6TL09PBQCF

19-12221

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash I	Document #	Agency 19-122	Crash Nur	nber	Investigating DEPUTY B			
Crash Date	Crash Time		Date Arrived			Time Arrived		-	
10/01/2019	09:50 AM Time Notified		10/01/2			09:54 AM	1		
Date Notified 10/01/2019	09:51 AM		Total Ur 02	nits		Total Injured 00	Tota	l Killed	
On Emergency Hi	and Run	Lane Closu		Ш	k Zone		or Towe	d	Reporting Threshold
Government Property		chool Zone	NO School	Bus Relate	d	Tags		1	
Reportable	Crash Type PRIVATE PR	OPERTY/PARKI	NG LOT	-		Amend	ed		Secondary Crash
Description Diagram							Reconstru	uction By	
Diagram		Building					Photos By		
(, , , , , , , , , , , , , , , , , , ,			Additiona NONE	l Informati	on
			No	t to Sc	ale				
I, a sworn law enforceme	ent officer as-	no that I have see	الماماء ا	any C !!	S data in this	ronort			
UNIT 1 WAS BACKING SOUTH COTHER.							ALL. BOT	TH UNITS	BACKED INTO EACH
Location									
PARKING LOT					Latitude		Lo	ngitude	
STH33 EB LOT 433					43.474562721	l		9.766510)422
(HOUSE/BUILDING 433) IN THE VILLAGE OF WEST E	BARABOO				X Coordinate 276244.6875			Coordinat 317234.5	
IN SAUK COUNTY					Structure Type HOUSE/BUIL	DING			

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Crash Scene

	Surfa	•	TE PROPERTY	Traffic Cont NO CONT Road Curva	ROL			NO Road Grade			
	PARKING LOT OR PRIVATE PROPERTY								пог торста	3	
	PAR	ic vvay		Traffic Cont	rol			Trailic Com	li oi illopeiai		
	Traff	C - 14/						Traffic Control Inoperative/Missing		tive/Missing	
⊃		TOR VEH IN TRANSP		NO SPEC	NO SPECIAL FUNC			NOT APPLICABLE			
UNIT		t Harmful Event: Collision \		Special Function		ļ			Emergency Motor Vehicle Use		
⊢	YES		NOT ON ROADWAY	Mark		N/A					
	Insu	Insurance? Direction Of Travel		Pro	CrashTire	Speed Lii		imit Total Lane		es	
	1			0		0					
		l Occs	Train/Bus # Recorded	Total # Citations Issued		1	Total Tra	tal Trailers Total HazMa		Mat Types	
5		SSENGER CAR									
_		cle Type		1					Operating As Endorsements		
	IN T	RANSIT		D CLASS				AUTOMOBILE			
	Unit	Status		Vehicle Ope	erating As C	lassification		Unit Type			
ļ	Uni	t Summary 🗨									
			NON-30NCTION		NOT AN	INTERSEC	STION				
	NO	in interchange Area	NON-JUNCTION			INTERSE	CTION				
	With	in Interchange Area	Junction Location		Intersection						
						NO CON				opesia. Clady	
		al Land				Access Co				Special Study	
		VATE PROPERTY				PRIVATE					
	Cros	sh Classification - Location						AY - PARKIN - Jurisdiction	IG LOT		
	Anim	nal Type				Relation To		,	10 1 07		
	RAI										
	Wea	ther Condition(s)				-					
	WE	ATHER CONDITIONS				NONE					
	Envi	ronment Factor(s)									
	WE.	T									
		` ,				Roadway F	-actor(s)				
							DAYLIGHT Roadway Factor(s)				
		ner of Collision				Light Condition					
							IN PARKING LANE OR ZONE				
	First Harmful Event Fi						First Harmful Event Location				

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Crash Date 10/01/2019

		Driver Actions										
	Щ	NO CONTRIBUTING ACTION	ON									
╘	VEHICL											
LIND	Ĭ											
_	Æ											
		Owner Name		Owner Address								
		WILL A SANDSTROM		261 3RD ST								
5	2	(608) 249-6578		REEDSBURG, WI 53959, US								
		[` ′		,								
	;	Sequence Of Events										
	_	Event										
	2	MOTOR VEH IN TRANSPO	KI									
	8	Event										
	05											
	~	Event										
	03											
	_	Event										
	04											
		Dollov Holdor										
LIND		Policy Holder										
5		Insurance Company		Individual								
_		ERIE-INS-CO		WILL SANDSTROM								
	ı	Individual										
		Driver		Citations Issued	Sex							
	_	WILL A SANDSTROM (608) 249-6578		0	MALE							
	¥			Date of Birth	Race							
\vdash	<u>م</u>				WHITE							
	INDIVIDUAL	Address		Driver License Number								
-	ቯ	261 3RD ST										
	=	REEDSBURG, WI 53959 ,	US	STATE: WISCONSIN COUNTRY: UNITED STATES								
		On Duty (Crash	Safety Equipment								
	Sat	fety Equipment										
		Seat Position		SHOULDER & LAP BELT								
		1FRONT SEAT-LEFT SID	E (DRIVER/MOTORCY									
		Helmet Use		Helmet Compliance								
				Tremet compliance								
		Eye Protection		Tint Compliance								
		,										
_	_	Injury Sev	verity	Airbag								
6	90	Injury NO APP	ARENT INJURY	NON DEPLOYED								
			Ejection Path		Trapped/Extricated							
			NOT EJECTED/NOT APP	LICABLE	NOT TRAPPED							
		Medical Transport		EMS Agency Identifier	EMS Run #							
		NOT TRANSPORTED		Livio Agency Identifier	EWO Kuii #							
		Hospital		Date of Death	Time of Death							
		riospitai		Date of Death	Time of Death							
		Distroctor	d By Source									
		Distracted By NOT AP	PPI ICARI F (NOT DISTRA	(CTED)								
			T LIOADLE (NOT DIOTRA	.0120)								
		Distracted By Action NOT DISTRACTED										
			1-4-4 II- 2									
		Non Motorist Striking U	Init # Location									
		Prior Action										

