

6TL0B655PV

20-02549

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 20-02549, Investigating Officer/Deputy DEPUTY W. NEUBAUER, Crash Date 03/07/2020, Crash Time 07:00 PM, Date Arrived 03/07/2020, Time Arrived 07:14 PM, Date Notified 03/07/2020, Time Notified 07:00 PM, Total Units 02, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type PRIVATE PROPERTY/PARKING LOT, Amended, Secondary Crash

Description

Diagram, Reconstruction By, Photos By DEP. NEUBAUER, Additional Information PHOTOS, NOT TO SCALE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS BACKING UP IN THE CULVERS PARKING LOT. UNIT 1 DID NOT SEE UNIT 2 BEHIND THEM. UNIT 1 BACKED INTO UNIT 2

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SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
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**Location**

|  |   |                                   |
|--|---|-----------------------------------|
| <b>ON 420 LINN LINN ST/ STH33 EB<br/>228 FT W<br/>OF WALNUT ST<br/>(HOUSE/BUILDING 420 LINN)</b><br><br><b>IN THE VILLAGE OF WEST BARABOO<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.474798056</b>         | Longitude<br><b>-89.766122519</b> |
|  | X Coordinate<br><b>276276.9375</b>      | Y Coordinate<br><b>4817259.5</b>  |
|  | Structure Type<br><b>HOUSE/BUILDING</b> |                                   |

**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>05 - REAR TO SIDE</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**

|                    |   |   |  |                                |  |  |
|--------------------|---|---|--|--------------------------------|--|--|
| <b>UNIT<br/>01</b> | Unit Status<br><b>IN TRANSIT</b>                                  | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b> |  |  |
|                    | Vehicle Type<br><b>PASSENGER CAR</b>                              |   |  | Operating As Endorsements      |  |  |
|                    | Total Occs<br><b>2</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"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>N/A</b>      | Total Lanes<br><b>1</b>                              |  |
|                    | 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>                                  |   |  |                                |  |  |

|                                      |   |                       |   |                     |   |
|--------------------------------------|---|-----------------------|---|---------------------|---|
| <b>UNIT<br/>01<br/>VEHICLE</b>       | <b>Vehicle</b>  |                       |   |                     |   |
|                                      | License Plate Number<br><b>452HUC</b>                     |                       | Plate Type<br><b>AUT - AUTOMOBILE</b>           | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                                      | Vehicle Identification Number<br><b>1FMCU9J97FUC38251</b> |                       | Make<br><b>FORD</b>                             | Year<br><b>2015</b> | Model<br><b>ESCAPE</b>                      |
|                                      | Color<br><b>SIL - SILVER (ALUMINUM)</b>                   |                       | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use                                     |
|                                      | Initial Contact Point<br><b>06 - REAR</b>                 |                       | Vehicle Damage                                  |                     |   |
| Extent Of Damage<br><b>NO DAMAGE</b> |   | <b>00 - NO DAMAGE</b> |   |                     |   |

