

6TL09T1TML
18-14484

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09T1TML

Document Number Override		Primary Crash Document #	Agency Crash Number 18-14484	Investigating Officer/Deputy DEPUTY J. BODDEN	
Crash Date 12/30/2018		Crash Time 08:50 PM	Date Arrived 12/30/2018	Time Arrived 08:55 PM	
Date Notified 12/30/2018		Time Notified 08:53 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>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 FROM A PARKING STALL. UNIT 2 WAS PARKED AT THE GAS PUMP FUELING. UNIT 1 BACKED INTO THE FRONT OF UNIT 2 CAUSING MINOR DAMAGE. NO INJURIES WERE REPORTED.

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Location

PARKING LOT CTHBD LOT S3118 (FIRE S3118) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.531791158	Longitude -89.777114111
	X Coordinate 275599.28125	Y Coordinate 4823619.5
	Structure Type FIRE	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 02--FRONT TO REAR	Light Condition DARK/LIGHTED	
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 AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 0
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE	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 AAF3179	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2G1WB58K379139801	Make CHEVROLET	Year 2007	Model IMPALA
		Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	6--REAR		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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	Owner Name ANDREW M FELLOWS (608) 305-3060		Owner Address 3084 10TH LN GRAND MARSH, WI 53936 , US		
		Sequence Of Events				
UNIT INDIVIDUAL	01	01	Event PARKED MOTOR VEHICLE			
		02	Event			
		03	Event			
		04	Event			
UNIT INDIVIDUAL	01	Policy Holder				
		Insurance Company AMERICAN-FAMILY-INS-CO		Individual ANDREW FELLOWS		
UNIT INDIVIDUAL	01	Individual				
		Driver ANDREW M FELLOWS (608) 305-3060		Citations Issued 0	Sex MALE	
		Address 3084 10TH LN GRAND MARSH, WI 53936 , US		Date of Birth	Race WHITE	
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	01	001	Safety 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	Airbag NON DEPLOYED			
		Injury	Injury Severity NO APPARENT INJURY			
UNIT INDIVIDUAL	01	001	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
			Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
			Hospital		Date of Death	Time of Death
			Distracted By			
UNIT INDIVIDUAL	01	001	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
			Distracted By Action NOT DISTRACTED			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
01	001	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						
		Individual						
		Passenger SYRINA M TAGLIARINO (608) 305-3060			Citations Issued 0	Sex FEMALE		
		Address 460 PIONEER DR #507 WISCONSIN DELLS, WI 53965 , US			Date of Birth	Race WHITE		
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		UNIT	INDIVIDUAL	Safety 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				
01	003			Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
				Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
				Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
				Hospital		Date of Death	Time of Death	
		Distracted By						
Distracted By Source								
Distracted By Action								
Non Motorist		Striking Unit #	Location					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Individual		
	Prior Action		
	Action		
	Action Other		To/From School
	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		
	01	003	

Unit Summary

UNIT	02	Unit Status LEGALLY PARKED	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
		Total Occs 3	Train/Bus # Recorded	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	VEHICLE	02	Vehicle				
			License Plate Number 54982D	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
			Vehicle Identification Number 1GNKRJKD2GJ263106	Make CHEVROLET	Year 2016	Model TRAVERSE	
			Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
			Initial Contact Point 12--FRONT	Vehicle Damage			
			Extent Of Damage MINOR DAMAGE	12--FRONT			
			Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing LEGALLY PARKED		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name KAREN S SCHUBRING (608) 356-8602		Owner Address 1412 16TH ST BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company CINCINNATI-INS-CO,-THE		Individual KAREN SCHUBRING	
	Individual			
UNIT INDIVIDUAL	Driver KAREN S SCHUBRING (608) 356-8602		Citations Issued 0	Sex FEMALE
	Address 1412 16TH ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	Safety 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 UNKNOWN
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated UNKNOWN
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source	
	Distracted By Action			
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
02	002	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			
		Individual			
		Passenger DIANNE BETH GRUBER	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address 1310 16TH ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		02	004	Safety Equipment	On Duty Crash
Seat Position 6--SECOND SEAT-RIGHT SIDE	SHOULDER & LAP BELT				
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
Injury	Injury Severity NO APPARENT INJURY			Airbag UNKNOWN	
Ejected UNKNOWN	Ejection Path UNKNOWN			Trapped/Extricated UNKNOWN	
Medical Transport NOT TRANSPORTED	EMS Agency Identifier			EMS Run #	
Hospital	Date of Death			Time of Death	
Distracted By	Distracted By Source				
Distracted By Action					
02	004	Non Motorist	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	004	Action Other		To/From School	
		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			
		Individual			
		Passenger DONNA J SCHUBERT LARSON	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address E12812 CTH U BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02	005	Safety 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 UNKNOWN	
		Ejected UNKNOWN	Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		Distracted By	Distracted By Source		
		Distracted By Action			
Non Motorist	Striking Unit #	Location			
Prior Action					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		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					
		02	005				