# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash	Document#	Agency 22-073	Crash Number	Investigating O DEPUTY J. N		
Crash Date 07/28/2022	Crash Time 01:55 PM		Date Ar 07/28/2		Time Arrived 02:05 PM		
Crash Date 07/28/2022 Date Notified 07/28/2022 On Emergency Government Property	Time Notified 01:57 PM		Total Ur 02	nits	Total Injured 00	Total Kille	ed
On Emergency	Hit and Run	Lane Clos	sure	☐ Work Zone	Trailer or	Towed	Reporting  Threshold
Government Property	Active Se	chool Zone	School NO	Bus Related	Tags		
Reportable	Crash Type PRIVATE PR	OPERTY/PAR	KING LOT		Amended	l	Secondary Crash
Description   Diagram	·					econstruction	
	Nor	n Reportable			P	hotos By dditional Info <b>ONE</b>	
I, a sworn law enfo						1 151/17 4 15/5	DACKING OUT OF ITS
ON 7/28/22 AT APPROXIMA PARKING SPOT. UNIT 1 BA						UNII 1 WAS	BACKING OUT OF ITS

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Lo	cation									
	ARKING LOT					Longitude				
	STH136 EB LOT 615 (HOUSE/BUILDING 615)					43.474075975 -8			0946233	
`	,								dinate <b>92.5</b>	
IN	I SAUK COUNTY	Structure 1	Type BUILDING	;						
Cr	ash Scene				•					
	rst Harmful Event				First Harm	nful Event L	ocation			
	ARKED MOTOR VEHICL	1		E OR ZONE						
M	anner of Collision		Light Cond	dition						
04	4 - REAR TO REAR	DAYLIGI	HT							
R	Road Surface Condition(s)				Roadway	Factor(s)				
D	RY									
	nvironment Factor(s)									
	ONE				NONE					
W	eather Condition(s)									
C	LEAR									
ıΑ	nimal Type				1	o Trafficwa AFFICWA	y Y - PARKIN	G LOT		
	ash Classification - Location	1			Crash Classification - Jurisdiction					
	RIVATE PROPERTY ibal Land				PRIVATE PROPERTY  Access Control Special Study					
					NO CONTROL					
N/	ithin Interchange Area O	Junction Location NON-JUNCTION		Intersection NOT AN	ionType I INTERSECTION					
Ur	nit Summary 💻									
_	nit Status		Vehicle Op	erating As C	lassification	ļ	UnitType			
Н	IT AND RUN		D CLASS	,	AUTOMOBILE					
	ehicle Type ASSENGER CAR						Operating As Endorsements			
	otal Occs	Train/Bus#Recorded	Total#Cita	itions Issued	0		0		zMat Types	
1			0							
	surance? NKNOWN	Direction Of Travel UNKNOWN	Pre	CrashTire Mark					nes	
	ost Harmful Event: Collision		SpecialFu	nction		I .	Emergency Motor Ve		hicle Use	
	ARKED MOTOR VEHICL	.E	UNKNOV				UNKŇOWN			
	affic Way NKNOWN		Traffic Con			Traffic Control In			noperative/Missing	
	urface Type		Road Curv				Road Grade			
	NKNOWN		UNKNOW				UNKNOW			
Tr N	uck Bus or HazMat O						•			
	Vehicle								SKI SIKIKO KIKIKIKIKI KIKI KIKIKO	
	License Plate Number		Plate Type	e 9		St	Country of Is	suance		
	699YAA  Vehicle Identification Number			UTOMOBII	.E	l I				
<u>,</u>			Make			Year	Model			
	Color		Body Style	e			Bus Use			
И	Initial Contact Point		Vehicle D	Vahicla Damago				1		
	Initial Contact Point  05 - RIGHT REAR CORNER			Vehicle Damage					7 8 9 10 11	
Ī	05 - RIGHT REAR CO	DRNER						Į.		
	05 - RIGHT REAR CO Extent Of Damage VEHICLE NOT AT SO		16 - VEH	HICLE NOT	AT SCEN	<b>∛E</b>			6 12 5 4 3 2 1	

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		Towed Due To Damage			emoved By					
		NOT TOWED		OPERAT						
		What Driver Was Doing BACKING		Vehicle Fa	actors					
		Driver Prior Action Other		UNKNOV	VN					
LIND	VEHICLE	Driver Actions UNKNOWN								
	10	OwnerName  JAMES EDWARD HICKMA	AN .	2111	er Address N SANDRA ST LETON, WI 549					
	ļ	Sequence Of Events		<b>L</b>		0000000000000				
	10	Event PARKED MOTOR VEHICL								
	05	Event								
	03	Event								
		Event								
	8	Event								
	1	ndividual recessors								
		Driver			s Issued	Sex				
	AL					Race				
⊢	3				Birth	, 1300				
L L	INDIVIDUAL	Address		Driver License Number						
	Z	, ,								
	Saf	ety Equipment On Duty	Crash	Safety	Equipment					
		Row	SeatPosition	REST	RAINT USE UN	IKNOWN				
		01 - FRONT ROW HelmetUse	07 - LEFT	Helmet	Compliance					
					-					
		Eye Protection			mpliance					
01	<b>1</b>	Injury Se	verity PARENT INJURY	Airbag	PPLICABLE					
			Ejection Path	NOTA	AFFLICABLE		Trapped/Extricated			
		NOT APPLICABLE	NOT EJECTED/NOT A	PPLICABLE	•		NOT APPLICABLE			
		Medical Transport		EMS A	gency Identifier		EMS Run#			
		NOT TRANSPORTED Hospital		Date of	Death		Time of Death			
		·		Sale of	5000.		rance, seda.			
		Distracted By Distracted	ed By Source							
		Distracted By Action								
	- 1	Non Motorist Striking t	Unit# Location							
			l .							