WISCONSIN MOTOR VEHICLE CRASH REPORT

|   |   |  |   |  |
|---|---|--|---|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>NOT TOWED</b>                   |  | Vehicle Removed By<br><b>OPERATOR</b>   |  |
|   | What Driver Was Doing<br><b>LEAVING A PARKED POSITION</b> |  | Vehicle Factors   |  |
|   | Driver Prior Action Other                                 |  | <b>NOT APPLICABLE</b>   |  |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>           |  |   |  |
| 01  | 01  | Owner Name<br><b>EVELYN J THOMPSON<br/>(608) 356-4653</b>      |   | Owner Address<br><b>419 9TH AVE<br/>BARABOO, WI 53913 , US</b> |
| <b>Sequence Of Events</b>                     |   |  |   |  |
| 01  | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>                         |   |  |
| 02  | 02  | Event<br><b>PARKED MOTOR VEHICLE</b>                           |   |  |
| 03  | 03  | Event  |   |  |
| 04  | 04  | Event  |   |  |
| UNIT  | <b>Policy Holder</b>                                      |  |   |  |
|   | Insurance Company<br><b>WISCONSIN-MUTUAL-INS-CO</b>       |  | Individual<br><b>EVELYN THOMPSON</b>  |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |  |   |  |
|   | Driver<br><b>EVELYN JEAN THOMPSON</b>                     |  | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>   |
|   |   |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>   |
|   | Address<br><b>419 9TH AVE<br/>BARABOO, WI 53913 , US</b>  |  | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
| UNIT<br>001                                   | <b>Safety Equipment</b>                                   |  | On Duty Crash   |  |
|   |   |  | Safety Equipment  |  |
|   | Row<br><b>01 - FRONT ROW</b>                              | Seat Position<br><b>07 - LEFT</b>                              | <b>SHOULDER &amp; LAP BELT</b>  |  |
|   | Helmet Use  |  | Helmet Compliance   |  |
|   | Eye Protection  |  | Tint Compliance   |  |
|   | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>  | Airbag<br><b>NON DEPLOYED</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>NOT DISTRACTED</b> |   |  |   |  |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|                              |                   |  |                   |  |  |                      |  |
|------------------------------|-------------------|--|-------------------|--|--|----------------------|--|
| <b>UNIT</b>                  | <b>INDIVIDUAL</b> | <b>Non Motorist</b>  |                   | Striking Unit #                                    | Location                                 |                      |  |
|                              |                   | Prior Action   |                   |  |  |                      |  |
|                              |                   | Action   |                   |  |  |                      |  |
|                              |                   | Action Other   |                   |  |  | To/From School       |  |
| <b>01</b>                    | <b>001</b>        | <b>Drug &amp; Alcohol</b>                                    |                   | Suspected Alcohol Use<br><b>NO</b>                 | Suspected Drug Use<br><b>NO</b>          |                      |  |
|                              |                   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                  |                   | Alcohol Test Type                                  | Alcohol Test Results                     |                      |  |
|                              |                   | Drug Test Given<br><b>TEST NOT GIVEN</b>                     |                   | Drug Test Type                                     | Drug Test Results                        |                      |  |
|                              |                   | Drug Type  |                   |  |  |                      |  |
|                              |                   | Individual Condition<br><b>APPEARED NORMAL</b>               |                   |  |  |                      |  |
|                              |                   | <b>Individual</b>  |                   |  |  |                      |  |
|                              |                   | Passenger<br><b>CARTER J MISTEL</b>                          |                   |  | Citations Issued<br><b>0</b>             | Sex<br><b>MALE</b>   |  |
|                              |                   | Address<br><b>119 1/2 6TH AVE<br/>BARABOO, WI 53913 , US</b> |                   |  | Date of Birth<br>[REDACTED]              | Race<br><b>WHITE</b> |  |
|                              |                   | Driver License Number  |                   |  | Safety Equipment                         |                      |  |
|                              |                   | <b>Safety Equipment</b>                                      |                   | On Duty Crash                                      | <b>SHOULDER &amp; LAP BELT</b>           |                      |  |
| Row<br><b>01 - FRONT ROW</b> |                   | Seat Position<br><b>09 - RIGHT</b>                           | Helmet Compliance |  |  |                      |  |
| Eye Protection               |                   | Tint Compliance  |                   |  |  |                      |  |
| <b>01</b>                    | <b>002</b>        | <b>Injury</b>  |                   | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NON DEPLOYED</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                               |  |                      |  |
|                              |                   | Distracted By Action   |                   |  |  |                      |  |
| <b>Non Motorist</b>          |                   | Striking Unit #  | Location          |  |  |                      |  |

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UNIT INDIVIDUAL 01 002
Prior Action
Action
Action Other To/From School
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 PASSENGER VAN Operating As Endorsements
Total Occs 2 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NOT ON ROADWAY Pre Crash Tire Mark Speed Limit N/A Total Lanes 1
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 02 02
License Plate Number 323XAT Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 2A8HR54P68R701892 Make CHRYSLER Year 2008 Model TOWN & AMP
Color MAR - MAROON (BURGUNDY) Body Style VN - VAN Bus Use
Initial Contact Point 09 - LEFT SIDE MIDDLE Vehicle Damage
Extent Of Damage MINOR DAMAGE 09 - LEFT SIDE MIDDLE
Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR
What Driver Was Doing LEGALLY PARKED

