

6TL09PBQBX  
19-05218

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 <b>19-05218</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>05/06/2019</b>		Crash Time <b>03:55 PM</b>	Date Arrived <b>05/06/2019</b>	Time Arrived <b>04:01 PM</b>	
Date Notified <b>05/06/2019</b>		Time Notified <b>03:57 PM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS BACKING OUT OF A PARKING STALL. UNIT 2 WAS DRIVING THROUGH THE ALDI PARKING LOT. UNIT 1 OPERATOR THOUGHT UNIT 2 OPERATOR WAS GOING TO SLOW AND ALLOW HIM TO BACK. UNIT 2 OPERATOR THOUGHT UNIT 1 OPERATOR STOPPED TO ALLOW HIM TO DRIVE BY. UNIT 1 AND 2 COLLIDED.

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**Location**

<b>PARKING LOT</b> <b>CTHBD NB LOT 614</b> <b>(HOUSE/BUILDING 614)</b>  <b>IN THE VILLAGE OF WEST BARABOO</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.475508</b>	Longitude <b>-89.768123</b>
	X Coordinate <b>276117.75</b>	Y Coordinate <b>4817344</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>02--FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b> <b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> <b>01</b>	<b>Vehicle</b>					
	<b>VEHICLE</b> <b>01</b>	License Plate Number <b>AAL9543</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>5FNRL38776B417255</b>	Make <b>HONDA</b>	Year <b>2006</b>	Model <b>ODYSSEY EX</b>	
	Color <b>GRY - GRAY</b>	Body Style <b>VN - VAN</b>			Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>6--REAR</b>	Vehicle Damage				
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>6--REAR</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>				
01	01	Owner Name <b>JEREMIAH WILLIS THOMPSON (608) 333-8327</b>		Owner Address <b>416 5TH AVE BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>					
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
02	02	Event			
03	03	Event			
04	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>JEREMIAH THOMPSON</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>JEREMIAH WILLIS THOMPSON (608) 333-8327</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>416 5TH AVE BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01	001	<b>Injury</b>		Airbag
			Injury Severity <b>NO APPARENT INJURY</b>	<b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source			
Distracted By Action <b>UNKNOWN</b>					

WISCONSIN MOTOR VEHICLE  
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UNIT  INDIVIDUAL        01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				

**Unit Summary**

UNIT  02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT  VEHICLE  02 02	<b>Vehicle</b>					
	License Plate Number <b>PJ8957</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GCEK19K6SE161677</b>		Make <b>CHEVROLET</b>		Year <b>1995</b>	Model <b>GMT-400</b>
	Color <b>RED - RED</b>		Body Style <b>PK - PICKUP</b>			Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>12--FRONT</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>CHASE SCOTT SIMONDS (608) 434-1483</b>	Owner Address <b>415 CEDAR ST BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>				
UNIT	VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
<b>Policy Holder</b>				
UNIT	INDIVIDUAL	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>CHASE SIMONDS</b>	
		<b>Individual</b>		
02	002	Driver <b>CHASE SCOTT SIMONDS (608) 434-1483</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth		Race <b>WHITE</b>
Address <b>415 CEDAR ST BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source		
Distracted By Action <b>UNKNOWN</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	002	Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>AALIYAH JUNE WILDERMAN (608) 963-6779</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>144 SHAW ST BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
				Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>			
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source		
		Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location			

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<b>UNIT</b>	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>02</b>	<b>003</b>	