19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #	Agency 19-055	Crash Number 564	Investigating Officer/Deputy DEPUTY H. LARKIN Time Arrived 04:00 PM		
BC	Crash Date 05/14/2019	Crash Time 03:45 PM	Date Ar 05/14/				
6TL0BFKDB	Date Notified 05/14/2019	Time Notified 03:47 PM	Total U 02	Total Units 02		Total Injured Total Killed 00 00	
)BF	On Emergency	and Run	sure Work Zone		Trailer o	or Towed	Reporting Threshold
TL(Government Property	Active School Zone	School NO	Bus Related	Tags		
9	Reportable	Crash Type DT4000 (STANDARD CRAS	H)		Amende	ed	Secondary Crash
l	 Description						
	Diagram			Exit to USH 12	STOP	Reconstruction Photos By Additional Info NONE	
		view Cito rking Lot					
	■ I, a sworn law enforceme UNIT 1 WAS STOPPED AT THE S BACKED UP AND STRUCK UNIT					JNIT 2 WAS B	BEHIND UNIT 2. UNIT 1

19-05564

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913**

Location						(608) 356-4895		
PARKING LOT USH12 EB LOT S7			Latitude 43.37042	26899		Longitude -89.769157046		
(HOUSE/BUILDING				X Coordinate Y Coordinate 275646.09375 4805676				
IN SAUK COUNTY				Structure Type HOUSE/BUILDING				
Crash Scene								
First Harmful Event			First Harn	nful Event Lo	ocation			
MOTOR VEH IN TR	ANSPORT		ON ROA	DWAY				
Manner of Collision	Manner of Collision							
02FRONT TO REAR				нт				
Road Surface Condition(s)				Factor(s)				
DRY								
Environment Factor(s)								
NONE			NONE					
Weather Condition(s)								
CLEAR								
Animal Type			Relation To Trafficway			y		
		NON TR	NON TRAFFICWAY - PARKING LOT					
Crash Classification - L	ocation		Crash Cla	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
PUBLIC PROPERTY	Y		NO SPE					
Tribal Land				Access Control Special Study				
				TROL				
Within Interchange Area	a Junction Location INTERSECTION		ntersection Type	RSECTION	N			
Unit Summary								
Unit Status		Vehicle Operat	ting As Classification	1	Unit Type			
IN TRANSIT		D CLASS			AUTOMO	DBILE		
Vehicle Type					Operating	As Endorsements		
(SPORT) UTILITY V								
Total Occs	Train/Bus # Recorded	Total # Citation	ns Issued	Total Trail	ers	Total HazMat Types		
4		0		0		0		
Insurance?	Direction Of Travel	Pre Cr	ashTire	Speed Lin	nit	Total Lanes		
YES	EASTBOUND		ark	N/A		2		
Most Harmful Event: Co MOTOR VEH IN TR		Special Function NO SPECIA	on L FUNCTION			y Motor Vehicle Use PLICABLE		
Traffic Way					Traffic Cor	ntrol Inoperative/Missing		
TWO-WAY, NOT DI	VIDED	STOP SIGN			NO			
Surface Type		Road Curvatur	e		Road Grade			
BLACKTOP (BITUM	/INOUS)	STRAIGHT			LEVEL			
Truck Bus or HazMat								
Vehicle								
License Plate Nu	mber	Plate Type		St	Country of	Issuance		

	1	Vehicle				
		License Plate Number	Plate Type	St	Country of Issuance	
		329JZS	AUT - AUTOMOBILE	wi	UNITED STATES	
	_	Vehicle Identification Number	Make	Year	Model	
5	0	1B4HS58N62F151187	DODGE	2002	DURANGO SL	
		Color	Body Style		Bus Use	
		BLU - BLUE	UT - SPORT UTILITY VEHIC	LE	NOT A BUS	
	щ	Initial Contact Point	Vehicle Damage NO DAMAGE			
∣⊑	C	6REAR				
S	Ī	Extent Of Damage				
	¥	NO DAMAGE				

