

6TL0F8QXX9
24-10053

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0F8QXX9

| | | | | | |
|--|---|---|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 24-10053 | Investigating Officer/Deputy DEPUTY J. GREENWOOD | |
| Crash Date 09/08/2024 | | Crash Time 11:37 AM | Date Arrived 09/08/2024 | Time Arrived 12:08 PM | |
| Date Notified 09/08/2024 | | Time Notified 11:39 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>Not to scale</p> | Reconstruction By |
| | Photos By DEPUTY GREENWOOD |
| | Additional Information PHOTOS |

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

UNIT 1 WAS PULLING INTO A PARKING SPOT. AS UNIT 1 WAS PARKING, UNIT 2 WAS PARKED AND OPENED THE DRIVERS CAUSING UNIT 1 TO HIT THE OPEN DOOR ON UNIT 2.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| PARKING LOT TIMOTHY LN LOT IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.562382306 | Longitude -89.777712806 |
| | X Coordinate 275664.46875 | Y Coordinate 4827018.5 |
| | Structure Type NO STRUCTURE | |

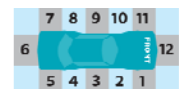
Crash Scene

| | | |
|---|--|---|
| First Harmful Event PARKED MOTOR VEHICLE | First Harmful Event Location IN PARKING LANE OR ZONE | |
| Manner of Collision 07 - SIDESWIPE/SAME DIRECTION | 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 PRIVATE PROPERTY | Crash Classification - Jurisdiction PRIVATE PROPERTY | |
| 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 0 |
| | Insurance? YES | Direction Of Travel NOT ON ROADWAY | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit N/A | Total Lanes 2 |
| | 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 | | | | |

| | | | | |
|--|---|--|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number AHX9958 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number JTDKARFU9L3121892 | Make TOYOTA | Year 2020 | Model PRIUS |
| | Color RED - RED | Body Style HB - HATCHBACK | Bus Use | |
| | Initial Contact Point 02 - RIGHT SIDE FRONT | Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | | | |



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|---|---|--|--|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing PARK MANEUVER | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 01 | Owner Name CHERYL MC KINNON (608) 884-3228 | | Owner Address 1109 BLAINE ST EDGERTON, WI 53534 , US | |
| | Sequence Of Events | | | |
| 01 01 | 01 | Event PARKED MOTOR VEHICLE | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company ALLSTATE-PROPERTY-&-CASUALTY-INS-CO | | Individual CHERYL MC KINNON | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver CHERYL MC KINNON (608) 884-3228 | | Citations Issued 0 | Sex FEMALE |
| | Address 1109 BLAINE ST EDGERTON, WI 53534 , US | | Date of Birth | Race WHITE |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| | Injury NO APPARENT INJURY | | Airbag NON DEPLOYED | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | | |
| Hospital | | EMS Agency Identifier | EMS Run # | |
| Date of Death | | Time of Death | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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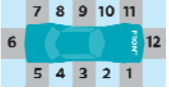
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| | | | | | | |
|-------------|--|---------------------|------------------------------------|-----------------|---------------------------------|----------------|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | | 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 | | | | | |
| | 01 | 001 | | | | |

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 1 | | Train/Bus # Recorded | | 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 N/A | | Total Lanes 2 | | | |
| | Most Harmful Event: Collision With PARKED MOTOR VEHICLE | | | | Special Function NO SPECIAL FUNCTION | | | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | | | 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 9634AB | | Plate Type AUT - AUTOMOBILE | | St MN | | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 5TDDK3EH4DS240764 | | Make TOYOTA | | Year 2013 | | Model HIGHLANDER | |
| | | Color WHI - WHITE | | Body Style UT - SPORT UTILITY VEHICLE | | | | Bus Use | |
| | | Initial Contact Point 09 - LEFT SIDE MIDDLE | | Vehicle Damage 09 - LEFT SIDE MIDDLE | | | |  | |
| | | Extent Of Damage MINOR DAMAGE | | | | | | | |
| | | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | | | |

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|----------------------|--|--|--|--------------------------|--------------------------------------|
| UNIT VEHICLE | What Driver Was Doing LEGALLY PARKED | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions NO CONTRIBUTING ACTION, OTHER CONTRIBUTING ACTION | | | | |
| | Owner Name MARK ELIASON | | Owner Address 4327 HIGHLAND RD MINNETONKA, MN 55345 2908, US | | |
| UNIT 02 | Sequence Of Events | | | | |
| | 01 | Event PARKED MOTOR VEHICLE | | | |
| | 02 | Event | | | |
| | 03 | Event | | | |
| UNIT 04 | Event | | | | |
| | Policy Holder | | | | |
| | Insurance Company FARMERS-CASUALTY-CO-(MUTUAL) | | Individual MARK ELIASON | | |
| | Individual | | | | |
| UNIT INDIVIDUAL | Passenger ANN ELIASON (612) 382-7135 | | Citations Issued 0 | Sex FEMALE | |
| | Address 4327 HIGHLAND RD MINNETONKA, MN 55345 2908, US | | Date of Birth | | |
| | | | Race | | |
| | Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES | | | | |
| UNIT 02 | Safety Equipment | | On Duty Crash | | |
| | | | Safety Equipment | | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | NONE USED - VEHICLE OCCUPANT | | |
| | 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 |
| | Distracted By | | Distracted By Source | | |
| Distracted By Action | | | | | |
| Non Motorist | | Striking Unit # | | Location | |

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|-------------|--|------------------------------------|---------------------------------|--|
| UNIT | 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 | | | |
| | 02 | 002 | | |
| | | | | |
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