

6TL096J8ZR  
20-00169

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>20-00169</b>		Investigating Officer/Deputy <b>DEPUTY J. SOLCHENBERGER</b>		
Crash Date <b>01/05/2020</b>		Crash Time <b>12:25 AM</b>		Date Arrived <b>01/05/2020</b>		Time Arrived <b>12:50 AM</b>		
Date Notified <b>01/05/2020</b>		Time Notified <b>12:47 AM</b>		Total Units <b>01</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 type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
<p>not to scale</p>		Photos By	
		Additional Information	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	

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UNIT 1 WAS PULLING INTO THE BACK PARKING LOT WHEN THE VEHICLE STRUCK A BOULDER MOVING IT BACKWARDS. CHANGED ALCOHOL FROM SUSPECTED TO NOT SUSPECTED.

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## Location

ON WEST ST 130 FT S OF WALNUT ST/ STH154 EB (OTHER )  IN THE VILLAGE OF LOGANVILLE IN SAUK COUNTY	Latitude <b>43.440057899</b>	Longitude <b>-90.038032563</b>
	X Coordinate <b>254143.015625</b>	Y Coordinate <b>4814168.5</b>
	Structure Type <b>OTHER</b>	

## Crash Scene

First Harmful Event <b>OTHER FIXED OBJECT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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

<b>UNIT</b>	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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>05</b>	Total Lanes <b>0</b>
	Most Harmful Event: Collision With <b>OTHER FIXED OBJECT</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>SLAG, GRAVEL, OR STONE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>HH2756</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GCHK24K77E510508</b>	Make <b>CHEVROLET</b>	Year <b>2007</b>	Model <b>SILVERADO</b>
		Color	Body Style <b>PK - PICKUP</b>	Bus Use	
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>		

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UNIT VEHICLE	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>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>SAUL MICHAEL HYZER (608) 415-3681</b>		Owner Address <b>E6491 SHORT CUT RD REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>				
UNIT VEHICLE	01	Event <b>OTHER FIXED OBJECT</b>		
	02	Event		
	03	Event		
	04	Event		
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>SAUL MICHAEL HYZER (608) 415-3681</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>E6491 SHORT CUT RD REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>		
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action		
		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>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>		
		<b>Individual</b>		
		Passenger <b>LEEANN MARIE SCHULZ</b> <b>(608) 415-3183</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>E6491 SHORT CUT RD</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		01	002	<b>Safety Equipment</b>
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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>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>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>						
	<b>01</b>	<b>002</b>					