

6TL092T5M0
18-06829

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL092T5M0

| | | | | | |
|--|---|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 18-06829 | Investigating Officer/Deputy DEPUTY J. KIRKENG | |
| Crash Date 06/28/2018 | | Crash Time 10:12 PM | Date Arrived 06/28/2018 | Time Arrived 10:12 PM | |
| Date Notified 06/28/2018 | | Time Notified 10:12 PM | Total Units 02 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input checked="" 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 DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|---|---|
| Diagram | Reconstruction By |
|  | Photos By |
| | Additional Information NONE |
| | <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |

UNIT 1 WAS LEGALLY PARKED ON THE SIDE OF THE ROAD. UNIT 2 STRUCK UNIT 1 IN THE DRIVER SIDE REAR CAUSING DAMAGE ON THE ENTIRE DRIVER SIDE BEFORE LEAVING THE SCENE.

6TL092T5M0

18-06829

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON CONNIE RD 305 FT S OF ZAJAK DR IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY | Latitude 43.482991064 | Longitude -89.764166202 |
| | X Coordinate 276465.40625 | Y Coordinate 4818164.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event PARKED MOTOR VEHICLE | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 05--SIDESWIPE/SAME DIRECTION | Light Condition UNKNOWN | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) UNKNOWN | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | | |
|--------------------------|---|---|--|--------------------------------|--|--|
| 01 UNIT | 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 # Injured | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel UNKNOWN | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 25 | Total Lanes 2 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature UNKNOWN | | Road Grade UPHILL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | | |
|---|-----------------------------|--|---------------------------------------|---------------------|---|--|
| 01 UNIT | Vehicle | | | | | |
| | 01 VEHICLE | License Plate Number 997WMN | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 4T1BK36B76U141142 | Make TOYOTA | Year 2006 | Model AVALON XL/ | |
| | | Color BLK - BLACK | Body Style 4D - 4DR | | Bus Use NOT A BUS | |
| | | Initial Contact Point 7--LEFT REAR CORNER | Vehicle Damage | | | |
| Extent Of Damage MINOR DAMAGE | | 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER | | | | |

6TL092T5M0
18-06829

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | | |
|---------------------------|--|---|---------------------------------------|---|
| UNIT | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing LEGALLY PARKED | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Driver Distractions NOT DISTRACTED | | | |
| 01 | 01 | Owner Name WENDY J KLICKO [REDACTED] | | Owner Address [REDACTED] WI [REDACTED], US |
| Sequence Of Events | | | | |
| 01 | Event MOTOR VEH IN TRANSPORT | | | |
| 02 | Event | | | |
| 03 | Event | | | |
| 04 | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | Individual WENDY KLICKO | |

Unit Summary

| | | | | | | | | |
|------|---|-----------------------------------|---------------------------------------|---|--|---|----------------------------|--------------------------------|
| UNIT | 02 | Unit Status HIT AND RUN | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | | | | | Operating As Endorsements | | |
| | Total Occs 1 | | Train/Bus # Injured | | Total # Citations Issued 0 | | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? UNKNOWN | | Direction Of Travel UNKNOWN | | <input type="checkbox"/> Pre CrashTire Mark | | Speed Limit 25 | Total Lanes 2 |
| | Most Harmful Event: Collision With PARKED MOTOR VEHICLE | | | Special Function UNKNOWN | | Emergency Motor Vehicle Use UNKNOWN | | |
| | Traffic Way UNKNOWN | | | Traffic Control UNKNOWN | | Traffic Control Inoperative/Missing UNKNOWN | | |
| | Surface Type UNKNOWN | | | Road Curvature UNKNOWN | | Road Grade UNKNOWN | | |
| | Truck Bus or HazMat NO | | | | | | | |
| | Vehicle | | | | | | | |
| | License Plate Number | | | Plate Type | | St | Country of Issuance | |

6TL092T5M0
18-06829

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | | | |
|---------------------------|------------|---|---------------------------------------|-----------------------------|-------|
| 02 | 02 | Vehicle Identification Number | Make | Year | Model |
| | | Color | Body Style | Bus Use NOT A BUS | |
| UNIT | VEHICLE | Initial Contact Point UNKNOWN | Vehicle Damage | | |
| | | Extent Of Damage UNKNOWN | UNKNOWN | | |
| UNIT | VEHICLE | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | | What Driver Was Doing UNKNOWN | Vehicle Factors | | |
| 02 | 02 | Driver Prior Action Other | UNKNOWN | | |
| | | Driver Actions UNKNOWN | | | |
| 02 | 02 | Driver Distractions UNKNOWN IF DISTRACTED | | | |
| | | Owner Name | Owner Address | | |
| Sequence Of Events | | | | | |
| UNIT | INDIVIDUAL | 01 | Event PARKED MOTOR VEHICLE | | |
| | | 02 | Event | | |
| | | 03 | Event | | |
| | | 04 | Event | | |
| 02 | 02 | Driver | Citations Issued 0 | Sex | |
| | | | Date of Birth | Race | |
| 02 | 02 | Address | Driver License Number | | |
| | | | | | |
| 02 | 02 | Equipment | On Duty Crash | Safety Equipment | |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | RESTRAINT USE UNKNOWN | | |
| 02 | 02 | Helmet Use | Helmet Compliance | | |
| | | | | | |

6TL092T5M0
18-06829

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | | | | | | |
|--|-----|---|--|---|---------------------------------|---|----------|----------------|
| 02 | 001 | Eye Protection | | Tint Compliance | | | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE | | | |
| | | Ejected NOT APPLICABLE | | Ejection Path NOT EJECTED/NOT APPLICABL | | Trapped/Extricated NOT APPLICABLE | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | |
| | | Hospital | | Date of Death | | Time of Death | | |
| | | Non Motorist | | Striking Unit # | Prior Action | | Location | To/From School |
| | | Action | | | | | | |
| | | Action Other | | | | | | |
| | | Drug & Alcohol | | Suspected Alcohol Use | | 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 | | | | |
| 02 | 001 | Drug Type | | | | | | |
| | | Individual Condition NOT OBSERVED | | | | | | |