

6TL0FKD6PF

25-13297

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>25-13297</b>	Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>12/29/2025</b>	Crash Time <b>12:41 PM</b>	Date Arrived <b>12/29/2025</b>	Time Arrived <b>12:46 PM</b>	
Date Notified <b>12/29/2025</b>	Time Notified <b>12:42 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags
<input type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended
			<input type="checkbox"/> Secondary Crash	

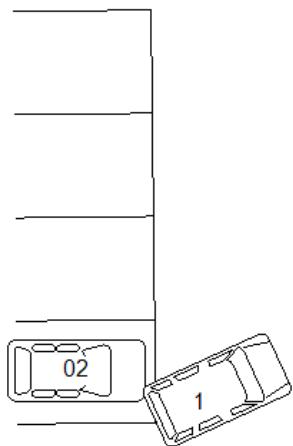
## Description

Diagram



Not to Scale

Private Parking Lot/ Gas Station



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.

ON DECEMBER 29, 2025 AT APPROXIMATELY 12:41PM UNIT 1 WAS BACKING OUT OF HER STALL IN A PRIVATE GAS STATION PARKING LOT AND BACKED INTO UNIT 2 WHO WAS PARKED AT THE PUMPS. NO INJURIES REPORTED AND BOTH VEHICLES WERE REMOVED BY OPERATORS.

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## Location

PARKING LOT CTHBD NB LOT E3118 (FIRE E3118)	Latitude <b>43.531418551</b>	Longitude <b>-89.776909356</b>
IN THE TOWN OF DELTON IN SAUK COUNTY	X Coordinate <b>275614.4375</b>	Y Coordinate <b>4823577.5</b>
Structure Type <b>FIRE</b>		

## Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)
Environment Factor(s) <b>NONE</b>	<b>NONE</b>
Weather Condition(s) <b>CLOUDY</b>	
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</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

01 UNIT	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>			

## Vehicle

01 UNIT 01 VEHICLE	License Plate Number <b>AVV1816</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JHLRE48528C065073</b>	Make <b>HOND</b>	Year <b>2008</b>	Model <b>CR-V EX</b>
	Color <b>GRN - GREEN</b>	Body Style <b>LL - CARRYALL</b>	Bus Use	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>07 - LEFT REAR CORNER</b>		

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UNIT 01	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors
	Driver Prior Action Other		<b>NOT APPLICABLE</b>
VEHICLE 01	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>		
	Owner Name <b>CAROL MATTEI (608) 254-8007</b>		Owner Address <b>505 CAPITAL ST WISCONSIN DELLS, WI 53965 , US</b>
<b>Sequence Of Events</b>			
01	Event <b>PARKED MOTOR VEHICLE</b>		
	Event		
	Event		
	Event		
<b>Individual</b>			
UNIT INDIVIDUAL 01	DRIVER <b>CAROL MATTEI (608) 254-8007</b>		Citations Issued <b>0</b> Sex <b>FEMALE</b>
			Date of Birth      Race <b>WHITE</b>
Address <b>505 CAPITAL ST WISCONSIN DELLS, WI 53965 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>		Safety Equipment	
Row <b>01 - FRONT ROW</b>		Seat Position <b>RESTRAINT USE UNKNOWN</b>	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
01	Injury <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location

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UNIT INDIVIDUAL  01 001	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
	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>NOT OBSERVED</b>			

**Unit Summary**

Unit Status <b>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
Total Occs <b>1</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 <b>0</b>
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>				

<b>Vehicle</b>					
UNIT 02 02 VEHICLE	License Plate Number <b>AXG3841</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FMCU9G6XLUA56956</b>		Make <b>FORD</b>	Year <b>2020</b>	Model <b>ESCAPE</b>
	Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>01 - RIGHT FRONT CORNER</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>LEGALLY PARKED</b>				

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UNIT 02	VEHICLE 02	Vehicle Factors <b>NOT APPLICABLE</b>	
		Driver Prior Action Other <b>NO CONTRIBUTING ACTION</b>	
UNIT 02	Owner Name <b>MICHAEL ORVIS (608) 332-0862</b>	Owner Address <b>S3050 N REEDSBURG RD BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
UNIT INDIVIDUAL 02	<b>Policy Holder</b>		
	Insurance Company <b>ALLSTATE-INS-CO</b>	INDIVIDUAL <b>MICHAEL ORVIS</b>	
	<b>Individual</b>		
	OCCUPANT <b>MICHAEL ORVIS (608) 332-0862</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
Address <b>S3050 N REEDSBURG RD BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>		Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
<b>02</b> <b>002</b>	<b>Injury</b> <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	
<b>Distracted By</b>		Time of Death	
Distracted By Source			
Distracted By Action			
<b>Non Motorist</b>		Striking Unit #	
		Location	

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INDIVIDUAL

02

002

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>		