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|                                      |   |  |                               |
|--------------------------------------|---|--|-------------------------------|
| UNIT<br>VEHICLE                      | Vehicle Factors   |  |                               |
|                                      | Driver Prior Action Other   | NOT APPLICABLE   |                               |
|                                      | Driver Actions<br>NO CONTRIBUTING ACTION  |  |                               |
| 02<br>02                             | Owner Name<br>JAMIE L CARLSON<br>(608) 963-1350                                   | Owner Address<br>626 7TH AVE<br>BARABOO, WI 53913 , US                         |                               |
|                                      | <b>Sequence Of Events</b>   |  |                               |
| 01<br>02<br>03<br>04                 | Event<br>01<br>PARKED MOTOR VEHICLE   |  |                               |
|                                      | Event<br>02   |  |                               |
|                                      | Event<br>03   |  |                               |
|                                      | Event<br>04   |  |                               |
| UNIT                                 | <b>Policy Holder</b>  |  |                               |
|                                      | Insurance Company<br>PROGRESSIVE-CASUALTY-INS-CO                                  | Individual<br>JAMIE CARLSON  |                               |
| UNIT<br>INDIVIDUAL                   | <b>Individual</b>   |  |                               |
|                                      | Occupant Of Motor Vehicle Not In Transport<br>JAMIE LEE CARLSON<br>(608) 963-1350 | Citations Issued<br>0  | Sex<br>MALE                   |
|                                      |   | Date of Birth<br>[REDACTED]  | Race<br>WHITE                 |
|                                      | Address<br>626 7TH AVE<br>BARABOO, WI 53913 , US                                  | Driver License Number<br>[REDACTED]<br>STATE: WISCONSIN COUNTRY: UNITED STATES |                               |
| 02<br>003                            | <b>Safety Equipment</b>   |  |                               |
|                                      | On Duty Crash   | Safety Equipment   |                               |
|                                      | Row<br>01 - FRONT ROW   | Seat Position<br>07 - LEFT   | SHOULDER & LAP BELT           |
|                                      | Helmet Use  | Helmet Compliance  |                               |
|                                      | Eye Protection  | Tint Compliance  |                               |
|                                      | <b>Injury</b>   | Injury Severity<br>NO APPARENT INJURY  | Airbag<br>UNKNOWN             |
|                                      | Ejected<br>UNKNOWN  | Ejection Path<br>UNKNOWN   | Trapped/Extricated<br>UNKNOWN |
| Medical Transport<br>NOT TRANSPORTED | EMS Agency Identifier   | EMS Run #  |                               |
| Hospital                             | Date of Death   | Time of Death  |                               |
| <b>Distracted By</b>                 | Distracted By Source  |  |                               |
|                                      | Distracted By Action  |  |                               |
| <b>Non Motorist</b>                  | Striking Unit #   | Location   |                               |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|                              |                                    |  |   |  |               |
|------------------------------|------------------------------------|--|---|--|---------------|
| UNIT                         | INDIVIDUAL                         | Prior Action   |   |  |               |
|                              |                                    | Action   |   |  |               |
|                              |                                    | Action Other   | To/From School  |  |               |
| 02                           | 003                                | <b>Drug &amp; Alcohol</b>                                      | Suspected Alcohol Use<br><b>NO</b>  | Suspected Drug Use<br><b>NO</b>                    |               |
|                              |                                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                    | Alcohol Test Type   | Alcohol Test Results                               |               |
|                              |                                    | Drug Test Given<br><b>TEST NOT GIVEN</b>                       | Drug Test Type  | Drug Test Results                                  |               |
|                              |                                    | Drug Type  |   |  |               |
|                              |                                    | Individual Condition<br><b>APPEARED NORMAL</b>                 |   |  |               |
|                              |                                    | <b>Individual</b>  |   |  |               |
|                              |                                    | Passenger<br><b>SHAUNA M VICK</b><br><b>(608) 576-8781</b>     | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                               |               |
|                              |                                    |  | Date of Birth<br>[REDACTED]   | Race<br><b>WHITE</b>                               |               |
|                              |                                    | Address<br><b>626 7TH AVE</b><br><b>BARABOO, WI 53913 , US</b> | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |               |
|                              |                                    | <b>Safety Equipment</b>  | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |               |
| Row<br><b>01 - FRONT ROW</b> | Seat Position<br><b>09 - RIGHT</b> |  |   |  |               |
| Helmet Use                   |                                    | Helmet Compliance  |   |  |               |
| Eye Protection               |                                    | Tint Compliance  |   |  |               |
| 02                           | 004                                | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>  | Airbag<br><b>UNKNOWN</b>                           |               |
|                              |                                    | Ejected<br><b>UNKNOWN</b>                                      | Ejection Path<br><b>UNKNOWN</b>   | Trapped/Extricated<br><b>UNKNOWN</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  |  |               |
|                              |                                    | Distracted By Action   |   |  |               |
|                              |                                    | <b>Non Motorist</b>  | Striking Unit #   | Location   |               |
| Prior Action                 |                                    |  |   |  |               |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|             |  |            |                                    |                                 |                      |                |  |
|-------------|--|------------|------------------------------------|---------------------------------|----------------------|----------------|--|
| <b>UNIT</b> | <b>INDIVIDUAL</b>                              |            |                                    | Action                          |                      |                |  |
|             | Action Other                                   |            |                                    |                                 |                      | To/From School |  |
|             | <b>Drug &amp; Alcohol</b>                      |            | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |                      |                |  |
|             | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |            | Alcohol Test Type                  |                                 | Alcohol Test Results |                |  |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>       |            | Drug Test Type                     |                                 | Drug Test Results    |                |  |
|             | Drug Type                                      |            |                                    |                                 |                      |                |  |
|             | Individual Condition<br><b>APPEARED NORMAL</b> |            |                                    |                                 |                      |                |  |
|             | <b>02</b>                                      | <b>004</b> |                                    |                                 |                      |                |  |
|             |  |            |                                    |                                 |                      |                |  |