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22-07831

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 22-07831		Investigating Officer/Deputy SERGEANT M. TATE	
Crash Date 08/09/2022		Crash Time 04:55 PM		Date Arrived 08/09/2022		Time Arrived 05:37 PM	
Date Notified 08/09/2022		Time Notified 04:57 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 checked="" type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">WISCONSIN RIVERSIDE RESORT</p> <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By SGT TATE
	Additional Information PHOTOS

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

UNIT 1 OPERATOR BEGAN BACKING OUT OF THE PARKING STALL. UNIT 1 OPERATOR STATED HE WAS TALKING TO HIS PASSENGER, NOT PAYING ATTENTION. UNIT 1 BACKED INTO UNIT 2. UNIT 2 WAS LEGALLY PARKED, UNOCCUPIED. UNIT 1 TRAILER HITCH/BALL STRUCK UNIT 2 IN THE DRIVER SIDE FRONT CORNER, UNDER THE HEADLIGHT, CAUSING MINOR DAMAGE. UNIT 1 HAD NO DAMAGE.

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Location

PARKING LOT SHIFFLET RD LOT S13220 (FIRE S13220) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.163455015	Longitude -90.078803031
	X Coordinate 249710.171875	Y Coordinate 4783569
	Structure Type FIRE	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 05 - REAR TO SIDE		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 01	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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 1	
	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					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AL60320		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMJK1MT1LEA32709		Make FORD	Year 2020	Model EXPEDITION
	Color WHI - WHITE		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage		
	Extent Of Damage NO DAMAGE		00 - NO DAMAGE		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing BACKING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
01	01	Owner Name JONATHAN GOFF (815) 382-8368		Owner Address 9 N768 WHISPERING SPRINGS LN ELGIN, IL 60124 , US	
		Sequence Of Events			
01	01	Event PARKED MOTOR VEHICLE			
		Event			
		Event			
		Event			
01	01	Policy Holder			
		Insurance Company COUNTRY-PREFERRED-INSURANCE-CO	Individual JONATHAN GOFF		
01	01	Individual			
		Driver JONATHAN GOFF (815) 382-8368		Citations Issued 0	Sex MALE
		Date of Birth		Race	
		Address 9 N768 WHISPERING SPRINGS LN ELGIN, IL 60124 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
01	001	Safety Equipment		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
01	001	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 #	
01	001	Hospital		Date of Death	
		Time of Death			
01	001	Distracted By			
		Distracted By Source PASSENGER/OTHER NON-MOTORIST			
01	001	Distracted By Action TALKING/LISTENING			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other			To/From School	
01	001	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				
		Individual				
		Passenger SARA GOFF (815) 814-8586		Citations Issued 0	Sex FEMALE	
		Address 9 N768 WHISPERING SPRINGS LN ELGIN, IL 60124 , US		Date of Birth	Race WHITE	
		Driver License Number		STATE: ILLINOIS COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			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						
UNIT	INDIVIDUAL			Non Motorist		Striking Unit #

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UNIT 01	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	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 0	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 CrashTire Mark	Speed Limit N/A	Total Lanes 1	
	Most Harmful Event: Collision With OTHER NON-COLLISION		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

UNIT 02	VEHICLE 02	License Plate Number AMP7739		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2GNFLFE5XC6333138		Make CHEVROLET	Year 2012	Model EQUINOX
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER		
		Extent Of Damage MINOR DAMAGE				
		Towed Due To Damage NOT TOWED		Vehicle Removed By		
		What Driver Was Doing LEGALLY PARKED				

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UNIT	VEHICLE	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE
		Driver Actions NO CONTRIBUTING ACTION	
		Owner Name MELISSA ANDING (608) 459-5513	Owner Address 886 COLE ST SPRING GREEN, WI 53588 , US
UNIT	VEHICLE	Sequence Of Events	
		01	Event PARKED MOTOR VEHICLE
		02	Event
		03	Event
		04	Event
UNIT	VEHICLE	Policy Holder	
		Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual MELISSA ANDING