

6TL09T1TM5
18-06350

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 18-06350	Investigating Officer/Deputy DEPUTY J. BODDEN	
Crash Date 06/17/2018		Crash Time 01:41 AM	Date Arrived 06/17/2018	Time Arrived 01:41 AM	
Date Notified 06/17/2018		Time Notified 01:41 AM	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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>not to scale</p>	Reconstruction By
	Photos By
	Additional Information

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

UNIT 1 WAS LEGALLY PARKED. UNIT 1 OWNER STATED THEY CAME OUT OF THE HOTEL AND NOTICED THE VEHICLE HAD BEEN STRUCK. UNIT 1 HAD MINOR DAMAGE TO FRONT PASSENGER SIDE FENDER.

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Location

PRIVATE PROPERTY CTHBD NB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.530262785	Longitude -89.777014893
	X Coordinate 275601.625	Y Coordinate 4823449
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision UNKNOWN	Light Condition DARK/LIGHTED	
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

01 UNIT	Unit Status LEGALLY PARKED	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR			Operating As Endorsements	
	Total Occs 0	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	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 STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

01 UNIT	Vehicle			
	License Plate Number 705YKG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KL4CJFSB5FB257609	Make BUICK	Year 2015	Model ENCORE CON
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage 1--RIGHT FRONT CORNER		
Extent Of Damage MINOR DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
		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 KRISTINA KAY GASNER (608) 225-0854	Owner Address 154 ELLIOTT LN OREGON, WI 53575 , US
		Sequence Of Events	
UNIT	01	Event MOTOR VEH IN TRANSPORT	
		Event	
		Event	
		Event	
UNIT	04	Policy Holder	
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual KRISTINA GASNER

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 # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
		Most Harmful Event: Collision With		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				
		Vehicle				
		License Plate Number		Plate Type	St	Country of Issuance

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02	UNIT	02	Vehicle Identification Number	Make	Year	Model	
		02	Color	Body Style	Bus Use NOT A BUS		
UNIT	VEHICLE	02	Initial Contact Point UNKNOWN	Vehicle Damage			
		02	Extent Of Damage UNKNOWN	UNKNOWN			
UNIT	VEHICLE	02	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
		02	What Driver Was Doing UNKNOWN	Vehicle Factors			
UNIT	VEHICLE	02	Driver Prior Action Other	UNKNOWN			
		02	Driver Actions UNKNOWN				
UNIT	VEHICLE	02	Driver Distractions UNKNOWN IF DISTRACTED				
		02	Owner Name	Owner Address , ,			
Sequence Of Events							
UNIT	INDIVIDUAL	01	Event				
		02	Event				
		03	Event				
		04	Event				
UNIT	INDIVIDUAL	01	Unknown UNKNOWN	Citations Issued 0	Sex		
		02		Date of Birth	Race		
		03	Address , ,	Driver License Number			
		04	Equipment	On Duty Crash	Safety Equipment		
UNIT	INDIVIDUAL	01	Seat Position	RESTRAINT USE UNKNOWN			
		02	Helmet Use	Helmet Compliance			

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02	001	Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT APPLICABLE	
		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		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			
02	001	Drug Type					
		Individual Condition NOT OBSERVED					