

6TL0BFKDBC  
19-05564

# 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>19-05564</b>	Investigating Officer/Deputy <b>DEPUTY H. LARKIN</b>	
Crash Date <b>05/14/2019</b>		Crash Time <b>03:45 PM</b>	Date Arrived <b>05/14/2019</b>	Time Arrived <b>04:00 PM</b>	
Date Notified <b>05/14/2019</b>		Time Notified <b>03:47 PM</b>	Total Units <b>02</b>	Total Injured <b>00</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p> <p style="text-align: center;">Bluffview Citgo Parking Lot</p> <p style="text-align: right;">Exit to USH 12</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>
<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 STOPPED AT THE STOP SIGN AT THE EXIT OF THE CITGO PARKING LOT TO ENTER ONTO USH 12. UNIT 2 WAS BEHIND UNIT 1. UNIT 1 BACKED UP AND STRUCK UNIT 2.	

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**Location**

<b>PARKING LOT</b> <b>USH12 EB LOT S7551</b> <b>(HOUSE/BUILDING S7551)</b>  <b>IN THE TOWN OF SUMPTER</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.370426899</b>	Longitude <b>-89.769157046</b>
	X Coordinate <b>275646.09375</b>	Y Coordinate <b>4805676</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</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>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY 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>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>4</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 CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>2</b>	
	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>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</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>329JZS</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1B4HS58N62F151187</b>	Make <b>DODGE</b>	Year <b>2002</b>	Model <b>DURANGO SL</b>	
	Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>6--REAR</b>	Vehicle Damage				
Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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>UNSAFE BACKING</b>			
01 01	Owner Name <b>AIMEE M WRIGHT</b>		Owner Address <b>205 UNION ST LAVALLE, WI 53941 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>BARTLES INSURANCE</b>		Individual <b>SAMANTHA JAHN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SAMANTHA ABIGAIL JAHN (608) 844-9642</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<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	
	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<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>LUCIEN D JAHN</b> <b>(608) 844-9642</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>S75590 HWY 12 # K3</b> <b>NORTH FREEDOM, WI 53951 , US</b>			Date of Birth Race <b>WHITE</b>			
		Driver License Number						
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>				<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>01</b>	<b>002</b>			<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>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	Prior Action			
	Action			
	Action Other		To/From School	
01	002	<b>Drug &amp; Alcohol</b>		
		Suspected Alcohol Use	Suspected Drug Use	
		NO	NO	
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
		Drug Type		
		Individual Condition		
		APPEARED NORMAL		
UNIT	003	<b>Individual</b>		
		Passenger	Citations Issued	Sex
		DRAVEN A JAHN	0	MALE
			Date of Birth	Race
				WHITE
		Address	Driver License Number	
		S75590 HWY 12 # K3		
		NORTH FREEDOM, WI 53951 , US		
01	003	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
			CHILD RESTRAINT SYSTEM - FORWARD FACING	
		Seat Position		
		7--THIRD SEAT-LEFT SIDE (SIDECAR: MOTORC		
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	003	<b>Injury</b>		
		Injury Severity	Airbag	
		NO APPARENT INJURY	NON DEPLOYED	
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport	EMS Agency Identifier	EMS Run #
		NOT TRANSPORTED		
		Hospital	Date of Death	Time of Death
UNIT	<b>Distracted By</b>			
	Distracted By Source			
	Distracted By Action			
UNIT	<b>Non Motorist</b>			
	Striking Unit #	Location		

UNIT	INDIVIDUAL	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>Individual</b>				
		Passenger <b>ISABELLA R JAHN</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
	Date of Birth	Race <b>WHITE</b>				
Address <b>S75590 HWY 12 # K3 NORTH FREEDOM, WI 53951 , US</b>	Driver License Number					
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>9--THIRD SEAT-RIGHT SIDE</b>	<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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				
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location		

UNIT	INDIVIDUAL	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>		

01 004

**Unit Summary**

UNIT	02	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>EASTBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>N/A</b>		Total Lanes <b>2</b>			
		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>TWO-WAY, NOT DIVIDED</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	<b>Vehicle</b>				
		License Plate Number <b>AAE5827</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G4CW54KX14278897</b>		Make <b>BUICK</b>	Year <b>2001</b>	Model <b>PARK AVENU</b>
		Color <b>BRO - BROWN</b>		Body Style <b>4D - 4DR</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>		
		What Driver Was Doing <b>SLOW/STOPPING</b>				

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors
			NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION		
02	02	Owner Name MATTHEW D BERTHOLD (608) 495-2658	Owner Address 1223 ZAJAK DR APT 34 BARABOO, WI 53913 , US
	<b>Sequence Of Events</b>		
01	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual MATTHEW BERTHOLD	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver MATTHEW D BERTHOLD (608) 495-2658	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 1223 ZAJAK DR APT 34 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	005	<b>Safety Equipment</b>	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	
	<b>Injury</b>	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
	<b>Distracted By</b>	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
	<b>Non Motorist</b>	Striking Unit #	Location



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<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>005</b>		