

6TL09N3P53
18-04588

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09N3P53

| | | | | | |
|--|---|---------------------------------------|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 18-04588 | Investigating Officer/Deputy DEPUTY C. FRANK | |
| Crash Date 05/05/2018 | | Crash Time 04:12 PM | Date Arrived 05/05/2018 | Time Arrived 04:18 PM | |
| Date Notified 05/05/2018 | | Time Notified 04:15 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 checked="" 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> <p>Cr BD</p> <p>S3118</p> <p>Fuel pump</p> <p>1</p> <p>Fuel pump</p> <p>2</p> <p>2</p> <p>Not to scale</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.

ON THE ABOVE DATE AND TIME A 2 UNIT CRASH OCCURRED IN THE LOT OF FIRST STOP S 3118 CR BD. UNIT 1 WAS PARKED AT THE NORTHERN GAS PUMP. UNIT HAD A UTILITY TRAILER ATTACHED. UNIT 2 ATTEMPTED TO SQUEEZE PAST UNIT 1. UNIT 1 STRUCK UNIT 2 TRAILER PASSENGER SIDE WHEEL HUB CAUSING MINOR DAMAGE TO HUB.

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Location

| | | |
|---|-----------------------------------|-----------------------------------|
| PARKING LOT CTHBD NB LOT S3118 (FIRE S3118) IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.531484207 | Longitude -89.777114384 |
| | X Coordinate 275598.125 | Y Coordinate 4823585 |
| | Structure Type FIRE | |

Crash Scene

| | | |
|--|--|---|
| First Harmful Event PARKED MOTOR VEHICLE | First Harmful Event Location IN PARKING LANE OR ZONE | |
| Manner of Collision 05--SIDESWIPE/SAME DIRECTION | Light Condition DAYLIGHT | |
| 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 | 01 | Unit Status LEGALLY PARKED | Vehicle Operating As Classification D CLASS | Unit Type TRUCK | | |
| | | Vehicle Type CARGO VAN (10,000 LBS OR LESS) | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Injured | Total # Citations Issued 0 | Total Trailers 1 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NOT ON ROADWAY | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 05 | Total Lanes 1 | |
| | 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 CONCRETE | | Road Curvature STRAIGHT | Road Grade LEVEL | | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|-------------|-----------|---|--|---------------------|---|
| UNIT | 01 | Vehicle | | | |
| | | License Plate Number MS3269 | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1GAZG1FG3E1180906 | Make CHEVROLET | Year 2014 | Model EXPRESS G3 |
| | | Color WHI - WHITE | Body Style VN - VAN | | Bus Use NOT A BUS |
| | | Initial Contact Point NON-COLLISION | Vehicle Damage | | |
| | | Extent Of Damage NO DAMAGE | NO DAMAGE | | |

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| | | | | |
|--|---|--|---|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By | |
| | What Driver Was Doing LEGALLY PARKED | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Driver Distractions NOT DISTRACTED | | | |
| 01 | 01 | Owner Name JAMES A SCHAEFER (608) 939-5745 | | Owner Address 2913 93RD ST STURTEVANT, WI 53177 , US |
| Sequence Of Events | | | | |
| | 01 | Event PARKED MOTOR VEHICLE | | |
| | 02 | Event MOTOR VEH IN TRANSPORT | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual JAMES SCHAEFER | |
| UNIT TRAILER/ TOWED | Trailer/Towed | | | |
| | Trailer Plate # | Plate Type | Make AMER HAULE | State |
| | Country of Issuance UNITED STATES | | | |
| Unit Type UTILITY TRAILER | Individual JAMES A SCHAEFER (608) 939-5745 | | Address 2913 93RD ST STURTEVANT, WI 53177 , US | |
| Vehicle Identification Number 593200E15G1052687 | | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Occupant Of Motor Vehicle Not In Transport WILLIAM J SCHAEFER | | Citations Issued 0 | Sex MALE |
| | | | Date of Birth [REDACTED] | Race WHITE |
| | Address 2913 93RD ST STURTEVANT, WI 53177 , US | | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | Equipment | | Safety Equipment | |
| On Duty Crash | | | RESTRAINT USE UNKNOWN | |
| Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER | | | | |

