

6TL0CBQ6R4
22-12750

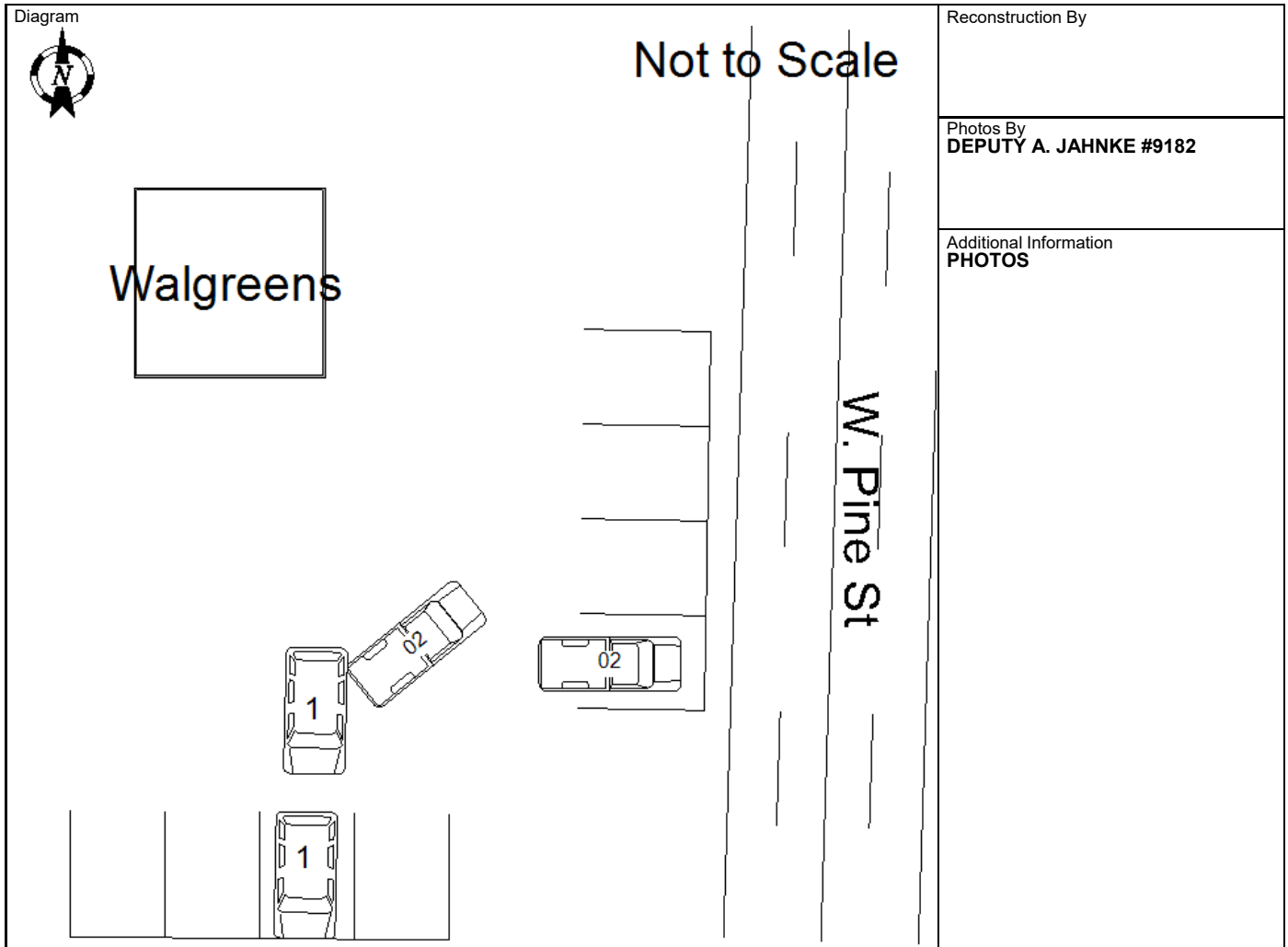
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 22-12750	Investigating Officer/Deputy DEPUTY A. JAHNKE	
Crash Date 12/21/2022		Crash Time 06:10 PM	Date Arrived 12/21/2022	Time Arrived 06:17 PM	
Date Notified 12/21/2022		Time Notified 06:15 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