19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage	Ve	hicle Removed By	
		NOT TOWED	O	PERATOR	
		What Driver Was Doing	Ve	hicle Factors	
		BACKING			
		Driver Prior Action Other	N	OT APPLICABLE	
		Driver Actions			
	щ	UNSAFE BACKING			
È∣	C				
UNIT	VEHICL				
	Ν				
		Owner Name AIMEE M WRIGHT		Owner Address 205 UNION ST	
2	01			LAVALLE, WI 53941 , US	
•	-				
		Sequence Of Events			
		Event			
	01	MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
		Event			
	04				
E		Policy Holder			
UNIT		Insurance Company BARTLES INSURANCE		Individual SAMANTHA JAHN	
		ndividual Driver		Citations Issued	Sex
		SAMANTHA ABIGAIL JAHN			FEMALE
				0	
	IAL	(608) 844-9642		0 Date of Birth	Race
⊢	DUAL				
JNIT		(608) 844-9642 Address			Race
UNIT	NDIVIDUAL	(608) 844-9642 Address \$75590 HWY 12 # K3		Date of Birth Driver License Number	Race WHITE
UNIT	INDIVIDUAL	(608) 844-9642 Address		Date of Birth	Race WHITE
UNIT	INDIVIDUAL	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U	Race WHITE
UNIT		(608) 844-9642 Address \$75590 HWY 12 # K3		Date of Birth Driver License Number	Race WHITE
UNIT		(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment	Race WHITE
UNIT		(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Gety Equipment On Duty Crash		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U	Race WHITE
UNIT		(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Tety Equipment On Duty Crash Seat Position	RCY	Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment	Race WHITE
UNIT		(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTO Helmet Use	RCY	Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE
UNIT		(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTO	RCY	Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT	Race WHITE
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTO Helmet Use Eye Protection Injury Severity	RCY	Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE
01 UNIT		(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Tety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTO Helmet Use Eye Protection Injury Injury Injury Severity NO APPARENT INJURY	RCY	Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Race WHITE NITED STATES
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTO Helmet Use Eye Protection Injury Injury Injury Ejected Injury Ejection Path	RCY	Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE NITED STATES
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Cety Equipment On Duty Crash Contemporate Cont		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE	Race WHITE NITED STATES
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTO Helmet Use Eye Protection Injury Injury Injury Ejected Injury Ejection Path		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE NITED STATES
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Cety Equipment On Duty Crash Con Duty Crash Cety Equipment On Duty Crash Cety Equipment Cety Equit Cety Equit Cety Eq		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE	Race WHITE NITED STATES
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US ety Equipment On Duty Crash Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTO Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED Medical Transport NOT TRANSPORTED Hospital		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE EMS Agency Identifier	Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run #
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Cety Equipment On Duty Crash Con Duty Crash Cety Equipment On Duty Crash Cety Equipment		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE EMS Agency Identifier Date of Death	Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run #
	Sat	(608) 844-9642 Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US Cety Equipment On Duty Crash Cety Equipment On Duty Crash Con Duty Crash Cety Equipment On Duty Crash Cety Equipment Cety Equipment On Duty Crash Cety Equipment Cety Equipment Cety Equipment Cety Equipment On Duty Crash Cety Equipment Cety Equit Cety Equit Cety Equit C		Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED CABLE EMS Agency Identifier Date of Death	Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run #

19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
		Action							
	AL								
UNIT	D								
5	INDIVIDUAL								
	Z								
		Action Other						To/From School	
			Suspected Alcohol U	se	Suspected Drug Use				
	1	Drug & Alcohol	NO		NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results		
		Drug Test Given		Drug Test Type		Drug Test Results			
	_	TEST NOT GIVEN Drug Type							
6	001	Diug Type							
		Individual Condition							
		APPEARED NORM	141						
		AFFEARED NORM							
	I	Individual							
		Passenger LUCIEN D JAHN		Citations Issued		Sex MALE			
	INDIVIDUAL	(608) 844-9642			Date of Birth		Race WHITE		
UNIT	<u>N</u>	Address			Driver License Number		WINIE .		
	D	S75590 HWY 12 # I NORTH FREEDOM							
	_		,,						
	Sat	fety Equipment	On Duty Crash		Safety Equipment				
	Uai	Seat Position			SHOULDER & LAP BELT				
		6SECOND SEAT-	RIGHT SIDE						
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
_	2		Injury Severity		Airbag				
6	002	Injury	NO APPARENT IN		NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pat	^h CTED/NOT APPL			Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORT	ED		Date of Death		Time of Death		
					Date of Death				
		Distracted By	Distracted By Source	1					
		Distracted By Action							
I		Non Motoria	Striking Unit #	Location					
		Non Motorist							

19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action							
		Action							
	INDIVIDUAL								
F	D								
UNIT	Ξ								
-	Ē								
	2								
		Action Other						To/From School	
	1	Drug & Alcohol NO	cted Alcohol U	se	Suspected Drug Use				
	-								
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	2		Alcohol Test Results		
		Drug Test Given		Drug Test Type		Drug Test Results	 \$		
		TEST NOT GIVEN				Drug root toouto			
-	002	Drug Type							
01	8								
		Individual Condition							
		APPEARED NORMAL							
		la districture l							
	l	Passenger DRAVEN A JAHN			Citations Issued		Sex		
					0		MALE		
	INDIVIDUAL				Date of Birth		Race		
F	ם						WHITE		
UNIT	N	Address			Driver License Number				
-	Z	S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US							
		On Du	ty Crash		Safety Equipment				
	Sat	fety Equipment							
		Seat Position			CHILD RESTRAINT SYSTEM - FORWARD FACING				
		7THIRD SEAT-LEFT SI	DE (SIDECA	R: MOTORC					
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
		,							
01	003	1 ·	Severity		Airbag				
0	õ		PPARENT II		NON DEPLOYED		• <u></u>		
		Ejected NOT EJECTED	Ejection Par	th CTED/NOT APPI			Trapped/Extricated NOT TRAPPED		
		Mol EJECTED Medical Transport	NOTEJE	STED/NOT APPI	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED			Eine Agency Identifier				
		Hospital			Date of Death		Time of Death		
		Distracted By	cted By Source)					
		Distracted By Action							
		Striking	g Unit #	Location					
		Non Motorist	-						
		Jotor Vehicle Crash			t does not include any C.II	C data	Croch Doto	05/14/2019	

