

6TL0C884FG
20-04786



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 20-04786	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 05/23/2020		Crash Time 12:00 PM	Date Arrived 05/23/2020	Time Arrived 12:21 PM	
Date Notified 05/23/2020		Time Notified 12:16 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 PRIVATE PROPERTY/PARKING LOT		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <div style="text-align: center;"> <p>Motel 6 E10892 Moon Road Baraboo WI 53913</p>  </div> <div style="text-align: center; margin-top: 20px;">  <p>Parking Lot</p> </div> <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.

ON 05-23-20 THERE WAS A MINOR CRASH IN THE MOTEL 6 PARKING LOT. UNIT 1 WAS BACKING OUT OF A PARKING STALL. UNIT 2 WAS DRIVING WEST THROUGH THE PARKING LOT. OPERATOR OF UNIT 1 STATED SHE HAD ALREADY BACKED OUT WHEN UNIT 2 STRUCK HER VEHICLE. OPERATOR OF UNIT 2 SAID UNIT 1 BACKED INTO HIS TRUCK. CONTACT WAS MADE VIA PHONE WITH OPERATOR OF UNIT 1 AS THEY HAD EXCHANGED INFORMATION. UNIT 2 OPERATOR DECIDED TO FILE A REPORT AFTER UNIT 1 LEFT THE AREA.

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Location

PARKING LOT MOON RD LOT E10892 (FIRE E10892) IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.56101319	Longitude -89.779655737
	X Coordinate 275502.46875	Y Coordinate 4826871.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 05 - REAR TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 # 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	
	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				
	VEHICLE 01	License Plate Number KIH085	Plate Type AUT - AUTOMOBILE	St OK	Country of Issuance UNITED STATES
		Vehicle Identification Number 4T1BF3EK5BU601835	Make TOYOTA	Year 2011	Model CAMRY
	VEHICLE 06	Color BLK - BLACK		Body Style 4D - 4DR	
		Initial Contact Point 06 - REAR		Vehicle Damage	
Extent Of Damage NO DAMAGE		00 - NO DAMAGE			

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UNIT VEHICLE	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 UNKNOWN			
01	01	Owner Name KATEY R MINER (918) 860-3133		Owner Address 8370 HARP BLVD BROKEN ARROW, OK 74014 3007, US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Policy Holder				
Insurance Company		Individual KATEY MINER		
Individual				
UNIT INDIVIDUAL	Driver KATEY R MINER (918) 860-3133		Citations Issued 0	Sex FEMALE
	Address 8370 HARP BLVD BROKEN ARROW, OK 74014 3007, US		Date of Birth	Race WHITE
	Driver License Number		STATE: OKLAHOMA COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	Safety Equipment	
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USED - TYPE 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 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 UNKNOWN				

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UNIT	INDIVIDUAL	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 NOT OBSERVED					

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 Crash Tire Mark		Speed Limit N/A		Total Lanes
	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 MG4883		Plate Type LTK - LIGHT TRUCK		St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 3GCRKTE32AG223756		Make CHEVROLET		Year 2010	Model SILVERADO	
		Color BLK - BLACK		Body Style PK - PICKUP			Bus Use	
		Initial Contact Point 12 - FRONT		Vehicle Damage 12 - FRONT				
		Extent Of Damage MINOR DAMAGE						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR				

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions			
	Owner Name CLINTON JOHN NEWELL (608) 432-6086		Owner Address E10809 EVERGREEN DR BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual CLINTON NEWELL	
	Individual			
UNIT INDIVIDUAL	Driver CLINTON JOHN NEWELL (608) 432-6086		Citations Issued 0	Sex MALE
	Address E10809 EVERGREEN DR BARABOO, WI 53913 , US		Date of Birth Race	
UNIT INDIVIDUAL 02	Address E10809 EVERGREEN DR BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death		Hospital		
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						
02	002	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 PATRICK EDWARD RILEY (608) 225-0873		Citations Issued 0	Sex MALE			
		Address N1766 STATE ROAD 113 LODI, WI 53555 , US		Date of Birth	Race WHITE			
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment				
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
		02	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						
02	003	Non Motorist	Striking Unit #	Location				
		Prior Action						

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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	003					