20-02721

# WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Crash Time I 02:56 PM C Time Notified		• •	0,		Investigating Officer/Deputy DEPUTY E. KNULL Time Arrived 03:13 PM			
n	Crash Date 03/12/2020			Date Arrived 03/12/2020						
4X4I	Date Notified 03/12/2020			Total U <b>02</b>	nits		Total Injured Total Killed 00 00		Killed	
6TL0B4X4NB	On Emergency	and Run	Lane Closu	ure	Work Zone		Trailer	or Towed	Reporting Threshold	
<b>2</b>	Government Property	Active Sc	hool Zone	School NO	Bus Related	Т	ags			
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)			Amend	ed	Secondary Crash	
	Description									
	Diagram not to scale							Reconstruct Photos By	сион Бу	
								Additional I NONE	Information	
		jefferson s	t I							
	driveway 1241 iefferson									
						iveway to				
			I							
	, a sworn law enforceme	nt officer, agre	e that I have no	ot addec	d any CJIS data i	in this re	port.			
	UNIT 1 WAS BACKING OUT OF DR CRASHED INTO EACH OTHER. UN	IVEWAY OF 1240	JEFFERSON ST AN	ND DIDNT	SEE UNIT 2 WHOM	I WAS BAC	KING OUT (			
	DAMAGE AND WERE REMOVED B									

PUBLIC PROPERTY

Within Interchange Area

Unit Summary

PASSENGER CAR

Most Harmful Event: Collision With

MOTOR VEH IN TRANSPORT

TWO-WAY, NOT DIVIDED

**BLACKTOP (BITUMINOUS)** 

License Plate Number

**BRO - BROWN** 

Initial Contact Point

Extent Of Damage FUNCTIONAL DAMAGE

Vehicle Identification Number

**05 - RIGHT REAR CORNER** 

1GNDV231X8D130642

Junction Location

NON-JUNCTION

Train/Bus # Recorded

Direction Of Travel

WESTBOUND

Tribal Land

Unit Status

IN TRANSIT

Vehicle Type

Total Occs

Insurance?

Traffic Way

Surface Type

Truck Bus or HazMat

Vehicle

940ZLU

Color

2

YES

NO

ш

NO

5

UNIT

2 2

VEHICL

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

Special Study

Location						
ON JEFFERSON ST	Latitude	Longitude				
119 FT N	43.476895126	-89.728363134				
OF 10TH ST IN THE CITY OF BARABOO	X Coordinate	Y Coordinate				
IN THE CITTOF BARABOO	279338.65625	4817392				
	Structure Type					
	NO STRUCTURE					
Crash Scene						
First Harmful Event	First Harmful Event Location	I				
MOTOR VEH IN TRANSPORT	ON ROADWAY					
Manner of Collision	Light Condition					
04 - REAR TO REAR	DAYLIGHT					
Road Surface Condition(s)	Roadway Factor(s)					
DRY						
Environment Factor(s)						
NONE	NONE	NONE				
Weather Condition(s)						
CLEAR						
Animal Type	Relation To Trafficway					
	TRAFFICWAY - ON ROA	AD				
Crash Classification - Location	Crash Classification - Jurisdi	ction				

NO SPECIAL JURISDICTION

**Total Trailers** 

Speed Limit

0

25

St

wı

Year

2008

Unit Type

NO

Model

Bus Use

Road Grade

Country of Issuance

UNITED STATES

**UPLANDER L** 

LEVEL

AUTOMOBILE

**Operating As Endorsements** 

0

2

NOT APPLICABLE

Emergency Motor Vehicle Use

Traffic Control Inoperative/Missing

Total HazMat Types

Total Lanes

Access Control

NOT AN INTERSECTION

Intersection Type

Vehicle Operating As Classification

D CLASS

0

Total # Citations Issued

Special Function

Traffic Control

NO CONTROL

Road Curvature

STRAIGHT

Plate Type

Body Style

VN - VAN Vehicle Damage

CHEVROLET

Make

**AUT - AUTOMOBILE** 

Pre CrashTire

Mark

NO SPECIAL FUNCTION

**NO CONTROL** 

**05 - RIGHT REAR CORNER** 

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Vel	nicle Removed By				
		NOT TOWED		OF	ERATOR				
		What Driver Was Doing		Vel	nicle Factors				
		BACKING							
		Driver Prior Action Other		NC	T APPLICABLE				
		Driver Actions							
	щ	UNSAFE BACKING							
Ē									
UNIT	VEHICLE								
	K								
		Owner Name JETT J TILLACK			Owner Address 1240 JEFFERSON ST				
6	01	(608) 228-9788			BARABOO, WI 53913 , US				
-	•								
		Converse Of Events							
		Sequence Of Events Event							
	01	MOTOR VEH IN TRANSPOR	т						
	2	Event							
	02								
	03	Event							
		Event							
	04								
⊢	l	Policy Holder							
UNIT		Insurance Company			Individual				
		WISCONSIN-MUTUAL-INS-0	0	•	IETT TILLACK				
		Individual							
		Driver		(	Citations Issued	Sex			
	Ļ	DIANA M TILLACK (608) 228-9788				FEMALE			
	INDIVIDUAL	(000) 220-9700			Date of Birth	Race WHITE			
UNIT		Address			Driver License Number				
Б	D	Address 1240 JEFFERSON ST BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Z								
	0	On Duty C	rash	5	Safety Equipment				
	Sai	fety Equipment							
		Row	Seat Position	:	SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection			Tint Compliance				
2	001	Injury Seve Injury NO APPA	-						
	0		ARENT INJURY	I	NON DEPLOYED	Trapped/Extricated			
			OT EJECTED/NOT AP			NOT TRAPPED			
		Medical Transport	OT EJECTED/NOT A		EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED							
	Hospital			[	Date of Death	Time of Death			
		Distracted By Distracted		RAC1					
		Distracted By Action			,				
		NOT DISTRACTED							

