

6TL0D5DZ2H
24-12207

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 24-12207	Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 11/02/2024		Crash Time 12:35 PM	Date Arrived 11/02/2024	Time Arrived 12:48 PM	
Date Notified 11/02/2024		Time Notified 12:36 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> <p>Mulberry st.</p> <p>Culver's Drive thru</p> <p>Linn St</p> <p>01 02</p> <p>not to scale</p>	Reconstruction By
	Photos By DEPUTY HUNTER
	Additional Information PHOTOS

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

UNIT 2 WAS STOPPED IN THE CULVER'S DRIVE-THRU. UNIT 1 WAS BEHIND UNIT 2 AND "REAR ENDED" IT. OPERATOR OF UNIT 1 STATED HE ACCIDENTALLY TOOK HIS FOOT OFF THE BREAK. THERE WAS A SMALL AMOUNT OF PAINT EXCHANGED AT THREE POINTS ON THE BUMPERS OF UNIT 1 AND UNIT 2.

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Location

PARKING LOT LINN ST/ STH33 EB LOT 420 (HOUSE/BUILDING 420) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47503345	Longitude -89.766329811
	X Coordinate 276261.03125	Y Coordinate 4817286.5
	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 DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
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 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 05	Total Lanes 1
	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			
	License Plate Number 72071DS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3C4FY58B85T629750	Make CHRYSLER	Year 2005	Model PT CRUISER
	Color RED - RED	Body Style VN - VAN		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing OTHER		Vehicle Factors		
	Driver Prior Action Other MANEUVERING THROUGH DRIVE THRU		NOT APPLICABLE		
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
01	Owner Name ALLAN GLUTH		Owner Address E8340 NORTH AVE WISCONSIN DELLS, WI 53965 , US		
	Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company GEICO-ADVANTAGE-INSURANCE-CO		Individual ALLAN GLUTH		
UNIT INDIVIDUAL	Driver ALLAN GLUTH		Citations Issued 0	Sex MALE	
	Address E8340 NORTH AVE WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment				
01 001	On Duty Crash		Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	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	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death		
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

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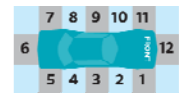
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UNIT INDIVIDUAL 01 001
Non Motorist
Striking Unit #
Location
Prior Action
Action
Action Other
To/From School
Drug & Alcohol
Suspected Alcohol Use NO
Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN
Alcohol Test Type
Alcohol Test Results
Drug Test Given TEST NOT GIVEN
Drug Test Type
Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT
Vehicle Operating As Classification
Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR
Operating As Endorsements
Total Occs 4
Train/Bus # Recorded
Total # Citations Issued 0
Total Trailers 0
Total HazMat Types 0
Insurance? YES
Direction Of Travel NOT ON ROADWAY
Pre Crash Tire Mark
Speed Limit 05
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 02 VEHICLE
Vehicle
License Plate Number ACA2072
Plate Type AUT - AUTOMOBILE
St WI
Country of Issuance UNITED STATES
Vehicle Identification Number JF2GTABC2JH332755
Make SUBARU
Year 2018
Model CROSTREK
Color SIL - SILVER (ALUMINUM)
Body Style UT - SPORT UTILITY VEHICLE
Bus Use
Initial Contact Point 06 - REAR
Vehicle Damage
Extent Of Damage MINOR DAMAGE
06 - REAR
Towed Due To Damage NOT TOWED
Vehicle Removed By OPERATOR



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UNIT VEHICLE	What Driver Was Doing OTHER		Vehicle Factors	
	Driver Prior Action Other STOPPED IN DRIVE-THRU		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name MINETTE LAWRENCE		Owner Address W6690 DOVER CT WESTFIELD, WI 53964 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual MINETTE LAWRENCE	
	Individual			
UNIT INDIVIDUAL	Driver MINETTE LAWRENCE		Citations Issued 0	Sex FEMALE
	Address W6690 DOVER CT WESTFIELD, WI 53964 , US		Date of Birth WHITE	
UNIT INDIVIDUAL 02	On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	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 UNKNOWN		
	Distracted By Action UNKNOWN			
Non Motorist	Striking Unit #	Location		

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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 WILMA BORNRAGER	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address W10927 COTTONVILLE AVENUE HANCOCK, WI 54943 , US	Driver License Number		
		02	003	Safety Equipment	On Duty Crash
Row 01 - FRONT ROW	Seat Position 09 - RIGHT				
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					
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		
	Individual		
	Passenger FRIEDA BORNRAGER	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
Address W10927 COTTONVILLE AVENUE HANCOCK, WI 54943 , US	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT - 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		
Non Motorist	Striking Unit #	Location	
Prior Action			

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	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 OWEN BORNTRAGER	Citations Issued 0	Sex MALE
	Date of Birth		Race WHITE
Address W10927 COTTONVILLE AVENUE HANCOCK, WI 54943 , US		Driver License Number	
Safety Equipment	On Duty Crash		Safety Equipment CHILD RESTRAINT - TYPE UNKNOWN
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	
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	
	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	005				