WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overrio	de Primary Crash	Document #	Agency 25-008	Crash Number 60		ating Officer/Deputy TY W. VERTEIN			
Orash Date 01/24/2025	Crash Time 06:40 PM		Date Ar		Time Arrived 01:24 PM				
Date Notified 01/29/2025	Time Notified 01:24 PM		Total Ur	nits	Total Injured 00	Total Kille	Total Killed 00		
On Emergency	Hit and Run	Lane Clo		Work Zone		r Towed	Reporting Threshold		
Government Property	Active S	chool Zone	School NO	Bus Related	Tags				
Reportable	Crash Type PRIVATE PR	ROPERTY/PAR	KING LOT		Amende	d	Secondary Crash		
Description Diagram						Decemetry etic	n Du		
ладгатт						Reconstructio	п ву		
					Ī	Photos By			
Non-rep	ortable parking lot o	rash							
					-	Additional Info	ormation		
					l	NONE			
✓ I, a sworn law enfo	orcement officer, ag	ree that I have	not added	any CJIS data in th	is report.				
— ON THE DESCRIBED DATI	E, TIME, AND LOCATION,	, UNIT 2 WAS LEG	ALLY PARK	ED IN A PARKING STAL	L. THE OPERATOR		AS ATTEMPTING TO PAR		
EPORTED INJURIES.	I I OLLED TOO PAR FOR	WALD WIND STRO	ION UNIT 21	N THE FRONT DUNFER	ONUSING MINUK L	ANNAGE TO I	THE GRILL OF UNIT 2. NO		

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Crash Date 01/24/2025

	_oc	ation ——									
ŀ		KING LOT				Latitude			Longit	ude	
		HBD LOT 614				43.47562	29384		_	88015995	
	(HO	USE/BUILDING 614)				X Coordin	ate		Y Coo	rdinate	
			T DADADOO			276126.8			48173		
		HE VILLAGE OF WES AUK COUNTY	Structure								
	IIV S	AUR COUNTY				HOUSE/BUILDING					
(Cra	sh Scene									
1	First	Harmful Event				First Harm	ıful Event Lo	cation			
	PAR	KED MOTOR VEHICL	.E			ON ROA	DWAY				
	Man	ner of Collision				Light Cond	dition				
	02 -	FRONT TO FRONT				DARK/LI	GHTED				
	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY	` ,					()				
	Envi	ronment Factor(s)				1					
	МОИ	IE				NONE					
	Wea	ther Condition(s)									
	CLE	AR									
	Anim	al Type				Relation T	o Trafficway	1			
								- PARKING	LOT		
		h Classification - Location BLIC PROPERTY					ssification CIAL JURI	SDICTION			
	Tribal Land					Access Control Special Study					
						NO CON	TROL				
	With NO	in Interchange Area	Junction Location NON-JUNCTION		NOT AN	on Type I INTERSECTION					
	_										
_		t Summary Status		1771.1.0				–			
					erating As C	Classification Unit Type					
		RANSIT		D CLASS		AUTOMO					
5		cle Type ORT) UTILITY VEHICL	F					Operating As Endorsements			
	•	Occs	Train/Bus # Recorded	Total # Cita	tions Issued	ed Total Trail		ailers Total H		lazMat Types	
	2	0003	Train/Buo // Train/Buo	0	10113 133000					zimat Typoo	
	Insu	ance?	Direction Of Travel	Pre	CrashTire)	Speed Lim			nes	
ا ۽	YES		NOT ON ROADWAY		Mark		N/A				
		Harmful Event: Collision		Special Fun		TION		Emergency I			
		KED MOTOR VEHICL	-E		IAL FUNC	IIUN		NOT APPL			
		ic Way	TE DDODEDTY	Traffic Cont					oi Inoper	rative/Missing	
		KING LOT OR PRIVA	IE PRUPERIT	NO CONT				NO Road Grade			
		ace Type ACKTOP (BITUMINOU:	S)	Road Curva				LEVEL			
		k Bus or HazMat		UTIVAION							
	NO										
		Vehicle		15: -			Ct.	0			
		License Plate Number		Plate Type	•		St	Country of Issuance			
		AYB7459	AUT			WI	UNITED ST	AIES			
5	_				Make Year STRN 2007		Year 2007	Model VUE			
		Color	-	Body Style	1			Bus Use			
		SIL - SILVER (ALUM	INUM)	, ,		TY VEHICLE		Dus 036			
	ш	Initial Contact Point		Vehicle Da					T		
<u>-</u>		12 - FRONT			5					7 8 9 10 11	
	VEHICL	Extent Of Damage		00 - NO	DAMAGE					6 2 12	
ا ر	Æ	NO DAMAGE		5 4 3 2 1							
	>				<u> </u>						

