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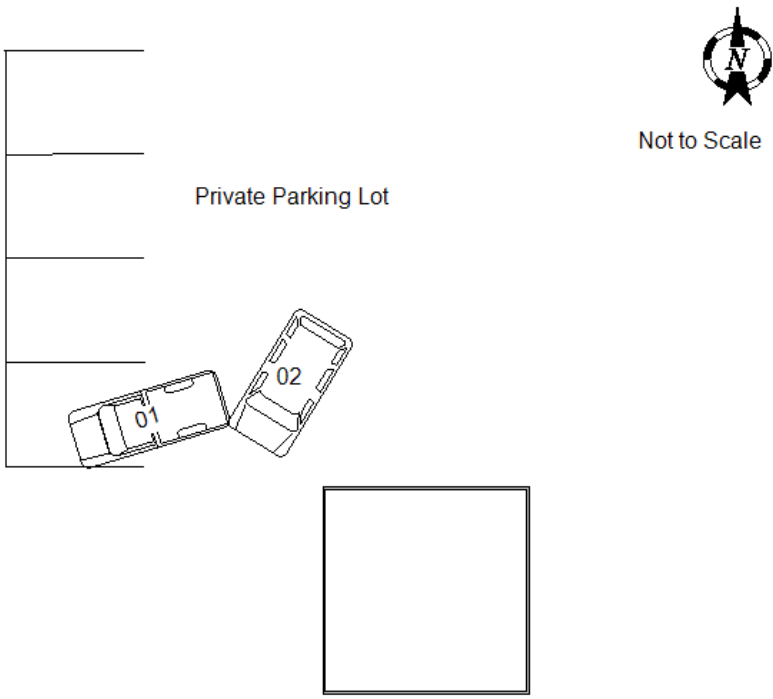
25-08458

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK 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<br><b>25-08458</b>    |  | Investigating Officer/Deputy<br><b>DEPUTY B. TRAGER</b> |                           |
| Crash Date<br><b>08/12/2025</b>                |   | Crash Time<br><b>09:40 AM</b>                |                                    | Date Arrived<br><b>08/12/2025</b>         |  | Time Arrived<br><b>09:45 AM</b>                         |                           |
| Date Notified<br><b>08/12/2025</b>             |   | Time Notified<br><b>09:41 AM</b>             |                                    | Total Units<br><b>02</b>                  |  | Total Injured<br><b>00</b>                              | Total Killed<br><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<br><b>NO</b>    |   | Tags   |   |                           |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |   | <input type="checkbox"/> Amended             | <input type="checkbox"/> Secondary Crash                |                           |

## Description

|  |                                       |
|--|---------------------------------------|
| Diagram<br> | Reconstruction By                     |
|  | Photos By                             |
|  | Additional Information<br><b>NONE</b> |

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

ON AUGUST 12, 2025 AT APPROXIMATELY 9:40AM IN A PRIVATE PARKING LOT IN THE VILLAGE OF WEST BARABOO, UNIT 1 ATTEMPTED TO BACK OUT OF A PARKING STALL WHEN IT BACKED INTO UNIT 2. THE OPERATOR OF UNIT 1 ADMITTED HE LOOKED BUT DID NOT SEE THE VEHICLE AND BACKED INTO IT. NO INJURIES WERE REPORTED AND BOTH VEHICLES WERE REMOVED BY THE OPERATORS.

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## Location

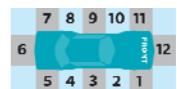
|   |   |                                  |
|---|---|----------------------------------|
| <b>PARKING LOT</b><br><b>LINN ST/ STH33 EB LOT 433</b><br><b>(HOUSE/BUILDING 433)</b><br><br><b>IN THE VILLAGE OF WEST BARABOO</b><br><b>IN SAUK COUNTY</b> | Latitude<br><b>43.474436842</b>         | Longitude<br><b>-89.76667715</b> |
|   | X Coordinate<br><b>276230.75</b>        | Y Coordinate<br><b>4817221</b>   |
|   | Structure Type<br><b>HOUSE/BUILDING</b> |                                  |

## Crash Scene

|  |  |  |               |
|--|--|--|---------------|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>       |  | First Harmful Event Location<br><b>IN PARKING LANE OR ZONE</b> |               |
| Manner of Collision<br><b>05 - REAR TO SIDE</b>            |  | Light Condition<br><b>DAYLIGHT</b>                             |               |
| Road Surface Condition(s)<br><b>DRY</b>                    |  | Roadway Factor(s)<br><br><b>NONE</b>                           |               |
| Environment Factor(s)<br><b>NONE</b>                       |  |  |               |
| Weather Condition(s)<br><b>CLOUDY</b>                      |  |  |               |
| Animal Type  |  | Relation To Trafficway<br><b>NON TRAFFICWAY - PARKING LOT</b>  |               |
| Crash Classification - Location<br><b>PRIVATE PROPERTY</b> |  | Crash Classification - Jurisdiction<br><b>PRIVATE PROPERTY</b> |               |
| Tribal Land  |  | Access Control<br><b>NO CONTROL</b>                            | Special Study |
| Within Interchange Area<br><b>NO</b>                       | Junction Location<br><b>NON-JUNCTION</b> | Intersection Type<br><b>NOT AN INTERSECTION</b>                |               |

