

6TL09PBQC8

19-10330

# 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>19-10330</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>08/18/2019</b>		Crash Time <b>10:06 AM</b>	Date Arrived <b>08/18/2019</b>	Time Arrived <b>10:16 AM</b>	
Date Notified <b>08/18/2019</b>		Time Notified <b>10:06 AM</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 checked="" 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

Diagram <p style="text-align: center;">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 2 WAS PARKED ON THE WEST SIDE OF THE RIVER VALLEY MOBIL GAS STATION. UNIT 1 WAS A TRUCK TOWING A TANDEM AXEL CAR HAULING TYPE TRAILER. UNIT 1 WAS WEST AND CURVED AROUND THE BUILDING. UNIT 1 TRAILER TIRES STRUCK UNIT 2'S REAR RIGHT BUMPER.

## Location

<b>PARKING LOT</b> <b>USH14 WB LOT E4986</b> <b>(FIRE E4986)</b>  <b>IN THE TOWN OF SPRING GREEN</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.189263088</b>	Longitude <b>-90.068410374</b>
	X Coordinate <b>250660.21875</b>	Y Coordinate <b>4786404.5</b>
	Structure Type <b>FIRE</b>	

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Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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

UNIT 01	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>1</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>N/A</b>	Total Lanes	
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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 01 VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>237600F</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GCHK24K67E542575</b>		Make <b>CHEVROLET</b>	Year <b>2007</b>	Model <b>SILVERADO</b>	
	Color <b>GRY - GRAY</b>		Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point		Vehicle Damage			
	Extent Of Damage <b>NO DAMAGE</b>		<b>NO DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>					
		Owner Name <b>CINDY L SCHWARTZ (608) 393-8468</b>	Owner Address <b>S8990 SLOTTY RD PRAIRIE DU SAC, WI 53578 , US</b>				
01	01	<b>Sequence Of Events</b>					
UNIT	01	Event <b>PARKED MOTOR VEHICLE</b>					
	02	Event					
	03	Event					
	04	Event					
UNIT	01	<b>Policy Holder</b>					
		Insurance Company <b>HANOVER-INS-CO,-THE</b>	Individual <b>CINDY SCHWARTZ</b>				
UNIT	01	<b>Trailer/Towed</b>					
		Trailer Plate # <b>YF10827</b>	Plate Type <b>FTL - FARM</b>	Make <b>FLNG</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
UNIT	TRAILER/ TOWED	Unit Type <b>UTILITY TRAILER</b>	Individual <b>CINDY L SCHWARTZ (608) 393-8468</b>		Address <b>S8990 SLOTTY RD PRAIRIE DU SAC, WI 53578 , US</b>		
		Vehicle Identification Number <b>5FTEE202031019009</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Driver <b>CINDY L SCHWARTZ (608) 393-8468</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>			
		Date of Birth		Race <b>WHITE</b>			
		Address <b>S8990 SLOTTY RD PRAIRIE DU SAC, WI 53578 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT	001	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>					
Distracted By Action <b>NOT DISTRACTED</b>							

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UNIT	INDIVIDUAL	<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	INDIVIDUAL	<b>Individual</b>			
Passenger <b>LARRY ALLAN SCHWARTZ (608) 393-8468</b>				Citations Issued <b>0</b>		Sex <b>MALE</b>	
Address <b>S8990 SLOTTY RD PRAIRIE DU SAC, WI 53578 , US</b>				Date of Birth			
Driver License Number				Race <b>WHITE</b>			
STATE: WISCONSIN COUNTRY: UNITED STATES							
<b>Safety Equipment</b>				On Duty Crash	Safety Equipment		
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>				<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			<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>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
01	002	<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>LEGALLY PARKED</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>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>NOT ON ROADWAY</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	<b>Vehicle</b>			
		License Plate Number <b>ACS4072</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FM5K8D80KGA45329</b>	Make <b>FORD</b>	Year <b>2019</b>	Model <b>EXPLORER</b>
		Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>7--LEFT REAR CORNER</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>7--LEFT REAR CORNER</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors		
Driver Prior Action Other	<b>NOT APPLICABLE</b>				

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UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>JANICE L PADLEY (608) 370-9332</b>	Owner Address <b>995 WATER ST PRAIRIE DU SAC, WI 53578 , US</b>
02	02	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>JANICE PADLEY</b>	
UNIT	<b>Individual</b>		
	Occupant Of Motor Vehicle Not In Transport <b>LEAH ANN MARTY (608) 963-4407</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>995 WATER ST PRAIRIE DU SAC, WI 53578 , 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>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</b>
	Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>	Trapped/Extricated <b>UNKNOWN</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
	Prior Action		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>				