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other		NOT APPLICABLE				
LIND	VEHICLE	Driver Actions FAILURE TO CONTROL						
7	10	Owner Name JESSICA RICHARDSON (608) 450-1184		Owner Address 1078A FERN AVE GRAND MARSH				
		Sequence Of Events						
	01	PARKED MOTOR VEHICE	.E					
	02	Event						
	03	Event						
	04	Event						
		Policy Holder						
LNO		Insurance Company		INDIVIDUAL				
5		BRISTOL-WEST-INS-CO		JESSICA RICHAR	DSON			
	ı	Individual						
		DRIVER		Citations Issued	Sex			
	7	JESSICA RICHARDSON (608) 450-1184		0	FEMALE Race			
⊨	IDU/	(665) 100 1101		WHITE				
LNO	INDIVIDUAL	Address 1078A FERN AVE GRAND MARSH, WI 5393	6 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty fety Equipment	Crash	Safety Equipment				
	J.47	Row	Seat Position	SHOULDER & LAI	PRFIT			
		01 - FRONT ROW	07 - LEFT		<u></u>			
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
7	001	Injury S	everity PARENT INJURY	Airbag				
	١	Ejected	Ejection Path	NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT API			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie	r	EMS Run #		
		Hospital		Date of Death		Time of Death		
		Distracted By	ed By Source			1		
		Distracted By Action						
		UNKNOWN						

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		<u>_</u>									
		Non Motorist	Striking U	nit#	Location						
		Prior Action									
LINIT	INDIVIDUAL	Action									
	Z	Action Other							To/From School		
		Action Other							10/1101113011001		
	Ĺ	Drug & Alcohol	Suspected NO	d Alcohol U	lse	Suspected Drug Use			1		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	e		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	s			
5	001	Drug Type									
		Individual Condition									
		NOT OBSERVED									
		Individual PASSENGER				Citations Issued	Sex				
		THORSTEN RICHARDSON				0 MALE					
_	DUA	(608) 450-1184				Date of Birth	Race WHITE				
LIND	INDIVIDUAL	Address 1078A FERN AVE GRAND MARSH, WI 53936 , US				Driver License Numb	per				
	Sat	fety Equipment	On Duty C	Crash		Safety Equipment					
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LA	P BELT				
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
2	005	Injury	NO APP	ARENT II		Airbag NON DEPLOYED					
		NOT EJECTED		jection Pa	th CTED/NOT APPI			Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identific	er	EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted	By Source	9	1		1			
		Distracted By Action									
		Non Motorist	Striking U	nit#	Location						

Crash Date 01/24/2025
Crash Time 06:40 PM

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Crash Date 01/24/2025

ı											
		Prior Action									
		Action									
	INDIVIDUAL										
⊨	2										
LIND											
>											
	Z										
		Action Other									To/From School
	,	Orug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use						
	L										
		Alcohol Test Given		Alcohol Test Type			Alcohol Te			t Results	
		TEST NOT GIVEN									
		Drug Test Given		Drug Test Type			Drug 1	Test Results			
		TEŠT NOT GIVEN									
2	002	Drug Type									
0	0										
		Individual Condition									
		NOT OBSERVED									
'	Unit	Summary									
		Status —			Vehic	cle Operating As Classif	ication		Unit Type		
	LEGALLY PARKED					_ASS			TRUCK		
		cle Type							Operating A	s Endorse	ements
02		ILITY TRUCK/PICKUP TRUCK									
		I Occs Train/Bus # Recorded		corded	Total # Citations Issued Tota			Total Traile	ers	Total Ha	azMat Types
	2	0000	,240 // 110501404		0			0		0	
		ance?	Direction Of Tra	avel				Speed Limi	it	Total La	nes
l	YES		NOT ON ROA		Pre CrashTire Mark			N/A	.•	. 514. 24	
LND		Harmful Event: Collision Wi			Special Function		Emergency	Motor Ve	hicle Use		
5		TOR VEH IN TRANSPOR			NO SPECIAL FUNCTION			NOT APPLICABLE			
		raffic Way				Traffic Control			Traffic Control Inoperative/Missing		
		RKING LOT OR PRIVATE PROPERTY			NO CONTROL			NO			
		urface Type				Road Curvature			Road Grade		
		CKTOP (BITUMINOUS)	١			AIGHT			LEVEL		
		k Bus or HazMat	'		0				LEVEL		
	NO										
		/ala!ala									
	`	Vehicle			I Di i			04	O		
		License Plate Number				е Туре			Country of Is		
		SP7664			LTK				UNITED S	IAIES	
05	02	Vehicle Identification Numb			Make				Model	_	
٦	0	3GCUKTEJ8JG153754			CHE				SILVERADO		
		Color				y Style			Bus Use		
		BLK - BLACK				- PICKUP					
١. ا	VEHICLE	Initial Contact Point			Vehi	icle Damage					7 8 9 10 11
Ĭ	<u> </u>	12 - FRONT			1						6 2 12
LIND	ᇤ	Extent Of Damage			12 -	- FRONT					5 4 3 2 1
	7	MINOR DAMAGE									
		Towed Due To Damage				icle Removed By					
		NOT TOWED			OPE	ERATOR					
		What Driver Was Doing									
		LEGALLY PARKED			1						

