

6TL09KMM0H
19-08756

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL09KMM0H

Document Number Override		Primary Crash Document #	Agency Crash Number 19-08756	Investigating Officer/Deputy DEPUTY S. FINNEGAN	
Crash Date 07/16/2019		Crash Time 02:05 PM	Date Arrived 07/16/2019	Time Arrived 02:08 PM	
Date Notified 07/16/2019		Time Notified 02:06 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	

Description

Diagram	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 1 AND 2 WHERE IN THE DRIVE THROUGH LINE AT MCDONALDS IN WEST BARABOO WHEN UNIT 1 DRIVER FORGOT SOMETHING AT THE WINDOW SO HE BACKED UP AND RAN INTO UNIT 2 WHO WAS WAITING BEHIND HIM.

Location

PARKING LOT MAPLE ST LOT 374 (HOUSE/BUILDING 374) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.473545766	Longitude -89.768145274
	X Coordinate 276108.6875	Y Coordinate 4817126
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 02--FRONT 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	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 0	
	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					

Vehicle

UNIT 01 VEHICLE	License Plate Number ADY1189		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FAFP53U62G228361		Make FORD	Year 2002	Model TAURUS SE	
	Color RED - RED		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point 6--REAR		Vehicle Damage			
	Extent Of Damage NO DAMAGE		NO DAMAGE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing BACKING		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions UNSAFE BACKING	
		Owner Name SETH MICHAEL OLSON (608) 448-2152	Owner Address 721 2ND ST BARABOO, WI 53913 , US
01	01	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual LISA JAMES
UNIT	INDIVIDUAL	Driver SETH MICHAEL OLSON (608) 448-2152	Citations Issued 0
			Sex MALE
		Date of Birth	Race WHITE
		Address 721 2ND ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
01	001	Safety 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 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	
		Non Motorist	Striking Unit #
			Location
		Prior Action	

UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	001	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 (SPORT) UTILITY VEHICLE				Operating As Endorsements	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types	
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 0	
		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 ACM2129	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JF2SH61629H717071	Make SUBARU	Year 2009	Model FORESTER 2
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT	Vehicle Damage		
		Extent Of Damage NO DAMAGE	NO DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
Driver Prior Action Other	NOT APPLICABLE				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
		Owner Name ALEXANDRA MARIE MUELLER (815) 275-2268	Owner Address 650 SPRING ST # 2117 SUN PRAIRIE, WI 53590 , US
02	02	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company GEICO-CASUALTY-CO	Individual ALEXANDRA MUELLER
UNIT	INDIVIDUAL	Individual	
		Driver ALEXANDRA MARIE MUELLER (815) 275-2268	Citations Issued 0
		Date of Birth	Sex FEMALE
		Race WHITE	
		Address 650 SPRING ST # 2117 SUN PRAIRIE, WI 53590 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02	002	Safety 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	Airbag NON DEPLOYED
		Injury Severity NO APPARENT INJURY	
		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	
		Striking Unit #	Location
		Non Motorist	
		Prior Action	

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	02	002	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			