WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash [Document #				g Officer/Deputy B. STODDARD		
Crash Date 01/15/2024	Crash Time 04:13 PM		Date Ar 01/15/2		Time Arrived 04:24 PM			
Date Notified 01/15/2024	Time Notified 04:13 PM			nits	Total Injured	Total Injured Total Killed		
On Emergency Hit	and Run	Lane Closu	ure	Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School Bus Related Tags				·	
Reportable	Crash Type DT4000 (STA	NDARD CRASH	ASH)Amend			led Secondary Crash		
Description	•				•			
Diagram Casino Parking I	Lot]				Photos By	n By	
	8. //	_						
	/					Additional Info	ormation	
Not to		on shoot I begge	المارة في	Janu C IIIS John Service	alo ronget			
						AND UNIT 2 BA	ACKED INTO EACH OTHER	
UNIT 1 AND UNIT 2 WERE BOTH BACKING OUT OF PARKING STALLS IN THE HO-CHUNK CASINO PARKING LOT. UNIT 1 AND UNIT 2 BACKED INTO EACH OTHER AT LOW SPEEDS.								

Location

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VEHICLE	Color RED - RED	Body Style UT - SPORT	VEHICLE 7 8 9 10 11 6 7 8 9 10 11 6 7 8 9 10 11						
01	Vehicle License Plate Number N10 Vehicle Identification Num KNDPN3AC0H723384		DMOBILE RS CORPORA	St WI Year 2017	Country of Issuance UNITED STATES Model SPORTAGE				
Tru N O						·			
Su	rface Type _ACKTOP (BITUMINOUS	Road Curvature STRAIGHT				Traffic Control Inoperative/Missing NO Road Grade LEVEL			
Tra	OTOR VEH IN TRANSPO affic Way ARKING LOT OR PRIVAT	Traffic Control NO CONTRO							
YE Mo	est Harmful Event: Collision W	NOT ON ROADWAY	Special Function	Pre CrashTire Mark Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use		icle Use	
To 1	otal Occs Train/Bus # Recorded Direction Of Travel		Total # Citations Issued 0		Total Trailers 0 Speed Limit		Total HazMat Types 0 Total Lanes		
Ve	TRANSIT hicle Type		D CLASS	D CLASS			AUTOMOBILE Operating As Endorsements		
	it Status			ing As Classification	n	Unit Type			
Un	it Summary ===	NON-JUNCTION	N	OT AN INTERS	ECTION				
	Ŭ	Junction Location		NO CO					
Pι	JBLIC PROPERTY bal Land				ECIAL JU	RISDICTION		Special Study	
	imal Type ash Classification - Location			NON TE		ray AY - PARKIN - Jurisdiction	G LOT		
CL	EAR			Balas	T. T. ".				
	eather Condition(s)			NONE					
	vironment Factor(s)								
	ad Surface Condition(s)			Roadway	y Factor(s)				
	anner of Collision REAR TO REAR			Light Col					
М	st Harmful Event OTOR VEH IN TRANSPO	ORT			mful Event KING LAI	Location NE OR ZONE			
	ash Scene			l e					
	THE TOWN OF DELTON SAUK COUNTY	·	Structure FIRE	Туре					
,	IRE \$3214)	X Coordi				linate			
	ARKING LOT THBD NB LOT \$3214			Latitude 43.5293	318081		Longitud	de 6343077	

