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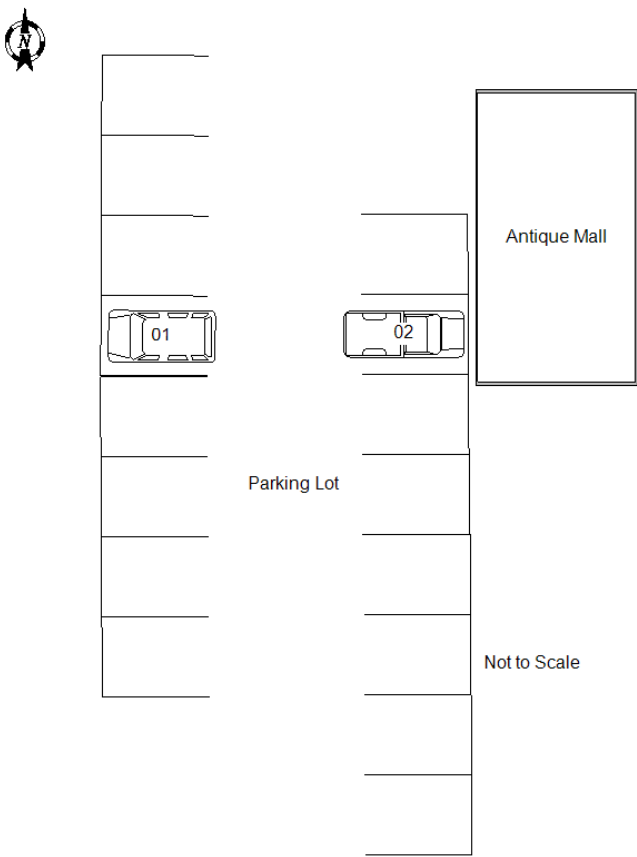
25-04587

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK 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 <b>25-04587</b>		Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>05/13/2025</b>		Crash Time <b>02:50 PM</b>		Date Arrived <b>05/13/2025</b>		Time Arrived <b>03:33 PM</b>	
Date Notified <b>05/13/2025</b>		Time Notified <b>03:23 PM</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>DEPUTY GREENWOOD</b>
		Additional Information <b>PHOTOS</b>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
UNIT 1 WAS PARKED. UNIT 2 BACKED OUT OF THE PARKING STALL AND STRUCK UNIT 1. UNIT 2 DID NOT KNOW HE HIT UNIT 1. CRASH WAS WITNESSED BY A BYSTANDER.		

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## Location

PARKING LOT TIMOTHY LN LOT IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.561964461</b>	Longitude <b>-89.77749114</b>
	X Coordinate <b>275680.8125</b>	Y Coordinate <b>4826971.5</b>
	Structure Type <b>NO STRUCTURE</b>	

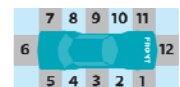
## Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>04 - REAR TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)	
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>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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

UNIT 01	Unit Status <b>LEGALLY PARKED</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</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	
	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>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>AKS8127</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GNSKFKD5PR505583</b>		Make <b>CHEV</b>	Year <b>2023</b>	Model <b>SUBURBAN</b>
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	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>			
01	Owner Name <b>DAWN BIRK</b>		Owner Address <b>446 W MAIN ST MERRIMAC, WI 53561 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>PARKED MOTOR VEHICLE</b>		
	Event			
	Event			
	Event			
01	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO</b>		INDIVIDUAL <b>DAWN BIRK</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	OCCUPANT <b>JERRY BIRK</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>446 W MAIN ST MERRIMAC, WI 53561 , US</b>		Date of Birth <b>WHITE</b>	
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>98 - NOT APPLICABLE</b>		Seat Position <b>NOT APPLICABLE</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	<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	
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				

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UNIT	INDIVIDUAL	<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>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		OCCUPANT <b>DAWN BIRK</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>446 W MAIN ST MERRIMAC, WI 53561 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Safety Equipment</b>		On Duty Crash			
				Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>			
		Row <b>98 - NOT APPLICABLE</b>	Seat Position				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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							
<b>Non Motorist</b>				Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	<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>			

## Unit Summary

UNIT	02	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>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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes	
		Most Harmful Event: Collision With <b>MOTOR VEH TRAN OTHER RDWY</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</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

UNIT	02	02	Vehicle				
			License Plate Number <b>UR2507</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1GTV2MEC2GZ270587</b>		Make <b>GMC</b>	Year <b>2016</b>	Model <b>SIERRA</b>
			Color <b>RED - RED</b>		Body Style <b>PK - PICKUP</b>		Bus Use
			Initial Contact Point <b>06 - REAR</b>		Vehicle Damage		
			Extent Of Damage <b>NO DAMAGE</b>		<b>00 - NO DAMAGE</b>		
			Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
			What Driver Was Doing <b>BACKING</b>				

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>UNSAFE BACKING</b>			
	Owner Name <b>JEFFREY VANINGAN</b>		Owner Address <b>30955 FRESNO AVE TOMAH, WI 54660 , US</b>	
	<b>Sequence Of Events</b>			
UNIT 01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		INDIVIDUAL <b>JEFFREY VANINGAN</b>	
	<b>Individual</b>			
	DRIVER <b>JEFFREY VANINGAN</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT 03	Date of Birth		Race <b>WHITE</b>	
	Address <b>30955 FRESNO AVE TOMAH, WI 54660 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
UNIT 04	Helmet Use		SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
UNIT 05	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	
UNIT 06	Time of Death		<b>Distracted By</b>	
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>			
UNIT 07	Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	003	Action Other		To/From School
		<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>		
02	003	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
02	003	Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
02	003	Drug Type		
		Individual Condition		
02	003	APPEARED NORMAL		
		<b>Individual</b>		
UNIT	INDIVIDUAL	PASSENGER VICTORIA VANINGAN	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
02	004	Address 30955 FRESNO AVE TOMAH, WI 54660 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		<b>Safety Equipment</b>		
02	004	On Duty Crash	Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>
02	004	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
02	004	<b>Injury</b>	Injury Severity <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>
02	004	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
02	004	<b>Distracted By</b>		
		Distracted By Source		
02	004	Distracted By Action		
		<b>Non Motorist</b>		
02	004	Striking Unit #	Location	
		Prior Action		

UNIT	INDIVIDUAL				
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>			
		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			
Witness					
WITN 01 ESS	Individual RICK HART (414) 550-7695		Address  , ,	Date of Birth	