## Unit Summary

|   |   |  |   |                            |  |   |  |
|---|---|--|---|----------------------------|--|---|--|
| UNIT<br>01  | Unit Status<br><b>IN TRANSIT</b>                                    |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>TRUCK</b>                            |   |  |
|   | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>                   |  |   |                            | Operating As Endorsements                            |   |  |
|   | Total Occs<br><b>1</b>  | Train/Bus # Recorded                         | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |   |  |
|   | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>NOT ON ROADWAY</b> | <input type="checkbox"/> <b>Pre CrashTire Mark</b>    | Speed Limit<br><b>N/A</b>  | Total Lanes<br><b>0</b>                              |   |  |
|   | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |   |  |
|   | Traffic Way<br><b>PARKING LOT OR PRIVATE PROPERTY</b>               |  | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |   |  |
|   | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |  | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |   |  |
|   | Truck Bus or HazMat<br><b>NO</b>                                    |  |   |                            |  |   |  |
|   | UNIT<br>01<br>VEHICLE   | <b>Vehicle</b>                               |   |                            |  |   |  |
|   |   | License Plate Number<br><b>66J4BM</b>        |   | Plate Type<br><b>LTK</b>   | St<br><b>MO</b>                                      | Country of Issuance<br><b>UNITED STATES</b> |  |
| Vehicle Identification Number<br><b>3C63RRHL6RG377793</b> |   | Make<br><b>DODG</b>                          | Year<br><b>2024</b>                                   | Model<br><b>BIG HORN</b>   |  |   |  |
| Color<br><b>GRY - GRAY</b>                                |   | Body Style<br><b>PK - PICKUP</b>             |   | Bus Use                    |  |   |  |
| Initial Contact Point<br><b>06 - REAR</b>                 |   | Vehicle Damage<br><br><b>06 - REAR</b>       |   |                            |  |   |  |
| Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>              |   |  |   |                            |  |   |  |



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(608) 356-4895

|                 |   |                               |   |                    |
|-----------------|---|-------------------------------|---|--------------------|
| UNIT<br>VEHICLE | Towed Due To Damage<br><b>NOT TOWED</b>   |                               | Vehicle Removed By<br><b>OPERATOR</b>   |                    |
|                 | What Driver Was Doing<br><b>BACKING</b>   |                               | Vehicle Factors   |                    |
|                 | Driver Prior Action Other   |                               | <b>NOT APPLICABLE</b>   |                    |
|                 | Driver Actions<br><b>LOOKED BUT DID NOT SEE</b>                                     |                               |   |                    |
| 01              | Owner Name<br><b>DAVID RICE</b><br><b>(501) 318-7728</b>                            |                               | Owner Address<br><b>611 W SUNSET ST UNIT 202</b><br><b>SPRINGFIELD, MO 65807 3789, US</b> |                    |
|                 | <b>Sequence Of Events</b>   |                               |   |                    |
| 01              | Event   | <b>MOTOR VEH IN TRANSPORT</b> |   |                    |
|                 | Event   |                               |   |                    |
|                 | Event   |                               |   |                    |
|                 | Event   |                               |   |                    |
| 01              | <b>Policy Holder</b>  |                               |   |                    |
|                 | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>                              |                               | INDIVIDUAL<br><b>DAVID RICE</b>   |                    |
| 01              | <b>Individual</b>   |                               |   |                    |
|                 | DRIVER<br><b>DAVID RICE</b><br><b>(501) 318-7728</b>                                |                               | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b> |
|                 |   |                               | Date of Birth   | Race               |
|                 | Address<br><b>611 W SUNSET ST UNIT 202</b><br><b>SPRINGFIELD, MO 65807 3789, US</b> |                               | Driver License Number<br><b>STATE: MISSOURI COUNTRY: UNITED STATES</b>                    |                    |
| 01              | <b>Safety Equipment</b>   |                               | On Duty Crash   |                    |
|                 | Row<br><b>01 - FRONT ROW</b>  |                               | Seat Position<br><b>07 - LEFT</b>   |                    |
|                 | Helmet Use  |                               | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>  |                    |
|                 | Eye Protection  |                               | Helmet Compliance   |                    |
| 01              | Injury<br><b>NO APPARENT INJURY</b>   |                               | Airbag<br><b>NON DEPLOYED</b>   |                    |
|                 | Ejected<br><b>NOT EJECTED</b>   |                               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>  |                    |
|                 | Medical Transport<br><b>NOT TRANSPORTED</b>   |                               | Trapped/Extricated<br><b>NOT TRAPPED</b>  |                    |
|                 | Hospital  |                               | EMS Agency Identifier   | EMS Run #          |
| 01              | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>                      |                               | Date of Death   |                    |
|                 | Distracted By Action<br><b>NOT DISTRACTED</b>                                       |                               | Time of Death   |                    |