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OF	ERATOR				
		What Driver Was Doing		Vel	nicle Factors				
		BACKING		J					
		Driver Prior Action Other		NC	T APPLICABLE				
		Driver Actions NO CONTRIBUTING ACT	ON						
_	_	NO CONTRIBUTING ACT	ON						
UNIT	≌								
\neg	VEHICLE								
	>								
		Owner Name			Owner Address				
	_	RICHARD VELOFF			5305 KINGSBRID				
	0	(608) 239-6196			MADISON, WI 537	/14 , US			
		Sequence Of Events							
	10	Event MOTOR VEH IN TRANSPO	ORT						
	٠								
	02	Event							
		Event							
	03	LVEIIL							
	_	Event							
	04								
		Policy Holder							
L N		Insurance Company			ndividual				
5		AMERICAN-FAMILY-INS-	co		RICHARD VELOFF				
		ndividual	dividual						
		Driver		10	Citations Issued	Sex			
	_	RICHARD VELOFF (608) 239-6196)	MALE			
	A				Date of Birth Race				
╘	INDIVIDUAL					WHITE			
Ę	\leq	Address 5305 KINGSBRIDGE RD			Driver License Number				
_	Ĭ	MADISON, WI 53714 , US	;						
		, ,							
		On Duty	Crash	- !	Safety Equipment				
	Saf	ety Equipment		l'	Salety Equipment				
		Row	Seat Position	٦,	SHOULDER & LAP	BELT			
		01 - FRONT ROW	07 - LEFT						
		Helmet Use	•	Helmet Compliance					
		Eye Protection			Tint Compliance				
		Injury Se	ovority.	4	Airbag				
7	9	Injury NO AP	PARENT INJURY		NON DEPLOYED				
		Ejected	Ejection Path	Т.	TON DEI EOTED		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT AP	PLIC	CABLE		NOT TRAPPED		
	Medical Transport				EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
Hospital Date of Death Time of Death									
			10.0						
		Distracted By	ed By Source						
		Distracted By Action							
		UNKNOWN							
		İ							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	king Unit #	Location						
		Prior Action								
		Action								
	AL.									
LIND	INDIVIDUAL									
_	NDI									
		Action Other							To/From School	
	L	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO				1	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Tes	st Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Re	sults			
2	001	Drug Type								
	0	Individual Condition								
		APPEARED NORMAL								
	Hni	t Summary ===								
_		Status		IV	ehicle Operating As Classi	fication	Unit Type			
	IN T	RANSIT			CLASS	TRUCK				
	Vehi	cle Type		ı		Operating A	Operating As Endorsements			
05		LITY TRUCK/PICKUP T	RUCK Train/Bus # Re	oordod I T.	otal # Citations Issued	Trailers	ilers Total HazMat Types			
	1			0		0		0		
⊨		Insurance? Direction Of Travel YES NOT ON ROADWAY		ADWAY	Pre CrashTire Mark	Speed N/A		Total Land		
L N		t Harmful Event: Collision W TOR VEH IN TRANSPO			pecial Function O SPECIAL FUNCTIO	NOT APP		cle Use		
		-			raffic Control O CONTROL	Traffic Conf	Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)			oad Curvature TRAIGHT	Road Grade	е			
	Truc	k Bus or HazMat	,		TKAIOIII		LLVLL			
	NO,	Vehicle								
		License Plate Number		F	Plate Type	St	Country of Is	ssuance		
		PW6118			LTK - LIGHT TRUCK WI			UNITED STATES		
	05	Vehicle Identification Numb 1GCGTDEN8K1312590			Make CHEVROLET	Year 2019		Model COLORADO		
					Body Style PK - PICKUP	Bus Use	Bus Use			
_	ίĒ	Initial Contact Point 05 - RIGHT REAR COF	RNER	\	/ehicle Damage				7 8 9 10 11	
LIND	VEHICLE	Extent Of Damage NO DAMAGE		,	00 - NO DAMAGE		6			
	>	Towed Due To Damage NOT TOWED			Vehicle Removed By					
1		NOT TOWED			OPERATOR					

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		What Driver Was Doing		Vehicle Factors					
		BACKING			_				
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	ш	NO CONTRIBUTING ACTI	ON						
_	7								
UNIT	VEHICL								
_	VE								
		Owner Name JOHN CAMPBELL		Owner Address W4133 COUN	TV BOAD K				
	02	(608) 369-1451		MONTELLO, V					
		Sequence Of Events							
		Event							
	01	MOTOR VEH IN TRANSPO	ORT						
	02	Event							
	03	Event							
	Sunt								
	04								
╘		Policy Holder							
UNIT		Insurance Company MT-MORRIS-MUTUAL-INS	S-CO	Individual JOHN CAMPBELL					
	i	Individual							
		Driver		Citations Issued Sex					
	Ţ	JOHN CAMPBELL (608) 369-1451		0 MALE					
_	NDIVIDUAL	(000) 303-1431		Date of Birth	Race WHITE				
Ę	Σ	Address		Driver License Nun	nber				
_	Z	W4133 COUNTY ROAD K MONTELLO, WI 53949, U							
		, ,							
	0-4	On Duty	Crash	Safety Equipment					
	Sar	ety Equipment		SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & L	AP BELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		Joine Co	worth	Airbag					
02	002	Injury Se	PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path	Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Ident	ifier	EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted By Distracte	ed By Source			1			
		Distracted By Action							
		UNKNOWN	Init #						
		Non Motorist Striking I	Unit # Location						

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		Prior Action					
İ		Action					
	JAI						
LND	ום						
5	INDIVIDUAL						
	Z						
		Action Other					To/From School
İ	,	Drug & Alcohol NO	Jse	Suspected Drug Use NO			1
	_		TAL			TALL 17 (D. 16	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u> 	
		TEŠT NOT GIVEN					
05	002	Drug Type	1		•		
	Ō						
		Individual Condition					
		APPEARED NORMAL					
		ALL EARLE HORMAL					