6TL0FQBC3M

25-05275

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Doc	cument #	Agency 25-052	Crash Number 2 75	Investigating DEPUTY J			
3M	Crash Date 05/29/2025	Crash Time 03:20 PM		Date Arrived 05/29/2025		Time Arrived 03:45 PM			
BC	Date Notified 05/29/2025	Time Notified 03:23 PM		Total Units 02		Total Injured	Total InjuredTotal Killed0000		1
6TL0FQBC3M		t and Run	Lane Closu	-	Work Zone	Trailer	-	-	Reporting Threshold
STL C	Government Property	Active Scho	ol Zone	School NO	Bus Related	Tags			
U	Reportable	Crash Type PRIVATE PROP	ERTY/PARKI	NG LOT	-	Amend	ed		Secondary Crash
	Description	-				•			-
	Diagram						Recon	nstruction s By	Ву
	Ho Chunk Casino Parking Lot								
	···· -································						Additional Information NONE		
				Gnit	Unit 1				
	Ν	lon Reportab	le Accide	nt/Not	Drawn to Scale	9			
	✓ I, a sworn law enforceme	ent officer, agree	that I have no	ot addec	I any CJIS data in this	s report.			
	ON 5/29/25 AT APPROXIMATELY 1523, I WAS CALLED TO THE PARKING LOT OF HO CHUNK CASINO FOR A TWO VEHICLE CRASH IN THE PARKING LOT. I ARRIVED AND OBSERVED UNIT 2 PARKED IN A PARKING STALL. UNIT 1 WAS PARKED NEXT TO UNIT 2 IN A NO PARKING ZONE. UNIT 1 WAS PARKED AT AN ANGLE VERY CLOSE NEXT TO UNIT 2. IT APPEARED THAT UNIT 1 SIDE SWIPED UNIT 2 AS IT WAS PULING INTO THE NO PARKING ZONE WHERE UNIT 1 WAS PARKED. I OBSERVED PAINT TRANSFER AND SCRATCHES ALONG THE PASSENGER SIDE OF UNIT 1 AND ON THE REAR DRIVER SIDE CORNER PANEL OF UNIT 2. OPERATOR OF UNIT 1 STATED THEY DID NOT KNOW THEY HAD STRUCK UNIT 2 WHEN THEY WERE PARKING.								

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L	Location									
		KING LOT				Latitude			Longit	ude
		IBD NB LOT	43.528409554		09554	-89		.776504733		
		HE TOWN OF DELTO			X Coordinate 275635.96875			Y Coo	ordinate	
	IN 5	AUK COUNTY						4823	242	
					Structure Type			1		
C	ra	sh Scene								
-	-	Harmful Event				Firet Harn	nful Event L	ocation		
			E					E OR ZONE		
F	Man	ner of Collision				Light Con	-			
	01 -	ANGLE			DAYLIG					
F	Road	Surface Condition(s)				Roadway	Factor(s)			
	DR۱	,								
F	Envi	onment Factor(s)				_				
	NON	IE				NONE				
ŀ	Wea	ther Condition(s)				-				
	CLE	AR								
F	Anim	al Type				Relation T	To Trafficwa	ау		
	Crash Classification - Location PRIVATE PROPERTY Tribal Land					-		Y - PARKIN	G LOT	
							ssification -	Jurisdiction		
						Access C	-		Special Study	
							ITROL			
	with NO	in Interchange Area	Junction Location NON-JUNCTION		Intersection	INTERSE	CTION			
	Init	t Summary			_	_	-			
				Vehicle One	erating As (lassification	1	Unit Type		
	Unit Status Vehicle Operating As IN TRANSIT D CLASS									
H	Vehicle Type					Operating As Endorsements				
	PASSENGER CAR									
F	Tota	Occs	Train/Bus # Recorded	Total # Cita	tions Issued	ł	Total Tra	ilers	Total Ha	azMat Types
	1			0			0		0	
		surance? Direction Of Travel ES NOT ON ROADWAY		Pre CrashTire Mark		ire Speed Lim		imit Total Lan		anes
	YES									
		Harmful Event: Collision V		Special Fur NO SPEC		TION		Emergency NOT APP		
		KED MOTOR VEHICL	E	Traffic Control			Traffic Control Inopera			
				NO CONT				NO		
				Road Curvature STRAIGHT					Road Grade	
		CKTOP (BITUMINOUS	3)				LEVEL			
		k Bus or HazMat	-					1		
	NO									
		Vehicle					0.4			
		License Plate Number AUW9745		Plate Type AUT	•		St WI	Country of Is		
		Vehicle Identification Nun	her	Make			Year	Model	IAIES	
	IHGCY2F80RA018473 Color RED - RED Initial Contact Point 04 - RIGHT SIDE REAR						2024	ACCORD		
						- '	Bus Use			
				Vehicle Damage			1			
				03 - RIGHT SIDE MIDDLE, 04 - RIGH				5 0E	7 8 9 10 11 6	
,	I	Extent Of Damage - RIC			REAR CC				\ , 05	5 4 3 2 1
	5	MINOR DAMAGE								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing ILLEGALLY PARKED Driver Prior Action Other		Vehicle Factors							
				NOT APPLICABLE							
		Driver Actions	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, LOOKED BUT DID NOT SEE								
	Щ	OPERATED MOTOR VEHICI	LE IN INATTENTIVE, CA	RELESS OR ERRAT	IC MANNER, LOC	OKED BUT DID NOT SEE					
UNIT	<u></u>										
5	VEHICLE										
	N										
		Owner Name EDWARD WENDORF	Owner Address 715 W MAIN ST								
	01	(608) 269-6405		SPARTA, WI 54656 , US							
	•	()									
		Company Of Events									
		Sequence Of Events Event									
	01	PARKED MOTOR VEHICLE									
	02	Event									
	0	-									
	03	Event									
	4	Event									
	04										
E		Policy Holder									
UNIT		Insurance Company	-	INDIVIDUAL							
		WISCONSIN-MUTUAL-INS-CO		EDWARD WENDORF							
	I	Individual									
		DRIVER EDWARD WENDORF (608) 269-6405 Address		Citations Issued Sex							
	Ļ			0	MALE						
	NDIVIDUAI			Date of Birth	Race WHITE						
UNIT	N			Driver License Number							
Ξ	D	715 W MAIN ST									
	Z	SPARTA, WI 54656 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	0-1	On Duty Cr	ash	Safety Equipment							
	Sat	ety Equipment									
		Row Seat Position		SHOULDER & LAF	P BELT						
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
2	001	Injury Severity		Airbag							
0	õ		RENT INJURY	NON DEPLOYED							
			ection Path			Trapped/Extricated					
	NOT EJECTED NOT EJECTED/NOT AP Medical Transport Medical Transport										
		NOT TRANSPORTED		EMS Agency Identifier	I	EMS Run #					
		Hospital		Date of Death		Time of Death					
		τοσριαι									
		Distracted Distracted	By Source	J		J					
		Distracted By NOT APP	LICABLE (NOT DISTRA	CTED)							
		Distracted By Action NOT DISTRACTED									

