

6TL09JDKVT  
18-06329

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 <b>18-06329</b>		Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>06/16/2018</b>		Crash Time <b>04:15 PM</b>		Date Arrived <b>06/16/2018</b>		Time Arrived <b>04:35 PM</b>	
Date Notified <b>06/16/2018</b>		Time Notified <b>04:20 PM</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 checked="" type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p style="text-align: center;"><b>ALDI'S PARKING LOT</b></p> <p style="text-align: center;"><b>DRAWING NOT TO SCALE</b></p>	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.

UNIT 1 WAS BACKING OUT OF A PARKING STALL AND STRUCK UNIT 2 THAT WAS LEGALLY PARKED. AFTER IMPACT UNIT 1 LEFT THE SCENE AND UNIT 2 REMAINED LEGALLY PARKED. CONTACT WAS MADE WITH THE OPERATOR OF UNIT 1 AT A LATER TIME AND OPERATOR STATED SHE DID NOT KNOW SHE BACKED INTO UNIT 2.

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Location

ON 614 W PINE USH12 WB 398 FT S OF BERKLEY BLVD (FIRE 614 W PINE)  IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.475996408</b>	Longitude <b>-89.76879791</b>
	X Coordinate <b>276064.96875</b>	Y Coordinate <b>4817400</b>
	Structure Type <b>FIRE</b>	

Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>OFF ROADWAY, LOCATION UNKNOWN</b>	
Manner of Collision <b>04--REAR TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>RAIN</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>1</b>
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>				

01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>854JYT</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G3AJ85M9T6410146</b>	Make <b>OLDSMOBILE</b>	Year <b>1996</b>	Model <b>CIERA SL</b>
	Color <b>BLU - BLUE</b>	Body Style <b>SW - STATIONWAGON</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>7--LEFT REAR CORNER</b>	Vehicle Damage <b>7--LEFT REAR CORNER</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				

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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Driver Distractions <b>NOT DISTRACTED</b>				
01	01	Owner Name <b>SHARON MARIE MUSSER (608) 356-5127</b>		Owner Address <b>821 9TH ST BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>					
	01	Event <b>PARKED MOTOR VEHICLE</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>SHARON MUSSER</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>SHARON MARIE MUSSER (608) 356-5127</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>821 9TH ST BARABOO, WI 53913 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>		Safety Equipment	
	On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>			
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance			
	Helmet Use	Tint Compliance			
	Eye Protection				
01	001	<b>Injury</b>		Airbag	
		Injury Severity <b>NO APPARENT INJURY</b>	<b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		

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UNIT           01           001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
	Action				
	Action Other				
	<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>NOT OBSERVED</b>				

Unit Summary

UNIT           02	Unit Status <b>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	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"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>1</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function	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>				

UNIT           02	<b>Vehicle</b>			
	License Plate Number <b>ACH8897</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2A8HR54P58R684308</b>	Make <b>CHRYSLER</b>	Year <b>2008</b>	Model <b>TOWN &amp; AMP</b>
	Color <b>BLU - BLUE</b>	Body Style <b>VN - VAN</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>7--LEFT REAR CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>7--LEFT REAR CORNER</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>LEGALLY PARKED</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02	02	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>LISA L SUSSEK</b> [REDACTED]		Owner Address <b>1245 PINEVIEW DR REEDSBURG, WI 53959 , US</b>		
<b>Sequence Of Events</b>						
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				
UNIT	02	<b>Policy Holder</b>				
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>LISA SUSSEK</b>		
		<b>Individual</b>				
		Occupant Of Motor Vehicle Not In Transport <b>LISA LYNN SUSSEK</b> [REDACTED]		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
UNIT	INDIVIDUAL	Date of Birth [REDACTED]		Race <b>WHITE</b>		
		Address <b>1245 PINEVIEW DR REEDSBURG, WI 53959 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>		Helmet Compliance		
02	002	Helmet Use		Tint Compliance		
		Eye Protection		Airbag <b>UNKNOWN</b>		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Ejection Path <b>UNKNOWN</b>	Trapped/Extricated <b>UNKNOWN</b>	
		Ejected <b>UNKNOWN</b>		Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</b>

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>02</b> <b>002</b>	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		EMS Run #		
	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	<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>					