

6TL0BNZLZS

19-06646

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 19-06646		Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 06/05/2019		Crash Time 10:45 AM		Date Arrived 06/05/2019		Time Arrived 11:18 AM	
Date Notified 06/05/2019		Time Notified 10:47 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 PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">NOT TO SCALE</p> <p style="text-align: center;">WHITETAIL CROSSING PARKING LOT</p>		<p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information NONE</p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING NORTHBOUND FROM THE GAS PUMPS. UNIT 1 WAS TURNING LEFT TO HEAD WESTBOUND. UNIT 2 WAS FACING NORTHBOUND IN PARKING STALL BY THE CONVENIENCE STORE. UNIT 2 BEGAN BACKING OUT OF THE STALL. UNIT 2 BACKED INTO UNIT 1. UNIT 1 WAS DAMAGED ON THE PASSENGER SIDE FRONT FENDER AND FRONT RIM. UNIT 2 WAS DAMAGED ON THE PASSENGER SIDE ON THE REAR BUMPER.

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Location

PARKING LOT CTHBD EB LOT S3268 (FIRE S3268) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.527137877	Longitude -89.77732304
	X Coordinate 275565.125	Y Coordinate 4823103
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)	
Manner of Collision 07--REAR TO SIDE		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 AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				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 WESTBOUND	<input type="checkbox"/> Pre CrashTire 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 853114		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 2GNAXWEX1J6146481		Make CHEVROLET	Year 2018	Model EQUINOX			
Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
Initial Contact Point 2--RIGHT SIDE FRONT		Vehicle Damage					
Extent Of Damage FUNCTIONAL DAMAGE		2--RIGHT SIDE FRONT					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name JON HENRY ROBINSON (608) 985-7377		Owner Address S938 W REDSTONE DRIVE LA VALLE, WI 53941 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual JON ROBINSON	
UNIT	Individual			
	Driver JON HENRY ROBINSON (608) 985-7377		Citations Issued 0	Sex MALE
INDIVIDUAL	Date of Birth		Race WHITE	
	Address S938 W REDSTONE DRIVE LA VALLE, WI 53941 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT	
001	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
001	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			

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UNIT INDIVIDUAL	01	001	Non Motorist	Striking Unit #	Location		
			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				
UNIT INDIVIDUAL	01	002	Individual				
			Passenger GERALDINE ELLEN ROBINSON		Citations Issued 0		Sex FEMALE
					Date of Birth		Race WHITE
			Address S938 W REDSTONE DRIVE LA VALLE, WI 53941 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
			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 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				

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UNIT 01	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	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				

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 1	Train/Bus # Recorded	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 02	Vehicle				
		License Plate Number 961PKU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4S3GKAA64J1612571		Make SUBARU	Year 2018	Model IMPREZA
		Color BLU - BLUE		Body Style SD - SEDAN		Bus Use NOT A BUS
		Initial Contact Point 6--REAR		Vehicle Damage		
		Extent Of Damage MINOR DAMAGE		6--REAR		
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		

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UNIT VEHICLE	What Driver Was Doing BACKING	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions UNSAFE BACKING			
	Owner Name SHAINEY LYNN ENGELBRECHT (608) 698-3033	Owner Address 324 WISCONSIN AVE WISCONSIN DELLS, WI 53965 , US		
UNIT INDIVIDUAL	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual SHAINEY ENGELBRECHT	
	Individual			
	Driver SHAINEY LYNN ENGELBRECHT (608) 698-3033		Citations Issued 0	
	Sex FEMALE		Date of Birth	
Address 324 WISCONSIN AVE WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		Safety Equipment	
	On Duty Crash	SHOULDER & LAP BELT		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
	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 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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist				
Striking Unit #		Location		

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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					
		02	003				