

6TL0F8QXWV
24-04483

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 24-04483		Investigating Officer/Deputy DEPUTY J. GREENWOOD		
Crash Date 05/04/2024		Crash Time 01:18 PM		Date Arrived 05/04/2024		Time Arrived 01:24 PM		
Date Notified 05/04/2024		Time Notified 01:20 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 DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
		Photos By DEPUTY GREENWOOD	
		Additional Information PHOTOS	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
UNIT 1 WAS BACKING OUT OF PARKING SPOT. UNIT 1 MISSED JUDGED BACKING UP AND STRUCK PARKED UNIT 2.			

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Location

PARKING LOT CTHBD EB LOT IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475504899	Longitude -89.768407605
	X Coordinate 276094.71875	Y Coordinate 4817344.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 UNKNOWN	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 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 CrashTire Mark	Speed Limit N/A	Total Lanes 2
	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				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number AKZ8018	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FM5K8GT3HGC75438	Make FORD	Year 2017	Model EXPLORER
	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 05 - RIGHT REAR CORNER		
Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	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, OTHER CONTRIBUTING ACTION			
01	Owner Name RICHARD MUSSER		Owner Address 821 9TH ST 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 PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual RICHARD MUSSER	
UNIT INDIVIDUAL	Individual			
	Driver RICHARD MUSSER		Citations Issued 0	Sex MALE
	Address 821 9TH ST 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				

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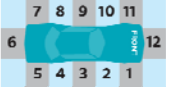
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
	Drug Type					
	Individual Condition		APPEARED NORMAL			
	01	002				

Unit Summary

UNIT	02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE						
		Vehicle Type PASSENGER VAN				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 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											

UNIT	VEHICLE	Vehicle							
		License Plate Number 365MAB		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number KNDMC5C16G6161809		Make KIA MOTORS CORPORAT		Year 2016		Model SEDONA	
		Color RED - RED		Body Style VN - VAN				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							

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Form containing sections: UNIT VEHICLE (What Driver Was Doing, Driver Prior Action Other, Driver Actions, Owner Name, Owner Address), Sequence Of Events (Event 01-04), UNIT INDIVIDUAL (Policy Holder, Individual details), Safety Equipment (On Duty Crash, Safety Equipment, Row, Seat Position, Helmet Use, Eye Protection), Injury (Injury Severity, Airbag), Ejected (Ejection Path, Trapped/Extricated), Medical Transport (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).

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CRASH REPORT

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					
		02	001				