19-10330

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override Primary Crash Document # Agency Crash 19-10330		Crash Number	er Investigating Officer/Deputy DEPUTY B. STODDARD						
Crash Date 08/18/2019	Crash Time 10:06 AM	08/18		2019	Time Arrived 10:16 AM				
Date Notified Time Notified 08/18/2019 10:06 AM		Total Units 02		nits	Total Injured 00		d		
On Emergency	it and Run	Lane Closu	ıre	Work Zone	✓ Trailer	or Towed	Reporting Threshold		
Government Property	Active Scho	ool Zone	School I NO	Bus Related	Tags		_		
▼ Reportable	Crash Type PRIVATE PROF	PERTY/PARKI	RTY/PARKING LOT			ed	Secondary Crash		
Description Diagram						Reconstruction	By		
			River Mobil	Valley		Photos By Additional Infor NONE	mation		
I, a sworn law enforcem UNIT 2 WAS PARKED ON THE V TYPE TRAILER. UNIT 1 WAS W	WEST SIDE OF THE	RIVER VALLEY	ot added	SAS STATION. UNIT 1	WAS A TRUCK T				
Location				1		1			
PARKING LOT USH14 WB LOT E4986				Latitude 43.189263	088	Longitue -90.068	de 3410374		
(FIRE E4986) IN THE TOWN OF SPRING (BREEN			X Coordinat 250660.21		Y Coord 47864 0			
IN SAUK COUNTY					Structure Type FIRE				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Scene

1	First Harmful Event					First Harmful Event Location				
	PAR	KED MOTOR VEHICL	IN PARKING LANE OR ZONE							
	Manr	fanner of Collision				Light Condition				
	NO	COLLISION W/VEHICL	E IN TRANSPORT			DAYLIGHT				
	Road	Surface Condition(s)				Roadway I	Factor(s)			
	WET									
	Envir	ronment Factor(s)								
	NON	NE				NONE				
	Weat	ther Condition(s)								
	CLOUDY									
	Anim	al Type					o Trafficwa	•		
	Crac	h Classification - Location						Y - PARKIN Jurisdiction	G LOT	
		VATE PROPERTY					E PROPE			
	Triba	I Land				Access Co	ontrol			Special Study
						NO CON	TROL			
	Withi NO	· ·	Junction Location NON-JUNCTION		Intersection	n Type INTERSE	CTION			
			NON-JUNCTION		NOT AN	INTERSE	CHON			
		t Summary Status		Vehicle Ope	erating As C	lassification		Unit Type		
		RANSIT	D CLASS	raung 710 C	iacomoanon		TRUCK			
_		cle Type			·			Operating As Endorsements		
9	UTILITY TRUCK/PICKUP TRUCK									
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Traile		Total Haz	Mat Types	
	2		0.7	0		1		0		
.	Insur	ance?	Direction Of Travel NOT ON ROADWAY	Pre CrashTire			Speed Limit N/A		Total Lanes	
UNIT		Harmful Event: Collision V		Mark Special Function			IN/A	Emergency Motor Ve		cle Use
		KED MOTOR VEHICL		NO SPEC		TION		NOT APPI		
		ic Way			Traffic Control			Traffic Control Inoperative/Missing		tive/Missing
		KING LOT OR PRIVAT	TE PROPERTY	Road Curvature				NO Bood Crodo	Road Grade	
		ace Type ACKTOP (BITUMINOUS	3)				LEVEL			
		k Bus or HazMat	·)	TOTIVAION	OTRAIGHT EEVEL					
	NO									
	1	Vehicle								
		License Plate Number		Plate Type			St	Country of Is	suance	
		237600F			HT TRUC	K	WI	UNITED STATES		
5	01	Vehicle Identification Num		Make			Year	Model		
	0	1GCHK24K67E54257 Color	5	Body Style			2007	SILVERAD Bus Use	· ·	
		GRY - GRAY		PK - PICI				NOT A BU	s	
	щ	Initial Contact Point		Vehicle Da	mage					
LNO	딜	F + + 0(P		NO DAM	4.05					
5	Ē	Initial Contact Point Extent Of Damage NO DAMAGE			AGE					
	_	Towed Due To Damage Vehicle Removed By								
	NOT TOWED OPERATOR									
		What Driver Was Doing		Vehicle Fa	ctors					
		RIGHT TURN Driver Prior Action Other		NOT APP	LICABLE					
		2761 1 1161 7 1611011 641161								
				<u> </u>						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	VEHICLE	Driver Actions OTHER CONTRIBUTING ACTION								
-	VE									
01	01	Owner Name CINDY L SCHWART (608) 393-8468	ΓZ			Owner Address S8990 SLOTTY RD PRAIRIE DU SAC, WI 53578 , US				
		Sequence Of Eve	ents							
	01	Event PARKED MOTOR V		.E						
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
