20-07778

WISCONSIN MOTOR VEHICLE CRASH REPORT

Crash Date Crash Time Oate Arrived Dire Arrived 080/62/2020 08:15 FM 080/62/2020 Dire Arrived Date Notified Time Arrived 00 Dire Arrived 00 00:15 FM 02/2020 Dire Arrived 00 Date Notified Time Arrived 02/2020 Dire Arrived 00 00 00:15 FM 02/2020 Dire Arrived 00 00 00:00:00:00:00:00:00:00:00:00:00:00:00:		Document Number Override	Primary Crash Docum		Agency Crash Number Investigating Officer/Deputy 20-07778 DEPUTY I. GALVAN						
Image: Crash Type DT4000 (STANDARD CRASH) Amended Secondary Crash Description Image: Crash Crash Image: Crash Crash Crash Diagram Reconstruction By Image: Crash Cras	1V		08:15 PM Time Notified 08:17 PM		08/06/2020 Total Units						
Image: Crash Type DT4000 (STANDARD CRASH) Amended Secondary Crash Description Image: Crash Crash Image: Crash Crash Crash Diagram Reconstruction By Image: Crash Cras	(QZ									d	
Image: Crash Type DT4000 (STANDARD CRASH) Amended Secondary Crash Description Image: Crash Crash Image: Crash Crash Crash Diagram Reconstruction By Image: Crash Cras	(60-	On Emergency						Trailer or Towed		Reporting Threshold	
Reportable DT4000 (STANDARD CRASH) Amended Crash Description	6TL			7				Tags			
Diagram Photos By Additional Information NONE Additional Information NONE parking lot of 750 w pine st		✓ Reportable	RD CRASH)	H) Ameno			nended				
Photos By Additional Information NONE parking lot of 750 w pine st	I										
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			st		dded an		his report.	Ph Ad NC	otos By ditional Infor		

20-07778

WISCONSIN MOTOR VEHICLE

SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT**

07778	Ľ		PURI				BARABOO, WI 53913 (608) 356-4899	
Location								
ON 750 CTHBD NB			Latitude			Longitu	de	
346 FT N			43.4780	33214		Ű	3966176	
OF BERKLEY BLVD			X Coordi	X Coordinate 276058.875			dinate	
(HOUSE/BUILDING	750)		276058				26.5	
IN THE VILLAGE OF	F WEST BARABOO		Structure	туре				
IN SAUK COUNTY			HOUSE	BUILDING	i			
Crash Scene								
First Harmful Event			First Har	mful Event Lo	cation			
MOTOR VEH IN TRA	ANSPORT		ON RO	ADWAY				
Manner of Collision			Light Cor	ndition				
OTHER		DAYLIGHT						
Road Surface Condition	n(s)		Roadway	/ Factor(s)				
DRY								
Environment Factor(s)				-				
NONE			NONE					
Weather Condition(s)								
CLEAR				Relation To Trafficway NON TRAFFICWAY - PARKING LOT				
Animal Type								
Crash Classification - Lo				Crash Classification - Jurisdiction				
PUBLIC PROPERTY	(NO SPECIAL JURISDICTIC				
Tribal Land							Special Study	
			NO CO	NTROL				
Within Interchange Area			Intersection Type					
NO	NON-JUNCTION		NOT AN INTERS	ECTION				
Unit Summary								
Unit Status		-	erating As Classificatio	n	Unit Type			
IN TRANSIT	D CLASS	D CLASS		AUTOMOBILE				
Vehicle Type			Operating	As Endorse	ments			
PASSENGER CAR					=			
Total Occs			tions Issued	Total Trailers			Total HazMat Types 0 Total Lanes	
1		0			0			
Insurance?	Direction Of Travel	Pre	CrashTire				ies	
YES	NORTHBOUND		Mark	05		2 Emergency Motor Vehicle Use		
Most Harmful Event: Co		Special Fun				y Motor Veh PLICABLE		
MOTOR VEH IN TRA	ANSPORT		NO SPECIAL FUNCTION					
Traffic Way			Traffic Control			Traffic Control Inoperative/Missing		
PARKING LOT OR F	PRIVATE PROPERTY	NO CONT	KOL	NO				

