

6TL0D1PTNJ  
23-07620

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

6TL0D1PTNJ

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-07620</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>07/17/2023</b>		Crash Time <b>05:51 PM</b>		Date Arrived <b>07/17/2023</b>		Time Arrived <b>05:56 PM</b>	
Date Notified <b>07/17/2023</b>		Time Notified <b>04:51 PM</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 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>Not to scale</p> <p>Taco Bell, 615 W. Pine Street, Villae of West baraboo</p> <p>drive through lane</p> <p>Unit 2 rear-ended unit 1</p>	Reconstruction By
	Photos By <b>DEP. S. MESSNER</b>
	Additional Information <b>PHOTOS</b>

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

ON 7/17/2023, AT APPROXIMATELY 5:51 PM, UNIT 1, A RED 2020 FORD ESCAPE, BEARING WISCONSIN REGISTRATION PLATE #AJB6054, WAS BEING DRIVEN BY ANGELA M MUELLER. UNIT 1 WAS EASTBOUND, SLOWING DOWN IN THE DRIVE-THROUGH LANE AT TACO BELL, 615 W. PINE STREET, VILLAGE OF WEST BARABOO. UNIT 2, A RED 2016 LINCOLN MKC, BEARING WICONSIN REGISTRATION PLATE #68366M, WAS BEING DRIVEN BY JOSEPH F. BRADLEY. UNIT 2 STRUCK UNIT 1 N THE DRIVE THROUGH. DAMAGED ONLY OBSERVED OCCURRED TO UNIT 1'S BUMPER FROM THE LICENSE PLATE SCREWS OF UNIT 2'S FRONT LICENSE PLATE. NO INJURIES OCCURRED. UNIT 1 DRIVER WANTED THE INCIDENT DOCUMENTED. INFORMATION BETWEEN DRIVERS WAS EXCHANGED. BOTH UNITS WERE REMOVED BY THEIR OPERATORS.

**Location**

PRIVATE PROPERTY CTHBD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.476470667</b>	Longitude <b>-89.769468506</b>
	X Coordinate <b>276012.5</b>	Y Coordinate <b>4817454.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>OFF ROADWAY, LOCATION UNKNOWN</b>	
Manner of Collision <b>03 - FRONT TO REAR</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>CLOUDY</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>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</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 <b>1</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>				

**Vehicle**

<b>VEHICLE</b>	License Plate Number <b>AJB6054</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FMCU9G65LUB92380</b>	Make <b>FORD</b>	Year <b>2020</b>	Model <b>ESCAPE</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</b>		



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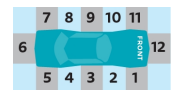
UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Owner Name <b>ANGELA MUELLER</b>	Owner Address <b>E12496 COUNTY ROAD U BARABOO, WI 53913 , US</b>		
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>OWNERS-INS-CO</b>	Individual <b>ANGELA MUELLER</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>ANGELA MUELLER</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>E12496 COUNTY ROAD U BARABOO, WI 53913 , US</b>	Driver License Number		
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>			
<b>NOT DISTRACTED</b>		Distracted By Action <b>NOT DISTRACTED</b>			

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>01</b>	<b>001</b>	<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>	<b>02</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>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 <input type="checkbox"/> Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>1</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>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>				
		License Plate Number <b>68366M</b>	Plate Type <b>MLG - MILITARY GROUP</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>5LMCJ3C93GUJ11045</b>	Make <b>LINCOLN</b>	Year <b>2016</b>	Model <b>MKC</b>	
		Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage			
		Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			



UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>			
02	Owner Name <b>JOSEPH BRADLEY</b>		Owner Address <b>10930 W WEARY RD EVANSVILLE, WI 53536 , 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>AUTO-OWNERS-INS-CO</b>		Individual <b>JOSEPH BRADLEY</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOSEPH BRADLEY</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>10930 W WEARY RD EVANSVILLE, WI 53536 , US</b>		Date of Birth <b>Race WHITE</b>	
	Driver License Number			
02 002	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Injury		Airbag	
	Injury Severity <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		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)</b>		
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>				
<b>Non Motorist</b>		Striking Unit #		Location

UNIT	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>		
	02	002	