

6TL09PBQD1

20-00524

# 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 <b>20-00524</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>01/13/2020</b>		Crash Time <b>01:45 PM</b>	Date Arrived <b>01/13/2020</b>	Time Arrived <b>01:57 PM</b>	
Date Notified <b>01/13/2020</b>		Time Notified <b>01:45 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p style="text-align: center;">Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS DRIVING WEST IN THE ALDI PARKING LOT. UNIT 2 WAS BACKING SOUTH OUT OF A PARKING STALL. UNIT 2 STRUCK UNIT 1 IN THE DRIVER'S SIDE DOOR.

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**Location**

<b>PARKING LOT W PINE LOT 614 (HOUSE/BUILDING 614)</b>  <b>IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>	Latitude <b>43.475493431</b>	Longitude <b>-89.767821787</b>
	X Coordinate <b>276142.0625</b>	Y Coordinate <b>4817341.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>05 - REAR TO SIDE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT 01 VEHICLE</b>	<b>Vehicle</b>			
	License Plate Number <b>ADP9456</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G1PC5SB3F7112284</b>	Make <b>CHEVROLET</b>	Year <b>2015</b>	Model <b>CRUZE</b>
	Color <b>RED - RED</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>REYES O DOMINGUEZ SOTO</b>		Owner Address <b>24 MATHEW ST WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>VENESA ERICA ESCAMILLA GONZALEZ (608) 432-9358</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>46 KINGSBIRD AVE WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>HISPANIC</b>
			Driver License Number	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <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>UNKNOWN</b>				
<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 <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				
			<b>Individual</b>				
			Passenger <b>KARINA GUADALUPE ESCAMILLA GONZALEZ (608) 844-7324</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
Address <b>46 KINGSBIRD AVE WISCONSIN DELLS, WI 53965 , US</b>			Date of Birth	Race <b>HISPANIC</b>			
Driver License Number							
UNIT			INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance			
	Eye Protection			Tint Compliance			
	01	002		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
				Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
				Medical Transport <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			
Prior Action							

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>				
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements				
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>NOT ON ROADWAY</b>		<input type="checkbox"/> <b>Pre CrashTire Mark</b>		Speed Limit <b>N/A</b>		Total Lanes
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>				Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>			Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>								

UNIT	02	VEHICLE	<b>Vehicle</b>				
			License Plate Number <b>575ZZB</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1A4GJ45R97B183661</b>		Make <b>CHRYSLER</b>	Year <b>2007</b>	Model <b>TOWN &amp; AMP</b>
			Color <b>RED - RED</b>		Body Style <b>VN - VAN</b>		Bus Use
			Initial Contact Point <b>07 - LEFT REAR CORNER</b>		Vehicle Damage		
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>07 - LEFT REAR CORNER</b>		
			Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
			What Driver Was Doing <b>BACKING</b>				

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>DONNA J METZGER (608) 434-3946</b>		Owner Address <b>525 8TH ST BARABOO, WI 53913 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
UNIT 04	Event			
	<b>Policy Holder</b>			
UNIT INDIVIDUAL	Insurance Company <b>PEKIN-INS-CO</b>		Individual <b>DONNA METZGER</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>DONNA J METZGER (608) 434-3946</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>525 8TH ST BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
UNIT INDIVIDUAL	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		On Duty Crash	
UNIT 02	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
UNIT 003	Eye Protection		Helmet Compliance	
	<b>Injury</b>		Tint Compliance	
UNIT 003	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
UNIT 003	Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
UNIT 003	Hospital		EMS Run #	
	Date of Death		Time of Death	
UNIT 003	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
UNIT 003	<b>Non Motorist</b>		Striking Unit #	
	Location			

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<b>UNIT</b>	Prior Action			
	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	<b>02</b>	<b>003</b>		