

6TL0D5DZ22
24-07353

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D5DZ22

Document Number Override		Primary Crash Document #		Agency Crash Number 24-07353		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 07/08/2024		Crash Time 05:10 PM		Date Arrived 07/08/2024		Time Arrived 05:14 PM	
Date Notified 07/08/2024		Time Notified 05:11 PM		Total Units 02		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

Description

<p>Diagram</p>	Reconstruction By
	Photos By DEPUTY HUNTER
	Additional Information PHOTOS

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

UNITS 1 & 2 WERE PARKED NEXT TO EACH OTHER. UNIT 2 REMAINED PARKED, OPERATOR OF UNIT 2 ATTEMPTED TO BACK OUT OF HER SPACE. OPERATOR OF UNIT 1 ADVISED SHE TURNED THE WHEEL TOO FAR AND BACKED TOO FAST, AND THE DRIVER'S SIDE FRONT CORNER OF UNIT 1 STRUCK THE REAR PASSENGER'S SIDE OF UNIT 2, CAUSING DAMAGE TO THE EXTERIORS OF BOTH VEHICLES.

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Location

PARKING LOT USH14 EB LOT 4905 (HOUSE/BUILDING 4905) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189160003	Longitude -90.073386677
	X Coordinate 250255.40625	Y Coordinate 4786407.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 01 - ANGLE	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 NON TRAFFICWAY - PARKING LOT	
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

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 05	Total Lanes	
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

VEHICLE	01	License Plate Number AWH4435	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1C4PJMCB9FW604815	Make JEEP	Year 2015	Model CHEROKEE	
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing BACKING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions UNSAFE BACKING				
01	Owner Name SHARON JONES (608) 438-9392		Owner Address 32825 US HWY 14 LONE ROCK, WI 53556 , US		
	Sequence Of Events				
01 02 03 04	Event PARKED MOTOR VEHICLE				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual SHARON JONES		
UNIT INDIVIDUAL	Individual				
	Driver SHARON JONES (608) 438-9392		Citations Issued 0	Sex FEMALE	
	Address 32825 US HWY 14 LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE	
			Driver License Number		
01 001	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		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					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger MARIA BOWERS (608) 588-7558	Citations Issued 0	Sex FEMALE			
		Date of Birth		Race WHITE			
		Address 28935 UNIVERSITY ST GOTHAM, WI 53540 , US		Driver License Number			
		Safety Equipment		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	Injury			
				Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
Distracted By				Distracted By Source			
Distracted By Action							
Non Motorist				Striking Unit #	Location		

UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other		To/From School		
	01	002	Drug & Alcohol		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			
			Individual Condition APPEARED NORMAL			

Unit Summary

UNIT	02	Unit Status LEGALLY PARKED		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 NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 05	Total Lanes	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature UNKNOWN		Road Grade LEVEL	
		Truck Bus or HazMat NO					

Vehicle

UNIT	VEHICLE	02	License Plate Number AUS5188		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
			Vehicle Identification Number 2FMDK3J97CBA92247		Make FORD	Year 2012	Model EDGE SEL		
			Color BLK - BLACK		Body Style LL - CARRYALL		Bus Use		
			Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage 04 - RIGHT SIDE REAR				
			Extent Of Damage MINOR DAMAGE		Vehicle Removed By OWNER				
			Towed Due To Damage NOT TOWED						
			What Driver Was Doing LEGALLY PARKED						

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
	Driver Actions		NOT APPLICABLE	
	NO CONTRIBUTING ACTION			
02	Owner Name		Owner Address	
	BENJAMIN SCHMIDT (608) 265-1626		S13022 Highbanks Rd Spring Green, WI 53588 , US	
Sequence Of Events				
01 02 03 04	Event			
	MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company		Individual	
STATE-FARM-GENERAL-INS-CO		BENJAMIN SCHMIDT		
UNIT INDIVIDUAL	Individual			
	Occupant Of Motor Vehicle Not In Transport		Citations Issued	Sex
	BENJAMIN SCHMIDT (920) 265-1626		0	MALE
	Address		Date of Birth	Race
S13022 Highbanks Rd Spring Green, WI 53588 , US		WHITE		
Driver License Number				
02 003	Safety Equipment		Safety Equipment	
	On Duty Crash		NONE USED - VEHICLE OCCUPANT	
	Row	Seat Position		
	01 - FRONT ROW	07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
Injury		Injury Severity	Airbag	
		NO APPARENT INJURY	UNKNOWN	
Ejected		Ejection Path		Trapped/Extricated
UNKNOWN		UNKNOWN		UNKNOWN
Medical Transport		EMS Agency Identifier		EMS Run #
NOT TRANSPORTED				
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source		
Distracted By Action				
Non Motorist		Striking Unit #	Location	

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol		
	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		
	Individual Condition APPEARED NORMAL		
	02	003	