## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/05/2020

Crash Time 06:27 PM

	Document Number Override	Document #	# Agency Crash Number 20-06552				Investigating Officer/Deputy  DEPUTY D. KROLIKOWSKI							
<b>F</b> 6	Crash Date <b>07/05/2020</b>	Crash Time 06:27 PM				Date Arrived <b>07/05/2020</b>		Time Arrived 06:40 PM						
GSFI	Date Notified <b>07/05/2020</b>	Time Notified 06:27 PM		Total Units <b>02</b>		Total 00	,		otal Killed					
.0B(	On Emergency	lit and Run	Lane Clos	Closure Wo		k Zone		Trailer or T	owed	Reporting Threshold				
6TL0B	Government Property	Active Sc	chool Zone	School I	Bus Relate	ed	Tags							
	Reportable	OPERTY/PARK	-		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					Latitude			Longitud					
	LINN ST/ STH33 LOT 420 (HOUSE/BUILDING 420)					43.47615				644685				
	IN THE VILLAGE OF WEST	BARABOO				X Coordina 276320.5	9375		Y Coord 481740					
	IN SAUK COUNTY					Structure T	ype BUILDING							
(	Crash Scene													
1	First Harmful Event	First Harmful Event Location												
	MOTOR VEH IN TRANSPOI	ON ROADWAY												
	Manner of Collision						Light Condition							
	OTHER						DAYLIGHT Roadway Factor(s)							
	Road Surface Condition(s)		Roadway Factor(s)											
	DRY													
	Environment Factor(s)	NONE												
	NONE													
	Weather Condition(s)													
	CLEAR													
	Animal Type					Relation To Trafficway								
	Crash Classification - Location					Crash Classification - Jurisdiction								
	PRIVATE PROPERTY Tribal Land					Access Co	PROPER	TY		Consider Ottober				
	Tibai Lanu					NO CON				Special Study				
	Unit Summary									1				
	Unit Status		Veh	nicle Opera	ating As Cl	assification		Unit Type						
	IN TRANSIT D CLASS							TRUCK						
01	Vehicle Type UTILITY TRUCK/PICKUP TRUCK							Operating .	As Endorser	nents				
	Total Occs	Train/Bus # Recor	rded Tota	al # Citatio	ns Issued		Total Traile	ers	Total Haz	Mat Types				
	1		0				0		0					
_	Insurance? YES	Direction Of Trave			rashTire Iark		Speed Lim	it	Total Lane	es				
UNIT	Most Harmful Event: Collision Wi		Spe	Special Function				Emergency Motor Vehicle Use						
ر	PARKED MOTOR VEHICLE			SPECIA		TION			PLICABLE					
	Traffic Way		Tra	ffic Contro	I			Traffic Con	trol Inoperat	tive/Missing				
	UNKNUWN		UNKNOWN											

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

				Road Curvature			Road Grade			
		ACKTOP (BITUMINOUS)					LEVEL			
	Truck Bus or HazMat  NO									
	7	Vehicle								
		License Plate Number		Plate Type		St	Country of Issuance			
		RY8104		LTK - LIGHT 1	TRUCK	WI	UNITED STATES			
_		Vehicle Identification Number		Make		Year	Model			
5	01	1GCVKREC7FZ338300		CHEVROLET		2015	SILVERADO			
		Color		Body Style			Bus Use			
		GRY - GRAY		PK - PICKUP						
	Ш	Initial Contact Point		Vehicle Damage						
LIND	<u> </u>	07 - LEFT REAR CORNER								
5	VEHICL	Extent Of Damage		00 - NO DAMA	AGE, 07 - LEFT	REAR C	ORNER			
	<b>&gt;</b>	MINOR DAMAGE								
		Towed Due To Damage		Vehicle Remove	d By					
		NOT TOWED								
		What Driver Was Doing  BACKING		Vehicle Factors						
		Driver Prior Action Other								
		Driver Phor Action Other								
		Driver Actions								
	ш	LOOKED BUT DID NOT SEE	1							
╘	VEHICL									
LNO	Ĭ									
_	ΛE									
		Owner Name	Owner Addr							
_	1	SAMANTHA LEE CARDARE	LLE	2215 HILLCREST RD SAUKVILLE, WI 53080 , US						
6	01	(262) 483-6916		SAUKVILI	_E, WI 53080 ,	05				
		Sequence Of Events								
	01	MOTOR VEH IN TRANSPOR	т							
	02	Event								
		Event								
	03									
	04	Event								
<b>—</b>		Policy Holder								
LNO		Insurance Company		Individual						
ر		GEICO-GENERAL-INS-CO		SAMANTHA CARDARELLE						
		Individual								
		Driver		Citations Issue	ed		Sex			
	_	SAMANTHA LEE CARDARE	LLE	0			FEMALE			
	INDIVIDUAL	(262) 483-6916		Date of Birth			Race			
╘	₫						WHITE			
LIND	<u> </u>	Address		Driver License	Driver License Number					
	Z	2215 HILLCREST RD SAUKVILLE, WI 53080, US		STATE: WIS	STATE: WISCONSIN COUNTRY: UNITED STATES					
		,, ,		The state of the s						
				Cofety Faviament						
		On Duty Cr	ash	Safety Equipment						
	Sat	On Duty Cr.	ash	Safety Equipn	nent					
	Sat	fety Equipment	<u>-</u>		R & LAP BELT					
	Sat	Row  On Duty Cr.  Row  O1 - FRONT ROW	Seat Position 07 - LEFT							

