

6TL0B4X4J7
18-09041

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 18-09041		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 08/18/2018		Crash Time 11:12 AM		Date Arrived 08/18/2018		Time Arrived 11:39 AM	
Date Notified 08/18/2018		Time Notified 11:12 AM		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 checked="" type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>xmas mt village driveway/parking area for cabins</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 2 WAS LEGALLY PARKED IN THE DRIVEWAY AREA OF CABINS. UNIT 1 DID NOT SEE UNIT 2 AND BACKED UP INTO UNIT 2. NO INJURIES REPORTED. UNIT 1 SUSTAINED MINOR DAMAGE AND UNIT 2 SUSTAINED FUNCTIONAL DAMAGE. BOTH VEHICLES REMOVED BY RESPECTIVE OPERATORS.

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Location

PRIVATE PROPERTY S944 CHRISTMAS MOUNTAIN DR (HOUSE/BUILDING S944) IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.610981025	Longitude -89.853262136
	X Coordinate 269748.125	Y Coordinate 4832623
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	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 - OTHER	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location SHARED-USE PATH OR TRAIL	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 4	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE		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					

01 UNIT	Vehicle					
	01 VEHICLE	License Plate Number 794AFP	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2T3RFREV1EW194202	Make TOYOTA	Year 2014	Model RAV4 XLE	
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS	
		Initial Contact Point 6--REAR	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	6--REAR			

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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 NO CONTRIBUTING ACTION		
01	01	Driver Distractions NOT DISTRACTED		
		Owner Name TERESA MARIE SAWYER (906) 367-9112	Owner Address 129 HILLFARM RD CRYSTAL FALLS, MI 49920 , US	
Sequence Of Events				
UNIT	INDIVIDUAL	01	Event PARKED MOTOR VEHICLE	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual TERESA SAWYER	
		Driver TERESA MARIE SAWYER (906) 367-9112	Citations Issued 0	Sex FEMALE
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Race WHITE	
		Address 129 HILLFARM RD CRYSTAL FALLS, MI 49920 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		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 APPLICABL	Trapped/Extricated NOT TRAPPED	

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		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	INDIVIDUAL	Individual					
		Passenger JEFFREY DAVID SEPPALA (906) 875-6332		Citations Issued 0	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 129 HILLFARM RD CRYSTAL FALLS, MI 49920 , US		Driver License Number [REDACTED] STATE: MICHIGAN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		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 APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

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UNIT INDIVIDUAL	Action				
	Action Other				
	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				
	Individual				
	Passenger ROSS MICHAEL MILLER (248) 895-5986	Citations Issued 0	Sex MALE		
	Address 2212 BRIDGEPORT RD NE #4 GRAND RAPIDS, MI 49505 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number [REDACTED]	STATE: MICHIGAN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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 APPLICABL	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
	Non Motorist	Striking Unit #	Prior Action	Location	To/From School

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	Action Other				
	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				
	Individual				
	Passenger CAITLIN MARIE SEPPALA (906) 367-2261	Citations Issued 0	Sex FEMALE		
	Address 2212 BRIDGEPORT RD NE #4 GRAND RAPIDS, MI 49505 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number [REDACTED]	STATE: MICHIGAN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 6--SECOND SEAT-RIGHT SIDE	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 APPLICABL	Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
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UNIT	INDIVIDUAL	Action			
		Action Other			
	01	004	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 LEGALLY PARKED	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
		Total Occs 4	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	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	Vehicle			
		License Plate Number 656WLP	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FM5K8GT3HGC58249	Make FORD	Year 2017	Model EXPLORER
		Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 4--RIGHT SIDE REAR	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	4--RIGHT SIDE REAR		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing LEGALLY PARKED	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Driver Distractions NOT DISTRACTED	
		Owner Name DL PETERSON TRUST (908) 277-8000	Owner Address 940 RIDGEBROOK RD SPARKS, MD 21152 , US
02	02	Sequence Of Events	
		01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
04	Event		
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company ACE-AMERICAN-INS-CO	Organization/Company DL PETERSON TRUST
UNIT	INDIVIDUAL	Individual	
		Occupant Of Motor Vehicle Not In Transport ADAM WEBSTER DALUM (612) 202-5818	Citations Issued 0
UNIT	INDIVIDUAL	Date of Birth [REDACTED]	Sex MALE
		Address 3692 37TH ST NW MAPLE LAKE, MN 55358 , US	Race WHITE
UNIT	INDIVIDUAL	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES	
		Equipment	On Duty Crash
UNIT	INDIVIDUAL	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
UNIT	INDIVIDUAL	Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
02	005	Injury	Injury Severity NO APPARENT INJURY
		Airbag UNKNOWN	
UNIT	INDIVIDUAL	Ejected UNKNOWN	Ejection Path UNKNOWN
		Trapped/Extricated UNKNOWN	
UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		EMS Run #	
UNIT	INDIVIDUAL	Hospital	Date of Death
		Time of Death	
UNIT	INDIVIDUAL	Non Motorist	
		Striking Unit #	Prior Action
UNIT	INDIVIDUAL	Location	To/From School

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	Action Other				
	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				
	Individual				
	Occupant Of Motor Vehicle Not In Transport AMANDA W DALUM (612) 581-6903	Citations Issued 0	Sex FEMALE		
	Address 3692 37TH ST NW MAPLE LAKE, MN 55358 , US	Date of Birth [REDACTED]	Race WHITE		
	Driver License Number [REDACTED]	STATE: MINNESOTA COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT			
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	Injury	Injury Severity NO APPARENT INJURY	Airbag UNKNOWN		
	Ejected UNKNOWN	Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN		
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
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	Action Other				
	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				
	Individual				
	Occupant Of Motor Vehicle Not In Transport HUNTER RJ DALUM	Citations Issued 0	Sex MALE		
	Address 3692 37TH ST NW MAPLE LAKE, MN 55358 , US	Date of Birth [REDACTED]	Race WHITE		
Driver License Number					
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	SHOULDER & LAP BELT			
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	Injury	Injury Severity NO APPARENT INJURY	Airbag UNKNOWN		
	Ejected UNKNOWN	Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN		
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
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UNIT INDIVIDUAL	Action				
	Action Other				
	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 NOT OBSERVED				
	Individual				
	Occupant Of Motor Vehicle Not In Transport NICHOLAS E NELSON	Citations Issued 0	Sex MALE		
	Address 2404 66TH ST NE BUFFALO, MN 55313 , US	Date of Birth [REDACTED]	Race WHITE		
Driver License Number					
UNIT INDIVIDUAL	Equipment	On Duty Crash	Safety Equipment		
	Seat Position 6--SECOND SEAT-RIGHT SIDE	SHOULDER & LAP BELT			
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	Injury	Injury Severity NO APPARENT INJURY	Airbag UNKNOWN		
	Ejected UNKNOWN	Ejection Path UNKNOWN	Trapped/Extricated UNKNOWN		
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
	Hospital	Date of Death	Time of Death		
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UNIT	INDIVIDUAL	Action		
		Action Other		
02	008	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 NOT OBSERVED		