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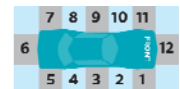
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|                                 |  |                                    |                   |                                 |                      |
|---------------------------------|--|------------------------------------|-------------------|---------------------------------|----------------------|
| UNIT<br>INDIVIDUAL<br>01<br>001 | <b>Non Motorist</b>                            | Striking Unit #                    | Location          |                                 |                      |
|                                 | Prior Action                                   |                                    |                   |                                 |                      |
|                                 | Action   |                                    |                   |                                 |                      |
|                                 | Action Other                                   |                                    |                   |                                 |                      |
|                                 | To/From School                                 |                                    |                   |                                 |                      |
|                                 | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> |                   | Suspected Drug Use<br><b>NO</b> |                      |
|                                 | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |                                    | Alcohol Test Type |                                 | Alcohol Test Results |
|                                 | Drug Test Given<br><b>TEST NOT GIVEN</b>       |                                    | Drug Test Type    |                                 | Drug Test Results    |
|                                 | Drug Type                                      |                                    |                   |                                 |                      |
|                                 | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                   |                                 |                      |

## Unit Summary

|            |   |   |  |                                |  |
|------------|---|---|--|--------------------------------|--|
| UNIT<br>02 | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |
|            | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                      |   |  | Operating As Endorsements      |  |
|            | Total Occs<br><b>2</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>               | Total Trailers<br><b>0</b>     | Total HazMat Types<br><b>0</b>                       |
|            | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>NOT ON ROADWAY</b>          | <input type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>N/A</b>      | Total Lanes<br><b>0</b>                              |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>     |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |
|            | Traffic Way<br><b>PARKING LOT OR PRIVATE PROPERTY</b>               |   | Traffic Control<br><b>NO CONTROL</b>               |                                | Traffic Control Inoperative/Missing<br><b>NO</b>     |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>                  |                                | Road Grade<br><b>LEVEL</b>                           |
|            | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |                                |  |

|                             |   |  |   |                     |   |
|-----------------------------|---|--|---|---------------------|---|
| UNIT<br>VEHICLE<br>02<br>02 | <b>Vehicle</b>  |  |   |                     |   |
|                             | License Plate Number<br><b>1PS242</b>                     |  | Plate Type<br><b>AUT</b>                        | St<br><b>SD</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                             | Vehicle Identification Number<br><b>5J8YE1H83NL018522</b> |  | Make<br><b>ACUR</b>                             | Year<br><b>2022</b> | Model<br><b>MDX ADVANC</b>                  |
|                             | Color<br><b>GRY - GRAY</b>                                |  | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use                                     |
|                             | Initial Contact Point<br><b>02 - RIGHT SIDE FRONT</b>     |  | Vehicle Damage                                  |                     |   |
|                             | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>              |  | <b>02 - RIGHT SIDE FRONT</b>                    |                     |   |
|                             | Towed Due To Damage<br><b>NOT TOWED</b>                   |  | Vehicle Removed By<br><b>OPERATOR</b>           |                     |   |