Crash Date 07/05/2020

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Eye Protection Tint Compliance    Tint Compliance   Tint Compliance										
8 Injury NO APPARENT INJURY NON DEPLOYED										
Ejected   Ejection Path   Trapped/Exti										
NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAF  Medical Transport EMS Agency Identifier EMS Run #	YEU									
NOT TRANSPORTED										
Hospital Date of Death Time of Death	th									
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										
Distracted By Action  NOT DISTRACTED										
Non Motorist Striking Unit # Location										
Prior Action										
Action										
NAL (NAL										
INDIVIDUAL										
Action Other	To/From School									
Suspected Drug Use										
Drug & Alcohol No	Desulte									
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type 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 Cummany										
Unit Summary Unit Status  Vehicle Operating As Classification Unit Type										
IN TRANSIT D CLASS AUTOMOB	BILE									
	s Endorsements									
1 AGENGER GAR	T. (III. M. (T.									
	Total HazMat Types  0									
Insurance? Direction Of Travel Pre CrashTire Speed Limit YES Mark	Total Lanes									
	Motor Vehicle Use									
	ol Inoperative/Missing									
NO CONTROL NO										
Surface Type Road Curvature Road Grade BLACKTOP (BITUMINOUS) LEVEL	Road Grade									

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/05/2020

Crash Time 06:27 PM

		k Bus or HazMat								
	NO									
	,	Vehicle								
		License Plate Number ACP7447			te Type T - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
05	05	Vehicle Identification Number 2G1WU583681248045		Mai CH	e EVROLET	Year <b>2008</b>	Model IMPALA			
		Color BLU - BLUE			ly Style - SEDAN		Bus Use			
LINO	VEHICLE	Initial Contact Point  12 - FRONT  Extent Of Damage FUNCTIONAL DAMAGE			Vehicle Damage  12 - FRONT					
		Towed Due To Damage  NOT TOWED		Vel	nicle Removed By					
		What Driver Was Doing  LEGALLY PARKED			nicle Factors					
		Driver Prior Action Other		NO	T APPLICABLE					
LIND	Driver Actions NO CONTRIBUTING ACTION									
02	05	Owner Name CRYSTAL A OTTO (608) 323-0081			Owner Address 903 MOORE ST # 151 BARABOO, WI 53913 , US					
		Sequence Of Events								
	2	MOTOR VEH IN TRANSPOR	RT							
	05	Event								
	03	Event								
	9	Event								
<b>—</b>		Policy Holder								
S		Insurance Company PROGRESSIVE-CASUALTY	-INS-CO		Individual MATTHEW OTTO					
		Individual								
	7	Driver MATTHEW RANDALL OTTO (608) 963-2711	)	C			Sex MALE			
╘	JDQ!				Date of Birth		Race WHITE			
LINO	INDIVIDUAL	Address 903 MOORE ST # 151 BARABOO, WI 53913 , US			Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sa	fety Equipment	rash	5	Safety Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		NONE USED - VEHICL	E OCCUPAI	NT			
		Helmet Use		F	Helmet Compliance					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Eye Protection				Tint Compliance						
	7	Injury Severity			Airbag							
02	005	Injury NO APPARE			JURY	UNKNOWN						
		Ejected	Eje	ection Path	1			Trapped/Extricated				
		UNKNOWN	UI	NKNOWN	N	T		UNKNOWN				
		Medical Transport  NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #				
		Hospital				Date of Death		Time of Death				
	,	Distracted By	Distracted E	By Source								
		Distracted By Action										
		Non Motorist	Striking Uni	t #	Location							
		Prior Action										
		Action										
	٦											
⊨	INDIVIDUAL											
UNIT	<u> </u>											
	ND											
	=											
		Action Other							To/From School			
		Suspected Alcohol Use				Suspected Drug Use						
	L	Drug & Alcohol NO			NO							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results				
		Drug Test Given			Drug Test Type		Drug Test Results					
		TEŠT NOT GIVEN										
02	002	Drug Type										
	0											
		Individual Condition										
		APPEARED NORM	//AL									
		ndividual Passenger				Citations Issued		Sex				
		<b>CRYSTAL ANN OT</b>	то			0		FEMALE				
	INDIVIDUAL	(608) 323-0081				Date of Birth		Race				
Ļ	/IDI							HISPANIC				
		Address 903 MOORE ST #	151			Driver License Number						
	Z	BARABOO, WI 539	913 , US			STATE: WISCONSIN	I COUNTRY: UNI	TED STATES				
	Sat	ety Equipment	On Duty Cra	ash		Safety Equipment						
		Row		Seat Pos	ition	SHOULDER & LAP	BELT					
		01 - FRONT ROW		09 - RIG								
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

