

6TL0D2XVRQ
24-01505

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D2XVRQ

| | | | | | | | |
|------------------------------------------------|--------------------------------------|---------------------------------------------------|------------------------------------|----------------------------------------|-------------------------------------------|-----------------------------------------------------------|------------------------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 24-01505 | | Investigating Officer/Deputy DEPUTY B. GOODREAU | |
| Crash Date 02/11/2024 | | Crash Time 07:01 PM | | Date Arrived 02/11/2024 | | Time Arrived 07:20 PM | |
| Date Notified 02/11/2024 | | Time Notified 07:02 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

| | |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

UNIT 1 WAS ATTEMPTING TO BACK OUT OF A PARKING SPOT AT THE FIRST STOP GAS STATION. AS UNIT 1 WAS BACKING, HE STATED HE WAS FOCUSED ON NOT STRIKING THE GAS PUMP AND ACCIDENTLY BACKED INTO UNIT 2, WHO WAS PARKED AND GETTING GAS.

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Location

| | | |
|---------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| PARKING LOT CTHBD LOT IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.531328975 | Longitude -89.776522441 |
| | X Coordinate 275645.375 | Y Coordinate 4823566.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN | |
| Manner of Collision 04 - REAR TO REAR | Light Condition DARK/LIGHTED | |
| 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 PRIVATE PROPERTY | Crash Classification - Jurisdiction PRIVATE PROPERTY | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|-------------|-------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|--------------------------------|
| 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 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 CrashTire Mark | Speed Limit N/A | Total Lanes 0 |
| | Most Harmful Event: Collision With IMMERSION, FULL OR PARTIAL | 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 | | | | |

| | | | | | |
|-----------------------------------------|----------------|-----------------------------------------------------------|---------------------------------------------------------------------|---------------------|---------------------------------------------|
| UNIT | Vehicle | | | | |
| | 01 | License Plate Number LW7314 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1GCVKREH9EZ334999 | Make CHEVROLET | Year 2014 | Model SILVERADO |
| | VEHICLE | Color GRN - GREEN | Body Style PK - PICKUP | | Bus Use |
| | | Initial Contact Point 07 - LEFT REAR CORNER | Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR | | |
| Extent Of Damage MINOR DAMAGE | | | | | |



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| | | | | |
|-----------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing BACKING | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions UNSAFE BACKING, LOOKED BUT DID NOT SEE | | | |
| 01 | Owner Name DONALD COLEMAN | | Owner Address 220 E TOWNLINE RD N CORNELL, WI 54732 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event PARKED MOTOR VEHICLE | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company ROCKFORD-MUTUAL-INS-CO | | Individual DONALD COLEMAN | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver DONALD COLEMAN | | Citations Issued 0 | Sex MALE |
| | Address 220 E TOWNLINE RD N CORNELL, WI 54732 , US | | Date of Birth | Race |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | Safety Equipment SHOULDER & LAP BELT |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| 001 | 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 | |
| 01 | 001 | 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 | | | | | |
| | | Individual | | | | | |
| | | Passenger NILAH COLEMAN | | | Citations Issued 0 | Sex FEMALE | |
| | | | | | Date of Birth | Race WHITE | |
| | | Address 220 E TOWNLINE RD N CORNELL, WI 54732 , US | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | 01 | 002 | Safety Equipment | | On Duty Crash | Safety Equipment SHOULDER & LAP BELT |
| Row 01 - FRONT ROW | Seat Position 09 - RIGHT | | | | | | |
| 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 | | | |
| Distracted By Action | | | | | | | |
| Non Motorist | | Striking Unit # | Location | | | | |

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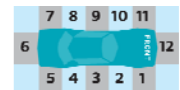
| | | | | |
|------|------------------------|-------------------|---------------------------------------------|------------------------------------|
| UNIT | INDIVIDUAL | Prior Action | | |
| | | Action | | |
| | | Action Other | To/From School | |
| | 01 | 002 | Drug & Alcohol | Suspected Alcohol Use 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 ILLEGALLY PARKED | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | | Vehicle Type PASSENGER VAN | 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 0 |
| | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | | Traffic Way TWO-WAY, NOT DIVIDED | | 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 AJD5621 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | | | Vehicle Identification Number 2FMZA52205BA92440 | Make FORD | Year 2005 | Model FREESTAR |
| | | | | Color SIL - SILVER (ALUMINUM) | Body Style VN - VAN | Bus Use | |
| | | | | Initial Contact Point 04 - RIGHT SIDE REAR | Vehicle Damage | | |
| | | | | Extent Of Damage MINOR DAMAGE | 04 - RIGHT SIDE REAR | | |
| | | | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | | | | What Driver Was Doing LEGALLY PARKED | | | |



WISCONSIN MOTOR VEHICLE
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|---------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| UNIT VEHICLE | Vehicle Factors | | |
| | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| 02 02 | Owner Name MARIE PIETZSCH | Owner Address 533 WASHINGTON ST RIPON, WI 54971 , US | |
| | Sequence Of Events | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | |
| | Event PARKED MOTOR VEHICLE | | |
| | Event | | |
| | Event | | |
| UNIT | Policy Holder | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | Individual MARIE PIETZSCH | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver ROBERT BRUDER | Citations Issued 0 | |
| | | Sex MALE | |
| | | Date of Birth | |
| | | Race WHITE | |
| | Address 533 WASHINGTON ST RIPON, WI 54971 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 003 | 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 | |
| Hospital | | EMS Run # | |
| 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 | |

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|------|------------|--------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------|
| UNIT | INDIVIDUAL | Prior Action | | |
| | | Action | | |
| 02 | 003 | Action Other | | To/From School |
| | | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO |
| 02 | 003 | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| 02 | 003 | Drug Type | | |
| | | Individual Condition APPEARED NORMAL | | |
| UNIT | INDIVIDUAL | Individual | | |
| | | Passenger MARIE PIETZSCH | Citations Issued 0 | Sex FEMALE |
| 02 | 004 | Date of Birth | Race WHITE | |
| | | Address 533 WASHINGTON ST RIPON, WI 54971 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 | 004 | Safety Equipment | On Duty Crash | Safety Equipment |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT |
| 02 | 004 | Helmet Use | Helmet Compliance | |
| | | Eye Protection | Tint Compliance | |
| 02 | 004 | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| 02 | 004 | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # |
| | | Hospital | Date of Death | Time of Death |
| 02 | 004 | Distracted By | Distracted By Source | |
| | | Distracted By Action | | |
| 02 | 004 | Non Motorist | Striking Unit # | Location |
| | | Prior Action | | |

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| | | | |
|---------------------------------------------------------------------|------------------------------------------------|------------------------------------|---------------------------------|
| UNIT INDIVIDUAL 02 004 | 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 | | |
| | | | |
| | | | |
| | | | |