### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

-										(608) 356-489
	Document Number Override	Primary Crash I	Document #	Agend	cy Crash Number 7847	Investigating DEPUTY H				
0	Crash Date <b>06/29/2019</b>	Crash Time 05:00 PM Time Notified		Date Arrived <b>06/29/2019</b>		Time Arrived	Time Arrived 05:11 PM			
ַלַ	Date Notified			Total	Total Units		Total Injured Total Killed			
בר	06/29/2019	05:11 PM	<u> </u>	01	1	00		00	1	Reporting
֡֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֓֡֟֝֟֜֟֝֟֜֟֜֟֝֟֜֟֝֟֜֜֟֝֡֡֡֡֡֡֡֝֟֜֜֝֡֡֡֡֡֡֡		t and Run	Lane Clos		Work Zone  I Bus Related	Trailer	or To	owed		Threshold
OILUBIND	Government Property	Active Sc	chool Zone	NO	I bus Related	Tags				
	<b>✓</b> Reportable	Crash Type DT4000 (STA	ANDARD CRAS	SH)		Amend	led			Secondary Crash
İ	Description									
	Diagram						Reco	onstruction	n By	
					$\sqrt{\Lambda}$	( )	Phot	os By		
					7			,		
					Not To S	Scale				
							Addit <b>NON</b>	tional Info	rmation	
						$\rightarrow$				
	Carson City Bar			/						
	ty			f====			:			
	Ö									
	uo	144		(-27)	erest)					
	ars			+	<b>—</b>	++				
	Ö									
					Darking Lo					
					Parking Lo	I				
	✓ I, a sworn law enforceme	ent officer. agr	ee that I have i	not adde	ed any CJIS data in the	nis report.				
	UNIT 1 WAS PARKED IN A PARK	(ING STALL. UNI	T 1 BACKED OU	T OF THE	PARKING STALL AND	THEN BEGAN TO				
	OUT OF THE PARKING LOT. UNI OPERATOR HIT THE GAS AND D					T SOMETIMES D	UE TC	MEDICA	AL DISABI	LITY. UNIT 1

Location		
PARKING LOT STH23 WB LOT S7979	Latitude 43.363237362	Longitude -90.065607785
(HOUSE/BUILDING S7979) IN THE TOWN OF FRANKLIN	X Coordinate <b>251597.375</b>	Y Coordinate 4805718
IN SAUK COUNTY	Structure Type HOUSE/BUILDING	·

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### **Crash Scene**

Ī	First	Harmful Event			First Harmful Event Location						
	OTH	IER FIXED OBJECT			IN PARKING LANE OR ZONE						
ľ	Manı	ner of Collision	Light Condition								
	NO	COLLISION W/VEHIC	DAYLIGHT								
	Road	d Surface Condition(s)			Roadway I	Roadway Factor(s)					
	DRY	<b>(</b>									
	Envi	ronment Factor(s)		Ī							
	МОИ	NE			NONE						
-	Wea	ther Condition(s)				-					
	CLE	AR									
	Anim	nal Type				Relation T		ay <b>AY - PARKIN</b>	IG LOT		
		h Classification - Location						- Jurisdiction			
		VATE PROPERTY				PRIVATE		RTY		Ta	
	Triba	al Land				NO CON				Special Study	
•	Withi	in Interchange Area	Junction Location		Intersection						
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
Į	Jnit	t Summary 💳									
		Status		Vehicle Ope	erating As C	lassification		Unit Type			
ļ		RANSIT	D CLASS					MOBILE			
2		cle Type ORT) UTILITY VEHICL	_					Operating A	AS Endorsei	ments	
_	•	Occs	Train/Bus # Recorded	Total # Cita	tione lecuer	ı	Total Tra	ilers Total HazMat Types			
	<b>2</b>	TOCCS	Traili/Dus # Necorded	0			0		iviat Types		
-	Insurance? Direction Of Travel			Pre CrashTire Speed L				es			
<b>⊢</b>	YES		NOT ON ROADWAY	Mark N/A		0					
ξİ	Most	Harmful Event: Collision \	Vith		Special Function		Emergency Motor Vehicle Use NOT APPLICABLE				
_ [		IER FIXED OBJECT			NO SPECIAL FUNCTION						
		ic Way	TE DDODEDTY	Traffic Control				Traffic Control Inoperative/Missing NO			
-		KING LOT OR PRIVA	TE PROPERTY	NO CONTROL  Road Curvature			_	Road Grade			
		CKTOP (BITUMINOU:	S)	STRAIGH				DOWNHILL			
-		k Bus or HazMat				DOWNIEL					
	NO										
	,	Vehicle									
		License Plate Number		Plate Type			St	Country of Is	suance		
		421STB	AUT - AU	AUT - AUTOMOBILE		WI	UNITED S	UNITED STATES			
_	1	Vehicle Identification Nur	nber	Make			Year	Model			
5	01	5TDJGRFH3HS02806	52	TOYOTA			2017	HIGHLANI	DER		
		Color BLK - BLACK	Body Style UT - SPO		TY VEHICI	LE	Bus Use NOT A BU	S			
.	Щ	Initial Contact Point		Vehicle Da	ımage			•			
	<u>כ</u>	12FRONT									
5	VEHICL	Extent Of Damage FUNCTIONAL DAMA	1RIGHT	FRONT	CORNER,	12FRO	NT				
	_	Towed Due To Damage	Vehicle Re	moved By							
		NOT TOWED	OR								
		What Driver Was Doing	Vehicle Fa	ctors							
		LEAVING A PARKED	POSITION								
		Driver Prior Action Other		NOT APP	NOT APPLICABLE						

