

6TL0D1PTJX
20-07648

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 20-07648	Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 08/03/2020		Crash Time 02:40 PM	Date Arrived 08/03/2020	Time Arrived 02:55 PM	
Date Notified 08/03/2020		Time Notified 02:48 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 type="checkbox"/> Reportable	Crash Type PRIVATE PROPERTY/PARKING LOT			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By DEP. S. MESSNER
	Additional Information PHOTOS

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

ON MONDAY 8/3/2020, I WAS DISPATCHED TO AN ACCIDENT ON PRIVATE PROPERTY PARKING LOT AT S806 CHRISTMAS MOUNTAIN ROAD OF CHRISTMAS MOUNTAIN RESORT, OWNED BY BLUE GREEN. I ARRIVED ON SCENE, IDENTIFYING UNIT 1 BEARING A TN REGISTRATION PLATE CP43771, WHITE VAN OPERATED BY MARY BENSON, AN EMPLOYEE WITH MASTERCORP, INC, A CONTRACTOR FOR BLUE GREEN. UNIT 1 DROVE INTO THE PARKING LOT AND WAS ATTEMPTING TO PARK WHEN THE DRIVER'S SIDE REAR CORNER STRUCK A LEGALLY PARKED VEHICLE, BEARING WI REGISTRATION PLATE #KF8217A GRAY F150. THE OWNER OF THE LEGALLY PARKED VEHICLE WAS STACY LEPPLA WHO WAS ON SCENE. NO ONE WAS INJURED. MINOR DAMAGE OCCURRED TO BOTH VEHICLES.

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Location

PRIVATE PROPERTY S809 CHRISTMAS MOUNTAIN RD (FIRE S809) IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.615475258	Longitude -89.862740002
	X Coordinate 269000.46875	Y Coordinate 4833148.5
	Structure Type FIRE	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN	
Manner of Collision OTHER	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type CARGO VAN (10,000 LBS OR LESS)	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY	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 CP43771	Plate Type AUT - AUTOMOBILE	St TN	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FTYR2ZM3KKB64733	Make FORD	Year 2019	Model TRANSITVAN
		Color WHI - WHITE	Body Style VN - VAN	Bus Use	
		Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage		
Extent Of Damage MINOR DAMAGE	07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR				

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing PARK MANEUVER		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions				
01	Owner Name MASTERCORP INC (321) 443-4628		Owner Address PO BOX 4027 CROSSVILLE, TN 38557 , US		
	Sequence Of Events				
01	Event	PARKED MOTOR VEHICLE			
	Event				
	Event				
	Event				
02	Policy Holder				
	Insurance Company TRAVELERS-INDEMNITY-CO-OF-CONNECTICUT		Organization/Company MASTERCORP INC		
	Individual				
	Driver MARY M BENSON		Citations Issued 0	Sex FEMALE	
		Date of Birth	Race WHITE		
Address 729 W PLEASANT ST PORTAGE, WI 53901 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	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			
001	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					

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UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	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				

Unit Summary

UNIT 02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		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 02	Vehicle					
	License Plate Number KF8217		Plate Type LTK - LIGHT TRUCK		St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTFW1ET3EFC87999		Make FORD		Year 2014	Model F150
	Color		Body Style PK - PICKUP		Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER			
	Extent Of Damage MINOR DAMAGE					
Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER				

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UNIT	VEHICLE	What Driver Was Doing LEGALLY PARKED	Vehicle Factors
		Driver Prior Action Other	NOT APPLICABLE
		Driver Actions NO CONTRIBUTING ACTION	
		Owner Name STACY L LEPPLA (920) 419-5858	Owner Address N7050 KLINER RD SHIOCTON, WI 54170 , US
Sequence Of Events			
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
		04	Event
Policy Holder			
		Insurance Company GERMANTOWN-MUTUAL-INS-CO	Individual STACY LEPPLA