

6TL0C22XZW
23-13514


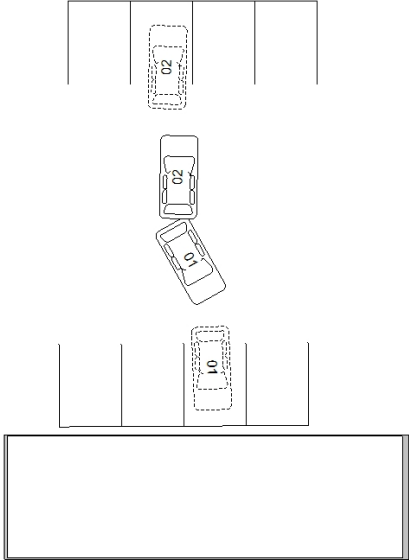
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0C22XZW

Document Number Override		Primary Crash Document #		Agency Crash Number 23-13514		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 12/19/2023		Crash Time 01:47 PM		Date Arrived 12/19/2023		Time Arrived 02:03 PM	
Date Notified 12/19/2023		Time Notified 01:53 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 DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">Not to scale </p> <p style="text-align: center;">Linn Street</p> 	Reconstruction By
	Photos By
	Additional Information PHOTOS

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

ON 12/19/2023, I WAS DISPATCHED TO 433 LINN STREET IN THE TOWN OF WEST BARABOO FOR A PARKING LOT TRAFFIC ACCIDENT. UNIT 1 OPERATOR STATED HE STARTED TO BACK OUT OF A PARKING STALL FIRST. WHEN WE STARTED TO TURN RIGHT WHILE BACKING UP, AND HE STATED UNIT 2 OPERATOR STARTED TO BACK UP AS WELL, AND THE UNIT 2 OPERATOR HIT THE REAR ON OF UNIT 1, CAUSING THE REAR BUMPER TO BE DENTED. I SPOKE WITH THE UNIT 2 OPERATOR, WHO STATED HE STARTED TO BACK UP AND THAT WHEN UNIT 1 AND THE OPERATOR BACKED UP INTO UNIT 2. UNIT 1 OPERATOR STATED HE DID NOT HAVE INSURANCE ON THE UNIT 1.

Location

PARKING LOT MULBERRY ST LOT 433 (HOUSE/BUILDING 433) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474623931	Longitude -89.766532696
	X Coordinate 276243.125	Y Coordinate 4817241.5
	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 04 - REAR 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 NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
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 PASSENGER CAR			Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 05	Total Lanes 0	
	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 01 VEHICLE	License Plate Number AVU9361	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G8AM15F76Z107735	Make SATURN	Year 2006	Model ION LEVEL	
	Color RED - RED	Body Style CP - COUPE		Bus Use	
	Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage 07 - LEFT REAR CORNER			
	Extent Of Damage MINOR DAMAGE				



UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing LEAVING A PARKED POSITION		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	01	Owner Name JOHN MICHEL (608) 547-1817		Owner Address 33855 EXPEDITION AVE CAMP DOUGLAS, WI 54618 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
01	01	Individual			
		Driver JOHN MICHEL (608) 547-1817		Citations Issued 0	Sex MALE
		Address 33855 EXPEDITION AVE CAMP DOUGLAS, WI 54618 , US		Date of Birth	Race WHITE
		Driver License Number			
01	001	Safety Equipment		Safety Equipment	
		On Duty Crash			
		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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action		NOT DISTRACTED			
Non Motorist		Striking Unit #	Location		

UNIT	INDIVIDUAL	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				
		01	001			

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE							
		Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements							
		Total Occs 2		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 0			
		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 AVM8458		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES					
				Vehicle Identification Number 3C4PDDEG9GT106430		Make DODGE		Year 2016		Model JOURNEY					
				Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE				Bus Use					
				Initial Contact Point 06 - REAR		Vehicle Damage 06 - REAR									
				Extent Of Damage MINOR DAMAGE											
				Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR									
				What Driver Was Doing BACKING											

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors		
			NOT APPLICABLE		
	Driver Actions UNSAFE BACKING				
02	Owner Name MANUEL LOOR MACIAS		Owner Address 521 E LAKE AVE # A WISCONSIN DELLS, WI 53965 , US		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company FOUNDERS-INS-CO		Individual MANUEL LOOR MACIAS		
UNIT INDIVIDUAL	Individual				
	Driver MANUEL LOOR MACIAS (973) 955-7612		Citations Issued 0	Sex MALE	
	Address 521 E LAKE AVE # A WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race HISPANIC	
			Driver License Number		
02 002	Safety Equipment		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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
Non Motorist		Striking Unit #	Location		

UNIT	Prior Action			
	Action			
	Action Other		To/From School	
02	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 JURECK	SALINAS	Citations Issued 0	Sex MALE
			Date of Birth	Race HISPANIC
	Address 521 E LAKE AVE # A WISCONSIN DELLS, WI 53965 , US		Driver License Number	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
02	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					
		02	003				