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						` ,				
LIND	VEHICLE	Driver Actions  FAILURE TO CONTROL, OTHER CONTRIBUTING ACTION								
10	2	Owner Name ANTHONY JOSEPH RENGER (608) 727-2224		Owner Address E5293 OHIO RD LOGANVILLE, WI 53943	, us					
	(	Sequence Of Events								
	2	Event								
	05	Event								
	03	Event								
	9	Event								
_	ı	Policy Holder								
LIND		Insurance Company SCHWARTZ INSURANCE		ndividual ANTHONY RENGER						
		Individual								
		Driver ANTHONY JOSEPH RENGER (608) 727-2224		Citations Issued	Sex					
	_			0	MALE					
_	DO			Date of Birth	Race WHITE					
TINO	INDIVIDUAL	Address E5293 OHIO RD LOGANVILLE, WI 53943 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash  fety Equipment	:	Safety Equipment						
		Seat Position  1FRONT SEAT-LEFT SIDE (DRIVER/MOTO		SHOULDER & LAP BELT	LAP BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
7	00	Injury Severity	,	Airbag						
0	ŏ	Injury NO APPARENT INJURY	l	NON DEPLOYED						
		Ejection Path	OT 4 DDI 16	NADI E	I '''	Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NO		EMS Agency Identifier	NOT TRAPPED  EMS Run #					
		Medical Transport NOT TRANSPORTED								
		Hospital		Date of Death	Time of Death					
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)									
		Distracted By Action NOT DISTRACTED								
		Non Motorist Striking Unit # Location	n							
	Prior Action									

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		Action									
	7										
l	INDIVIDUAL										
L L	□										
15	≥										
_	⊒										
	Z										
		Action Other						To/From School			
İ		Suspe	cted Alcohol Use		Suspected Drug Use			•			
	L	Drug & Alcohol No			NO						
İ		Alcohol Test Given	Alcohol Tes	t Type	<u> </u>		Alcohol Test Results				
		TEST NOT GIVEN		71							
ŀ		Drug Test Given	Drug Test 1	vne		Drug Test Results					
		TEST NOT GIVEN	J. ag 1001	,,,,		Drug Test Nesults	•				
ļ											
2	001	Drug Type									
	0										
ŀ		Individual Condition									
		individual Condition									
		PHYSICALLY IMPAIRED	)								
		la dividual									
		Individual			LOitatiana lasuad		Lo				
		Passenger	ENCED		Citations Issued		Sex				
	7	SUSAN ANTOINETTE RENGER (608) 727-2224			0		FEMALE Race				
	٩				Date of Birth						
l⊨	⊇						WHITE				
L L	INDIVIDUAL	Address E5293 OHIO RD LOGANVILLE, WI 53943, US			Driver License Number						
_ ر	9				07.475 W#000AW		UTED 074750				
	=				STATE: WISCONSIN	N COUNTRY: UN	IIIED STATES				
		On Du	ty Crash		Safety Equipment						
	Saf	fety Equipment			, , ,						
		Seat Position			SHOULDER & LAP BELT						
		3FRONT SEAT-RIGHT	SIDE (TRAIN ENGINES	<b>.</b> D	OHOOLDER & EAL	DEE!					
ŀ		Helmet Use	SIDE (TRAIN ENGINEE	-1\	Halmat Camplianas						
		Heimet Use			Helmet Compliance						
ļ											
		Eye Protection			Tint Compliance						
2	005	Injury	Severity		Airbag						
	0		PPARENT INJURY		NON DEPLOYED						
ĺ		Ejected	Ejection Path				Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT	APPL	LICABLE		NOT TRAPPED				
İ		Medical Transport	- <b>"</b>		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED									
İ		Hospital			Date of Death		Time of Death				
		·									
ŀ		Distracted By Source									
		Distracted By									
1											
		Distracted By Action									
		Non Motorist	g Unit # Location								
		Prior Action									
				_		-					

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Crash Date 06/29/2019

Crash Time 05:00 PM

LIND	INDIVIDUAL	Action  Action Other					To/From School
				10/F10111 3011001			
	Drug & 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	•	
9	005	Drug Type			•		
		Individual Condition					
		APPEARED NORMAL					