

6TL09QKRCR
18-08260

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 18-08260	Investigating Officer/Deputy DEPUTY S. STACEY	
Crash Date 07/30/2018		Crash Time 06:50 PM	Date Arrived 07/30/2018	Time Arrived 07:15 PM	
Date Notified 07/30/2018		Time Notified 06:55 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 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

Diagram	Reconstruction By
<p>NOT TO SCALE</p>	Photos By
	Additional Information NONE

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

UNIT 1 AND UNIT 2 WERE AT THE MOBIL GAS STATION IN SPRING GREEN ON HWY 14/60. UNIT 1 WAS BACKING UP FROM ONE OF THE GAS PUMPS, TO EXIT THE PARKING LOT ONTO HWY 60. UNIT 2 WAS BACKING UP FROM A PARKING SPOT ON THE SIDE OF THE BUILDING AND WAS GOING TO EXIT THE PARKING LOT ONTO HWY 14. UNIT 2 TURNED TO ATTEMPT TO AVOID UNIT 1 WHILE IT WAS BACKING UP. UNIT 2 STRUCK THE SIDE OF UNIT 1 AND STOPPED. UNIT 1 CONTINUED TO BACK UP UNTIL THEY REALIZED THEY HAD COLLIDED WITH ANOTHER VEHICLE. BOTH VEHICLES WERE REMOVED BY THE OWNERS.

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Location

ON E4986 USH14 EB 408 FT E OF STH60 WB (FIRE E4986) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188658249	Longitude -90.068531832
	X Coordinate 250647.890625	Y Coordinate 4786337.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
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 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 NOT ON ROADWAY		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit N/A		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											

UNIT	01	Vehicle							
		License Plate Number ACD5376		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G4HP54K6YU281762		Make BUICK		Year 2000		Model LESABRE CU	
		Color BGE - BEIGE		Body Style 4D - 4DR				Bus Use NOT A BUS	
		Initial Contact Point 2--RIGHT SIDE FRONT		Vehicle Damage					
Extent Of Damage MINOR DAMAGE		2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR							

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
		What Driver Was Doing BACKING		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions UNSAFE BACKING				
01	01	Driver Distractions NOT DISTRACTED				
		Owner Name TIGAN WATSON (608) 553-0455		Owner Address 325 E MONROE ST SPRING GREEN, WI 53588 , US		
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
Policy Holder						
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual TIGAN WATSON		
		Driver TIGAN WATSON (608) 553-0455		Citations Issued 0	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth		Race WHITE		
		Address 325 E MONROE ST SPRING GREEN, WI 53588 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Equipment		On Duty Crash		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
		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

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions NO CONTRIBUTING ACTION					
02	02	Driver Distractions NOT DISTRACTED					
		Owner Name ROBERT RISTE (715) 874-6291		Owner Address 2249 ELK CREEK RD EAU CLAIRE, WI 54703 , 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 ROBERT RISTE			
UNIT	INDIVIDUAL	Individual					
		Driver ROBERT RISTE (715) 874-6291		Citations Issued 0	Sex MALE		
		Address 2249 ELK CREEK RD EAU CLAIRE, WI 54703 , US		Date of Birth			
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		Race WHITE			
02	002	Equipment		On Duty Crash			
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT			
		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	

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UNIT	INDIVIDUAL	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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger PATTI RISTE (715) 491-0936		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race WHITE		
		Address 2249 ELK CRK RD EAU CLAIRE, WI 54703 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER					
		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		

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UNIT	INDIVIDUAL	Action		
		Action Other		
02	003	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		