

6TL0CR2KRC  
20-06364

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 <b>20-06364</b>	Investigating Officer/Deputy <b>DEPUTY M. BURCH</b>	
Crash Date <b>07/01/2020</b>		Crash Time <b>06:35 AM</b>	Date Arrived <b>07/01/2020</b>	Time Arrived <b>06:55 AM</b>	
Date Notified <b>07/01/2020</b>		Time Notified <b>06:55 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input type="checkbox"/> Reportable	Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p><b>Kwik Trip parking lot</b></p> <p>u1</p> <p>u2</p> <p>not too scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT #1 WAS PULLING THROUGH GAS PUMP LANE AND ATTEMPTED TO BACK UP TO PUMP AT WHICH TIME THE TRAILER UNIT #1 WAS PULLING STRUCK UNIT #2 IN THE FRONT PASSENGER SIDE TIRE CAUSING THE TIRE TO GO FLAT. UNIT # 1 RECEIVED NO DAMAGE. BOTH UNITS WERE REMOVED BY OPERATORS.

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**Location**

<b>PARKING LOT</b> <b>CTHBD NB LOT 617 W PINE</b> <b>(HOUSE/BUILDING 617 W PINE)</b>  <b>IN THE VILLAGE OF WEST BARABOO</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.476651115</b>	Longitude <b>-89.770022123</b>
	X Coordinate <b>275968.375</b>	Y Coordinate <b>4817476</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b> <b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>0</b>	
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> <b>01</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>AGU2533</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GNDT13S622123652</b>	Make <b>CHEVROLET</b>	Year <b>2002</b>	Model <b>TRAILBLAZE</b>
	<b>VEHICLE</b>	Color		Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
		Initial Contact Point <b>99 - UNKNOWN</b>		Vehicle Damage	
Extent Of Damage <b>NO DAMAGE</b>		<b>00 - NO DAMAGE</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>			
	What Driver Was Doing <b>PARK MANEUVER</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>UNSAFE BACKING</b>					
01	01	Owner Name <b>ANTHONY JAY REYNOLDS (608) 963-2919</b>		Owner Address <b>S3018 DEER TRL BARABOO, WI 53913 , US</b>		
<b>Sequence Of Events</b>						
	01	Event <b>PARKED MOTOR VEHICLE</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>			Individual <b>ANTHONY REYNOLDS</b>		
UNIT TRAILER/	<b>Trailer/Towed</b>					
	Trailer Plate #	Plate Type	Make	State	Country of Issuance	
	Unit Type	Individual <b>ANTHONY JAY REYNOLDS (608) 963-2919</b>			Address <b>S3018 DEER TRL BARABOO, WI 53913 , US</b>	
	Vehicle Identification Number					
UNIT INDIVIDUAL	<b>Individual</b>					
	Driver <b>ANTHONY JAY REYNOLDS (608) 963-2919</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>WHITE</b>	
	Address <b>S3018 DEER TRL BARABOO, WI 53913 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 001	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		

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<b>UNIT</b>	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
Drug Type				
Individual Condition <b>APPEARED NORMAL</b>				

## Unit Summary

<b>UNIT</b>	Unit Status <b>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
	Total Occs <b>0</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>0</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>02</b>	<b>Vehicle</b>			
	License Plate Number <b>XC97160</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GTHG35U371134565</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2007</b>	Model <b>SAVANA G35</b>

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<b>UNIT</b>	<b>VEHICLE</b>	Color <b>WHI - WHITE</b>	Body Style <b>VN - VAN</b>	Bus Use
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>02 - RIGHT SIDE FRONT</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
<b>UNIT</b>	<b>VEHICLE</b>	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>WD TRANSPORT LLC (608) 477-5605</b>	Owner Address <b>900 PROGRESS WAY SUN PRAIRIE, WI 53590 , US</b>	
<b>UNIT</b>	<b>02</b>	<b>Sequence Of Events</b>		
		<b>01</b>	Event	
		<b>02</b>	Event	
		<b>03</b>	Event	
		<b>04</b>	Event	
<b>UNIT</b>	<b>04</b>	<b>Policy Holder</b>		
		Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Organization/Company <b>WD TRANSPORT LLC</b>	