

6TL0BGSFC2
18-12150

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 18-12150	Investigating Officer/Deputy DEPUTY B. LUBER	
Crash Date 11/01/2018		Crash Time 10:36 AM	Date Arrived 11/01/2018	Time Arrived 10:52 AM	
Date Notified 11/01/2018		Time Notified 10:40 AM	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 DT4000 (STANDARD CRASH)		<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 NONE

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

OPERATOR OF UNIT 1 STATED THERE WAS ANOTHER CAR PARKED TO THE LEFT OF HIM, MAY HAVE AFFECTED HIS VIEW, AND WHILE BACKING OUT OF A PARKING SPACE, STRUCK UNIT 2. OPERATOR OF UNIT 2 SAID SHE WAS PULLING INTO CONVENIENCE STORE TO GET GAS AND WHILE DOING SO WAS STRUCK BY UNIT 1. NO INJURIES. MINOR DAMAGE TO VEHICLES. BOTH REMOVED BY OPERATORS. INFORMATION SHARED ON SCENE BETWEEN OPERATORS OF BOTH VEHICLES.

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Location

PARKING LOT CTHBD WB LOT S3118 (FIRE S3118) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.532021839	Longitude -89.777160212
	X Coordinate 275596.40625	Y Coordinate 4823645
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)	
Manner of Collision 02--FRONT TO REAR	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 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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1
	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 943ZEV	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2G1WX15K829242008	Make CHEVROLET	Year 2002	Model MONTE CARL	
	Color WHI - WHITE	Body Style CP - COUPE		Bus Use NOT A BUS	
	Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage			
	Extent Of Damage MINOR DAMAGE	6--REAR			

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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 UNSAFE BACKING				
	Driver Distractions NOT DISTRACTED				
01	01	Owner Name LARRY DEE HINDES (608) 432-6915		Owner Address 1211 OAK ST WISCONSIN DELLS, WI 53965 , US	
Sequence Of Events					
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company GEICO-GENERAL-INS-CO		Individual LARRY HINDES		
UNIT	INDIVIDUAL	Individual			
		Driver LARRY DEE HINDES (608) 432-6915	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address 1211 OAK ST WISCONSIN DELLS, WI 53965 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		Equipment		Safety Equipment	
	On Duty Crash	RESTRAINT USE UNKNOWN			
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance			
	Helmet Use	Tint Compliance			
	Eye Protection	Airbag NON DEPLOYED			
01	001	Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABL	
		Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED	

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UNIT INDIVIDUAL 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 1	
	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 02 02	Vehicle					
	License Plate Number 866VLM		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 19UUA56741A020197		Make ACURA	Year 2001	Model 3.2 TL	
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point 10--LEFT SIDE FRONT		Vehicle Damage			
	Extent Of Damage MINOR DAMAGE		9--LEFT SIDE MIDDLE			

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		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 RITA K CIRULIS (262) 646-8313		Owner Address N11W31428 FAIRFIELD WAY DELAFIELD, WI 53018 , US		
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event				
		Event				
		Event				
UNIT	04	Policy Holder				
		Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		Individual RITA CIRULIS		
UNIT	INDIVIDUAL	Driver RITA K CIRULIS (262) 646-8313		Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]		Race WHITE		
		Address N11W31428 FAIRFIELD WAY DELAFIELD, WI 53018 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment		On Duty Crash		
02	002	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment RESTRAINT USE UNKNOWN		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity NO APPARENT INJURY		
Ejected NOT EJECTED		Airbag NON DEPLOYED		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 VILNIS CIRULIS (262) 646-8313		Citations Issued 0	Sex MALE	
				Date of Birth [REDACTED]	Race WHITE	
		Address N11W31428 FAIRFIELD WAY DELAFIELD, WI 53018 , 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		RESTRAINT USE UNKNOWN		
		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		