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|---|------------|-------------------|--|--|--------------------------|--------------------------------------|--|----------------|
| UNIT | INDIVIDUAL | 01 001 | Helmet Use | Helmet Compliance | | | | |
| | | | Eye Protection | Tint Compliance | | | | |
| | | | Injury | Injury Severity NO APPARENT INJURY | Airbag UNKNOWN | | | |
| | | | Ejected UNKNOWN | Ejection Path UNKNOWN | | Trapped/Extricated UNKNOWN | | |
| | | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | | EMS Run # | | |
| | | | Hospital | Date of Death | | Time of Death | | |
| | | | Non Motorist | Striking Unit # | Prior Action | Location | | To/From School |
| | | | Action | | | | | |
| | | | Action Other | | | | | |
| | | | 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 | | | | |
| 01 001 | INDIVIDUAL | 01 001 | Drug Type | | | | | |
| | | | Individual Condition APPEARED NORMAL | | | | | |

Unit Summary

| | | | | | | |
|------|----|---|---|---|--------------------------------|--|
| UNIT | 02 | 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 # Injured | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 05 | Total Lanes 1 |
| | | Most Harmful Event: Collision With PARKED MOTOR VEHICLE | | 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 CONCRETE | | Road Curvature STRAIGHT | | Road Grade LEVEL |
| | | Truck Bus or HazMat NO | | | | |
| | | Vehicle | | | | |
| | | License Plate Number 944RBF | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |

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|------|------------|---|---|---|---|---------------------|----------------------------|
| UNIT | VEHICLE | 02 | 02 | Vehicle Identification Number 2G4WC582791168462 | Make BUICK | Year 2009 | Model LACROSSE C |
| | | Color SIL - SILVER (ALUMINUM) | Body Style 4D - 4DR | Bus Use NOT A BUS | | | |
| | | Initial Contact Point 11--LEFT FRONT CORNER | Vehicle Damage | | | | |
| | | Extent Of Damage NO DAMAGE | NO DAMAGE | | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By | | | | |
| | | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | | | | |
| UNIT | VEHICLE | 02 | 02 | Driver Prior Action Other | NOT APPLICABLE | | |
| | | Driver Actions FAILURE TO CONTROL | | | | | |
| | | Driver Distractions NOT DISTRACTED | | | | | |
| UNIT | VEHICLE | 02 | 02 | Owner Name ROBERT PAUL SMITH (608) 325-3480 | Owner Address 626 22ND AV MONROE, WI 53566 , US | | |
| | | Sequence Of Events | | | | | |
| UNIT | VEHICLE | 01 | 01 | Event PARKED MOTOR VEHICLE | | | |
| | | 02 | 02 | Event | | | |
| | | 03 | 03 | Event | | | |
| | | 04 | 04 | Event | | | |
| UNIT | VEHICLE | Policy Holder | | | | | |
| | | Insurance Company UNITED-SERVICES-AUTOMOBILE-ASSN | Individual ROBERT SMITH | | | | |
| UNIT | INDIVIDUAL | Individual | | | | | |
| | | Driver ROBERT PAUL SMITH (608) 325-3480 | Citations Issued 0 | | Sex MALE | | |
| | | | Date of Birth [REDACTED] | | Race WHITE | | |
| | | Address 626 22ND AV MONROE, WI 53566 , US | Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| UNIT | INDIVIDUAL | Equipment | | On Duty Crash | | | Safety Equipment |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | SHOULDER & LAP BELT | | | |

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|--|-----|---|-----|---|-------------------------------|--|--|---------------------------------|
| 02 | 002 | 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 APPLICABL | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | |
| | | Hospital | | Date of Death | | Time of Death | | |
| | | Non Motorist | | Striking Unit # | Prior Action | Location | | To/From School |
| | | Action | | | | | | |
| | | Action Other | | | | | | |
| | | 02 | 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 | | | | | | | | |