

6TL0D7W13J

20-07966

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 20-07966	Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 08/10/2020		Crash Time 05:00 PM	Date Arrived 08/10/2020	Time Arrived 05:15 PM	
Date Notified 08/10/2020		Time Notified 05:01 PM	Total Units 01	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

Location

PARKING LOT S MAIN ST/ STH23 WB LOT 150 (HOUSE/BUILDING 150) IN THE VILLAGE OF LOGANVILLE IN SAUK COUNTY	Latitude 43.44066488	Longitude -90.0369997	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 254229.0625	Y Coordinate 4814232.5	On Roadway Link ID#	On Roadway Link Offset
	Override <input type="checkbox"/>	Tribal Land	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event OTHER FIXED OBJECT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Environment Factor(s) NONE	
Roadway Factor(s) NONE		Weather Condition(s) CLEAR	
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
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

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes		
	Most Harmful Event: Collision With OTHER FIXED OBJECT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPE		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	01						

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01 UNIT INDIVIDUAL	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name SCHMITT		First Name SHARON		Middle Initial L	Suffix		
	Street Address E6106 COLD SPRING RD		Street Address 2		PO Box			
	City LOGANVILLE		State WI	Zip Code 53943	Country of Residence UNITED STATES			
	DOB	Sex F	Race W	Hair BROWN	Eyes BROWN	Height 509	Weight 180	Phone Number (608) 963-4123 EXT.
	Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES			
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2024			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		RESTRAINT USE UNKNOWN				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action UNKNOWN							
	Distracted By Source UNKNOWN		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	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								
License Plate Number AFW3838		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
Vehicle Identification Number 2CNDL73FX56061707			Year 2005	Make CHEVROLET				
Model EQUINOX LT		Body Style UT - SPORT UTILITY VEHICLE		Color RED - RED				
Initial Contact Point 11 - LEFT FRONT CORNER								

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UNIT VEHICLE	Extent Of Damage MINOR DAMAGE		Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT		
	Towed Due To Damage NOT TOWED		Vehicle Factors		
	Vehicle Removed By OWNER		BRAKES		
	What Driver Was Doing SLOW/STOPPING		Driver Prior Action Other	Bus Use	
	Driver Actions NO CONTRIBUTING ACTION				
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
	Organization Type INDIVIDUAL		Company Name		
	Last Name SCHMITT	First Name SHARON	Middle L	Suffix	Date of Birth
	Street Address E6106 COLD SPRING RD	Street Address2	PO Box		
	City LOGANVILLE	St WI	Zip Code 53943	Country of Residence UNITED STATES	
Telephone Number (608) 963-4123 EXT.					
01	Event EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)				
02	Event OTHER FIXED OBJECT				
03	Event				
04	Event				
UNIT HOL	Insurance Company GEICO-GENERAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver	
	Organization Type INDIVIDUAL	Last Name SCHMITT	First Name SHARON	Policy Holder Company	

Property Owner

PROP OWNER 01	Organization/Company KINDSCHI KORNER (608) 727-2211		Address 150 MAIN ST LOGANVILLE, WI 53943 , US	

Fixed Objects Struck

01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	01	OTHER FIXED OBJECT		

Description

Diagram

Reconstruction By

Photos By

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	Additional Information NONE
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UNIT 1 WAS ATTEMPTING TO STOP IN A PARKING STALL. UNIT 1'S BRAKES FAILED CAUSING IT TO STRIKE AN ICE STORAGE CONTAINER OWNED BY THE KINDSCHI KORNER GAS SERVICE STATION.

Signature _____

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

Law Enforcement Agency _____

Agency Space				
Officer Rank DEP	Officer Last Name MUELLER	Officer First Name KYLE	Officer Middle Name J	Suffix
DOT Officer ID 9120		DNR Officer ID	Officer Badge Number 9120	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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