Road Grade Surface Type Road Curvature **BLACKTOP (BITUMINOUS)** STRAIGHT LEVEL Truck Bus or HazMat NO Vehicle Country of Issuance License Plate Number Plate Type St AGE7404 **AUT - AUTOMOBILE** WI UNITED STATES Vehicle Identification Number Make Year Model 2 1G1JC1245Y7369868 CHEVROLET 2000 CAVALIER Color Body Style Bus Use WHI - WHITE 2D - 2DR Initial Contact Point Vehicle Damage ш VEHICL 07 - LEFT REAR CORNER 07 - LEFT REAR CORNER Extent Of Damage MINOR DAMAGE

UNIT

2

UNIT

20-07778

WISCONSIN MOTOR VEHICLE CRASH REPORT

1		Towed Due To Damage		Vel	nicle Removed By					
		NOT TOWED			VNER					
		What Driver Was Doing			nicle Factors					
		•		ver						
		BACKING			NOT APPLICABLE					
		Driver Prior Action Other								
		Driver Actions								
			E							
	VEHICLE	LOOKED BUT DID NOT SEE								
UNIT	C									
5	H									
-	Ň									
	-									
		Owner Name			Owner Address					
		JEFFREY SCOTT REMING	TON	260 MAIN ST						
2	01	(608) 432-8023			LOGANVILLE, WI 53943 , US					
•	-									
		Sequence Of Events								
	01	Event								
	0		KI							
	02	Event								
	0									
	03	Event								
	0									
	04	Event								
	0									
Ь	l l	Policy Holder								
UNIT		Insurance Company		1	ndividual					
5		GEICO-CASUALTY-CO			JEFFREY REMINGTON					
		Individual								
					Citations Issued	Sex				
	Ļ	JEFFREY SCOTT REMINGTON (608) 432-8023 Address 260 MAIN ST LOGANVILLE, WI 53943 , US			0	MALE				
	٩L				Date of Birth	Race				
E	ē					WHITE				
UNIT	N				Driver License Number					
					STATE: WISCONSIN COUNTRY: UNITED STATES					
	=				STATE. WISCONSIN COUNTRY. UNITED STATES					
		On Duty C	Crash	Safety Equipment						
	Sal	afety Equipment								
		Row	Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		ŀ	Helmet Compliance					
		Eye Protection		1	Fint Compliance					
				Airbag						
-	Ξ	Injury Sev	verity	1	Airbag					
01	001	In the second	verity ARENT INJURY		Airbag NON DEPLOYED					
01	001	Injury _{NO APP}	-			Trapped/Extricated				
0	001	Injury NO APP	ARENT INJURY	I	NON DEPLOYED	Trapped/Extricated NOT TRAPPED				
0	001	Injury NO APP	ARENT INJURY	PLIC	NON DEPLOYED					
01	001	Injury NO APP Ejected E NOT EJECTED	ARENT INJURY	PLIC		NOT TRAPPED				
0	001	Injury NO APP Ejected E NOT EJECTED M Medical Transport	ARENT INJURY	PPLIC		NOT TRAPPED				
0	001	Injury NO APP Ejected E NOT EJECTED I Medical Transport NOT TRANSPORTED	ARENT INJURY	PPLIC	CABLE EMS Agency Identifier	EMS Run #				
6	001	Injury NO APP Ejected E NOT EJECTED I Medical Transport NOT TRANSPORTED Hospital Distracted	ARENT INJURY Ejection Path NOT EJECTED/NOT AF	PPLIC	CABLE EMS Agency Identifier Date of Death	EMS Run #				
01	001	Injury NO APP Ejected E NOT EJECTED N Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted NOT AP	ARENT INJURY Ejection Path NOT EJECTED/NOT AF	PPLIC	CABLE EMS Agency Identifier Date of Death	EMS Run #				
0	001	Injury NO APP Ejected E NOT EJECTED I Medical Transport NOT TRANSPORTED Hospital Distracted	ARENT INJURY Ejection Path NOT EJECTED/NOT AF	PPLIC	CABLE EMS Agency Identifier Date of Death	EMS Run #				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	iking Unit #	Location						
		Prior Action								
ļ		Action								
		Action								
	۹L									
E	INDIVIDUAL									
UNIT	Σ									
	Z									
		Action Other To/From School								
