

6TL0F3SSFC

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC23-08228</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>07/31/2023</b>		Crash Time <b>02:19 PM</b>		Date Arrived <b>07/31/2023</b>		Time Arrived <b>02:44 PM</b>	
Date Notified <b>07/31/2023</b>		Time Notified <b>02:20 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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Description**

<p>Diagram</p> <p>Christmas Mountain Private Drive</p> <p>Not to scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

U2 WAS PARKED IN THE PRIVATE ROADWAY WHILE THE OPERATOR WAS COLLECTING THE LINENS FROM THE NEARBY CONDOS. U1 WAS BACKING OUT OF A PRIVATE PARKING STALL WHEN THE OPERATOR DID NOT SEE U1 BEHIND THEM WHILE BACKING AND THEN STRUCK U2. U1 RECEIVED MINOR DAMAGE CONSISTING OF CRACKED PAINT AND KNICKED PAINT WHILE U2 RECEIVED MINOR DAMAGE CONSISTING OF A DENT. ALL PERSONS INVOLVED DENIED INJURIES AND DID NOT WANT EMS. BOTH VEHICLES WERE REMOVED FROM THE SCENE BY THE OWNER.

**Location**

<b>PARKING LOT CHRISTMAS MOUNTAIN RD LOT IN THE TOWN OF DELLONA IN SAUK COUNTY</b>	Latitude <b>43.608383707</b>	Longitude <b>-89.86403939</b>
	X Coordinate <b>268868.4375</b>	Y Coordinate <b>4832364.5</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>01 - ANGLE</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>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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>2</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>PARKED MOTOR VEHICLE</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>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>500MHZ</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IN</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>5TDDZRFH5KS967468</b>	Make <b>TOYOTA</b>	Year <b>2019</b>	Model <b>HIG</b>	
		Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
		Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>07 - LEFT REAR CORNER</b>			



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>				
01	01	Owner Name <b>WILLIAM HALSEMA (317) 418-0995</b>		Owner Address <b>2806 BUCHANAN LN WESTFIELD, IN 46074 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>PARKED MOTOR VEHICLE</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>WILLIAM HALSEMA</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>WILLIAM HALSEMA (317) 418-0995</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>2806 BUCHANAN LN WESTFIELD, IN 46074 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
UNIT	01	<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			
UNIT	001	<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>					

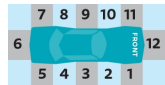
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>NANCY HALSEMA</b> <b>(317) 418-0701</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race		
		Address <b>2806 BUCHANAN LN</b> <b>WESTFIELD, IN 46074 7483, US</b>		Driver License Number			
		<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	<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			
Distracted By Action							
<b>Non Motorist</b>				Striking Unit #	Location		

UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other	To/From School	
	01	002	<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**

UNIT	02	Unit Status <b>LEGALLY PARKED</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>0</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"/> <b>Pre Crash Tire Mark</b>	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>UNKNOWN</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>HILLCREST</b>	
		Truck Bus or HazMat <b>NO</b>				

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number <b>CP43767</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>TN</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>3GTN9AEH3KG274257</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2019</b>	Model <b>SRA</b>
				Color <b>WHI - WHITE</b>	Body Style <b>PK - PICKUP</b>		Bus Use
				Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE</b>		
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
				Towed Due To Damage <b>NOT TOWED</b>			
				What Driver Was Doing <b>LEGALLY PARKED</b>			Vehicle Removed By <b>OPERATOR</b>

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	VEHICLE	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
02	02	Owner Name <b>MASTERCORP</b>	Owner Address <b>PO BOX 4027 CROSSVILLE, TN 38557 , US</b>
		<b>Sequence Of Events</b>	
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
		Event	
		Event	
		Event	
04	04	<b>Policy Holder</b>	
		Insurance Company <b>TRAVELERS-CASUALTY-&amp;-SURETY-CO</b>	Organization/Company <b>MASTERCORP</b>