

6TL0D6N01V  
21-12448

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 21-12448	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 12/28/2021		Crash Time 01:46 PM	Date Arrived 12/28/2021	Time Arrived 02:03 PM	
Date Notified 12/28/2021		Time Notified 01:50 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

<p>Diagram</p> <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.

UNIT 1 WAS TRAVELING DOWN THE DRIVEWAY FROM THE REGISTRATION/MAIN BUILDING AT DEVILS HEAD RESORT. THE DRIVEWAY WAS ICY AND UNIT 1 OPERATOR ATTEMPTED TO TURN RIGHT. UNIT 1 SLID SIDWAYS AND STRUCK UNIT 2. UNIT 2 WAS ATTEMPTING A PARKING MANEUVER INTO A PARKING STALL.



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
01 01	Owner Name <b>STACY L BUSS (314) 941-9175</b>	Owner Address <b>2320 KNOB HILL COURT IMPERIAL, MO 63052 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>ALLSTATE-INS-CO</b>	Individual <b>STACY BUSS</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>STACY L BUSS (314) 941-9175</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>2320 KNOB HILL COURT IMPERIAL, MO 63052 , US</b>	Driver License Number [REDACTED] <b>STATE: MISSOURI COUNTRY: UNITED STATES</b>	
01 001	<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>	
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>			

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<b>UNIT INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	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 02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</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 Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes	
	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>UNIT VEHICLE 02 02</b>	<b>Vehicle</b>																			
	License Plate Number <b>SN5056</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>															
	Vehicle Identification Number <b>1FT7W2BT9KEF30442</b>		Make <b>FORD</b>	Year <b>2019</b>	Model <b>F250</b>															
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>PK - PICKUP</b>		Bus Use															
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>		Vehicle Damage <b>06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>																	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>6</td><td></td><td></td><td></td><td>12</td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>			7	8	9	10	11	6				12	5	4	3	2	1
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6				12																
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Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>																		

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UNIT	What Driver Was Doing <b>PARK MANEUVER</b>	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>ELSING DEVELOPMENT LLC (608) 963-0693</b>	Owner Address <b>E11989 LORENA LN PRAIRIE DU SAC, WI 53578 , US</b>	
02	<b>Sequence Of Events</b>		
01	Event	<b>MOTOR VEH IN TRANSPORT</b>	
	Event		
	Event		
	Event		
02	<b>Policy Holder</b>		
	Insurance Company <b>RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</b>	Organization/Company <b>ELSING DEVELOPMENT LLC</b>	
INDIVIDUAL	<b>Individual</b>		
	Driver <b>JACE MATTHEW ELSING (608) 963-2212</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>E11989 LORENA LN PRAIRIE DU SAC, WI 53578 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	<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
002	<b>Injury</b>		Airbag
	<b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
	Hospital		EMS Run#
Date of Death		Time of Death	
<b>Distracted By</b>			Distracted By Source
			<b>NOT APPLICABLE (NOT DISTRACTED)</b>
<b>Distracted By Action</b>			
			<b>NOT DISTRACTED</b>
<b>Non Motorist</b>		Striking Unit#	Location

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<b>UNIT</b>	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>			
	<b>02</b>	<b>002</b>		