19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action							
UNIT	INDIVIDUAL	Action							
D									
		Action Other					To/From School		
	L	Drug & Alcohol NO	ed Alcohol Use	Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	1		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
0	003	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		ndividual		Citations Issued		0			
	_	Passenger ISABELLA R JAHN		0		Sex FEMALE			
F	DUA			Date of Birth		Race WHITE			
UNIT	INDIVIDUAL	Address S75590 HWY 12 # K3 NORTH FREEDOM, WI 53	951,US	Driver License Number					
	Saf	fety Equipment	Crash	Safety Equipment					
		Seat Position 9THIRD SEAT-RIGHT SI	DE	CHILD RESTRAINT SYSTEM - FORWARD FACING					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
6	004	Injury Se Injury NO AP	PARENT INJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			
		Distracted By	ed By Source	1		I			
		Distracted By Action							
		Non Motorist	Unit # Location						
			I						

19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action								
UNIT	INDIVIDUAL	Action Action Other								To/From School
01	004	Drug & Alcohol Suspective Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL		Alcohol Test Type Drug Test Type	Suspected Drug Use NO	Drug 1	Fest Results	Alcohol Tes	t Results	
	Uni	t Summary								
					ehicle Operating As Classi	fication		Unit Type		
	Vehicle Type			CLASS			AUTOMO Operating A		nents	
02		SENGER CAR								
		Occs	Train/Bus # Re	-	otal # Citations Issued		Total Traile	ers	Total Haz	/lat Types
	1 Incu	ance?	Direction Of Tra	0 avel	0		0 Speed Lim	it	0 Total Lane	s
⊢	YES		EASTBOUND		Pre CrashTire Speed N/A				2	0
UNIT		Harmful Event: Collision W			pecial Function	N		Emergency NOT APP		cle Use
		FOR VEH IN TRANSPO	RI		Traffic Control			Traffic Control Inoperative/Missing		
		D-WAY, NOT DIVIDED			NO CONTROL			NO		
		ace Type			Road Curvature			Road Grade		
		KCKTOP (BITUMINOUS))	S	STRAIGHT			LEVEL		
	NO									
	1	Vehicle								
		License Plate Number					St	Country of Is		
		AAE5827 Vehicle Identification Numb	per		AUT - AUTOMOBILE		WI Year	UNITED S	IAIES	
02	02	1G4CW54KX14278897		1	BUICK		2001	PARK AVE	ENU	
		Color BRO - BROWN			Body Style 4D - 4DR			Bus Use NOT A BU	S	
	щ	Initial Contact Point			Vehicle Damage				-	
UNIT	<u></u>	12FRONT								
Ś	VEHICL	Extent Of Damage MINOR DAMAGE		· · · · · · · · · · · · · · · · · · ·	12FRONT					
	>	Towed Due To Damage			Vehicle Removed By					
		NOT TOWED			OPERATOR					
		What Driver Was Doing SLOW/STOPPING								

19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

				Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION			
02	02	Owner Name MATTHEW D BERTHOLD (608) 495-2658)	Owner Address 1223 ZAJAK DR APT 34 BARABOO, WI 53913 , US		
	;	Sequence Of Events				
	6	Event MOTOR VEH IN TRANSP	ORT			
	03	Event				
	03	Event				
	04	Event				
┝┍		Policy Holder				
UNIT	Insurance Company PROGRESSIVE-CLASSIC-INS-CO			Individual MATTHEW BERTHOLD		
		Individual				
			`	Citations Issued	Sex	
	AL	MATTHEW D BERTHOLD (608) 495-2658		0 Date of Birth	MALE Race	
E	DU,			Date of Birth	WHITE	
UNIT	INDIVIDUAL	Address 1223 ZAJAK DR APT 34 BARABOO, WI 53913 , U	IS	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Sat	on Dut	y Crash	Safety Equipment		
		Seat Position		SHOULDER & LAP BELT		
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
07	005	Injury S Injury NO AB	everity PPARENT INJURY	Airbag NON DEPLOYED		
	U	Ejected	Ejection Path	NON DEPLOTED	Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE	NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	·	EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		Distracted By		4075D)		
		Distracted By Action	PPLICABLE (NOT DISTR	AUIED)		
		NOT DISTRACTED	Unit # Location			
		Non Motorist				

19-05564

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
		Action						
	_							
	UA							
UNIT	ID.							
	INDIVIDUAL							
	Z							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol Us NO	e	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type				
		Drug Test Given TEST NOT GIVEN		Drug rest rype		Drug Test Results	i	
02	005	Drug Type						
U	0							
		Individual Condition						
		APPEARED NORM	IAL					
		_						