

25-10284

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

Document Number Override		Primary Crash Document #		Agency Crash Number 25-10284		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 09/30/2025		Crash Time 01:44 PM		Date Arrived 09/30/2025		Time Arrived 01:55 PM	
Date Notified 09/30/2025		Time Notified 01:51 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 PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1 AND 2 WERE IN A PARKING LOT. BOTH THE OPERATORS WERE BACKING UP AT THE SAME TIME AND BACKED INTO ONE ANOTHER. NO REPORTED INJURIES.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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Location

PARKING LOT STH33 EB LOT 420 (HOUSE/BUILDING 420) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475417602	Longitude -89.766229909
	X Coordinate 276270.53125	Y Coordinate 4817329
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
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? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes	
	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 01	Vehicle				
	License Plate Number GUY7459		Plate Type AUT	St OH	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G4GB5GR4EF173742		Make BUIC	Year 2014	Model LACROSSE
	Color BRO - BROWN		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		



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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			
01	Owner Name KENNETH COUCH (937) 207-7209		Owner Address 1923 PROVIDENCE AVE SPRINGFIELD, OH 45503 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		INDIVIDUAL KENNETH COUCH	
UNIT INDIVIDUAL	Individual			
	DRIVER KENNETH COUCH (937) 207-7209		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address 1923 PROVIDENCE AVE SPRINGFIELD, OH 45503 , US		Driver License Number STATE: OHIO COUNTRY: UNITED STATES	
01 001	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				

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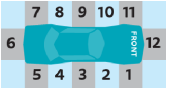
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UNIT INDIVIDUAL 01 001	Non Motorist	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			
	To/From School			
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol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

Unit Summary

UNIT 02	Unit Status IN TRANSIT	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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes	
	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 02	Vehicle					
	License Plate Number AVN3646		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2C4RDGCG1CR295021		Make DODG	Year 2012	Model CARAVAN	
	Color BLU - BLUE		Body Style VN - VAN		Bus Use	
	Initial Contact Point 06 - REAR					
	Extent Of Damage MINOR DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			

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UNIT VEHICLE	What Driver Was Doing BACKING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions UNSAFE BACKING		
	Owner Name JEFFREY VOGTSCHALLER (608) 434-4887	Owner Address E13554 TOWER RD BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company ERIE-INS-CO	INDIVIDUAL JEFFREY VOGTSCHALLER	
UNIT INDIVIDUAL	Individual		
	DRIVER JEFFREY VOGTSCHALLER (608) 434-4887	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address E13554 TOWER RD BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	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
	Hospital		EMS Run #
	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		Alcohol Test Type	
		TEST NOT GIVEN			
		Alcohol Test Results			
02	002	Drug Test Given		Drug Test Type	
		TEST NOT GIVEN			
		Drug Test Results			
Drug Type					
Individual Condition					
APPEARED NORMAL					