

6TL09JDKW9
18-11702

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09JDKW9

Document Number Override		Primary Crash Document #	Agency Crash Number 18-11702	Investigating Officer/Deputy DEPUTY B. SCHLOUGH	
Crash Date 10/21/2018		Crash Time 11:55 AM	Date Arrived 10/21/2018	Time Arrived 12:19 PM	
Date Notified 10/21/2018		Time Notified 12:00 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

<p>Diagram</p> <p style="text-align: center;">RITEWAY PLAZA PARKING LOT</p> <p style="text-align: center;">DRAWING 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.

UNIT 1 WAS BACKING OUT OF A PARKING STALL AT RITEWAY PLAZA. UNIT 2 WAS PULLING INTO A PARKING STALL. OPERATOR OF UNIT 1 DID NOT OBSERVE UNIT 2 AND SIDESWIPE UNIT 2 OPPOSITE DIRECTION. AFTER IMPACT BOTH UNITS LEGALLY PARKED IN A STALL.

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Location

ON E4905 USH14 EB 203 FT E OF PRAIRIE VIEW RD/ STH23 EB (FIRE E4905) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189680879	Longitude -90.073096932
	X Coordinate 250281.078125	Y Coordinate 4786464.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
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) 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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 2
	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	VEHICLE	Vehicle			
		License Plate Number LM8385	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3C6JR7AT0EG259741	Make RAM	Year 2014	Model NO DATA FO
		Color BLK - BLACK	Body Style PK - PICKUP		Bus Use NOT A BUS
		Initial Contact Point 7--LEFT REAR CORNER	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	7--LEFT REAR CORNER		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing BACKING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name NICHOLAS M FRANK (608) 459-0253		Owner Address S11332 WILSON CREEK RD SPRING GREEN, WI 53588 , US	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company ALLSTATE-INS-CO		Individual NICHOLAS FRANK	
UNIT	001	Individual			
		Driver NICHOLAS M FRANK (608) 459-0253		Citations Issued 0	
		Date of Birth [REDACTED]		Sex MALE	
		Race WHITE		Address S11332 WILSON CREEK RD SPRING GREEN, WI 53588 , US	
01	001	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
		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	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	

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UNIT 01 001	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 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 2	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 2
	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 02	Vehicle			
	License Plate Number 709XSU	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T1BD1FK0FU172831	Make TOYOTA	Year 2015	Model CAMRY HYBR
	Color RED - RED	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 5--RIGHT REAR CORNER	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE	5--RIGHT REAR CORNER, 6--REAR			

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing PARK MANEUVER		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Driver Distractions NOT DISTRACTED			
02	02	Owner Name DAVID CHARLES RICHART (608) 320-0202		Owner Address 7345 LOY RD ARENA, WI 53503 , 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 DAVID RICHART	
UNIT	INDIVIDUAL	Individual		
		Driver DAVID CHARLES RICHART (608) 320-0202	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 7345 LOY RD ARENA, WI 53503 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance		
	Helmet Use	Tint Compliance		
	Eye Protection			
02	002	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 CAROL M RICHART (608) 592-7885		Citations Issued 0	Sex FEMALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 7345 LOY RD ARENA, WI 53503 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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		
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		