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		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	٦									
⊢	Ŋ									
UNIT	INDIVIDUAL									
_	ā									
	Z									
		Action Other							To/From School	
				-						
		Drug & Alcohol	Suspected Alcohol I	Jse	Suspected Drug Use					
	-	_	NO	Alcohol Test Type			Alcohol Tes	t Booulto		
		Alcohol Test Given Alcohol TEST NOT GIVEN		Alconol Test Type	;		Alconol Tes	I Results		
		Drug Test Given		Drug Test Type		Drug Test Res	ults			
		TEST NOT GIVEN				_				
2	001	Drug Type								
	ō									
		Individual Condition								
			4.4.1							
		APPEARED NORM	AL							
I	Uni	t Summary								
		Status		V	ehicle Operating As Class	ification	Unit Type			
	LEGALLY PARKED			D	CLASS	AUTOMO	AUTOMOBILE			
02							Operating A	s Endorser	ments	
			ICLE Train/Bus # Re		otal # Citations Issued	Total Tr	ailore	Total Haz	:Mat Types	
	Total Occs Train/Bus # Recorded				0	allers	0	iviat Types		
	-	rance?	Direction Of T				Limit	Total Lanes		
⊢	YES NOT ON ROADWAY		ADWAY	Mark						
UNIT	Most Harmful Event: Collision With				pecial Function		Emergency Motor Vehicle Use NOT APPLICABLE			
-	MOTOR VEH IN TRANSPORT Traffic Way PARKING LOT OR PRIVATE PROPERTY Surface Type				IO SPECIAL FUNCTIO					
					raffic Control IO CONTROL			Traffic Control Inoperative/Missing NO Road Grade		
					load Curvature					
			OUS)				LEVEL			
	Truc	k Bus or HazMat	-							
	NO									
Vehicle										
		License Plate Number			Plate Type	St	Country of Is	-		
		AFT7013			AUT Make	WI Year	UNITED STATES			
	02	Vehicle Identification Number 3GKALPEX2KL129409			GMC	2019	Model TERRAIN			
	-				Body Style Bus Use					
					UT - SPORT UTILITY					
Ι.	щ	Initial Contact Point		ľ	Vehicle Damage				7 8 9 10 11	
UNIT		08 - LEFT SIDE RE	EAR		•••••======				6	
5	VEHICLE	Extent Of Damage			08 - LEFT SIDE REAR					
	>	MINOR DAMAGE Towed Due To Damage			Vehicle Removed By					
		NOT TOWED	3~		OPERATOR					
1		L								

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doing	Vehicle Factors				
		LEGALLY PARKED					
		Driver Prior Action Other	NOT APPLICABLE				
		Driver Actions					
	VEHICLE	NO CONTRIBUTING ACTION					
F	1						
UNIT	≌						
5	Т.						
_	Ψ.						
	_						
		Owner Name	Owner Address				
		HAROLD RIEKE	1716 HILLCREST DR				
	02	(715) 451-1125	BARABOO, WI 53913 , US				
	0	(715) 451-1125	BARABOO, WI 53913, 03				
	;	Sequence Of Events					
		Event					
	2	MOTOR VEH IN TRANSPORT					
	-						
	~	Event					
	02						
	_						
	~	Event					
	03						
		Event					
	04						
		Policy Holder					
UNIT							
5		Insurance Company	INDIVIDUAL				
		PROGRESSIVE-CASUALTY-INS-CO	HAROLD RIEKE				
I							