

6TL0D0GSLS

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC23-10624</b>		Investigating Officer/Deputy <b>DEPUTY G. AKERS</b>	
Crash Date <b>09/30/2023</b>		Crash Time <b>12:04 AM</b>		Date Arrived <b>09/30/2023</b>		Time Arrived <b>01:42 AM</b>	
Date Notified <b>09/30/2023</b>		Time Notified <b>01:21 AM</b>		Total Units <b>02</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>PRIVATE PROPERTY/PARKING LOT</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Description**

Diagram		Reconstruction By	
		Photos By <b>GA</b>	
		Additional Information <b>PHOTOS</b>	

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

V1 WAS BACKING OUT OF A PARKING SPACE AND STRUCK THE REAR END OF V2. D2 WAS SITTING IN THE VEHICLE DURING THE INCIDENT AND WITNESSED THE ACCIDENT OCCUR. D1 WAS UNAWARE OF INCIDENT AND CONTINUED ON. D1 WAS CONTACTED, INFORMED OF THE INCIDENT, AND PROVIDED A CASE NUMBER. THERE WERE NO INJURIES AND NEITHER VEHICLE WAS TOWED.

**Location**

<b>PARKING LOT</b> <b>CTHBD SB LOT S3214</b> <b>(HOUSE/BUILDING S3214)</b>  <b>IN THE TOWN OF DELTON</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.529678495</b>	Longitude <b>-89.775452887</b>
	X Coordinate <b>275725.6875</b>	Y Coordinate <b>4823380</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>04 - REAR TO REAR</b>	Light Condition <b>DARK/LIGHTED</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>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</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>UNKNOWN</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	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>					

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	<b>01</b>			
		License Plate Number <b>TT1936</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1C6RR7MT9HS525656</b>	Make <b>RAM</b>	Year <b>2017</b>	Model <b>1500</b>
		Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage  <b>00 - NO DAMAGE</b>		
Extent Of Damage <b>NO DAMAGE</b>					



UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>BACKING</b>		Vehicle Factors			
		Driver Prior Action Other		<b>UNKNOWN</b>			
		Driver Actions <b>UNKNOWN</b>					
01	01	Owner Name <b>WILLIAM SENTKOWSKI</b> (717) 252-1078		Owner Address <b>416 WAUTOMA RD</b> <b>COLOMA, WI 54930 , US</b>			
		<b>Sequence Of Events</b>					
UNIT	INDIVIDUAL	01	Event <b>PARKED MOTOR VEHICLE</b>				
		02	Event				
		03	Event				
		04	Event				
UNIT	INDIVIDUAL	<b>Policy Holder</b>					
		Insurance Company <b>MT-MORRIS-MUTUAL-INS-CO</b>		Individual <b>WILLIAM SENTKOWSKI</b>			
UNIT	INDIVIDUAL	Driver <b>WILLIAM SENTKOWSKI</b> (717) 252-1078		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>416 WAUTOMA RD</b> <b>COLOMA, WI 54930 , US</b>		Date of Birth	Race <b>WHITE</b>		
		On Duty Crash		Safety Equipment			
		<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>			
01	001	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use			
		Helmet Compliance		Eye Protection			
		Tint Compliance		Injury <b>Injury Severity</b> <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>UNKNOWN</b>			
		Distracted By Action <b>UNKNOWN</b>					

<b>UNIT</b>	<b>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>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>NOT OBSERVED</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>PASSENGER CAR</b>					Operating As Endorsements	
		Total Occs <b>2</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>MOTOR VEH IN TRANSPORT</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>AFB2425</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>JHMFC1F39KX003268</b>	Make <b>HONDA</b>	Year <b>2019</b>	Model <b>CIVIC</b>		
		Color <b>BLU - BLUE</b>	Body Style <b>SD - SEDAN</b>		Bus Use		
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>	Vehicle Damage				
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>05 - RIGHT REAR CORNER</b>				
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing <b>LEGALLY PARKED</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JACOB JOHNSON (507) 469-2245</b>		Owner Address <b>W7986 COUNTY ROAD B # 3 LAKE MILLS, WI 53551 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
UNIT 04	Event			
	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>JACOB JOHNSON</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Occupant Of Motor Vehicle Not In Transport <b>JACOB JOHNSON (507) 469-2245</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>W7986 COUNTY ROAD B # 3 LAKE MILLS, WI 53551 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number			
	<b>Safety Equipment</b>			
UNIT 002	On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 002	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</b>
	Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
UNIT 002	<b>Distracted By</b>			
	Distracted By Source			
	Distracted By Action			
UNIT 002	<b>Non Motorist</b>			
	Striking Unit #		Location	

UNIT	Prior Action			
	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>			
02	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>Individual</b>			
	Occupant Of Motor Vehicle Not In Transport <b>ERIC JOHNSON</b> (262) 527-3549		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>13205 W VAN NORMAN AVE</b> <b>NEW BERLIN, WI 53151 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number			
	<b>Safety Equipment</b>			
On Duty Crash		Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
02	003	<b>Injury</b>		
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</b>	
	Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>	Trapped/Extricated <b>UNKNOWN</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			
	Distracted By Action			
02	003	<b>Non Motorist</b>		
		Striking Unit #	Location	
Prior Action				

UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<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>					
		02	003				