

6TL0C22XXK  
22-11358

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 22-11358		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 11/12/2022		Crash Time 07:15 PM		Date Arrived 11/12/2022		Time Arrived 07:35 PM	
Date Notified 11/12/2022		Time Notified 07:23 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

Diagram		Reconstruction By	
<p>Note to Scale</p>		<p>Photos By WILCOX</p>	
		<p>Additional Information PHOTOS</p>	

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

ON 11/12/2022, I WAS DISPATCHED TO THE PARKING LOT OF HO-CHUNK CASINO FOR A TRAFFIC ACCIDENT. I ARRIVED ON SCENE AND SPOKE WITH UNIT 1 OPERATOR AND UNIT 2 OPERATOR, WHO WERE IDENTIFIED WITH A VALID WI DL. UNIT 1 OPERATOR STATED WHEN HE LEFT HIS PARKING STALL HE TURNED RIGHT AND ACCIDENTALLY SIDE SWIPING UNIT 2, CAUSING MINOR DAMAGE TO BOTH UNIT 1 AND UNIT 2. UNIT 1 OPERATOR STATED HE RECENTLY HAD SURGERY ON HIS RIGHT EYE. HE ALSO STATED ON THE RIGHT SIDE OF HIS GLASSES, THERE IS A PRISM THAT CAUSED HIM NOT TO SEE UNIT 2 AS HE LEFT HIS PARKING STALL. UNIT 1 OPERATOR STATED AFTER THE ACCIDENT, HE THEN PARKED UNIT 1 AND NOTIFIED HO-CHUNK CASINO SECURITY. UNIT 2 OPERATOR WAS INSIDE HO-CHUNK CASINO AT THE TIME OF THE ACCIDENT. UNIT 1 OPERATOR ADMITTED TO CONSUMING ALCOHOLIC BEVERAGES WHILE AT HO-CHUNK CASINO. I HAD UNIT 1 OPERATOR CONDUCT HORIZONTAL GAZE NYSTAGMUS PORTION OF STANDARD FIELD SOBRIETY TESTS (SFSTS), I DID NOT OBSERVE ANY CLUES DURING THE HGH PORTION OF SFSTS. AT THIS TIME, I DETERMINE THAT UNIT 1 OPERATOR WAS NOT UNDER THE INFLUENCE OF ALCOHOL. BOTH UNIT 1 AND UNIT 2 WERE REMOVED BY THE OPERATORS.

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Location

PARKING LOT CTHBD SB LOT IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.527343659	Longitude -89.777185416
	X Coordinate 275577	Y Coordinate 4823125.5
	Structure Type NO STRUCTURE	

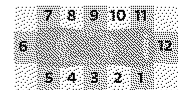
Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DARK/LIGHTED	
Road Surface Condition(s) WET	Roadway Factor(s)  NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	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 N/A	Total Lanes 0
	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				

01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number MX9027	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GTV2MEC2GZ291696	Make GENERAL MOTORS COR	Year 2016	Model SIERRA
	Color BLK - BLACK	Body Style PK - PICKUP	Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		
Extent Of Damage MINOR DAMAGE				



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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>LEAVING A PARKED POSITION</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
01 01	Owner Name <b>CRAIG W DEAN</b>	Owner Address <b>3744 SANDHILL DR JANESVILLE, WI 53546 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>PARKED MOTOR VEHICLE</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>CRAIG DEAN</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>CRAIG W DEAN</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>3744 SANDHILL DR JANESVILLE, WI 53546 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		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>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		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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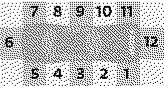
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<b>UNIT INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>OTHER</b>		Alcohol Test Results <b>00</b>
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				

## Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements	
	Total Occs <b>0</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>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>0</b>	
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>56694M</b>	Plate Type <b>MLG - MILITARY GROUP</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2CNFLEEC6B6228771</b>	Make <b>CHEVROLET</b>	Year <b>2011</b>	Model <b>EQUINOX LT</b>
		Color <b>BRO - BROWN</b>	Body Style <b>LL - CARRYALL</b>		Bus Use
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER</b>		
		Extent Of Damage <b>MINOR DAMAGE</b>			
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			

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UNIT	VEHICLE	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors
		Driver Prior Action Other	<b>NOT APPLICABLE</b>
02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>RICHARD PADRON</b>	Owner Address <b>219 LOUNSBURY ST WATERTOWN, WI 53098 , US</b>
<b>Sequence Of Events</b>			
04	01	Event <b>PARKED MOTOR VEHICLE</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>RICHARD PADRON</b>	