WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/29/2023

Document Number Override	Primary Crash	Document#	Agenc	y Crash Number	Investigating	Officer/Deputy	1	
			23-00970		DEPUTY S. ELLICKSON			
Crash Date 01/29/2023			Date Arrived Time Arrived 01/29/2023 02:17 PM		i .			
Date Notified 01/29/2023	Time Notified 02:02 PM	02:02 PM 02		nits	Total Injured			
Crash Date 01/29/2023 Date Notified 01/29/2023 On Emergency Government Property	Hit and Run			ure Work Zone		or Towed	Reporting Threshold	
Government Property	Active So	chool Zone	School NO	Bus Related	Tags	Tags		
Reportable	Crash Type DT4000 (STA	NDARD CRASI	 		Amende	∍d	Secondary Crash	
Description								
Diagram						Reconstruction	on By	
					-	Photos By		
Non Re	portable Crash I	n				Additional Inf	ormation	
Parking	Lot							
I, a sworn law enforce	ment officer, agr	ee that I have n	ot adde	d any CJIS data in th	nis report.			
UNIT 1 WAS BACKING OUT OF								

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Location 💳									
PARKING LOT				Latitude			Longi	tude	
CTHBD NB LOT S3214				43.528460372			-89.7	74705199	
(HOUSE/BUILDING S32 IN THE TOWN OF DELT	•			X Coordin 275781.5			Y Coc 4823	ordinate 243	
IN SAUK COUNTY		Structure 1	Type BUILDING	;					
Crash Scene									
First Harmful Event				Eiret Harm	ıful Event L	ocation			
MOTOR VEH IN TRANS	SPORT			1		E OR ZONE			
Manner of Collision				Light Cone					
05 - REAR TO SIDE				DAYLIGHT					
Road Surface Condition(s)		Roadway	Factor(s)						
SNOW									
Environment Factor(s)				1					
NONE				NONE					
Weather Condition(s)									
CLEAR									
Animal Type				1	o Trafficwa	-	GLOT		
Crash Classification - Locat	ion				NON TRAFFICWAY - PARKING L Crash Classification - Jurisdiction				
TRIBAL LAND				INDIAN	RESERVA	ATION/TRUST			
TribalLand HO-CHUNK NATION				Access Control Special Study NO CONTROL					
					tion Type N INTERSECTION				
	NON-OUNO TION		INOT AN	INTEROL					
Unit Summary ■ Unit Status		L Vahiala On	- u-tin - A - C	· if:		I.e. v=			
IN TRANSIT		Vehicle Ope	_	Classification Unit Type AUTOMOBILE					
Vehicle Type		D CLASS		Operating As Endorsements					
PASSENGER CAR			Operating			(3 Ellaol	serrients		
Total Occs	Train/Bus#Recorded	Total#Cita	tions Issued	ł	Total Trai	lers	Total H	azMat Types	
Insurance?	Direction Of Travel	Pro	Pre CrashTire				TotalLa	anes	
YES	NORTHBOUND		Mark	•	10	,			
Most Harmful Event: Collisio	on With	SpecialFur				Emergency			
MOTOR VEH IN TRANS	SPORT		IAL FUNC	TION	TION		NOT APPLICABLE		
Traffic Way		I	Traffic Control			Traffic Control Inoperative/Missing			
PARKING LOT OR PRIV	/ATE PROPERTY	NO CONT				NO Road Grade LEVEL			
Surface Type	nie)	Road Curva STRAIGH							
BLACKTOP (BITUMING Truck Bus or HazMat	, o o ,	STRAIGH	1			LEVEL			
NO									
	Vehicle								
License Plate Number	1	Plate Type AUT - AUTOMOBILE		St		Country of Issuance			
28060DS	Make	, i OMOBII	-E	WI Year	UNITED STATES				
Vehicle Identification I	CHEVRO	LET		2009	Model COBALT LT				
Color RED - RED		Body Style	Body Style			Bus Use			
	Vehicle Da								
ਰ 06 - REAR			-					7 8 9 10 11	
Initial Contact Point 06 - REAR Extent Of Damage NO DAMAGE		06 - REA	06 - REAR			6 T2 T2 T5 4 3 2 1			

