19-14271

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Document #	Agency Crash Number 19-14271		Investigating Officer/Deputy DEPUTY E. KNULL				
	Crash Date 11/17/2019	Crash Time 11:19 AM		Date Arrived 11/17/2019		Time Arrived 11:31 AM				
+>4	Date Notified 11/17/2019	Time Notified 11:19 AM		Total Ur 02	Total Units 02		Total Injured Total Killed 00 00		ł	
U D4	On Emergency	and Run	Lane Closu	ıre	Work Zone	Trailer	or Tov	wed	Reporting Threshold	
	Government Property	Active Sc	hool Zone	School I NO	Bus Related	Tags			•	
	Reportable	Crash Type PRIVATE PR	rash Type RIVATE PROPERTY/PARKING LOT			Amend	Amended Secondary Crash			
	Description						Deser	nstruction	D.:	
<complex-block></complex-block>										
	PARKING LOT CTHBD NB LOT S3214				Latitude 43.52930709	7		Longitud	de 6980255	
	(FIRE S3214)				X Coordinate 275600.875	•		Y Coord 482334	linate	

IN THE TOWN OF DELTON IN SAUK COUNTY

> This report does not include any CJIS data. 1 of 7

Structure Type FIRE

> Crash Date **11/17/2019** Crash Time **11:19 AM**

19-14271

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Crash Scene

	First	Harmful Event		First Harmful Event Location						
	MO	FOR VEH IN TRANSPO	ORT		IN PARKING LANE OR ZONE					
	Man	ner of Collision			Light Cond	Light Condition				
	02	FRONT TO REAR		DAYLIGHT						
	Road	Surface Condition(s)		Roadway	Factor(s)					
	DR۱	,								
	Envi	conment Factor(s)								
	NOM	IE				NONE				
	Wea	ther Condition(s)								
	CLC	OUDY								
	Anim	al Type					o Trafficwa AFFICWA	y Y - PARKIN	G LOT	
		h Classification - Location						Jurisdiction		
		VATE PROPERTY					E PROPE	RTY		
	l riba	I Land				Access Co NO CON				Special Study
	With	n Interchange Area	Junction Location		Intersectio	n Type				
	NO	0	NON-JUNCTION		NOT AN	INTERSE	CTION			
l	Uni	Summary 💻								
		Status		Vehicle Ope	erating As C	lassification		Unit Type		
		RANSIT		D CLASS	D CLASS			AUTOMOBILE		
-	Vehi	cle Type		•			Opera		perating As Endorsements	
0	•	ORT) UTILITY VEHICL								
	Tota	Occs	Train/Bus # Recorded	Total # Citations Issued			Total Trailers		Total HazMat Types	
	2			0			0		0	
	Insur YES	ance?	Direction Of Travel NOT ON ROADWAY		CrashTire Mark	ł	Speed Limit		Total Lane	es
UNIT		Harmful Event: Collision \		Special Function		Emerge		Emergency	Motor Vehi	icle I Ise
Б		FOR VEH IN TRANSPO	NO SPEC		TION		NOT APP			
	Traff	ic Way		Traffic Cont	rol			Traffic Cont	rol Inoperat	tive/Missing
		KING LOT OR PRIVA	TE PROPERTY	NO CONTROL			NO			
		асе Туре		Road Curva				Road Grade	9	
		CKTOP (BITUMINOU	S)	STRAIGH	STRAIGHT LEVEL					
	Truc NO	k Bus or HazMat								
		Vehicle								
		License Plate Number		Plate Type			St	Country of Is	suance	
		686VTA		AUT - AUTOMOBIL		E WI		UNITED STATES		
2	~	Vehicle Identification Nur	Make			Year	Model			
0	6	1FMCU9J91FUC2179 Color	FORD Body Style			2015 ESCAPE				
		Color					E	Bus Use NOT A BUS		
	щ	Initial Contact Point		Vehicle Da	mage					
UNIT	<u>כ</u>	6REAR								
5	VEHICL	Extent Of Damage FUNCTIONAL DAMA	tent Of Damage			6REAR				
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Fa	ctors					
		BACKING								
		Driver Prior Action Other								

19-14271

F	Ľ	Driver Actions UNSAFE BACKING										
UNIT												
		Owner Name		Owner Address								
01	01	JOSHUA K SCHEHR (608) 697-3019		307 DOUGLAS AVE MONTELLO, WI 53949 , US								
		Sequence Of Events Event										
	0											
	02	Event										
	03	Event										
	04	Event										
E	I	Policy Holder		_								
UNIT		Insurance Company PROGRESSIVE-CLASSIC	C-INS-CO	Individual JOSHUA SCHEHR								
	1	Individual										
		Driver		Citations Issued	Sex							
	AL	NICOLE LYNN WATFORI (608) 617-9513		0 Date of Birth	FEMALE Race							
E	INDIVIDUAL			Date of Dirtit	WHITE							
UNIT	DIV	Address 307 DOUGLAS AVE		Driver License Number								
	Z	MONTELLO, WI 53949	US	STATE: WISCONSIN COUNTRY: UNITED STATES								
	•	On Duty	y Crash	Safety Equipment								
	Sai	fety Equipment										
		Seat Position 1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY	SHOULDER & LAP BELT								
		Helmet Use	· ·	Helmet Compliance								
		Eye Protection		Tint Compliance								
2	001		PARENT INJURY	Airbag NON DEPLOYED								
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPL	ICABI F	Trapped/Extricated NOT TRAPPED							
		Medical Transport		EMS Agency Identifier	EMS Run #							
				Data of Death	Time of Death							
		Hospital		Date of Death	Time of Death							
		Distracted By NOT A	ed By Source	CTED)								
		Distracted By Action NOT DISTRACTED										
		Non Motorist	Unit # Location									
		Prior Action										