UNIT		Insurance Company HANOVER-INS-CO,	,-THE			Individual CINDY S	CHWARTZ			
	-	Trailer/Towed								
10		Trailer Plate # YF10827		Type - FARM	Make FLNG		State WI		ry of Issuance ED STATES	
⊨	LER/	Unit Type UTILITY TRAILER	JTILITY TRAILER CINDY L SCHWARTZ						ess 90 SLOTTY RD IRIE DU SAC, WI 53578,US	
UNIT	TRAILER/ TOWED	Vehicle Identification Number 5FTEE202031019009			Tival			NIE DO 340, WI 33370 , 03		
	ı	Individual								
		Driver CINDY L SCHWARTZ			Citations Issued 0			Sex FEMALE		
_	JUAL	(608) 393-8468			Date of Bi	rth	Race WHITE			
UNIT	NDIVIDUAL	Address S8990 SLOTTY RD PRAIRIE DU SAC, V	NI 535	78 115		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
		TRAINE DO GAO, I		70 , 00		The state of the s				
	Sat	ety Equipment	On Duty	Crash		Safety Equipment				
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY				SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance					
		Eye Protection				Tint Compliance				
01	001	Injury	njury Se	everity		Airbag				
	0	Injury	NO AP	PARENT Ejection P		NON DE	PLOYED		Trapped/Extricated	
		NOT EJECTED NOT EJECTED/NOT APP			LICABLE			NOT TRAPPED		
	Medical Transport					EMS Ager	ncy Identifier		EMS Run #	
		NOT TRANSPORTE Hospital			Date of De	eath		Time of Death		
				10.0						
		Distracted By	NOT A	ed By Source PPLICAB	LE (NOT DISTRA	CTED)				
		Distracted By Action NOT DISTRACTED								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Material	Striking Unit #	Location								
		Non Motorist										
		Prior Action										
	-	Action	Action									
	¥.											
≒	2											
UNIT	INDIVIDUAL											
		Action Other						To/From School				
	,	Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use							
	L		NO	Alaskal Task Time	NO		I Alaahal Taat Daawita					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results					
		Drug Test Given		Drug Test Type		Drug Test Results						
		TEST NOT GIVEN										
10	001	Drug Type		-		-						
	0											
		Individual Condition										
		APPEARED NORM	MAL									
	I	Individual			LOitatia na Ianua d		Sex					
		Passenger LARRY ALLAN SCHWARTZ (608) 393-8468			Citations Issued 0							
	¥				Date of Birth		MALE Race					
±	INDIVIDUAL						WHITE	VHITE				
UNIT	\geq	Address S8990 SLOTTY RD PRAIRIE DU SAC, WI 53578 , US			Driver License Number							
	Z				STATE: WISCONSIN	N COUNTRY: UN	ITED STATES					
	Sat	On Duty Crash fety Equipment			Safety Equipment							
	Ou.	Seat Position			SHOULDER & LAP BELT							
		3FRONT SEAT-R	RIGHT SIDE (TRAI	N ENGINEER								
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Consuling							
		Eye Protection			Tint Compliance							
01	005	f	Injury Severity		Airbag							
0	5		NO APPARENT I		NON DEPLOYED		I = 1/5					
		Ejected NOT EJECTED	Ejection Pa	atn CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport	1101 202	OTED/NOT ATT	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORT	ΓED									
		Hospital			Date of Death		Time of Death					
			Distracted By Source	Δ								
		Distracted By	cactod by court	-								
		Distracted By Action										
			Ctribing I Init "	Loodies								
		Non Motorist	Striking Unit #	Location								
		Prior Action										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		_								
TINO	INDIVIDUAL	Action								
ŀ		Action Other								To/From School
		7 todori Guioi								Ton rom concor
		Suc	pected Alcohol U	lso	Suspected Drug Use					
		Drug & Alcohol NO	pected Alcohol C	75E	NO					
ļ	_									
		Alcohol Test Given		Alcohol Test Ty	pe			Alcohol Test Results		
		TEST NOT GIVEN								
İ		Drug Test Given D		Drug Test Type		Drug T	Test Results			
		TEST NOT GIVEN								
10	005	Drug Type								
0	ŏ									
		Individual Condition								
		APPEARED NORMAL								
•	l Ini	t Summary								
