

6TL0B655R2

21-00992

# 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<br><b>21-00992</b> | Investigating Officer/Deputy<br><b>DEPUTY W. NEUBAUER</b> |  |
| Crash Date<br><b>02/03/2021</b>                |   | Crash Time<br><b>02:00 PM</b>                | Date Arrived<br><b>02/03/2021</b>      | Time Arrived<br><b>02:46 PM</b>                           |  |
| Date Notified<br><b>02/03/2021</b>             |   | Time Notified<br><b>02:15 PM</b>             | Total Units<br><b>02</b>               | Total Injured<br><b>00</b>                                | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency          | <input checked="" 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<br><b>NO</b>              |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                          | <input type="checkbox"/> Secondary Crash     |

## Description

|   |                                       |
|---|---------------------------------------|
| Diagram<br>   | Reconstruction By                     |
|   | Photos By                             |
|   | Additional Information<br><b>NONE</b> |
| <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.   |                                       |
| UNIT 1 WAS TRAVELING W/B ON W FREEDOM RD. UNIT 2 WAS LEGALLY PARKED ON THE NOTH SIDE OF THE STREET FACING WEST. UNIT 1 STRUCK THE REAR LEFT CORNER BRAKE LAMP OF UNIT 2 AND CONTINUED ON. |                                       |

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Location

Table with 3 columns: Address (ON W FREEDOM ST, 449 FT W, OF N MAPLE ST/ CTHI WB, IN THE VILLAGE OF NORTH FREEDOM, IN SAUK COUNTY), Latitude (43.462048617), Longitude (-89.868539283), X Coordinate (267944.3125), Y Coordinate (4816124), Structure Type (NO STRUCTURE)

Crash Scene

Table with 7 rows: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (ON ROADWAY), Manner of Collision (03 - FRONT TO REAR), 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 (TRAFFICWAY - ON ROAD), Crash Classification - Location (PUBLIC PROPERTY), Crash Classification - Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land, Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (NON-JUNCTION), Intersection Type (NOT AN INTERSECTION)

Unit Summary

Table with 10 rows: Unit Status (HIT AND RUN), 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? (NO), Direction Of Travel (WESTBOUND), Pre Crash Tire Mark, Speed Limit (25), Total Lanes (2), Most Harmful Event: Collision With (PARKED MOTOR VEHICLE), Special Function (UNKNOWN), Emergency Motor Vehicle Use (UNKNOWN), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO)

Table with 4 rows: Vehicle section containing License Plate Number (UNKNOWN), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number, Make, Year, Model, Color (BLK - BLACK), Body Style (PK - PICKUP), Bus Use, Initial Contact Point (01 - RIGHT FRONT CORNER), Vehicle Damage (01 - RIGHT FRONT CORNER), Extent Of Damage (FUNCTIONAL DAMAGE)

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|                      |   |  |  |   |  |
|----------------------|---|--|--|---|--|
| UNIT VEHICLE         | Towed Due To Damage<br><b>NOT TOWED</b>     |  | Vehicle Removed By<br><b>OPERATOR</b>              |   |  |
|                      | What Driver Was Doing<br><b>UNKNOWN</b>     |  | Vehicle Factors<br><br><b>UNKNOWN</b>              |   |  |
|                      | Driver Prior Action Other                   |  |  |   |  |
|                      | Driver Actions<br><b>UNKNOWN</b>            |  |  |   |  |
| 01 01                | Owner Name                                  |  | Owner Address<br>, ,                               |   |  |
|                      | <b>Sequence Of Events</b>                   |  |  |   |  |
| 01 01                | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b> |  |   |  |
|                      | 02  | Event<br><b>PARKED MOTOR VEHICLE</b>   |  |   |  |
|                      | 03  | Event                                  |  |   |  |
|                      | 04  | Event                                  |  |   |  |
| UNIT INDIVIDUAL      | <b>Individual</b>                           |  |  |   |  |
|                      | Driver<br><b>UNKNOWN UNKNOWN UNKNOWN</b>    |  | Citations Issued<br><b>0</b>                       | Sex   |  |
|                      | Address<br><b>UNKNOWN UNKNOWN, WI , US</b>  |  | Date of Birth                                      | Race  |  |
|                      |   |  | Driver License Number                              |   |  |
| 01 001               | <b>Safety Equipment</b>                     |  | On Duty Crash                                      |   |  |
|                      |   |  | Safety Equipment                                   |   |  |
|                      | Row<br><b>01 - FRONT ROW</b>                | Seat Position<br><b>07 - LEFT</b>      | <b>RESTRAINT USE UNKNOWN</b>                       |   |  |
|                      | Helmet Use                                  |  | Helmet Compliance                                  |   |  |
|                      | Eye Protection                              |  | Tint Compliance                                    |   |  |
|                      | <b>Injury</b>                               |  | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NOT APPLICABLE</b>             |  |
|                      | Ejected<br><b>NOT APPLICABLE</b>            |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT APPLICABLE</b> |  |
|                      | Medical Transport<br><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   |   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|      |            |              |   |                    |                      |
|------|------------|--------------|---|--------------------|----------------------|
| UNIT | INDIVIDUAL | Prior Action |   |                    |                      |
|      |            | Action       |   |                    |                      |
|      |            | Action Other | To/From School                              |                    |                      |
|      | 01         | 001          | <b>Drug &amp; Alcohol</b>                   |                    |                      |
|      |            |              | Suspected Alcohol Use                       | Suspected Drug Use |                      |
|      |            |              | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type  | Alcohol Test Results |
|      |            |              | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type     | Drug Test Results    |
|      |            |              | Drug Type                                   |                    |                      |
|      |            |              | Individual Condition                        |                    |                      |
|      |            |              | <b>NOT OBSERVED</b>                         |                    |                      |

