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22-08271

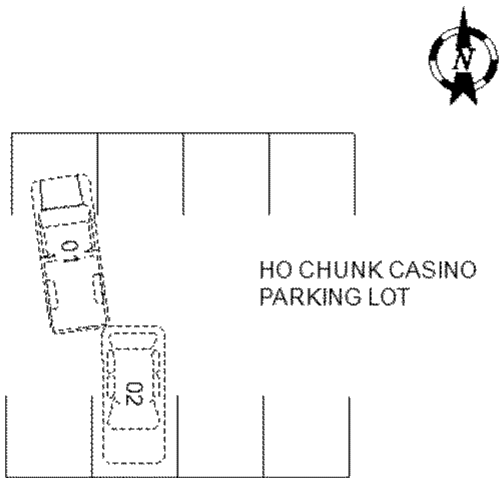
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 22-08271		Investigating Officer/Deputy SERGEANT E. KNULL	
Crash Date 08/21/2022		Crash Time 01:21 PM		Date Arrived 08/21/2022		Time Arrived 01:34 PM	
Date Notified 08/21/2022		Time Notified 01:21 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> <p>NOT TO SCALE</p>  <p>HO CHUNK CASINO PARKING LOT</p>	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.

UNITS 1 AND 2 PARKED IN PARKING LOT. BOTH UNITS BACKED OUT OF RESPECTIVE STALLS AND COLLIDED. NO INJURIES REPORTED BY EITHER. UNIT 1 SUSTAINED NO DAMAGE. UNIT 2 SUSTAINED MINOR DAMAGE TO BUMPER. BOTH VEHICLES REMOVED BY RESPECTIVE OPERATOR.

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Location

PARKING LOT CTHBD EB LOT IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.529970043	Longitude -89.774526328
	X Coordinate 275801.625	Y Coordinate 4823410
	Structure Type NO STRUCTURE	

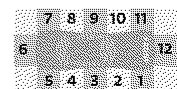
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 04 - REAR TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			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	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 STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number CPREYES	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C6RR7GT8DS653683	Make RAM	Year 2013	Model RAM
	Color MAR - MAROON (BURGUNDY)	Body Style PK - PICKUP		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 OPERATOR	
	What Driver Was Doing BACKING	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
	Driver Actions UNSAFE BACKING		
01	01	Owner Name PATRICIA L REYES (608) 434-1448	Owner Address 320 RUSSELL ST BARABOO, WI 53913 , US
Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT	
02	02	Event	
03	03	Event	
04	04	Event	
UNIT	Policy Holder		
	Insurance Company ERIE-INS-CO	Individual PATRICIA REYES	
UNIT INDIVIDUAL	Individual		
	Driver PATRICIA L REYES (608) 434-1448	Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE	
	Address 320 RUSSELL ST BARABOO, WI 53913 , 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
		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			

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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						
UNIT	INDIVIDUAL	Individual				
		Passenger ANDREA C REYES (608) 434-1448		Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]		Race AMERICAN INDIAN OR ALASKAN NATIVE		
		Address 320 RUSSELL ST BARABOO, WI 53913 , US		Driver License Number		
01	002	Safety Equipment		On Duty Crash	Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	CHILD RESTRAINT SYSTEM - FORWARD FACING		
		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			

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UNIT 01 002	INDIVIDUAL	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 PASSENGER CAR			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	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 STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT 02 VEHICLE	Vehicle				
	License Plate Number 720HMS		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3FADP4BJ5BM113684		Make FORD	Year 2011	Model FIESTA
	Color		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		06 - REAR		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing BACKING				



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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name BERNARD ELMER BABCOCK (608) 548-4745		Owner Address 307 JACKSON ST MAUSTON, WI 53948 , US	
	Sequence Of Events			
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company UNKNOWN		Name	
UNIT INDIVIDUAL	Individual			
	Driver BERNARD ELMER BABCOCK (608) 548-4745		Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]		Race WHITE	
	Address 307 JACKSON ST MAUSTON, WI 53948 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
	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 Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		Striking Unit #		
Location		Non Motorist		

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UNIT INDIVIDUAL 02 003	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	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	
	Drug Type		Drug Test Results	
	Individual Condition		Alcohol Test Results	
	APPEARED NORMAL			