

6TLOBFKDKB
24-11610

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 24-11610		Investigating Officer/Deputy DEPUTY B. FISH	
Crash Date 10/18/2024		Crash Time 08:16 PM		Date Arrived 10/18/2024		Time Arrived 09:06 PM	
Date Notified 10/18/2024		Time Notified 08:16 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 checked="" type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
		Photos By FISH #9142	
		Additional Information PHOTOS	

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

UNIT 2 WAS SITTING STATIONARY IN THE CURBSIDE PICKUP LOCATION IN THE CULVERS PARKING LOT. UNIT 1 WAS PARKED IN FRONT AND GOT THEIR FOOD FIRST. UNIT 1 BACKED INTO UNIT 2. UNIT 2 HAD DAMAGE TO THE FRONT BUMPER AND PLASTIC WAS MISSING. UNIT 1 HAD DAMAGE TO THE REAR BUMPER. BOTH OCCUPANTS EXITED AND EXCHANGED INFORMATION. PRIOR TO PROVIDING INSURANCE INFORMATION UNIT 1 LEFT THE SCENE. UNIT 2 REPORTED THE INCIDENT. I OBTAINED PHOTOGRAPHS OF UNIT 2 AT THE RESIDENCE OF THE OWNER. UNIT 2 HAD DAMAGE TO THE FRONT BUMPER AND IT WAS PUSHED IN. UNIT 2 PROVIDED VALID INSURANCE. I CONTACTED THE OWNER OF UNIT 1 AT THEIR RESIDENCE. THEY STATED THEY DID NOT SEE UNIT 2 WHILE BACKING. UNIT 1 DID NOT HAVE INSURANCE FOR THE VEHICLE. UNIT 1 HAD DAMAGE TO THE REAR BUMPER AND PAINT WAS EXCHANGED. NEITHER PERSON REPORTED BEING INJURED.

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Location

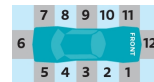
PARKING LOT USH14 SB LOT 4919 (HOUSE/BUILDING 4919) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188855783	Longitude -90.072472659
	X Coordinate 250328.4375	Y Coordinate 4786371
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 03 - FRONT TO REAR		Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY		Roadway Factor(s) NOT APPLICABLE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
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 VAN				Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	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 934RLY	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 2A8HR54P18R115911			Make CHRYSLER	Year 2008	Model VAN		
Color RED - RED			Body Style VN - VAN		Bus Use		
Initial Contact Point 06 - REAR			Vehicle Damage				
Extent Of Damage MINOR DAMAGE			06 - REAR				



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01	UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
			What Driver Was Doing BACKING		Vehicle Factors	
			Driver Prior Action Other		NOT APPLICABLE	
			Driver Actions LOOKED BUT DID NOT SEE			
01	01		Owner Name MARGARET POLIVKA (608) 469-6554	Owner Address E3681 COUNTY ROAD JJ SPRING GREEN, WI 53588 , US		
Sequence Of Events						
01	01		Event PARKED MOTOR VEHICLE			
02	02		Event			
03	03		Event			
04	04		Event			
Individual						
01	UNIT	INDIVIDUAL	Driver MARGARET POLIVKA (608) 469-6554		Citations Issued 0	Sex FEMALE
					Date of Birth	Race
			Address E3681 COUNTY ROAD JJ SPRING GREEN, WI 53588 , US		Driver License Number	
Safety Equipment						
			On Duty Crash		Safety Equipment	
Row 01 - FRONT ROW			Seat Position 07 - LEFT		RESTRAINT USE UNKNOWN	
Helmet Use			Helmet Compliance			
Eye Protection			Tint Compliance			
01	001		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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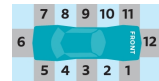
UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition ASLEEP OR FATIGUED				

Unit Summary

UNIT	02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire 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						

Vehicle

UNIT	VEHICLE	License Plate Number VL3426		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1FTEW1EP3JFD10433		Make FORD	Year 2018	Model F150	
		Color WHI - WHITE		Body Style PK - PICKUP		Bus Use	
		Initial Contact Point 12 - FRONT		Vehicle Damage			
	Extent Of Damage MINOR DAMAGE		12 - FRONT				
	Towed Due To Damage NOT TOWED		Vehicle Removed By				
	What Driver Was Doing LEGALLY PARKED						



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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ERIN LUTHER (608) 604-8772		Owner Address 139 E HOXIE ST SPRING GREEN, WI 53588 , US	
	Sequence Of Events			
UNIT 01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 02	Policy Holder			
	Insurance Company INTEGRITY-INS-CO		Individual ERIN LUTHER	
UNIT INDIVIDUAL	Individual			
	Occupant Of Motor Vehicle Not In Transport ERIN LUTHER (608) 604-8772		Citations Issued 0	Sex FEMALE
	Address 139 E HOXIE ST SPRING GREEN, WI 53588 , US		Date of Birth	Race WHITE
	Driver License Number			
UNIT 002	Safety Equipment		On Duty Crash	
	Safety Equipment		NONE USED - VEHICLE OCCUPANT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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	

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UNIT INDIVIDUAL 02 002	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		