05	003	Injury	Injury Sever	ity		Airbag				
			UNKNOWN							
		Ejected		ection Pat				Trapped/Extricated		
		UNKNOWN  Medical Transport	Ur	NKNOW	N	EMS Agency Identifier	UNKNOWN EMS Run #			
		NOT TRANSPORT	FD			LIVIS Agency Identifier		LIVIS IXUII #		
		Hospital				Date of Death		Time of Death		
	ļ	Diatropted D.	Distracted B	By Source		I.				
		Distracted By								
		Distracted By Action								
	ļ		Striking Unit	t #	Location					
		Non Motorist	g							
		Prior Action			I					
		Action								
	AL									
╘	JU									
UNIT	INDIVIDUAL									
	=									
		Action Other							To/From School	
		Suspected Alcohol Use			Cuppested Drug Has					
	L	Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN								
		Drug Test Given			Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN								
02	003	Drug Type								
		Individual Condition								
		APPEARED NORM	//AL							
	I	Individual								
		Passenger CRYSTAL A OTT (608) 323-0081				Citations Issued		Sex		
	AL					O Date of Rirth		Race		
_	INDIVIDUAL					Date of Birth Race WHITE				
UNIT	Ξ	Address				Driver License Number				
ر	ND	903 MOORE ST LO BARABOO, WI 539								
	=	BARABOO, WI 33	313,03							
			On Duty Cra	ash		Safoty Equipment				
	Safety Equipment					Safety Equipment				
	Row Seat Position			BOOSTER SEAT						
		02 - SECOND ROW 07 - LEFT								
		Helmet Use	"			Helmet Compliance				
		Eye Protection				Tint Compliance				
		Lye Flotection				Tint Compliance				
7	4		Injury Sever	ity		Airbag				
02	004	Injury	NO APPA	RENT IN	NJURY	UNKNOWN				

Crash Date **07/05/2020**Crash Time **06:27 PM** 

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		UNKNOWN		UNKNOW				UNKNOWN				
		Medical Transport	l	UNKNOW	IN .	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ΓED			Livio Agency Identifier		LINO ITUII #				
	Hospital					Date of Death		Time of Death				
		Distracted By	Distracte	ed By Source	1							
		Distracted By Action										
		Non Motorist	Striking I	Unit #	Location							
		Prior Action										
		Action										
	بِ											
_	INDIVIDUAL											
LINO	$\equiv$											
ر	₫											
	<b>=</b>											
		Action Other							To/From School			
			Suspecte	ed Alcohol U	se	Suspected Drug Use						
	ı	Drug & Alcohol	NO			NO						
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
05	4	Drug Type										
0	004											
		Individual Condition										
		APPEARED NORM	ИΔΙ									
		7 7	•••									
	ı	Individual										
		Passenger NEVAEH M RICHA	PDSON			Citations Issued		Sex				
	A L	(414) 699-6838	KNDSON	•		O Date of Birth		FEMALE Race				
_	INDIVIDUA					Date of Birth		WHITE				
	≥	Address				Driver License Number						
	Z	W3546 PARDEEVI CAMBRIA, WI 539	ILLE RD 23 . US	<b>)</b>								
	_		,									
	Sat	fety Equipment	On Duty	Crash		Safety Equipment						
	Ou.			Coat Do	oition	SHOULDER & LAP	RFI T					
		Row Seat Position 02 - SECOND ROW 09 - RIGHT				ONOOLDEN & LAI	DELI					
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
٠.	Z.		Injury Se	everity		Airbag						
05	8 Injury No APPAREN				NJURY	UNKNOWN						
		Ejected		Ejection Pat	th	l .		Trapped/Extricated UNKNOWN				
		UNKNOWN UNKNOWN										

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/05/2020

Crash Time 06:27 PM

		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT	TED					
		Hospital			Date of Death Time of Death			
			Distracted By Source	e.				
		Distracted By	Diolitation by Court	o				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action		1				
		Action						
	۲							
⊨	INDIVIDUAL							
UNIT	Ĭ							
	2							
		Action Other						To/From School
		Drug & Alcohol	Suspected Alcohol U	Jse	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	900	Drug Type		1		1		
	0							
		Individual Condition						
		APPEARED NOR	MAL					