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

LINO	INDIVIDUAL	Action Action Other								To/From School
	L	Susp Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	pe			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug T	est Results			
0	00	Drug Type								
		Individual Condition APPEARED NORMAL								
	Uni	t Summary								
	Unit	Status RANSIT			Vehicle Operating As Class D CLASS		Unit Type AUTOMO	BILE		
02		hicle Type					Operating A	s Endorsem	nents	
	Tota	l Occs	Train/Bus # Re		Total # Citations Issued Total Trail Total Trail			lers Total HazMat Types		Mat Types
_	Insu	rance?	Direction Of Tra		Pre CrashTire Speed Lim Mark N/A			nit	Total Lane	s
UNIT	МО	t Harmful Event: Collision Wi			Special Function NO SPECIAL FUNCTION			NOT APP	LICABLE	
	PAR	ic Way RKING LOT OR PRIVATI	E PROPERTY		Traffic Control NO CONTROL			Traffic Cont		ve/Missing
		ace Type ACKTOP (BITUMINOUS))		Road Curvature STRAIGHT			Road Grade)	
	Truc NO	k Bus or HazMat		<u> </u>						
	'	Vehicle License Plate Number			Plate Type	ı	St	Country of Is	suance	
		625PLC			AUT - AUTOMOBILE		WI	UNITED ST		
02	05	Vehicle Identification Numb JHMCM56603C055673			Make HONDA		Year 2003	Model ACCORD I	≣X	
		Color BLK - BLACK			Body Style 4D - 4DR			Bus Use NOT A BUS		
⊨	CLE	Initial Contact Point 7LEFT REAR CORNE	≣R		Vehicle Damage					
UNIT	VEHICL	Extent Of Damage MINOR DAMAGE			7LEFT REAR CORN	ER				
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					
		What Driver Was Doing BACKING			Vehicle Factors NOT APPLICABLE					
		Driver Prior Action Other			NOT ALL LIVABLE					

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Crash Date 10/01/2019

		Driver Actions											
	Щ	NO CONTRIBUTING	3 ACTION										
╘	VEHICL												
LIND	Ĭ												
ا ر	Ē												
	>												
		Owner Name			Owner Address								
		BRENDA L FREEMA	ΛN		124 1/2 3RD ST UNIT	1							
05	02	(608) 393-9848			BARABOO, WI 53913								
0	0	(000) 000 0040			BARABOO, WI 665 IG	, , , ,							
	(Sequence Of Events											
		Event											
	5	MOTOR VEH IN TR	ANSPORT										
	٠.	Event											
	02												
		Event											
	03	Eveni											
		_											
	9	Event											
	J												
_	ı	Policy Holder											
LIND		Insurance Company			Individual								
\supset		ESURANCE-INSUR	ANCE-COMPAN	NY.	BRENDA FREEMAN								
		Individual											
					L Citatiana Innual								
		Driver SEBASTIAN JAMES FREEMAN (608) 563-9937			Citations Issued		Sex						
	ᆜ						MALE						
	5				Date of Birth		Race						
╘╽	₫						WHITE						
EN	INDIVIDUAL	Address 124 1/2 3RD ST # 1 BARABOO, WI 53913 , US			Driver License Number								
7	무				CTATE: WICCONCIN C	OUNTRY, UNI	TED STATES						
	=				STATE: WISCONSIN COUNTRY: UNITED STATES								
			On Duty Crash		Safety Equipment								
	Sat	fety Equipment											
		Seat Position			SHOULDER & LAP BE	LT							
		1FRONT SEAT-LE	FT SIDE (DRIVE	ER/MOTORCY									
		Helmet Use			Helmet Compliance								
					Tromier Compilarios								
		Eye Protection			Tint Compliance								
		Lyc i lotoction			Till Compliance								
	Ω.	П	njury Severity		Airbag								
07	002	Injury	NO APPARENT	IN ILIDY	NON DEPLOYED								
		Ejected	Ejection P		NON DEFECTED	ı	Trapped/Extricated						
					LICABLE								
		NOT EJECTED	NOTESE	CTED/NOT APP			NOT TRAPPED						
		Medical Transport			EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTE	:D										
		Hospital			Date of Death		Time of Death						
		Diatropted By	Distracted By Source	e									
		Distracted By											
		Distracted By Action											
		UNKNOWN											
			Striking Unit #	Location									
		Non Motorist	=										
		Prior Action											
		<u> </u>											