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|   |  |  |  |
|---|--|--|--|
| UNIT<br>VEHICLE                               | What Driver Was Doing<br><b>GOING STRAIGHT</b>                           | Vehicle Factors  |  |
|   | Driver Prior Action Other  | <b>NOT APPLICABLE</b>  |  |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                          |  |  |
|   | Owner Name<br><b>NICHOLAS CARRIER-DAMON<br/>(605) 280-4329</b>           | Owner Address<br><b>2227 S PHILLIPS AVE<br/>SIOUX FALLS, SD 57105 3837, US</b> |  |
| UNIT<br>02                                    | <b>Sequence Of Events</b>  |  |  |
|   | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                   |  |  |
|   | Event  |  |  |
|   | Event  |  |  |
|   | Event  |  |  |
| UNIT<br>04                                    | <b>Policy Holder</b>   |  |  |
|   | Insurance Company<br><b>STATE-FARM-CLASSIC-INS-CO</b>                    | INDIVIDUAL<br><b>NICHOLAS CARRIER-DAMON</b>                                    |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>  |  |  |
|   | DRIVER<br><b>NICHOLAS CARRIER-DAMON<br/>(605) 280-4329</b>               | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>                       |
|   |  | Date of Birth  | Race                                     |
|   | Address<br><b>2227 S PHILLIPS AVE<br/>SIOUX FALLS, SD 57105 3837, US</b> | Driver License Number<br><b>STATE: SOUTH DAKOTA COUNTRY: UNITED STATES</b>     |  |
| UNIT<br>02                                    | <b>Safety Equipment</b>  | On Duty Crash  | Safety Equipment                         |
|   | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>07 - LEFT</b>  | <b>SHOULDER &amp; LAP BELT</b>           |
|   | Helmet Use   |  | Helmet Compliance                        |
|   | Eye Protection   |  | Tint Compliance                          |
|   | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>                                   | Airbag<br><b>NON DEPLOYED</b>            |
|   | Ejected<br><b>NOT EJECTED</b>  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                             | Trapped/Extricated<br><b>NOT TRAPPED</b> |
|   | Medical Transport<br><b>NOT TRANSPORTED</b>                              |  | EMS Agency Identifier                    |
|   | Hospital   |  | EMS Run #                                |
|   | Date of Death  |  | Time of Death                            |
|   | <b>Distracted By</b>   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>                 |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |  |  |  |
| <b>Non Motorist</b>                           | Striking Unit #  | Location   |  |

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|      |            |   |  |  |
|------|------------|---|--|--|
| UNIT | INDIVIDUAL | Prior Action  |  |  |
|      |            | Action  |  |  |
| 02   | 002        | Action Other  |  | To/From School                                     |
|      |            | <b>Drug &amp; Alcohol</b><br>Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b> |  |  |
| 02   | 002        | Alcohol Test Given<br><b>TEST NOT GIVEN</b>   | Alcohol Test Type                                  | Alcohol Test Results                               |
|      |            | Drug Test Given<br><b>TEST NOT GIVEN</b>  | Drug Test Type                                     | Drug Test Results                                  |
| 02   | 002        | Drug Type   |  |  |
|      |            | Individual Condition<br><b>APPEARED NORMAL</b>  |  |  |
| UNIT | INDIVIDUAL | <b>Individual</b>   |  |  |
|      |            | PASSENGER<br><b>FELIX CARRIER-DAMON</b><br><b>(605) 280-4329</b>                          |  |  |
| 02   | 003        | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                                 |  |
|      |            | Date of Birth   | Race   |  |
| 02   | 003        | Address<br><b>2227 S PHILLIPS AVE</b><br><b>SIOUX FALLS, SD 57105 3837, US</b>            |  | Driver License Number                              |
|      |            | <b>Safety Equipment</b><br>On Duty Crash <b>EMT/FIRST-RESPONDER</b>                       |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
| 02   | 003        | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>09 - RIGHT</b>                 |  |
|      |            | Helmet Use  |  | Helmet Compliance                                  |
| 02   | 003        | Eye Protection  |  | Tint Compliance                                    |
|      |            | <b>Injury</b><br>Injury Severity <b>NO APPARENT INJURY</b>                                |  | Airbag<br><b>NON DEPLOYED</b>                      |
| 02   | 003        | Ejected<br><b>NOT EJECTED</b>   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
|      |            | Medical Transport<br><b>NOT TRANSPORTED</b>   |  | EMS Agency Identifier                              |
| 02   | 003        | Hospital  |  | EMS Run #  |
|      |            | Date of Death   |  | Time of Death                                      |
| 02   | 003        | <b>Distracted By</b><br>Distracted By Source  |  |  |
|      |            | Distracted By Action  |  |  |
| 02   | 003        | <b>Non Motorist</b><br>Striking Unit #      Location                                      |  |  |
|      |            | Prior Action  |  |  |

|      |            |   |  |                          |                      |
|------|------------|---|--|--------------------------|----------------------|
| UNIT | INDIVIDUAL |   |  |                          |                      |
|      |            | Action                                      |  |                          |                      |
|      |            |   |  |                          |                      |
|      |            | Action Other                                |  |                          | To/From School       |
|      |            | <b>Drug &amp; Alcohol</b>                   |  |                          |                      |
|      |            | Suspected Alcohol Use<br>NO                 |  | Suspected Drug Use<br>NO |                      |
|      |            | Alcohol Test Given<br>TEST NOT GIVEN        |  | Alcohol Test Type        | Alcohol Test Results |
|      |            | Drug Test Given<br>TEST NOT GIVEN           |  | Drug Test Type           | Drug Test Results    |
|      |            | Drug Type                                   |  |                          |                      |
|      |            | Individual Condition<br><br>APPEARED NORMAL |  |                          |                      |