

6TL09H5JPQ

19-03141

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 19-03141	Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 03/18/2019		Crash Time 12:55 PM	Date Arrived 03/18/2019	Time Arrived 01:12 PM	
Date Notified 03/18/2019		Time Notified 01:00 PM	Total Units 02	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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">Not to scale</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, DRIVEN BY EDWARD L WHITE, WAS BACKING OUT OF THE PARKING STALL IN A PARKING LOT AT 600 CHESTNUT STREET, VILLAGE OF WEST BARABOO, SAUK COUNTY, WISCONSIN, WHEN UNIT 1 STRUCK UNIT 2, DRIVEN BY GARY F. SIMON. FUNCTIONAL DAMAGE OCCURRED TO BOTH VEHICLES. UNIT 1 HAD MINOR DAMAGE TO THE REAR AND UNIT 2 HAD DAMAGE TO THE PASSENGER'S SIDE REAR-QUARTER PANEL. UNIT 1 FAILED TO YIELD TO UNIT 2. NO INJURIES OCCURRED TO EITHER DRIVER. INCIDENT DOCUMENTED, CASE NUMBER PROVIDED TO BOTH PARTIES, AND BOTH WERE RELEASED FROM THE SCENE.

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name EDWARD LYNN WHITE (608) 732-6659		Owner Address 440 3RD ST PRAIRIE DU SAC, WI 53578 , US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Policy Holder				
UNIT	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual EDWARD WHITE	
Individual				
UNIT INDIVIDUAL	Driver EDWARD LYNN WHITE (608) 732-6659		Citations Issued 0	Sex MALE
	Address 440 3RD ST PRAIRIE DU SAC, WI 53578 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment				
01 001	On Duty Crash		Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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				
	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			
	01	001				

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE						
		Vehicle Type PASSENGER CAR				Operating As Endorsements						
	Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel NORTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit N/A		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 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											

UNIT	VEHICLE	Vehicle							
		License Plate Number 182YJZ		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 4T1BE30KX4U269162		Make TOYOTA		Year 2004		Model CAMRY LE/X	
		Color WHI - WHITE		Body Style 4D - 4DR				Bus Use NOT A BUS	
		Initial Contact Point 5--RIGHT REAR CORNER		Vehicle Damage 5--RIGHT REAR CORNER					
		Extent Of Damage FUNCTIONAL DAMAGE							
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR							

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name GARY F SIMON (608) 415-5913		Owner Address 26549 SECTION HOLLOW LN RICHLAND CENTER, WI 53581 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual GARY SIMON	
UNIT INDIVIDUAL	Individual			
	Driver GARY F SIMON (608) 415-5913		Citations Issued 0	Sex MALE
	Address 26549 SECTION HOLLOW LN RICHLAND CENTER, WI 53581 , US		Date of Birth Race	
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 02	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
	Hospital		EMS Agency Identifier	EMS Run #
	Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

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UNIT	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			
	02	002		