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Crash Date 10/01/2019

		Action					
	INDIVIDUAL						
 	Ď						
L	9						
⊃	\leq						
	Ħ						
	_						
İ		Action Other					To/From School
ŀ		Suspect	ed Alcohol Use	Suspected Drug Use			1
	L	Drug & Alcohol NO		NO			
ŀ		Alcohol Test Given	Alcohol Test Type	e.		Alcohol Test Results	
		TEST NOT GIVEN	7.1.001.01.1.001.1.7.	•		7.1100.1101.1100.1100.110	
ŀ		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	Diag root type		Drug Test Nesults	•	
ŀ	01	Drug Type					
05	002	Drug Type					
-	C						
ŀ		Individual Condition					
		mannada condition					
		APPEARED NORMAL					
		Individual					
		Passenger		Citations Issued		Sex	
		RIDHWANI A EBONKS		0		MALE	
	¥			Date of Birth		Race	
_	INDIVIDUAL			Bato of Bitti		BLACK	
L L	=	Address		Driver License Number		<u> </u>	
5	Δ	Address		Briver Election (Variable)			
	Z	, ,					
ŀ		On Duty	Crash	Safety Equipment			
	Sat	E - 4 F 4	IRST-RESPONDER	Salety Equipment			
		Seat Position	INGT-RESPONDER	SHOULDER & LAP	DELT		
		3FRONT SEAT-RIGHT S	IDE (TRAIN ENGINEER	SHOULDER & LAP	DELI		
ļ		Helmet Use	DIDE (TRAIN ENGINEER	Halmat Camalian as			
		Heimet Use		Helmet Compliance			
ļ		Fire Duetostica		77.10.11			
		Eye Protection		Tint Compliance			
			it	A into a re			
02	003	Injury Se	eventy	Airbag			
-	0		PARENT INJURY	NON DEPLOYED		I T WE	
		Ejected	Ejection Path			Trapped/Extricated	
1		NOT EJECTED	NOT EJECTED/NOT APP			NOT TRAPPED	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED					
		Hospital		Date of Death		Time of Death	
		Distracted B. Distracte	ed By Source				
		Distracted By					
ĺ		Distracted By Action					
		Striking	Unit # Location				
		Non Motorist					
		Prior Action	l				
ı							

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		Action						
	INDIVIDUAL							
l⊨	Ξ							
L	5							
_ ا								
	Z							
ļ		A # 0#						I = 15 0
		Action Other						To/From School
l			Suspected Alcohol U	lso.	Suspected Drug Use			
	L	Drug & Alcohol	NO		NO			
ŀ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		7 liconol rest Type			7 HOURST TOST TOSTILS	
		Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN		3 ,,		2.49 . 551 . 1554.15		
	က	Drug Type		1				
05	003							
		Individual Condition						
		APPEARED NORM	AL					
		Individual						
		Passenger			Citations Issued		Sex	
		OKEVE M BAILEY			0		MALE	
	₹				Date of Birth		Race	
 _	겁						BLACK	
LINO	INDIVIDUAL	Address			Driver License Number			
_ ا	9							
	_	, ,						
	Sat	fety Equipment	On Duty Crash		Safety Equipment			
		Seat Position			SHOULDER & LAP E	REI T		
		6SECOND SEAT-	RIGHT SIDE		SHOOLDER & LAI	7 LL1		
ŀ		Helmet Use	NOTTI SIDE		Helmet Compliance			
		110			l iomor compilation			
l		Eye Protection			Tint Compliance			
05	004		njury Severity		Airbag			
0	8	injury ₁	NO APPARENT II	NJURY	NON DEPLOYED			
		Ejected	Ejection Pa				Trapped/Extricated	
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED	
		Medical Transport	_		EMS Agency Identifier		EMS Run #	
ļ		NOT TRANSPORTE	:D		D ((D)		T: (D :	
		Hospital			Date of Death		Time of Death	
ŀ		In	Distracted By Source	<u> </u>				
		Distracted By	Distracted by Course	•				
		Distracted By Action						
		2,7,00,011						
			Striking Unit #	Location				
		Non Motorist						
		Prior Action		•				

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Crash Date 10/01/2019

LINO	INDIVIDUAL	Action					
		Action Other Suspected Alcohol U	lse .	Suspected Drug Use			To/From School
	L	Drug & Alcohol NO		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		
05	004	Drug Type					
		Individual Condition					
		APPEARED NORMAL					