

6TL09KMM0W

19-14669

# 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>19-14669</b>	Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>11/27/2019</b>		Crash Time <b>01:20 PM</b>	Date Arrived <b>11/27/2019</b>	Time Arrived <b>01:51 PM</b>	
Date Notified <b>11/27/2019</b>		Time Notified <b>01:37 PM</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 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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram		Reconstruction By
<p style="text-align: center;">MAIN ST/CTH B</p> <p style="text-align: center;">not drawn to scale</p>		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 1 WAS E/B ON MAIN ST AND UNIT 2 WAS BACKING OUT OF A PARKING SPOT. UNIT 2 DRIVER STATES HE WAS BACKING OUT OF HIS PARKING STALL WHEN UNIT 1 CAME DOWN THE ROAD AND TRIED TO SQUEEZE INTO THE STALL NEXT TO HIM AT THE SAME TIME. HE STATED UNIT 1 WASN'T THERE WHEN HE BEGAN TO BACK OUT. UNIT 2 ENDED UP RUNNING INTO THE SIDE OF UNIT 1 SINCE UNIT 1 PULLED NEXT TO HIM WHILE HE WAS BACKING. UNIT 1 DRIVER CLAIMS UNIT 2 BACKED INTO HIM AS HE WAS TRYING TO PARK.

## Location

ON CTHB WB 133 FT E OF LIEGEL AVE IN THE VILLAGE OF PLAIN IN SAUK COUNTY	Latitude <b>43.27884412</b>	Longitude <b>-90.044735234</b>
	X Coordinate <b>252946.6875</b>	Y Coordinate <b>4796283</b>
	Structure Type <b>NO STRUCTURE</b>	

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Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>
Manner of Collision <b>07--REAR TO SIDE</b>		Light Condition <b>DAYLIGHT</b>
Road Surface Condition(s) <b>DRY</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>TRAFFICWAY - ON ROAD</b>
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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

01       UNIT	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>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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	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>TWO-WAY, NOT DIVIDED</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

01      UNIT	01      VEHICLE	License Plate Number <b>GG3875</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FTZF1825XNA43277</b>	Make <b>FORD</b>	Year <b>1999</b>	Model <b>NO DATA FO</b>	
		Color <b>RED - RED</b>	Body Style <b>TK - TRUCK</b>		Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>9--LEFT SIDE MIDDLE</b>	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>9--LEFT SIDE MIDDLE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>			
		What Driver Was Doing <b>PARK MANEUVER</b>	Vehicle Factors			
		Driver Prior Action Other	<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
		Owner Name <b>HENRY RAYMOND FERSTL (608) 546-3575</b>	Owner Address <b>1520 WILDWOOD DR PLAIN, WI 53577 , US</b>		
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
<b>Policy Holder</b>					
UNIT	Insurance Company <b>SHEBOYGAN-FALLS-INSURANCE-CO</b>		Individual <b>HENRY FERSTL</b>		
	<b>Individual</b>				
UNIT	INDIVIDUAL	Driver <b>HENRY RAYMOND FERSTL (608) 546-3575</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>1520 WILDWOOD DR PLAIN, WI 53577 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT	01	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			
Distracted By Action <b>UNKNOWN</b>					
<b>Non Motorist</b>		Striking Unit #	Location		
Prior Action					

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	001	<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>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
		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>TWO-WAY, NOT DIVIDED</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>UPHILL</b>	
		Truck Bus or HazMat <b>NO</b>					

UNIT	02	<b>Vehicle</b>				
		License Plate Number <b>644ZWP</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>19XFB2F54EE063197</b>		Make <b>HONDA</b>	Year <b>2014</b>	Model <b>CIVIC LX</b>
		Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>5--RIGHT REAR CORNER</b>		Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>		<b>5--RIGHT REAR CORNER</b>		
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>BACKING</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>MARTIN PAUL SCHMITZ (608) 712-5120</b>	Owner Address <b>1703 BATES ST SAUK CITY, WI 53583 , US</b>
02	02	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>	
		Insurance Company <b>RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</b>	Individual <b>MARTIN SCHMITZ</b>
UNIT	INDIVIDUAL	Driver <b>MARTIN PAUL SCHMITZ (608) 712-5120</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>	Date of Birth
		Address <b>1703 BATES ST SAUK CITY, WI 53583 , US</b>	Race <b>WHITE</b>
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	002	<b>Safety Equipment</b>	On Duty Crash
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Safety Equipment <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
		Hospital	EMS Run #
		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>	
		<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>02</b>	<b>002</b>	<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>			