		Status			Vehicle Operating As Class	ification		Unit Type		
								AUTOMOBILE		
		SALLY PARKED			D CLASS			Operating As Endorsements		
02		cle Type	_					Operating A	s Endorsem	nents
٥	'	ORT) UTILITY VEHICLE		T						
	Tota	l Occs	Train/Bus # Re	corded	Total # Citations Issued Total Traile 0 0			lers Total HazMat Types		Mat Types
	1								0	
	Insu	rance?	Direction Of Tra	avel	Pre CrashTire Speed Lim			mit Total Lanes		S
 	YES	3	NOT ON RO	ADWAY	Mark N/A		N/A			
L N O	Mos	t Harmful Event: Collision Wi	ith		Special Function			Emergency		cle Use
⊃	MO.	TOR VEH IN TRANSPO	RT		NO SPECIAL FUNCTION			NOT APPI	LICABLE	
		ic Way			Traffic Control			Traffic Cont	rol Inoperati	ve/Missing
	PΔF	KING LOT OR PRIVAT	F PROPERTY		NO CONTROL Road Curvature STRAIGHT			NO Road Grade		
		ace Type	ET KOT EKTT							
		ACKTOP (BITUMINOUS)	١					LEVEL		
		k Bus or HazMat	,					LLVEL		
		k dus di maziviat								
<u> </u>	NO									
	,	Vehicle								
		License Plate Number			Plate Type		St	Country of Is	suance	
		ACS4072			AUT - AUTOMOBILE WI			UNITED STATES		
۱.,		Vehicle Identification Numb	per		Make		Year	Model		
02	02	1FM5K8D80KGA45329	9		FORD		2019	EXPLORE	₹	
		Color			Body Style			Bus Use		
		WHI - WHITE			UT - SPORT UTILITY	VEHICL	.E	NOT A BU	S	
	Щ	Initial Contact Point			Vehicle Damage					
⊢	긍	7LEFT REAR CORNE	ĒR							
LNO	¥	Extent Of Damage			7LEFT REAR CORN	FR				
⊃	VEHICL	MINOR DAMAGE								
	_	Towed Due To Damage			Vehicle Removed By					
		NOT TOWED			OPERATOR					
-		What Driver Was Doing			Vehicle Factors					
		LEGALLY PARKED			VOITIONE L'ACTOIS					
					NOT APPLICABLE					
		Driver Prior Action Other			NOT ALL LICABLE					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	LE	Driver Actions NO CONTRIBUTING A	CTION		Driver Actions NO CONTRIBUTING ACTION								
LIND	VEHICLE												
	>												
7	02	Owner Name JANICE L PADLEY (200) 270, 222		995 WATER ST									
02	0	(608) 370-9332		PRAIRIE DU SAC, WI 53578 , US									
		Sequence Of Even	ts										
	01	Event MOTOR VEH IN TRAN	ISPORT										
	02	Event											
	03	Event											
	04	Event											
_	i	Policy Holder											
HNO		Insurance Company GEICO-GENERAL-INS		Individual JANICE PADLEY									
		Individual		JANICE PADLET									
		Occupant Of Motor Vehicle	e Not In Transport	Citations Issued	Sex								
	\ L	LEAH ANN MARTY (608) 963-4407		0	FEMALE								
⊢	INDIVIDUAL	(600,000		Date of Birth	Race WHITE								
NO	DIVI	Address 995 WATER ST		Driver License Number									
	Z	PRAIRIE DU SAC, WI	53578 , US	STATE: WISCONSIN COUNTRY: UNITED STATES									
	Sat	On I fety Equipment	Duty Crash	Safety Equipment									
		Seat Position		NONE USED - VEHICLE OCCUPANT	r								
		1FRONT SEAT-LEFT Helmet Use	SIDE (DRIVER/MOTORCY	Helmet Compliance									
		Eye Protection		Tint Compliance									
05	003	Injury NO	ry Severity APPARENT INJURY	Airbag UNKNOWN									
		Ejected	Ejection Path	ONKNOWN	Trapped/Extricated								
	UNKNOWN UNKNOWN			UNKNOWN									
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #								
		Hospital		Date of Death	Time of Death								
	Distracted By Source												
		Distracted By Action											
		Non Motorist	king Unit # Location										
		Prior Action	1										

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							` ,
		Action					
	ب						
	₹						
⊨	7						
LNO	₹						
\supset	É						
	INDIVIDUAL						
	_						
		Action Other					To/From School
		Action other					10/110/11 30/100/
				10			
	,	Drug & Alcohol NO	oi Use	Suspected Drug Use NO			
		orug & Alconor No		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u>	
		TEŠT NOT GIVEN			, and the second		
	က	Drug Type					
02	003	Diag Typo					
		Individual Condition					
		marviduai Gorialion					
		APPEARED NORMAL					
		APPEARED NORMAL					