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20-06552

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 20-06552, Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI, Crash Date 07/05/2020, Crash Time 06:27 PM, Date Arrived 07/05/2020, Time Arrived 06:40 PM, Date Notified 07/05/2020, Time Notified 06:27 PM, Total Units 02, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type PRIVATE PROPERTY/PARKING LOT, Amended, Secondary Crash

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

UNIT 1 BEGAN BACKING OUT OF IT'S PARKING SPOT AND STRUCK UNIT 2 AS UNIT 2 SAT STATIONARY IN LINE IN THE DRIVE THROUGH FOR CULVER'S RESTAURANT IN BARABOO.

Location: PARKING LOT LINN ST/ STH33 LOT 420 (HOUSE/BUILDING 420), IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY, Latitude 43.47615588, Longitude -89.765644685, X Coordinate 276320.59375, Y Coordinate 4817409, 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, Crash Classification - Location PRIVATE PROPERTY, Crash Classification - Jurisdiction PRIVATE PROPERTY, Tribal Land, Access Control NO CONTROL, Special Study

Unit Summary: Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type TRUCK, Vehicle Type UTILITY TRUCK/PICKUP TRUCK, 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, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With PARKED MOTOR VEHICLE, Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way UNKNOWN, Traffic Control, Traffic Control Inoperative/Missing

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Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature	Road Grade <b>LEVEL</b>
Truck Bus or HazMat <b>NO</b>			
<b>Vehicle</b>			
01 UNIT VEHICLE	License Plate Number <b>RY8104</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Year <b>2015</b>	Model <b>SILVERADO</b>
	Vehicle Identification Number <b>1GCVKREC7FZ338300</b>	Make <b>CHEVROLET</b>	Bus Use
	Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage <b>00 - NO DAMAGE, 07 - LEFT REAR CORNER</b>	
	Extent Of Damage <b>MINOR DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By	
What Driver Was Doing <b>BACKING</b>	Vehicle Factors		
Driver Prior Action Other			
Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
Owner Name <b>SAMANTHA LEE CARDARELLE (262) 483-6916</b>	Owner Address <b>2215 HILLCREST RD SAUKVILLE, WI 53080 , US</b>		
<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event		
03	Event		
04	Event		
<b>Policy Holder</b>			
Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>SAMANTHA CARDARELLE</b>	
<b>Individual</b>			
01 UNIT INDIVIDUAL	Driver <b>SAMANTHA LEE CARDARELLE (262) 483-6916</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>2215 HILLCREST RD SAUKVILLE, WI 53080 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		

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01	001	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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
		Distracted By Action <b>NOT DISTRACTED</b>					
		<b>Non Motorist</b>		Striking Unit #		Location	
		Prior Action					
UNIT	INDIVIDUAL	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>APPEARED NORMAL</b>					

**Unit Summary**

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>4</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>	
	Insurance? <b>YES</b>		Direction Of Travel		Total Trailers <b>0</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Total HazMat Types <b>0</b>	
	Traffic Way		Traffic Control <b>NO CONTROL</b>		Speed Limit	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature		Total Lanes	
UNIT	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>				Traffic Control Inoperative/Missing <b>NO</b>	
	Road Grade <b>LEVEL</b>					

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Truck Bus or HazMat <b>NO</b>				
<b>Vehicle</b>				
02 UNIT VEHICLE	License Plate Number <b>ACP7447</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2G1WU583681248045</b>	Make <b>CHEVROLET</b>	Year <b>2008</b>	Model <b>IMPALA</b>
	Color <b>BLU - BLUE</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12 - FRONT</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By		
	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
02 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>CRYSTAL A OTTO (608) 323-0081</b>	Owner Address <b>903 MOORE ST # 151 BARABOO, WI 53913 , US</b>		
<b>Sequence Of Events</b>				
01 02 03 04 UNIT	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
<b>Policy Holder</b>				
Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>MATTHEW OTTO</b>		
<b>Individual</b>				
01 02 03 04 UNIT INDIVIDUAL	Driver <b>MATTHEW RANDALL OTTO (608) 963-2711</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>903 MOORE ST # 151 BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>				
On Duty Crash		Safety Equipment		
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>		
Helmet Use		Helmet Compliance		

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02	002	Eye Protection		Tint Compliance				
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>UNKNOWN</b>			
			Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</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					
		UNIT	INDIVIDUAL	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>APPEARED NORMAL</b>								
UNIT	INDIVIDUAL			<b>Individual</b>				
				Passenger <b>CRYSTAL ANN OTTO (608) 323-0081</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>
				Address <b>903 MOORE ST # 151 BARABOO, WI 53913 , US</b>		Date of Birth		Race <b>HISPANIC</b>
				Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
02	002	<b>Safety Equipment</b>	On Duty Crash		Safety Equipment			
			Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				

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02	003	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</b>		
		Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>	Trapped/Extricated <b>UNKNOWN</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					
		Action					
		02	003	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>APPEARED NORMAL</b>							
<b>Individual</b>							
Passenger <b>CRYSTAL A OTT (608) 323-0081</b>				Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
Date of Birth				Race <b>WHITE</b>			
Address <b>903 MOORE ST LOT 151 BARABOO, WI 53913 , US</b>				Driver License Number			
02	004	<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment <b>BOOSTER SEAT</b>					
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
02	004	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</b>		

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Form with multiple sections: Ejected/UNKNOWN, Ejection Path/UNKNOWN, Trapped/Extricated/UNKNOWN, Medical Transport/NOT TRANSPORTED, EMS Agency Identifier, EMS Run #, Hospital, Date of Death, Time of Death, Distracted By, Non Motorist, Striking Unit #, Location, Prior Action, Action, Action Other, To/From School, Drug & Alcohol, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Alcohol Test Type, Alcohol Test Results, Drug Test Given, Drug Test Type, Drug Test Results, Drug Type, Individual Condition, Individual, Passenger NEVAEH M RICHARDSON, Citations Issued 0, Sex FEMALE, Date of Birth, Race WHITE, Address W3546 PARDEEVILLE RD, Driver License Number, Safety Equipment, On Duty Crash, Row 02 - SECOND ROW, Seat Position 09 - RIGHT, SHOULDER & LAP BELT, Helmet Use, Helmet Compliance, Eye Protection, Tint Compliance, Injury, Injury Severity NO APPARENT INJURY, Airbag UNKNOWN, Ejected/UNKNOWN, Ejection Path/UNKNOWN, Trapped/Extricated/UNKNOWN.

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UNIT           02  005	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				
	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>APPEARED NORMAL</b>					