

6TL09PBQC5

19-09033

# 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>19-09033</b>	Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>07/21/2019</b>		Crash Time <b>02:27 PM</b>	Date Arrived <b>07/21/2019</b>	Time Arrived <b>02:44 PM</b>	
Date Notified <b>07/21/2019</b>		Time Notified <b>02:27 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

Diagram 	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 2 WAS STOPPED WAITING TO LOCATE A PARKING STALL. UNIT 1 WAS BACKING FROM THE PARKING AREA. UNIT 1 DIDN'T SEE UNIT 2 IN HIS "BLINDSPOT." UNIT 2 ATTEMPTED TO HALT UNIT 1 BY SOUNDING HIS CAR HORN. UNIT 1 BACKED INTO UNIT 2.

## Location

<b>PRIVATE PROPERTY</b> <b>S1915 ISHNALA RD</b> <b>(FIRE S1915)</b>  <b>IN THE TOWN OF DELTON</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.577218799</b>	Longitude <b>-89.798617978</b>
	X Coordinate <b>274031.5625</b>	Y Coordinate <b>4828723</b>
	Structure Type <b>FIRE</b>	

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## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</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

<b>UNIT</b> 01	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 # Recorded	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	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>					

<b>UNIT</b> 01 <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>BD15823</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GMDX33L86D241385</b>		Make <b>PONTIAC</b>	Year <b>2006</b>	Model <b>MONTANA</b>
	Color <b>GRY - GRAY</b>		Body Style <b>MV - MINI 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>6--REAR, 7--LEFT REAR CORNER</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
Driver Prior Action Other					

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UNIT	VEHICLE	Driver Actions <b>UNSAFE BACKING</b>	
		Owner Name <b>KEITH B BRANIC (607) 973-0262</b>	Owner Address <b>38569 N SHERIDAN RD UNIT 522 BEACH PARK, IL 60099 , US</b>
01	01	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	Individual <b>KEITH BRANIC</b>	
UNIT	<b>Individual</b>		
	Driver <b>AARON M BRANIC (910) 545-1838</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>38569 N SHERIDAN RD UNIT 522 BEACH PARK, IL 60099 , US</b>	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
UNIT	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death	
01	<b>Distracted By</b>	Distracted By Source	
		Distracted By Action <b>UNKNOWN</b>	
	<b>Non Motorist</b>	Striking Unit #	Location
Prior Action			

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	001	<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>			

**Unit Summary**

UNIT	02	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		
UNIT	02	Total Occs <b>1</b>	Train/Bus # Recorded	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		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>						

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>CWY896</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3VW217AU6GM027241</b>	Make <b>VOLKSWAGEN</b>	Year <b>2016</b>	Model <b>4 DOOR</b>
		Color <b>BLK - BLACK</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>12--FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		

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UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>CHRISTOPHER DAVID GASSER (608) 432-3695</b>	Owner Address <b>25 E 26TH ST APT 4 MINNEAPOLIS, MN 55404 4373, US</b>
02	02	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>CHRISTOPHER GASSER</b>	
UNIT	<b>Individual</b>		
	Driver <b>CHRISTOPHER DAVID GASSER (608) 432-3695</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>25 E 26TH ST APT 4 MINNEAPOLIS, MN 55404 4373, US</b>	Driver License Number <b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>	
02	002	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b> Distracted By Source		
	Distracted By Action <b>UNKNOWN</b>		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>02</b>	<b>002</b>	<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>			