

6TL0B3P3K9
SC23-05619

WISCONSIN MOTOR VEHICLE
CRASH REPORT

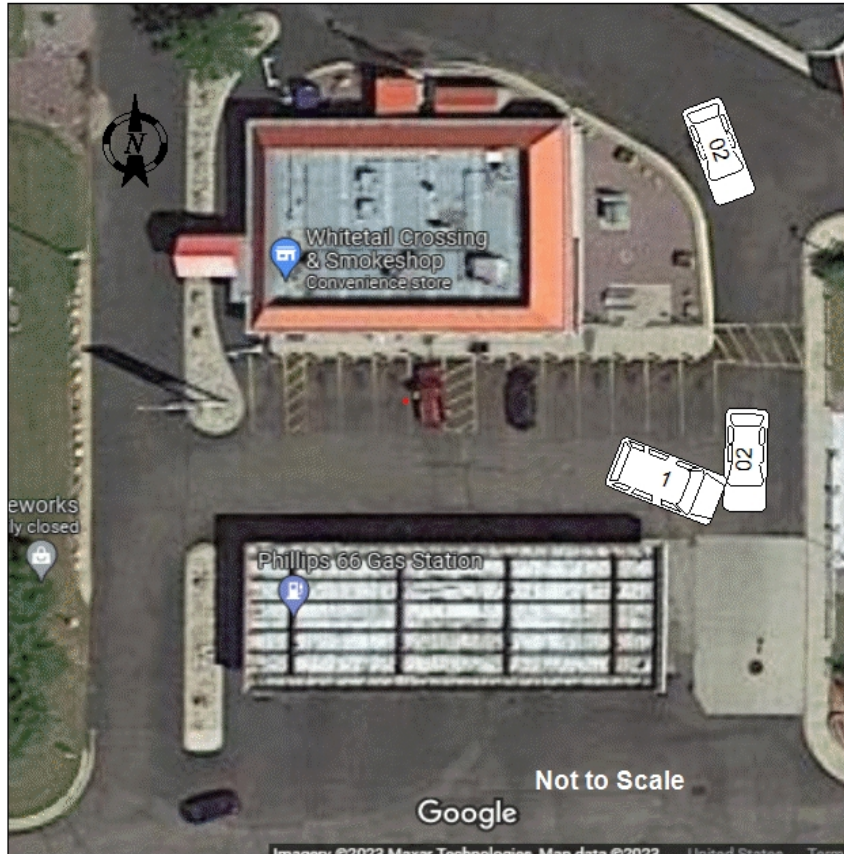
SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document #		Agency Crash Number SC23-05619		Investigating Officer/Deputy DEPUTY J. GREENWOOD	
Crash Date 06/02/2023		Crash Time 11:36 AM		Date Arrived 06/02/2023		Time Arrived 11:58 AM	
Date Notified 06/02/2023		Time Notified 11:47 AM		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 DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram



Reconstruction By

Photos By
DEPUTY GREENWOOD

Additional Information
PHOTOS

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

UNIT 1 WAS LEAVING THE PARKING LOT AND UNIT 2 DRIVING THROUGH THE LOT. UNIT 1 DID NOT SEE UNIT 2 DUE A VEHICLE OBSTRUCTING THE VIEW. UNIT 1 STRUCK UNIT 2.

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Location

PARKING LOT CTHBD NB LOT IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.527267103	Longitude -89.776822016
	X Coordinate 275606.09375	Y Coordinate 4823116
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)	
Manner of Collision 01 - ANGLE	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 TRIBAL LAND	Crash Classification - Jurisdiction INDIAN RESERVATION/TRUST	
Tribal Land HO-CHUNK NATION	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 NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1
	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				

Vehicle

UNIT 01 VEHICLE	License Plate Number 195CDD	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number JTMRFREXVHJ159497	Make TOYOTA	Year 2017	Model RAV4	
	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage			
	Extent Of Damage MINOR DAMAGE	11 - LEFT FRONT CORNER			



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing PARK MANEUVER	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
01	01	Owner Name DIANE ELLINGSON	Owner Address 917 JOHNSON ST STOUGHTON, WI 53589 , US	
		Sequence Of Events		
UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
Policy Holder				
01	001	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DIANE ELLINGSON	
		Individual		
01	001	Driver DIANE ELLINGSON	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address 917 JOHNSON ST STOUGHTON, WI 53589 , US	Driver License Number	
		Safety Equipment		
	On Duty Crash	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	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 NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		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	INDIVIDUAL	Individual			
Passenger DUANE ELLINGSON	Citations Issued 0			Sex MALE			
Date of Birth				Race WHITE			
Address 917 JOHNSON ST STOUGHTON, WI 53589 , US				Driver License Number			
Safety Equipment				On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			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		

UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other		To/From School		
	01	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 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 N/A	Total Lanes 1	
		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					

Vehicle

UNIT	VEHICLE	02	02	License Plate Number 160XBR		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
				Vehicle Identification Number 2G1WB5E31E1130250		Make CHEVROLET	Year 2014	Model IMPALA LIM
				Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
				Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		
				Extent Of Damage MINOR DAMAGE				
				Towed Due To Damage NOT TOWED				
				What Driver Was Doing GOING STRAIGHT		Vehicle Removed By OPERATOR		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name BRUCE DOUGLAS (608) 921-5244		Owner Address 3110 S PLEASANT ST AVALON, WI 53505 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
04	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual BRUCE DOUGLAS	
UNIT INDIVIDUAL	Individual			
	Driver BRUCE DOUGLAS (608) 921-5244		Citations Issued 0	Sex MALE
	Address 3110 S PLEASANT ST AVALON, WI 53505 , US		Date of Birth	Race WHITE
			Driver License Number	
UNIT 02	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT 003	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 NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location	

UNIT	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		
	02	003	