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		Prior Action									
TINO	INDIVIDUAL	Action									
		Action Other									To/From School
	ı	Drug & Alcohol		Suspected Drug Use							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	уре				Alcohol Tes	st Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	е		Drug 1	Test Results			
10	100	Drug Type									
		Individual Condition  NOT OBSERVED									
	Uni	t Summary ===									
		Status SALLY PARKED			1	Vehicle Operating As Classification  D CLASS			UnitType AUTOMOBILE		
05		nicle Type							Operating As Endorsements		
	-	(SPORT) UTILITY VEHICLE  Total Occs Train/Bus#Recorded			To:	, - 12		Total Traile	ers	Total Ha	zMat Types
_		Insurance? Direction Of Travel YES NOT ON ROADWAY				Pre CrashTire Speed Mark		Speed Lin			nes
TNU		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 PROPER			I .		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		ative/Missing
	Surface Type BLACKTOP (B!TUM!NOUS)				Ro	Road Curvature			Road Grade LEVEL		
	Truck Bus or HazMat  NO										
		Vehicle		*************	75			T04	C		K K K K K K K K K K K K K K K K K K K
		License Plate Number 563CYJ			Α	late Type UT - AUTOMOBILE		St WI	Country of Is UNITED S		
	8	Vehicle Identification Numl 2GNAXHEVXM611257			- 1	ake HEVROLET		Year 2021	Model EQUINOX		
		Color GRY - GRAY			U	ody Style <b>T - SPORT UTILITY V</b>	'EHIC	LE	Bus Use		
TINO	VEHICLE	Initial Contact Point  05 - RIGHT REAR COR  Extent Of Damage  MINOR DAMAGE	RNER			ehicle Damage 5 - RIGHT REAR COR				7 8 9 10 11 6 12 5 4 3 2 1	
		Towed Due To Damage NOT TOWED				ehicle Removed By				ı	
1		What Driver Was Doing LEGALLY PARKED									

Crash Date 07/28/2022
Crash Time 01:55 PM

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					Vehicle	Factors				
		Driver Prior Action Other			NOT A	PPLICABLE				
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION		•					
	02	Owner Name ROBERT D FRANK (608) 434-1532			739	ner Address 9 JACQUELYN E RABOO, WI 539				
	01	L Sequence Of Events Event MOTOR VEH IN TRANSP								
	8	Event								
	63	Event								
	8	Event								
١.		l Policy Holder								
IND		Insurance Company AUTO-OWNERS-INS-CO		Individual ROBERT FRANK						
							*2002000000000000000000000000000000000		*****************************	
		Occupant Of Motor Vehicle N	otin Transpo		ar a	ons Issued	Sex			
	4	Address 739 JACQUELYN DR BARABOO, WI 53913 , US			0 MALE					
⊨	3				Date	of Birth	Race WHITE			
TIND	INDIVIDUAL				Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash  Tety Equipment			Safety Equipment					
		Row 01 - FRONT ROW	Seat Po		SHO	ULDER & LAP E	BELT			
		HelmetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
8	005	Injury S	everity PARENT I	NJURY	Airbag UNKNOWN					
		Ejected UNKNOWN	Ejection Pa		'			Trapped/Extricated UNKNOWN		
		Medical Transport NOT TRANSPORTED			EMS.	Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death			
		Distracted By Distract	ted By Sourc	÷				1		
		Distracted By Action								
		Non Motorist	Unit#	Location						

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		Prior Action									
İ		Action									
⊨											
S	INDIVIDUAL										
	Z										
		Action Other						To/From School			
		Suspec	ted Alcohol U	jse	Suspected Drug Use						
		Drug & Alcohol NO Alcohol Test Given		Alcohol Test Type	NO		Alcohol Test Results				
		TEST NOT GIVEN			•		Alcohol restresums				
		Drug Test Given Dru TEST NOT GIVEN		Drug Test Type		Drug Test Results					
8	80	Drug Type	Drug Type								
		Individual Condition									
		APPEARED NORMAL									
		Individual									
		Passenger PATRICIA JEAN FRANK			Citations issued Sex						
	¥				0 FEMALE  Date of Birth Race						
<b></b>	INDIVIDUAL					WHITE					
ENS.	ğ	Address 739 JACQUELYN DR BARABOO, WI 53913 , US			Driver License Number						
	=				STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty ety Equipment	Crash		Safety Equipment						
		Row Seat Pos			NONE USED - VEHI	CLE OCCUPANT					
		HelmetUse	1 - FRONT ROW 09 - RIGHT   09 - RIGHT		Helmet Compliance						
		Eye Protection			Tint Compliance						
05	8	Injury Se	everity PARENT II	NJURY	Airbag UNKNOWN						
		Ejected UNKNOWN	Ejection Pa	th			Trapped/Extricated				
		Medical Transport	DIVINION	14	EMS Agency Identifier		UNKNOWN EMS Bun#				
	NOT TRANSPORTED						EMS Run#				
		Hospital			Date of Death		Time of Death				
		Distracted By	ed By Source	•			-				
		Distracted By Action									
		Non Motorist	Unit#	Location							
		Prior Action		1							

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LIND	INDIVIDUAL	Action					
		Action Other					To/From School
	Ĺ	Drug & Alcohol NO	d Alcohol Use	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 Result		3	
05	88	Drug Type	·				
		Individual Condition					
		APPEARED NORMAL					