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		NOT TOWED What Driver Was Doing BACKING		Vehicle Removed By OPERATOR						
				Vehicle Factors						
				NOT APPLICABLE						
LINI	VEHICLE	Driver Actions UNSAFE BACKING								
	5	OwnerName DARLENE M FRANCOIS (608) 356-5787		Owner Address 228 5TH AV BARABOO, WI	53913 , US					
		Sequence Of Events		1						
	5	Event MOTOR VEH IN TRANSPO	ORT							
	8	Event								
	8	Event								
	3	Event								
_		Policy Holder								
IN		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual DARLENE FRANCOIS						
		Individual								
		Driver DARLENE M FRANCOIS		Citations Issued 0						
_	NDIVIDUA	(608) 356-5787		Date of Birth	Race WHITE	E				
LNO	30	Address 228 5TH AV		Driver License Number						
	Z	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty	Crash	Safety Equipment						
	Sai	fety Equipment								
		Row 01 - FRONT ROW	SeatPosition 07 - LEFT	SHOULDER & LAP BELT						
		Heimet Use		Heimet Compliance						
		Eye Protection		TintCompliance						
2	8	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED)					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT API	PLICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identi	fier	EMS Run#				
		Hospital		Date of Death		Time of Death				
		Distracte								
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTRA	ACTED)						
		Distracted By Action NOT DISTRACTED								

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		Non Motorist	Striking Unit#	Location						
		Prior Action		•						
TINO	INDIVIDUAL	Action								
	=									
		Action Other						To/From School		
	I	Orug & Alcohol	Suspected Alcohol U NO		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Res	ults		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	is			
٦	994	Drug Type	Drug Type							
		Individual Condition	AL							
	Hei									
		t Summary Status		Ve	ehicle Operating As Classi	ification	UnitType			
		TRANSIT hicle Type			CLASS		AUTOMOBILE Operating As Endorsements			
02		SENGER CAR					, -			
	Tota 1	-		0	otal#Citations Issued	TotalTra	0	al HazMat Types		
Ш		Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Mark		2	alLanes		
TINO	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			1 '	pecial Function O SPECIAL FUNCTION	N	NOT APPLICA			
	Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS)				raffic Control O CONTROL		Traffic Control Inoperative/Missing NO Road Grade LEVEL			
					oad Curvature TRAIGHT					
	Truc NO	k Bus or HazMat								
	1	Vehicle	S S S S S S S S S S S S S S S S S S S		TTTTTTTTTTTTTTTTTTTTTT		sesessessessess			
		License Plate Number 409BEC			Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
	8				∕lake (IA MOTORS CORPOF	Year 2017	Model OPTIMA			
		Color WHI - WHITE			Body Style BD - SEDAN					
_	Щ	Initial Contact Point 03 - RIGHT SIDE MI	DDLE	\	/ehicle Damage		7 8 9 10 11			
INN	VEHICLE	Extent Of Damage NO DAMAGE			03 - RIGHT SIDE MIDD)LE		6 S 4 3 2 1		
	T	Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					

Crash Date 01/29/2023
Crash Time 02:02 PM

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23-00970

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		What Driver Was Doing GOING STRAIGHT Driver Prior Action Other		Vehicle Factors NOT APPLICABLE					
		Driver Actions							
INI	VEHICLE	NO CONTRIBUTING ACTION							
	02	Owner Name DAN KEVIN OCONNOR (608) 381-9288		Owner Address S3653A EVERGREEN RD BARABOO, WI 53913 , US					
		Sequence Of Events		6101610					
	5	Event MOTOR VEH IN TRANSPO	ORT						
	8	Event							
	63	Event							
	8	Event							
⊨		Policy Holder							
IND		Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual DAN OCONNOR					
		Individual			I Challenge Langed I Gard				
		Driver DAN KEVIN OCONNOR		- 1	Citations Issued Sex 0 MALE				
-		(608) 381-0288			Date of Birth	Race WHITE			
LIND	INDIVIDUA	Address \$3653A EVERGREEN RD BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash Yety Equipment			Safety Equipment				
		Row 01 - FRONT ROW	Seat Position	SHOULDER & LAP BELT					
		HelmetUse		Helmet Compliance					
		Eye Protection		Tint Compliance					
03	700	Injury Se	everity PARENT INJURY	- 1	Airbag				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT API				Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital		+	Date of Death		Time of Death		
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR	AC1	ED)				
		Distracted By Action NOT DISTRACTED	V -		,				
		Striking to Non Motorist	Unit# Location						

Crash Date 01/29/2023 Crash Time 02:02 PM

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	Prior Action					
	Action					
MAL						
2						
	Action Other					To/From School
	Suspected Alcohol &	Jse	Suspected Drug Use			
	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
005	Drug Type					
	Individual Condition					
	APPEARED NORMAL					
	002 INDIVIDUAL	Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Other Drug & Alcoho Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Action Other Drug & Alcohol Suspected Alcohol Use No	Action Other Drug & Alcoho Suspected Alcohol Use No Suspected Drug Use No No No No No No No N	Action Other Drug & Alcohol Suspected Alcohol Use No