	l	Drug & Alcohol No	spected Alcohol L)	Jse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Resul	ts			
		TEŠT NOT GIVEN				0				
2	001	Drug Type								
	U									
		Individual Condition								
		APPEARED NORMAL								
I	Uni	t Summary								
	Unit	Status			ehicle Operating As Classi	fication	Unit Type			
	IN TRANSIT [] Vehicle Type			D	CLASS		AUTOMOBILE	Operating As Endorsements		
03		SENGER CAR								
	Tota 1	I Occs	Train/Bus # Recorded		Total # Citations Issued Total Trai		ilers Total Haz	Mat Types		
	Insurance? Direction Of Travel			Pre CrashTire	Speed Li		es			
UNIT	YES WESTBOUND				Mark	05	2 Emergency Motor Vehi			
5	MOTOR VEH IN TRANSPORT					N	NOT APPLICABLE			
					raffic Control		Traffic Control Inoperative/Missing NO			
	PARKING LOT OR PRIVATE PROPERTY Surface Type				oad Curvature		Road Grade			
		ACKTOP (BITUMINOUS	S)	S	TRAIGHT		LEVEL	LEVEL		
	Truc NO	k Bus or HazMat								
		Vehicle								
		License Plate Number		F	Plate Type	St	Country of Issuance			
		AGU2553			AUT - AUTOMOBILE	WI	UNITED STATES			
62	02	Vehicle Identification Number 2D8HN54X29R647917			Make DODGE	Year 2009	Model CARAVAN			
		Color I			Body Style					
					/N - VAN /ehicle Damage					
⊨	CLE	Initial Contact Point 11 - LEFT FRONT CO	RNER		onioio Damage					
UNIT	VEHICLE	Extent Of Damage		1	11 - LEFT FRONT COR	NER				
	-	Towed Due To Damage			Vehicle Removed By					
NOT TOWED				C	OPERATOR					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		° ·			ors					
		GOING STRAIGHT								
		Driver Prior Action Other			ICABLE					
		Driver Actions								
	ш	NO CONTRIBUTING ACTIO	N							
E	VEHICLE									
UNIT	H									
-	N N									
		Owner Name BAR BUDDIES BOO CORP		Owner A 124 2N						
8	02	(608) 393-4661			BARABOO, WI 53913 , US					
		Sequence Of Events								
	01	Event								
	0	MOTOR VEH IN TRANSPO	KI							
	02	Event								
	03									
	0									
	04	Event								
╘		Policy Holder								
UNIT		Insurance Company		Individual						
		WISCONSIN-MUTUAL-INS-	со	SHAWN DETTMANN						
		Individual								
		Driver SHAWN M DETTMANN (608) 393-4694		Citations Is	ssued	Sex				
	٩L			0	4	FEMALE				
╘	INDIVIDUAL			Date of Bir	tn	Race WHITE				
UNIT	IVI	Address		Driver Lice	nse Number					
<u>ر</u>	N	512 10TH ST BARABOO, WI 53913, US		STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment						
	-	BARABOO, WI 33913, 03								
		On Duty C	rash							
	Saf	fety Equipment	10311	Salety Equ	lipment					
		Row	Seat Position	SHOULD	ER & LAP BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
	2	Injury Severity		Airbag						
03	8 8 Injury Severity NO APPARENT INJURY				PLOYED					
		Ejected	jection Path	-		Trapped/Extricated				
			NOT EJECTED/NOT APPI			NOT TRAPPED				
					cy Identifier	EMS Run #				
		NOT TRANSPORTED Hospital			oth	Time of Death				
		поѕрна		Date of De	alli					
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										
		Distracted By Action NOT DISTRACTED								
		Striking Ur	hit # Location							
		Non Motorist								
I			I							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action					
		Action					
	UAL						
UNIT	INDIVIDUAL						
	IND						
		Action Other					To/From School
	L	Drug & Alcohol NO	lse	Suspected Drug Use NO			L
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	5	
02	002	Drug Type					
		Individual Condition					
		APPEARED NORMAL					