

6TL0FKD6P1

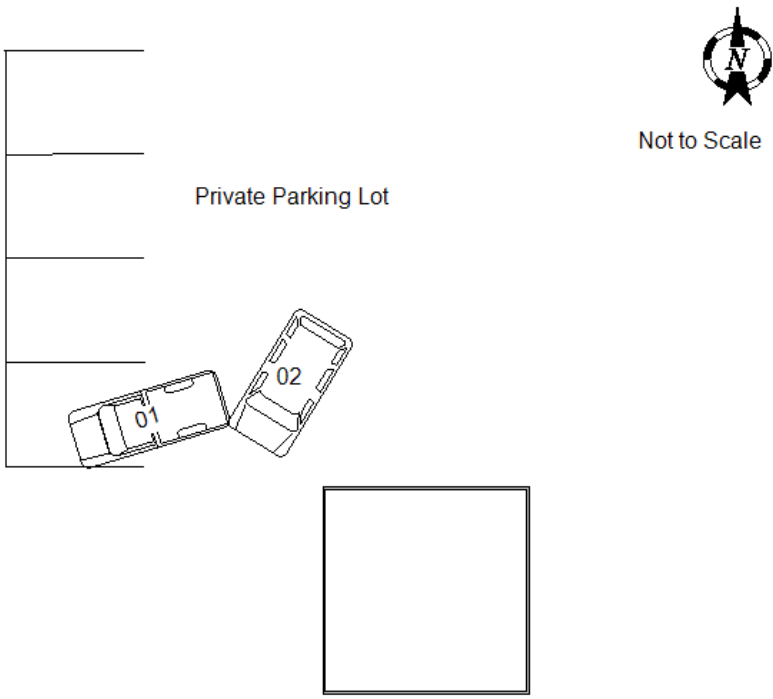
25-08458

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override <b>6TL0FKD6NZ</b>		Primary Crash Document #		Agency Crash Number <b>25-08458</b>		Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>08/12/2025</b>		Crash Time <b>09:40 AM</b>		Date Arrived <b>08/12/2025</b>		Time Arrived <b>09:45 AM</b>	
Date Notified <b>08/12/2025</b>		Time Notified <b>09:41 AM</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 type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input checked="" type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

## Description

Diagram	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.

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.

CRASH WAS NON-REPORTABLE.

**25-08458**

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01	01	Vehicle			
		License Plate Number <b>66J4BM</b>	Plate Type <b>LTK</b>	St <b>MO</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3C63RRHL6RG377793</b>	Make <b>DODG</b>	Year <b>2024</b>	Model <b>BIG HORN</b>
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>			

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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>06 - REAR</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>BACKING</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>LOOKED BUT DID NOT SEE</b>		
		Owner Name <b>DAVID RICE</b> <b>(501) 318-7728</b>	Owner Address <b>611 W SUNSET ST UNIT 202</b> <b>SPRINGFIELD, MO 65807 3789, US</b>	
		<b>Sequence Of Events</b>		
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	VEHICLE	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>DAVID RICE</b>	
		<b>Individual</b>		
		DRIVER <b>DAVID RICE</b> <b>(501) 318-7728</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT	INDIVIDUAL	Date of Birth	Race	
		Address <b>611 W SUNSET ST UNIT 202</b> <b>SPRINGFIELD, MO 65807 3789, US</b>	Driver License Number <b>STATE: MISSOURI COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
UNIT	INDIVIDUAL	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	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT	INDIVIDUAL	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

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UNIT INDIVIDUAL 01 001	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
	<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 Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>0</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>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

02 02	License Plate Number <b>1PS242</b>		Plate Type <b>AUT</b>	St <b>SD</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5J8YE1H83NL018522</b>		Make <b>ACUR</b>	Year <b>2022</b>	Model <b>MDX ADVANC</b>
	Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>				

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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>02 - RIGHT SIDE FRONT</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>NICHOLAS CARRIER-DAMON (605) 280-4329</b>	Owner Address <b>2227 S PHILLIPS AVE SIOUX FALLS, SD 57105 3837, US</b>	
		<b>Sequence Of Events</b>		
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	VEHICLE	<b>Policy Holder</b>		
		Insurance Company <b>STATE-FARM-CLASSIC-INS-CO</b>	INDIVIDUAL <b>NICHOLAS CARRIER-DAMON</b>	
		<b>Individual</b>		
		DRIVER <b>NICHOLAS CARRIER-DAMON (605) 280-4329</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT	INDIVIDUAL	Date of Birth	Race	
		Address <b>2227 S PHILLIPS AVE SIOUX FALLS, SD 57105 3837, US</b>	Driver License Number <b>STATE: SOUTH DAKOTA COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
UNIT	INDIVIDUAL	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	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT	INDIVIDUAL	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

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <b>NOT DISTRACTED</b>				
		<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
02	002	Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		PASSENGER <b>FELIX CARRIER-DAMON</b> <b>(605) 280-4329</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth		Race		
		Address <b>2227 S PHILLIPS AVE</b> <b>SIOUX FALLS, SD 57105 3837, US</b>		Driver License Number		
		<b>Safety Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	003	<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		

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	<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>		