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

UNIT 1 WAS BACKING OUT FROM A PARKING STALL WHILE UNIT 2 WAS BACKING OUT FROM ANOTHER PARKING STALL. UNIT 1 AND UNIT 2 COLLIDED REAR TO REAR CAUSING MINOR FUNCTIONAL DAMAGE TO BOTH VEHICLES. BOTH OPERATORS TOOK BLAME FOR NOT PAYING ATTENTION. VEHICLES REMOVED FROM SCENE BY OWNERS.

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Location

PARKING LOT CTHBD NB LOT IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475758742	Longitude -89.769692897
	X Coordinate 275991.71875	Y Coordinate 4817376
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN	
Manner of Collision 04 - REAR TO REAR	Light Condition DARK/LIGHTED	
Road Surface Condition(s) WET, SNOW	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) SNOW		
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 (SPORT) UTILITY VEHICLE	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	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 2
	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			
	License Plate Number 0PNDAY	Plate Type MBO - MILWAUKEE BRE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GKS2HKJ7KR236820	Make GENERAL MOTORS COR	Year 2019	Model YUKON XL
	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
01	Owner Name BRANDON WEGNER (608) 434-5111		Owner Address S4158 WHISPERING PINES DR BARABOO, WI 53913 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WISCONSIN-MUTUAL-INS-CO		Individual BRANDON WEGNER	
UNIT INDIVIDUAL	Individual			
	Driver BRANDON WEGNER (608) 434-5111		Citations Issued 0	Sex MALE
	Address S4158 WHISPERING PINES DR BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment 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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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 KATELYN R WEGNER (608) 434-5111			Citations Issued 0	Sex FEMALE	
		Address S4158 WHISPERING PINES DR BARABOO, WI 53913 , US			Date of Birth WHITE		
Driver License Number			Safety Equipment				
Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT			
Row 01 - FRONT ROW		Seat Position 09 - RIGHT		Helmet Compliance			
Helmet Use		Eye Protection		Tint Compliance			
01	002	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			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	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			
UNIT	INDIVIDUAL	Individual			
		Passenger TAYLOR L WEGNER (608) 434-5111	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address S4158 WHISPERING PINES DR BARABOO, WI 53913 , US	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
01	003	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Use	
		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					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 ELLA R WEGNER (608) 434-5111	Citations Issued 0	Sex FEMALE
	Date of Birth	Race WHITE	
Address S4158 WHISPERING PINES DR BARABOO, WI 53913 , US	Driver License Number		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	Helmet Compliance
	Helmet Use		Tint Compliance
	Eye Protection	Airbag NON DEPLOYED	
	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			

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		

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 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 Crash Tire Mark	Speed Limit N/A	Total Lanes 2
		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	02	02	License Plate Number NP9732	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
				Vehicle Identification Number 3TMLU4EN8DM107510	Make TOYOTA	Year 2013	Model TACOMA	
				Color BRO - BROWN	Body Style PK - PICKUP	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 OWNER		
				What Driver Was Doing BACKING		Vehicle Factors		
				Driver Prior Action Other		NOT APPLICABLE		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions LOOKED BUT DID NOT SEE			
		Owner Name DAVID OGREN (608) 393-3347	Owner Address S4597B HIGHLOW RD ROCK SPRINGS, WI 53961 , US		
02	02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company CINCINNATI-INS-CO,-THE	Individual DAVID OGREN			
UNIT	Individual				
	Driver DAVID OGREN (608) 393-3347	Citations Issued 0	Sex MALE		
	Address S4597B HIGHLOW RD ROCK SPRINGS, WI 53961 , US	Date of Birth	Race WHITE		
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
02	005	Safety Equipment			
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		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 NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED				
	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				