

6TL0B3P3G6
20-05651

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0B3P3G6

| | | | | | |
|--|---|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 20-05651 | Investigating Officer/Deputy DEPUTY S. PARKHURST | |
| Crash Date 06/13/2020 | | Crash Time 05:35 PM | Date Arrived 06/13/2020 | Time Arrived 05:46 PM | |
| Date Notified 06/13/2020 | | Time Notified 05:36 PM | Total Units 02 | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS BACKING OUT OF DRIVEWAY AND STRUCK UNIT 2. UNIT 2 WAS LEGALLY PARKED ON THE OPPOSITE SIDE OF THE STREET.

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Location

| | | |
|---|---|-----------------------------------|
| ON 108 W PLEASANT ST 398 FT W OF CTHI SB (HOUSE/BUILDING 108) IN THE VILLAGE OF NORTH FREEDOM IN SAUK COUNTY | Latitude 43.46335183 | Longitude -89.868256655 |
| | X Coordinate 267972.1875 | Y Coordinate 4816268 |
| | Structure Type HOUSE/BUILDING | |

Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision OTHER | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLEAR | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |

Unit Summary

| | | | | | | |
|--------------------|---|--|---|----------------------------|--|--|
| UNIT 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | Operating As Endorsements | |
| | Total Occs 3 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 05 | Total Lanes 2 | |
| | Most Harmful Event: Collision With PARKED MOTOR VEHICLE | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|--------------------------------------|---|--|---|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | | |
| | License Plate Number 986MLR | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 3LNHM261X6R661476 | | Make LINCOLN | Year 2006 | Model ZEPHYR |
| | Color GRN - GREEN | | Body Style 4D - 4DR | | Bus Use |
| | Initial Contact Point 07 - LEFT REAR CORNER | | Vehicle Damage 00 - NO DAMAGE | | |
| Extent Of Damage NO DAMAGE | | | | | |

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| | | | | |
|---|---|--|--|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing BACKING | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions UNSAFE BACKING | | | |
| 01 | 01 | Owner Name REBEKA LYNN SPENCER (608) 963-0477 | | Owner Address 108 PLEASANT ST NORTH FREEDOM, WI 53951 , US |
| Sequence Of Events | | | | |
| | 01 | Event PARKED MOTOR VEHICLE | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company GEICO-ADVANTAGE-INSURANCE-CO | | Individual REBEKA SPENCER | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver REBEKA LYNN SPENCER | | Citations Issued 0 | Sex FEMALE |
| | Address 108 PLEASANT ST NORTH FREEDOM, WI 53951 , US | | Date of Birth Race | |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| UNIT 001 | Safety Equipment | | On Duty Crash | |
| | Safety Equipment SHOULDER & LAP BELT | | | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # |
| Hospital | | Date of Death | | Time of Death |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | | | |
|---|------------------------------------|---|----------|--|--|----------------------|------------------|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | | Action Other | | | | To/From School | |
| 01 | 001 | Drug & Alcohol | | Suspected Alcohol Use NO | 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 | | |
| | | Drug Type | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |
| | | Individual | | | | | |
| | | Passenger TAYLOR JAMES SPENCER (608) 434-2498 | | | Citations Issued 0 | Sex MALE | |
| | | Address 1407 WINNEBAGO CIRCLE #1 BARABOO, WI 53913 , US | | | Date of Birth | Race WHITE | |
| | | Driver License Number | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | 01 | 002 | Safety Equipment | | On Duty Crash | Safety Equipment |
| Row 01 - FRONT ROW | Seat Position 09 - RIGHT | | | SHOULDER & LAP BELT | | | |
| Helmet Use | | | | Helmet Compliance | | | |
| Eye Protection | | | | Tint Compliance | | | |
| Injury | | | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | | |
| Ejected NOT EJECTED | | | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | | |
| Medical Transport NOT TRANSPORTED | | | | EMS Agency Identifier | EMS Run # | | |
| Hospital | | | | Date of Death | Time of Death | | |
| Distracted By | | Distracted By Source | | | | | |
| Distracted By Action | | | | | | | |
| Non Motorist | | Striking Unit # | Location | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|-------------------------------|------------------------------------|--|------------------------------------|---|--|--|---------------|
| UNIT | INDIVIDUAL | Prior Action | | | | | |
| | | Action | | | | | |
| | | Action Other | | To/From School | | | |
| 01 | 002 | Drug & Alcohol | Suspected Alcohol Use NO | 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 | | | |
| | | Drug Type | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |
| | | Individual | | | | | |
| | | Passenger GEMMA M SPENCER | Citations Issued 0 | Sex FEMALE | | | |
| | | | Date of Birth | Race WHITE | | | |
| | | Address 108 W PLEASANT ST NORTH FREEDOM, WI 53951 , US | Driver License Number | | | | |
| | | UNIT | INDIVIDUAL | Safety Equipment | On Duty Crash | Safety Equipment | |
| Row 02 - SECOND ROW | Seat Position 09 - RIGHT | | | CHILD RESTRAINT SYSTEM - REAR FACING | | | |
| Helmet Use | | | | Helmet Compliance | | | |
| Eye Protection | | | | Tint Compliance | | | |
| 01 | 003 | | | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| | | | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| | | | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # |
| | | | | Hospital | | Date of Death | Time of Death |
| | | | | Distracted By | Distracted By Source | | |
| | | | | Distracted By Action | | | |
| | | Non Motorist | Striking Unit # | Location | | | |
| | | Prior Action | | | | | |

WISCONSIN MOTOR VEHICLE
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| | | | | | | |
|------|------------|--|------------------------------------|---------------------------------|--|--|
| UNIT | INDIVIDUAL | Action | | | | |
| | | Action Other | | To/From School | | |
| | | Drug & Alcohol | Suspected Alcohol Use NO | 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 | | |
| | | Drug Type | | | | |
| | | Individual Condition APPEARED NORMAL | | | | |
| | | 01 | 003 | | | |
| | | | | | | |

Unit Summary

| | | | | | | |
|------|----|---|---|--|--|--------------------------------|
| UNIT | 02 | Unit Status LEGALLY PARKED | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | Operating As Endorsements | | | |
| | | Total Occs 0 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit | Total Lanes 2 |
| | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | Traffic Control Inoperative/Missing NO | |
| | | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | Road Grade LEVEL | |
| | | Truck Bus or HazMat NO | | | | |

| | | | | | |
|------|---------|---|---|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number 815DKJ | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1C4RJFBG5CC254355 | Make JEEP | Year 2012 | Model GRAND CHER |
| | | Color RED - RED | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | Initial Contact Point 11 - LEFT FRONT CORNER | Vehicle Damage | | |
| | | Extent Of Damage MINOR DAMAGE | 11 - LEFT FRONT CORNER | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OWNER | | |
| | | What Driver Was Doing LEGALLY PARKED | | | |

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|---------------------------|---------|---|--|
| UNIT | VEHICLE | Vehicle Factors | |
| | | Driver Prior Action Other | NOT APPLICABLE |
| | | Driver Actions NO CONTRIBUTING ACTION | |
| 02 | 02 | Owner Name RHONDA L LEATHERBERRY (608) 393-4260 | Owner Address 426 W LOCUST ST BARABOO, WI 53913 , US |
| Sequence Of Events | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | |
| | 02 | Event | |
| | 03 | Event | |
| | 04 | Event | |
| Policy Holder | | | |
| | | Insurance Company CINCINNATI-CASUALTY-CO,-THE | Individual RHONDA LEATHERBERRY |