**Unit Summary**

|      |    |   |   |   |  |                                |
|------|----|---|---|---|--|--------------------------------|
| UNIT | 02 | Unit Status<br><b>LEGALLY PARKED</b>                                | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                      |  |                                |
|      |    | Vehicle Type<br><b>PASSENGER CAR</b>                                | Operating As Endorsements                             |   |  |                                |
|      |    | Total Occs<br><b>0</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>                | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|      |    | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>EASTBOUND</b>               | <input type="checkbox"/> <b>Pre Crash Tire Mark</b> | Speed Limit<br><b>25</b>                             | Total Lanes<br><b>2</b>        |
|      |    | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>      | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|      |    | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |   | Traffic Control<br><b>NO CONTROL</b>                | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|      |    | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>                   | Road Grade<br><b>LEVEL</b>                           |                                |
|      |    | Truck Bus or HazMat<br><b>NO</b>                                    |   |   |  |                                |

**Vehicle**

|      |         |    |    |   |   |                     |   |
|------|---------|----|----|---|---|---------------------|---|
| UNIT | VEHICLE | 02 | 02 | License Plate Number<br><b>LEH0CKY</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b>             | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|      |         |    |    | Vehicle Identification Number<br><b>2C3CCAGG2KH631669</b> | Make<br><b>CHRYSLER</b>                           | Year<br><b>2019</b> | Model<br><b>300</b>                         |
|      |         |    |    | Color<br><b>WHI - WHITE</b>                               | Body Style<br><b>4D - 4DR</b>                     | Bus Use             |   |
|      |         |    |    | Initial Contact Point<br><b>07 - LEFT REAR CORNER</b>     | Vehicle Damage                                    |                     |   |
|      |         |    |    | Extent Of Damage<br><b>MINOR DAMAGE</b>                   | <b>07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b> |                     |   |
|      |         |    |    | Towed Due To Damage<br><b>NOT TOWED</b>                   | Vehicle Removed By<br><b>OPERATOR</b>             |                     |   |
|      |         |    |    | What Driver Was Doing<br><b>LEGALLY PARKED</b>            |   |                     |   |

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|             |                |   |   |
|-------------|----------------|---|---|
| <b>UNIT</b> | <b>VEHICLE</b> | Vehicle Factors   |   |
|             |                | Driver Prior Action Other                               | NOT APPLICABLE  |
|             |                | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>         |   |
|             |                | Owner Name<br><b>REBECCA LEHOCKY</b><br>(920) 427-0988  | Owner Address<br><b>109 W FREEDOM ST</b><br><b>NORTH FREEDOM, WI 53951 , US</b> |
| <b>UNIT</b> | <b>VEHICLE</b> | <b>Sequence Of Events</b>                               |   |
|             |                | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>  |
|             |                | 02  | Event<br><b>PARKED MOTOR VEHICLE</b>  |
|             |                | 03  | Event   |
|             |                | 04  | Event   |
| <b>UNIT</b> | <b>VEHICLE</b> | <b>Policy Holder</b>                                    |   |
|             |                | Insurance Company<br><b>PROGRESSIVE-CASUALTY-INS-CO</b> | Individual<br><b>REBECCA LEHOCKY</b>  |