

6TL0F3SSLK  
26-09366

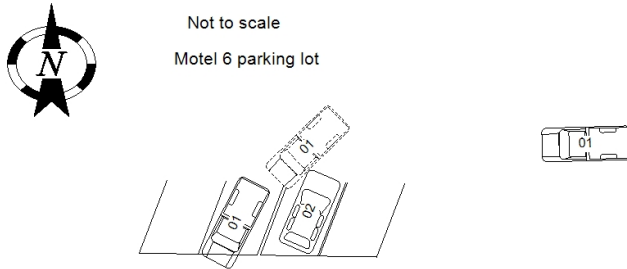
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0F3SSLK

|                                                |                                      |                                                   |                                    |                                           |  |                                                       |                                          |
|------------------------------------------------|--------------------------------------|---------------------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------------------------------------|------------------------------------------|
| Document Number Override                       |                                      | Primary Crash Document #                          |                                    | Agency Crash Number<br><b>26-09366</b>    |  | Investigating Officer/Deputy<br><b>DEPUTY A. KING</b> |                                          |
| Crash Date<br><b>08/28/2026</b>                |                                      | Crash Time<br><b>03:57 AM</b>                     |                                    | Date Arrived<br><b>08/28/2026</b>         |  | Time Arrived<br><b>05:12 AM</b>                       |                                          |
| Date Notified<br><b>08/28/2026</b>             |                                      | Time Notified<br><b>03:58 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>PRIVATE PROPERTY/PARKING LOT</b> |                                    |                                           |  | <input type="checkbox"/> Amended                      | <input type="checkbox"/> Secondary Crash |

Description

|                                                                                    |                                       |
|------------------------------------------------------------------------------------|---------------------------------------|
| Diagram                                                                            | 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.

U2 WAS LEGALLY PARKED AND UNOCCUPIED IN THE PARKING STALL WHEN U1 ATTEMPTED TO PARK BUT COULD NOT FIT. U1 THEN BACKED OUT OF THE STALL RESULTING IN U1 SIDE SWIPING U2 RIPPING U2'S FRONT BUMPER OFF. OPERATOR OF U1 DENIED ANY INJURIES. BOTH VEHICLES REMAINED ON SCENE IN THE PARKING LOT.

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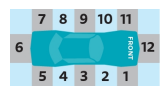
|                                                                       |                                   |                                   |
|-----------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| PARKING LOT<br>MOON RD LOT<br>IN THE TOWN OF DELTON<br>IN SAUK COUNTY | Latitude<br><b>43.5618406</b>     | Longitude<br><b>-89.779719471</b> |
|                                                                       | X Coordinate<br><b>275500.375</b> | Y Coordinate<br><b>4826964</b>    |
|                                                                       | Structure Type                    |                                   |

Crash Scene

|                                                                 |                                                                |                                                 |
|-----------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| First Harmful Event<br><b>PARKED MOTOR VEHICLE</b>              | First Harmful Event Location<br><b>IN PARKING LANE OR ZONE</b> |                                                 |
| Manner of Collision<br><b>06 - SIDESWIPE/OPPOSITE DIRECTION</b> | Light Condition<br><b>DARK/LIGHTED</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>CLEAR</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"/> Pre CrashTire Mark    | Speed Limit<br><b>N/A</b>                            | Total Lanes                                 |  |
|                                                           | Most Harmful Event: Collision With<br><b>PARKED MOTOR VEHICLE</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>PL3123</b>                 | Plate Type<br><b>LTK</b>                       | St<br><b>WI</b>                                      | Country of Issuance<br><b>UNITED STATES</b> |  |
| Vehicle Identification Number<br><b>1FT7W2BT7GEC77919</b> |                                                                   | Make<br><b>FORD</b>                                   | Year<br><b>2016</b>                            | Model<br><b>F250</b>                                 |                                             |  |
| Color<br><b>BLK - BLACK</b>                               |                                                                   | Body Style<br><b>PK - PICKUP</b>                      |                                                | Bus Use                                              |                                             |  |
| Initial Contact Point<br><b>08 - LEFT SIDE REAR</b>       |                                                                   | Vehicle Damage                                        |                                                |                                                      |                                             |  |
| Extent Of Damage<br><b>MINOR DAMAGE</b>                   |                                                                   | <b>08 - LEFT SIDE REAR</b>                            |                                                |                                                      |                                             |  |