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Striking Unit #	Location						
	l	Prior Action								
		Action								
	_									
⊢	INDIVIDUAL									
UNIT										
	DN									
		Action Other						To/From School		
			Suspected Alcohol L	Jse	Suspected Drug Use					
	L	Drug & Alcohol	NO		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
_	1	Drug Type								
6	001	0 71								
		Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger			Citations Issued	Sex				
	Ļ	ELORA AR TILLACK (608) 228-9788			0		FEMALE			
	INDIVIDUAL				Date of Birth		Race WHITE			
UNIT		Address 1240 JEFFERSON ST			Driver License Number					
	IN	BARABOO, WI 53913 , US								
			Dr. Duty Orrat							
	Saf	fety Equipment	On Duty Crash		Safety Equipment					
		Row 02 - SECOND ROW	Seat Po		CHILD RESTRAINT	SYSTEM - REAR	FACING			
		Helmet Use	ROW 07 - LEFT		Helmet Compliance					
		Eye Protection			Tint Compliance					
2	002		njury Severity NO APPARENT I		Airbag NON DEPLOYED					
	Ŭ	Ejected	Ejection Pa		NON DEI LOTED	Trapped/Extricated				
		NOT EJECTED		CTED/NOT APP	LICABLE		NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
	NOT TRANSPORTED Hospital				Date of Death Time of Death					
		ſr	Distracted By Sourc	<u>م</u>						
	Distracted By									
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
	Visconsis Mater Vahiela Crash Date 03/12/2020									

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# WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

Т

		Prior Action										
		Action										
	AL											
E	INDIVIDUAL											
UNIT	Σ											
	Z											
	-											
		Action Other								To/From School		
		Sus	pected Alcohol U	se	Suspected Drug Use							
		Drug & Alcohol No			NO							
		Alcohol Test Given		Alcohol Test Typ	De			Alcohol Tes	t Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug	Fest Results					
		TEST NOT GIVEN		2.ug .co ,po		Diugi						
5	002	Drug Type		ļ		4						
	õ											
		Individual Condition										
		APPEARED NORMAL										
	Unit Summary											
		Status			Vehicle Operating As Class	sification		Unit Type				
		IRANSIT			D CLASS			AUTOMOBILE Operating As Endorsements				
02		ORT) UTILITY VEHICLE										
	-	al Occs Train/Bus # Recorded			Total # Citations Issued Total Trail			ilers Total HazMat Types		Vat Types		
	1				0		0		0			
.	Insu YES	rance?	Direction Of Travel EASTBOUND		Pre CrashTire Mark		Speed Lim 25	it	Total Lane	9S		
UNIT		t Harmful Event: Collision With			Special Function			Emergency	Motor Vehic	cle Use		
		TOR VEH IN TRANSPORT			NO SPECIAL FUNCTIO	ON		NOT APP				
					Traffic Control			Traffic Cont	rol Inoperati	ive/Missing		
		VO-WAY, NOT DIVIDED			NO CONTROL Road Curvature			NO Road Grade	2			
		ACKTOP (BITUMINOUS)			STRAIGHT			LEVEL				
		k Bus or HazMat										
	NO											
	1	Vehicle					<u></u>	0 + ()				
		License Plate Number AFR6990			Plate Type St AUT - AUTOMOBILE WI			Country of Is				
		Vehicle Identification Numb	ber		Make		Year	UNITED STATES Model				
03	02	2GNAXSEV2J6260660 Color			CHEVROLET			EQUINOX				
					Body Style E			Bus Use				
	ш	WHI - WHITE Initial Contact Point			UT - SPORT UTILITY VEHICLE Vehicle Damage							
E	CL	06 - REAR			0							
UNIT	VEHICLE	Extent Of Damage			06 - REAR							
	<pre></pre>	FUNCTIONAL DAMAG	iΕ									
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR							
I		What Driver Was Doing										
		BACKING										

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

				Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
UNIT	VEHICLE	Driver Actions UNSAFE BACKING							
		Owner Name		Ourser Address					
02	02	KAREN KAY BADER (608) 206-3361		N2388 TRAILS END LODI, WI 53555 , US					
	:	Sequence Of Events							
	6	Event MOTOR VEH IN TRANSPO	DRT						
	02	Event							
	03	Event							
	04	Event							
⊢⊢		Policy Holder							
UNIT		Insurance Company							
		STATE-FARM-GENERAL-	INS-CO	KAREN BADER					
		Individual Driver		Citations Issued	Sex				
	_	KAREN KAY BADER		0	FEMALE				
┝	DUA	(608) 206-3361		Date of Birth	Race WHITE				
UNIT	INDIVIDUAL	Address N2388 TRAILS END LODI, WI 53555 , US		Driver License Number STATE: WISCONSIN COUNTRY	: UNITED STATES				
	Sat	On Duty fety Equipment	Crash	Safety Equipment					
		Row	Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
02	003	Injury Se Injury NO APE	-	Airbag					
	0		PARENT INJURY Ejection Path	NON DEPLOYED	Trapped/Extricated				
			NOT EJECTED/NOT AP	PLICABLE	NOT TRAPPED				
		Medical Transport		EMS Agency Identifier	EMS Run #				
		NOT TRANSPORTED Hospital		Date of Death	Time of Death				
			12.0						
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED							
	Non Motorist Striking Unit # Location								

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other			-			To/From School
	L	Drug & Alcohol	Suspected Alcohol Us NO	se	Suspected Drug Use 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	1	
02	003	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					