

6TL0DBC3H2
24-02480

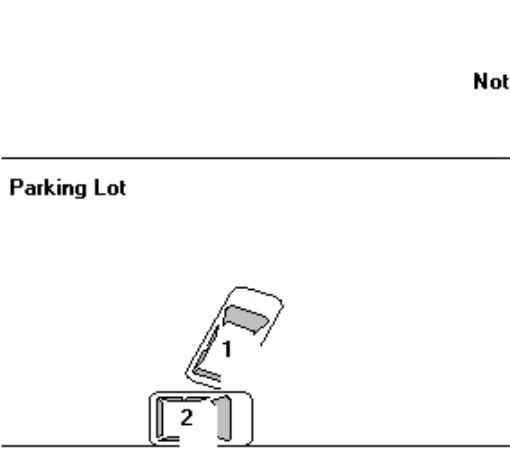
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0DBC3H2

Document Number Override		Primary Crash Document #		Agency Crash Number 24-02480		Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 03/12/2024		Crash Time 12:35 PM		Date Arrived 03/15/2024		Time Arrived 12:53 PM	
Date Notified 03/12/2024		Time Notified 12:36 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

Diagram 	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 BACKING IN A PARKING LOT AND STRUCK UNIT 2 WHICH WAS LEGALLY PARKED. NO INJURIES WERE REPORTED. VEHICLES WERE REMOVED BY OWNERS

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Location

PARKING LOT STH136 WB LOT 618 (HOUSE/BUILDING 618) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475656036	Longitude -89.772049078
	X Coordinate 275800.75	Y Coordinate 4817371
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 05 - REAR TO SIDE	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 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	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? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 0
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE	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	01	License Plate Number AWE5927	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
			Vehicle Identification Number 3KPF24AD4ME359328	Make KIA MOTORS CORPORA	Year 2021	Model FORTE	
			Color RED - RED	Body Style SD - SEDAN		Bus Use	
			Initial Contact Point 06 - REAR	Vehicle Damage			
			Extent Of Damage MINOR DAMAGE	06 - REAR			



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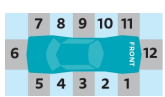
UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing BACKING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions UNSAFE BACKING				
01	01	Owner Name MEHMET SUZER (830) 381-8495		Owner Address 200 W HIAWATHA DR # 6123 WISCONSIN DELLS, WI 53965 , US	
		Sequence Of Events			
UNIT	01	Event PARKED MOTOR VEHICLE			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company AMERICAN-AUTOMOBILE-INS-CO	Individual MEHMET SUZER		
UNIT	01	Individual			
		Driver MEHMET SUZER (830) 381-8495	Citations Issued 0	Sex MALE	
		Address 200 W HIAWATHA DR # 6123 WISCONSIN DELLS, WI 53965 , 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					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	01	001	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 LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE					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 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						

UNIT	VEHICLE	Vehicle						
		License Plate Number AFY7596		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1FMJU1JT4KEA88169		Make FORD	Year 2019	Model EXPEDITION		
		Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
		Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage				
		Extent Of Damage FUNCTIONAL DAMAGE		10 - LEFT SIDE FRONT				
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR				

UNIT VEHICLE	What Driver Was Doing LEGALLY PARKED		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name MARK WIECHERT (262) 930-3153		Owner Address 3780 213TH AVE BRISTOL, WI 53104 , US	
02 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
04	Event			
UNIT	Policy Holder			
	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual MARK WIECHERT	
UNIT INDIVIDUAL	Individual			
	Occupant Of Motor Vehicle Not In Transport MARK WIECHERT (262) 930-3153		Citations Issued 0	Sex MALE
	Address 3780 213TH AVE BRISTOL, WI 53104 , US		Date of Birth	Race WHITE
			Driver License Number	
02 002	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag UNKNOWN
Ejected UNKNOWN		Ejection Path UNKNOWN		Trapped/Extricated UNKNOWN
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	

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		