

6TL0BFKDK1
24-03434

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 24-03434		Investigating Officer/Deputy DEPUTY B. FISH	
Crash Date 04/07/2024		Crash Time 05:38 PM		Date Arrived 04/07/2024		Time Arrived 05:59 PM	
Date Notified 04/07/2024		Time Notified 05:59 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By FISH
	Additional Information PHOTOS

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

ON 4/7/24 UNIT 1 WAS GOING AROUND UNIT 2 IN THE DRIVE THROUGH OF ARBBYS. UNIT 2 ACCELERATED AND HIT THE SIDE OF UNIT 1. UNIT 1 HAD DAMAGE TO THE DRIVERS SIDE REAR FENDER. THE OPERATOR OF UNIT 2 ACTED VERY AGGRESSIVE AND SCARED THE OPERATOR OF UNIT 1. UNIT 1 LEFT DUE TO THE FEAR FOR THEIR SAFETY. UNIT 2 NEVER CALLED TO REPORT THE INCIDENT. UNIT 1 CALLED AFTER THEY WERE AT A SAFE LOCATION. UNIT 1 HAD INSURANCE, WAS VALID, AND NO INFORMATION IS KNOWN ABOUT UNIT 2. FAULT IS SUSPECTED TO BE UNIT 2 BASED ON UNIT 1'S STATEMENT.

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Location

PARKING LOT CTHBD LOT 325 (HOUSE/BUILDING 325) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.473930716	Longitude -89.769494405
	X Coordinate 276001	Y Coordinate 4817172.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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	Intersection Type

Unit Summary

UNIT	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 CrashTire 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 PARKING LOT OR PRIVATE PROPERTY	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature UNKNOWN	Road Grade LEVEL		
	Truck Bus or HazMat NO				

UNIT	Vehicle			
	License Plate Number ACJ3332	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2G1WT57K491181006	Make CHEVROLET	Year 2009	Model
	Color BLU - BLUE	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage 08 - LEFT SIDE REAR		
	Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name ETHAN ELDER (608) 393-3634		Owner Address 407 5TH ST BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROASSURANCE-CASUALTY-CO		Individual SUMMER ELDER	
UNIT INDIVIDUAL	Individual			
	Driver SUMMER ELDER (608) 393-3634		Citations Issued 0	Sex FEMALE
	Address 407 5TH ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment RESTRAINT USE UNKNOWN
	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				

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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					
	01	001				

Unit Summary

UNIT	02	Unit Status HIT AND RUN		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? UNKNOWN		Direction Of Travel UNKNOWN		<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 UNKNOWN			Emergency Motor Vehicle Use UNKNOWN		
	Traffic Way UNKNOWN				Traffic Control UNKNOWN			Traffic Control Inoperative/Missing UNKNOWN		
	Surface Type UNKNOWN				Road Curvature UNKNOWN			Road Grade UNKNOWN		
	Truck Bus or HazMat NO									

UNIT	VEHICLE	Vehicle								
		License Plate Number UNKNOWN		Plate Type AUT - AUTOMOBILE		St	Country of Issuance			
		Vehicle Identification Number		Make		Year	Model			
	Color		Body Style			Bus Use				
	Initial Contact Point 99 - UNKNOWN		Vehicle Damage							
	Extent Of Damage									
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR							

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		UNKNOWN	
	Driver Actions UNKNOWN			
	Owner Name		Owner Address , ,	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Unknown		Citations Issued 0	Sex
			Date of Birth	Race
	Address , ,		Driver License Number	
UNIT 02	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 99 - UNKNOWN	Seat Position	RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE
	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	
Prior Action				

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use	
			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 NOT OBSERVED			