19-14271

UNIT	INDIVIDUAL	Action							
		Action Other						To/From School	
	L	Drug & Alcohol N	uspected Alcohol L O	lse	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results				
2	001	Drug Type							
		Individual Condition APPEARED NORMAL							
	l	ndividual							
	٩L	Passenger JOSHUA KENNETH SCHEHR (608) 697-3019			Citations Issued		Sex MALE		
ь					Date of Birth		Race WHITE		
UNIT	INDIVIDUAL	Address 307 DOUGLAS AVE MONTELLO, WI 53949 ,US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Saf	ety Equipment	n Duty Crash		Safety Equipment				
		Seat Position 6SECOND SEAT-R	IGHT SIDE		SHOULDER & LAP	BELT			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
2	002	Injury N	jury Severity O APPARENT I	NJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa		Trapped/Extricat				
		Medical Transport			EMS Agency Identifier		EMS Run #		
		Hospital	5		Date of Death		Time of Death		
		Distracted By	istracted By Source	9	1		I		
		Distracted By Action							
		Non Motorist	triking Unit #	Location					
		Prior Action		•					

19-14271

		Action								
	JAL									
UNIT	INDIVIDUAL									
2	INDI									
		Action Other							To/From School	
			pected Alcohol U	se	Suspected Drug Use					
	4	Drug & Alcohol NO		Alcohol Test Type	NO		Alcohol Test Results			
		TEST NOT GIVEN						i ricouito		
		Drug Test Given Drug Test Ty TEST NOT GIVEN		Drug Test Type		Drug Test Result	S			
01	002	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Uni	t Summary								
	Unit	Status			ehicle Operating As Classi	Unit Type				
~		RANSIT cle Type		D	CLASS	AUTOMO Operating A	BILE s Endorsem	ents		
02	-	SSENGER CAR								
	Tota 1	al Occs Train/Bus # Recorded		corded To	Total # Citations Issued		lers	Total HazMat Types 0		
_		rance?	Direction Of Travel		Pre CrashTire Mark	0 Speed Lir	imit Total Lanes			
UNIT	Most	t Harmful Event: Collision With TOR VEH IN TRANSPORT		Sp	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
	Traff	ic Way			affic Control	Traffic Control Inoperative/Missing				
		KING LOT OR PRIVATI	E PROPERTY		O CONTROL	NO Road Grade				
		ACKTOP (BITUMINOUS))		TRAIGHT	LEVEL				
	Truc NO	k Bus or HazMat		.						
		Vehicle								
		License Plate Number AGW8061			Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES			
02	02	Vehicle Identification Numb 1HGCM56384A104141			lake IONDA	Year 2004	Model			
	Ū	Color		B	Body Style	2004	ACCORD LX Bus Use NOT A BUS			
1	щ	BRZ - BRONZE			D - 4DR /ehicle Damage		NOTABO	0		
UNIT	VEHICL	12FRONT Extent Of Damage		1	2FRONT					
	ΛEI	FUNCTIONAL DAMAG	E							
		Towed Due To Damage NOT TOWED			/ehicle Removed By DPERATOR					
		What Driver Was Doing GOING STRAIGHT			ehicle Factors					
		Driver Prior Action Other		N	IOT APPLICABLE					

19-14271

	Driver Actions NO CONTRIBUTING ACTION												
Ę	VEHICLE			011									
UNIT	/EHI												
	-												
~	~	Owner Name XIAO JIE PAN			Owner Address 703 ELLIE RAE DR								
02	02	(608) 327-9949				LODI, WI 53555 , US							
	ç	Sequence Of Events											
	01	Event MOTOR VEH IN TRAI		ORT									
	02	Event											
		Event											
	03	Event											
	04	Lven											
Ē	ł	Policy Holder				1							
UNIT		Insurance Company AMERICAN-FAMILY-	INS-0	0		Individual XIAO PAN							
	I	Individual											
		Driver XIAO JIE PAN (608) 327-9949				Citations Issued 0		Sex MALE					
	INDIVIDUAL					Date of Birth		Race ASIAN					
	IVIC	Address 703 ELLIE RAE DR LODI, WI 53555 , US			Driver License Number								
-	IN				STATE: WISCONSIN COUNTRY: UNITED STATES								
			Duti	Onesh		Ocfete Environment							
	Saf	ety Equipment	Duty	Crash		Safety Equipment							
		Seat Position			R/MOTORCY	SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use			Helmet Compliance								
		Eye Protection				Tint Compliance							
	~	Lini		verity		Airbag							
02	003	Injury _{NC}	D AP	PARENT I	NJURY	NON DEPLOYED							
		Ejected NOT EJECTED		Ejection Pa	Ith CTED/NOT APPL	ICABLE		Trapped/Extricated					
		Medical Transport				EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED Hospital			Date of Death		Time of Death						
	Distracted By Source												
		Distracted By NO	DT AI	PPLICABL	E (NOT DISTRA	CTED)							
		Distracted By Action NOT DISTRACTED											
		Non Motorist	iking I	Unit #	Location								
		Prior Action			I								

19-14271

UNIT	INDIVIDUAL	Action					
	I	Action Other Suspected Alcohol U Drug & Alcohol NO	se	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	L		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	003	Drug Type					
		Individual Condition APPEARED NORMAL					