

6TL09PBQ9B  
18-11335

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL09PBQ9B

Document Number Override		Primary Crash Document #	Agency Crash Number <b>18-11335</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>10/12/2018</b>		Crash Time <b>01:10 PM</b>	Date Arrived <b>10/12/2018</b>	Time Arrived <b>01:50 PM</b>	
Date Notified <b>10/12/2018</b>		Time Notified <b>01:18 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 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 style="text-align: center;">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.

UNITS 1 AND 2 WERE IN THE DRIVE-THRU LANE CLOSEST TO THE BARABOO STATE BANK BUILDING. UNIT 1 OPERATOR WAS IMPATIENT IN WAITING FOR THE CAR AHEAD OF HIM. UNIT 1 BACKED UP AND BACKED INTO UNIT 2. UNIT 2 OPERATOR HONKED HORN TO GAIN UNIT 1'S ATTENTION HOWEVER UNIT 1 STILL BACKED INTO UNIT 2. UNIT 1 OPERATOR STATED HE DIDN'T SEE UNIT 2.

6TL09PBQ9B  
18-11335

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON 400 CHESTNUT ST 127 FT E OF USH12 WB (HOUSE/BUILDING 400)  IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.472911188</b>	Longitude <b>-89.768281671</b>
	X Coordinate <b>276095.3125</b>	Y Coordinate <b>4817056</b>
	Structure Type <b>HOUSE/BUILDING</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>02--FRONT TO REAR</b>	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>CLEAR</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 01</b>	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>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>NOT ON ROADWAY</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 01</b>	<b>Vehicle</b>				
	License Plate Number <b>30458D</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2GNALPEK3C6360297</b>	Make <b>CHEVROLET</b>	Year <b>2012</b>	Model <b>EQUINOX</b>	
	Color <b>BRO - BROWN</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>NO DAMAGE</b>	<b>NO DAMAGE</b>			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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>				
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>			
		Owner Name <b>STEPHEN JOHN GALL (608) 415-5365</b>		Owner Address <b>310A BARBARA ANN DR REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>KEMPER-INDEPENDENCE-INS-CO</b>		Individual <b>STEPHEN GALL</b>	
UNIT	001	<b>Individual</b>			
		Driver <b>STEPHEN JOHN GALL (608) 415-5365</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>310A BARBARA ANN DR REEDSBURG, WI 53959 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
		Driver License <b>G4007904346208</b>		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	<b>Equipment</b>		Safety Equipment	
		On Duty Crash		<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>	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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>PASSENGER CAR</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>NOT ON ROADWAY</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>895CMR</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>WMWRE33413TD64598</b>	Make <b>MINI</b>	Year <b>2003</b>	Model <b>COOPER</b>
	Color <b>GRY - GRAY</b>	Body Style <b>2H - HATCHBACK 2 DOOR</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>12--FRONT</b>		

WISCONSIN MOTOR VEHICLE CRASH REPORT

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  <b>NOT APPLICABLE</b>	
		Driver Prior Action Other			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	02	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>DELAINE B LASKI (608) 393-8134</b>		Owner Address <b>521 PARK ST BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>					
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>DELAINE LASKI</b>	
UNIT	INDIVIDUAL	Driver <b>DELAINE B LASKI (608) 393-8134</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>521 PARK ST BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
		Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
		<b>Equipment</b>		On Duty Crash	
02	002	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</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>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

6TL09PBQ9B  
18-11335

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

UNIT INDIVIDUAL          02 002	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>					