 AM

NO	INDIV	Address			Driver License Number					
		Equipment	On Duty Crash		Safety Equipment					
		Seat Position 1FRONT SEAT-I	LEFT SIDE (DRIVE	ER/MOTORCY	NONE USED - V	EHICLE OCCUPAN	Т			
		Helmet Use			Helmet Compliance	9				
		Eye Protection			Tint Compliance					
03	90	Injury	Injury Severity NO APPARENT	INJURY	Airbag  NOT APPLICAB	LE				
		Ejected			Ejection Path		Trapped/Extricated			
		NOT APPLICABL	E		NOT EJECTED/	NOT APPLICABL	NOT APPLICABLE			
		Medical Transport			EMS Agency Ident	fier	EMS Run #			
		NOT TRANSPORT	TED							
		Hospital			Date of Death		Time of Death			
		Non Motorist Striking Unit # Prior Action		Prior Action	Location			To/From School		
UNIT	INDIVIDUAL	Action								
		Action Other								
	Ľ	Orug & Alcohol	Suspected Alcohol	Jse	Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
03	00	Drug Type								
Individual Condition  NOT OBSERVED										