

6TL0BGSFG2

21-05839

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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 21-05839		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 06/27/2021		Crash Time 05:02 PM		Date Arrived 06/27/2021		Time Arrived 05:11 PM	
Date Notified 06/27/2021		Time Notified 05:02 PM		Total Units 02		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold		
☐ Government Property	☐ Active School Zone		School Bus Related NO	Tags			
☒ Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT			☐ Amended	☐ Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1, DRIVEN BY THERESA, HAD STOPPED BEHIND UNIT 2 DRIVEN BY JOAN TO WAIT FOR A DIFFERENT VEHICLE TO BACK OUT OF A PARKING SPOT. UNIT 2 BEGAN BACKING, AND MADE CONTACT WITH UNIT 1'S FRONT PASSENGER DOOR, DENTING IT. NO DAMAGE TO UNIT 2, AS IT'S HITCH RECEIVER MADE CONTACT WITH UNIT 1.

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PARKING LOT CTHBD NB LOT IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude	Longitude
	43.528812185	-89.776602809
	X Coordinate	Y Coordinate
	275629.53125	4823287
	Structure Type	
	NO STRUCTURE	

First Harmful Event MOTOR VEH TRAN OTHER RDWY		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 05 - REAR TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location TRIBAL LAND		Crash Classification - Jurisdiction INDIAN RESERVATION/TRUST	
Tribal Land HO-CHUNK NATION		Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

UNIT 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 SOUTHBOUND	☐ Pre Crash Tire Mark	Speed Limit 10	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH TRAN OTHER RDWY		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use	
	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					

UNIT	VEHICLE	01	License Plate Number EMC961	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
		01	Vehicle Identification Number 1C4PJMLB5LD651122	Make JEEP	Year 2020	Model CHEROKEE
			Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
			Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE		
			Extent Of Damage MINOR DAMAGE			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By	
	What Driver Was Doing OTHER	Vehicle Factors	
	Driver Prior Action Other STOPPED WAITING FOR PARKING SPOT	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
01	01	Owner Name EAN HOLDINGS (608) 355-7600	Owner Address 628 HWY 136 BARABOO, WI 53913 , US
Sequence Of Events			
01	01	Event MOTOR VEH TRAN OTHER RDWY	
02	02	Event MOTOR VEH TRAN OTHER RDWY	
03	03	Event	
04	04	Event	
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual THERESA O'KEEFE	
UNIT INDIVIDUAL	Individual		
	Driver THERESA GLADYS O'KEEFE (608) 742-5125	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 1003 CASS ST PORTAGE, WI 53901 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
		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 NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED	

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UNIT INDIVIDUAL 01 001	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 Summary

UNIT 02	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 EASTBOUND	☐ Pre Crash Tire Mark	Speed Limit 10	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH TRAN OTHER RDWY		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				

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number 33539DS		Plate Type DIS - DISABLED	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GKET66M966122876		Make GENERAL MOTORS COR	Year 2006	Model ENVOY
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage		
	Extent Of Damage NO DAMAGE		00 - NO DAMAGE		
	Towed Due To Damage NOT TOWED		Vehicle Removed By		

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UNIT VEHICLE	What Driver Was Doing BACKING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name JOAN M ROBERTS (608) 343-3366		
02	02	Owner Address 28363 COUNTY HIGHWAY G TOMAH, WI 54660 , US	
Sequence Of Events			
UNIT INDIVIDUAL	01	Event MOTOR VEH TRAN OTHER RDWY	
	02	Event MOTOR VEH IN TRANSPORT	
	03	Event	
	04	Event	
Policy Holder			
UNIT INDIVIDUAL	Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual JOAN ROBERTS
	Individual		
	Driver JOAN M ROBERTS (608) 343-3366		Citations Issued 0
	Sex FEMALE		
Date of Birth [REDACTED]		Race WHITE	
Address 28363 COUNTY HIGHWAY G TOMAH, WI 54660 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
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	
02 002	Injury		Airbag
	Injury Severity NO APPARENT INJURY		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 NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO			
02	002	Alcohol Test Given		Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN			
		Drug Test Given		Drug Test Type	Drug Test Results
		TEST NOT GIVEN			
Drug Type					
Individual Condition					
UNIT	INDIVIDUAL	Individual			
		Passenger FRANCIS W ROBERTS (608) 343-3366		Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]		Race WHITE	
		Address 28363 COUNTY HIGHWAY G TOMAH, WI 54660 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
02	003	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	
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			
Prior Action					

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UNIT INDIVIDUAL	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	
02 003			Drug Test Results	
	Drug Type			
	Individual Condition APPEARED NORMAL			