

6TL08F2KV9  
18-11395

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 <b>18-11395</b>		Investigating Officer/Deputy <b>DEPUTY T. SUTHERLAND</b>	
Crash Date <b>10/13/2018</b>		Crash Time <b>02:10 PM</b>		Date Arrived <b>10/13/2018</b>		Time Arrived <b>02:29 PM</b>	
Date Notified <b>10/13/2018</b>		Time Notified <b>02:15 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>Hartje BP Gas Station S1428A STH 33 LaValle, WI 53941</p> <p>Not To Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON 10-13-18 UNIT 1 WAS BACKING UP IN THE HARTJE BP GAS STATION PARKING LOT. UNIT 2 BACKED UP STOPPED AND STARTED TO PULL FORWARD. UNIT 1 REAR-ENDED UNIT 2 IN THE PARKING LOT.

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Location

<b>PARKING LOT</b> <b>UNION ST/ STH33 EB LOT S1428A</b> <b>(FIRE S1428A)</b>  <b>IN THE TOWN OF LA VALLE</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.592471403</b>	Longitude <b>-90.125301797</b>
	X Coordinate <b>247716.6875</b>	Y Coordinate <b>4831358</b>
	Structure Type <b>FIRE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <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

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>			Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes	
	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>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>768742</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTEW1EF0GFB26681</b>	Make <b>FORD</b>	Year <b>2016</b>	Model <b>NO DATA FO</b>
		Color <b>WHI - WHITE</b>	Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>6--REAR</b>		

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UNIT	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>		
	Driver Actions <b>UNSAFE BACKING</b>				
	Driver Distractions <b>NOT DISTRACTED</b>				
01	01	Owner Name <b>MICHAEL THOMAS NEARY (608) 985-8192</b>		Owner Address <b>E4413 PEARSON RD LA VALLE, WI 53941 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>GENERAL-CASUALTY-CO-OF-WISCONSIN</b>		Individual <b>MICHAEL NEARY</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>MICHAEL THOMAS NEARY (608) 985-8192</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>E4413 PEARSON RD LA VALLE, WI 53941 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
		Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>			
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance		
		Helmet Use	Tint Compliance		
		Eye Protection	Airbag <b>NON DEPLOYED</b>		
01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
		Ejected <b>NOT EJECTED</b>	Trapped/Extricated <b>NOT TRAPPED</b>		

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UNIT           01           001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
	Action				
	Action Other				
	<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>				

Unit Summary

UNIT           02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements	
	Total Occs <b>3</b>	Train/Bus # Injured	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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes
	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>				

UNIT           02	<b>Vehicle</b>			
	License Plate Number <b>269PJU</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2GKFLWEK2E6111148</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2014</b>	Model <b>TERRAIN SL</b>
	Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>6--REAR, 7--LEFT REAR CORNER</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
02	02	Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>SHELLY J ADLER (608) 370-2882</b>	Owner Address <b>315 ARLINGTON CT SPRING GREEN, WI 53588 , US</b>	
<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		02	Event	
		03	Event	
		04	Event	
<b>Policy Holder</b>				
UNIT	INDIVIDUAL	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>SHELLY ADLER</b>	
		Driver <b>SHELLY J ADLER (608) 370-2882</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>315 ARLINGTON CT SPRING GREEN, WI 53588 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	002	<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>

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UNIT	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
	Hospital		Date of Death	Time of Death		
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	<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>					
UNIT	<b>Individual</b>					
	Passenger <b>MICHALE GEORGE BALLARD</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Address <b>315 ARLINGTON CT SPRING GREEN, WI 53588 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
	<b>Equipment</b>		On Duty Crash	Safety Equipment		
	Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			
Hospital		Date of Death	Time of Death			
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	

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UNIT	INDIVIDUAL	Action					
		Action Other					
		<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>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
				Passenger <b>BROOKLYNN J SCOEFFEL (608) 370-2882</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
				Address <b>315 ARLINGTON CT SPRING GREEN, WI 53588 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
Driver License Number							
<b>Equipment</b>	On Duty Crash			Safety Equipment			
	Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>			<b>BOOSTER SEAT</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>NON DEPLOYED</b>			
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			
	Hospital		Date of Death	Time of Death			
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			
	<b>02</b>	<b>004</b>	<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>		