

6TL09XQZ4Q  
22-10571

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>22-10571</b>	Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>10/23/2022</b>		Crash Time <b>12:35 PM</b>	Date Arrived <b>10/23/2022</b>	Time Arrived <b>12:48 PM</b>	
Date Notified <b>10/23/2022</b>		Time Notified <b>12:37 PM</b>	Total Units <b>01</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>E5006 USH 14 SUBWAY PARKING LOT</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By <b>DEPUTY ISAAC GALVAN</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 ENTERED THE PARKING LOT OF E5006 USH 14 SPRING GREEN, WI ALSO KNOWN AS SUBWAY.. UNIT 1 WAS PULLED INTO A PARKING STALL. UNIT 1 CLAIMS HE HAD ACCIDENTLY PRESSED HIS ACCELERATOR RATHER THAN THE BRAKE. UNIT 1 STRUCK THE SUBWAY BUILDING CAUSING DAMAGE TO A WINDOW AND WALL. NO INJURIES REPORTED. UNIT 1 REMOVED BY OPERATOR

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## Location

<b>PARKING LOT</b> <b>USH14 WB LOT E5006</b> <b>(HOUSE/BUILDING E5006)</b>  <b>IN THE TOWN OF SPRING GREEN</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.188615984</b>	Longitude <b>-90.066503544</b>
	X Coordinate <b>250812.546875</b>	Y Coordinate <b>4786326.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

## Crash Scene

First Harmful Event <b>OTHER FIXED OBJECT</b>	First Harmful Event Location <b>OFF ROADWAY, LOCATION UNKNOWN</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OTHER FIXED OBJECT</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</b>	<b>Vehicle</b>				
	<b>VEHICLE</b>	License Plate Number <b>PN1298</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1C6RD7GT8CS338993</b>	Make <b>DODGE</b>	Year <b>2012</b>	Model <b>RAM 1500</b>
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
Extent Of Damage <b>MINOR DAMAGE</b>	<b>11 - LEFT FRONT CORNER, 12 - FRONT</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	Owner Name <b>PATRICK J HARRINGTON (608) 546-2225</b>		Owner Address <b>S10958 HAZELNUT RD SPRING GREEN, WI 53588 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>OTHER FIXED OBJECT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>USAA-GENERAL-INDEMNITY-CO</b>		Individual <b>PATRICK HARRINGTON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANTHONY HARRINGTON (608) 546-2225</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S10958 HAZELNUT RD SPRING GREEN, WI 53588 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
			<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
			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>		
Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
Hospital		EMS Agency Identifier		
		EMS Run #		
		Date of Death		
		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>01</b>	<b>001</b>	<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>Property Owner</b>					
<b>PROP OWNER</b>	<b>01</b>	Organization/Company <b>SUBUWAY</b> (608) 459-0208			Address <b>E5006 USH 14</b> <b>SPRING GREEN, WI 53588 , US</b>	
		<b>Fixed Objects Struck</b>				
<b>01</b>	<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number	
		<b>01</b>	<b>OTHER FIXED OBJECT</b>		<b>00</b>	