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|---------------------------------------------|---------|------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|--------------------|
| UNIT                                        | 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                                        |                                   |                                                                        |                    |
|                                             |         | Driver Actions<br><b>UNSAFE BACKING</b>                          |                                   |                                                                        |                    |
| 01                                          | 01      | Owner Name<br><b>JOHN KERR</b><br>(608) 566-3227                 |                                   | Owner Address<br><b>175 FOX RUN</b><br><b>SAUK CITY, WI 53583 , US</b> |                    |
|                                             |         | <b>Sequence Of Events</b>                                        |                                   |                                                                        |                    |
| UNIT                                        | 01      | Event<br><b>PARKED MOTOR VEHICLE</b>                             |                                   |                                                                        |                    |
|                                             |         | Event                                                            |                                   |                                                                        |                    |
|                                             |         | Event                                                            |                                   |                                                                        |                    |
|                                             |         | Event                                                            |                                   |                                                                        |                    |
| UNIT                                        | 01      | <b>Policy Holder</b>                                             |                                   |                                                                        |                    |
|                                             |         | Insurance Company<br><b>STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO</b>  |                                   | INDIVIDUAL<br><b>JOHN KERR</b>                                         |                    |
|                                             |         | <b>Individual</b>                                                |                                   |                                                                        |                    |
|                                             |         | DRIVER<br><b>JOHN KERR</b><br>(608) 566-3227                     |                                   | Citations Issued<br><b>0</b>                                           | Sex<br><b>MALE</b> |
| UNIT                                        | 01      | Date of Birth                                                    |                                   | Race                                                                   |                    |
|                                             |         | Address<br><b>175 FOX RUN</b><br><b>SAUK CITY, WI 53583 , US</b> |                                   | Driver License Number                                                  |                    |
|                                             |         | On Duty Crash                                                    |                                   | Safety Equipment                                                       |                    |
|                                             |         | <b>Safety Equipment</b>                                          |                                   | <b>SHOULDER &amp; LAP BELT</b>                                         |                    |
| 01                                          | 001     | Row<br><b>01 - FRONT ROW</b>                                     | Seat Position<br><b>07 - LEFT</b> | Helmet Compliance                                                      |                    |
|                                             |         | Helmet Use                                                       |                                   | Tint Compliance                                                        |                    |
|                                             |         | Eye Protection                                                   |                                   | Airbag<br><b>NON DEPLOYED</b>                                          |                    |
|                                             |         | <b>Injury</b>                                                    |                                   | Injury Severity<br><b>NO APPARENT INJURY</b>                           | <b>NOT TRAPPED</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                                            |                                   | EMS Run #                                                              |                    |
| Hospital                                    |         | 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>UNKNOWN</b>      |         |                                                                  |                                   |                                                                        |                    |

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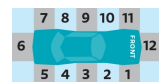
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|---------------------------------|-----------------------------------------|--|-----------------------------|--------------------------|----------------------|
| UNIT<br>INDIVIDUAL<br>01<br>001 | <b>Non Motorist</b>                     |  | Striking Unit #             | Location                 |                      |
|                                 | Prior Action                            |  |                             |                          |                      |
|                                 | Action                                  |  |                             |                          |                      |
|                                 | Action Other                            |  |                             |                          |                      |
|                                 | To/From School                          |  |                             |                          |                      |
|                                 | <b>Drug &amp; Alcohol</b>               |  | Suspected Alcohol Use<br>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>APPEARED NORMAL |  |                             |                          |                      |

Unit Summary

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

|                             |                                                    |  |                                    |              |                                      |
|-----------------------------|----------------------------------------------------|--|------------------------------------|--------------|--------------------------------------|
| UNIT<br>VEHICLE<br>02<br>02 | <b>Vehicle</b>                                     |  |                                    |              |                                      |
|                             | License Plate Number<br>AZG1393                    |  | Plate Type<br>AUT                  | St<br>WI     | Country of Issuance<br>UNITED STATES |
|                             | Vehicle Identification Number<br>1G4PN5SK2F4190926 |  | Make<br>BUIC                       | Year<br>2015 | Model<br>VERANO                      |
|                             | Color<br>GRY - GRAY                                |  | Body Style<br>SD - SEDAN           |              | Bus Use                              |
|                             | Initial Contact Point<br>11 - LEFT FRONT CORNER    |  | Vehicle Damage                     |              |                                      |
|                             | Extent Of Damage<br>FUNCTIONAL DAMAGE              |  | 11 - LEFT FRONT CORNER, 12 - FRONT |              |                                      |
|                             | Towed Due To Damage<br>NOT TOWED                   |  | Vehicle Removed By<br>OPERATOR     |              |                                      |



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|      |                   |                                                        |                                                                          |
|------|-------------------|--------------------------------------------------------|--------------------------------------------------------------------------|
| UNIT | VEHICLE           | What Driver Was Doing<br><b>LEGALLY PARKED</b>         | Vehicle Factors                                                          |
|      |                   | Driver Prior Action Other                              | <b>NOT APPLICABLE</b>                                                    |
|      |                   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>        |                                                                          |
|      |                   | Owner Name<br><b>MISTY SEVERSON</b>                    | Owner Address<br><b>207 W COOK ST APT 306<br/>PORTAGE, WI 53901 , US</b> |
| UNIT | 02 02 01 02 03 04 | <b>Sequence Of Events</b>                              |                                                                          |
|      |                   | Event<br><b>MOTOR VEH IN TRANSPORT</b>                 |                                                                          |
|      |                   | Event                                                  |                                                                          |
|      |                   | Event                                                  |                                                                          |
|      |                   | Event                                                  |                                                                          |
| UNIT | 04                | <b>Policy Holder</b>                                   |                                                                          |
|      |                   | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b> | INDIVIDUAL<br><b>MISTY SEVERSON</b>                                      |