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						Veh	icle Factors				
		Driver Prior Action Other				NO	T APPLICABLE				
		Driver Actions									
	ш	Driver Actions NO CONTRIBUTING ACTION									
-	涉										
LNO	VEHICL										
٦	ΛĒ										
		Owner Name TYLER BRANDT					Owner Address				
07	02	(608) 495-1338				29403 US HWY 14 LONE ROCK, WI 53556 , US					
		(111)					,	,			
	ļ	Sequence Of Ever	nte								
		Event	แอ								
	01	MOTOR VEH IN TRAN	NSPOR	Γ							
	02	Event									
	03	Event									
	04	Event									
╘		Policy Holder									
L		Insurance Company STATE-FARM-CLASS	SIC-INS-	со			NDIVIDUAL Y LER BRANDT				
	i	ndividual									
		OCCUPANT				С	itations Issued	Sex			
	ᆜ	TYLER BRANDT (608) 495-1338				0		MALE			
_	INDIVIDUAL	000) 455-1550				D	ate of Birth	Race WHITE			
	Σ	Address				D	river License Number				
		29403 US HWY 14 LONE ROCK, WI 53556 , US					TATE: WISCONSIN	COUNTRY: UNI	TED STATES		
		,	,								
		_ On	Duty Cra	ash		S	afety Equipment				
	Saf	ety Equipment									
		Row		Seat Po		N	ONE USED - VEHIC	CLE OCCUPANT	•		
		02 - SECOND ROW Helmet Use		08 - MI	DDLE		almot Compliance				
		neimet Ose				Helmet Compliance					
		Eye Protection				Т	int Compliance				
7	ر ا	Inju	ury Sever	ity		А	irbag				
05	003	<i>Injury</i> NO) APPA	RENT II	IJURY	U	NKNOWN				
		Ejected UNKNOWN		ection Par					Trapped/Extricated UNKNOWN		
		Medical Transport	<u> </u>			E	MS Agency Identifier		EMS Run #		
		NOT TRANSPORTED)								
		Hospital					ate of Death		Time of Death		
		Distracted By Dis	stracted B	sy Source					ı		
		Distracted By Action									
		Stri	iking Unit	#	Location						
		Non Motorist	J								

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		Prior Action										
Action Other												
		Action Other						To/From School				
	L	Orug & Alcohol	Suspected .	Alcohol Use	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	<u> </u>					
02	003	Drug Type										
		Individual Condition	dividual Condition									
		NOT OBSERVED	OT OBSERVED									
	į	ndividual										
	Ţ	OCCUPANT MADILYN BRAND	т		Citations Issued 0	Sex FEMALE						
╘	INDIVIDUAL				Date of Birth	Race WHITE						
TINO	INDIV	Address 29403 US HWY 14 LONE ROCK, WI 5	3556 , US		Driver License Number							
	Saf	ety Equipment	On Duty Cr	ash	Safety Equipment							
		Row 02 - SECOND ROV	v	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - REAR FACING							
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
05	004	Injury	NO APPA	rity RENT INJURY	Airbag UNKNOWN							
		Ejected UNKNOWN	Ej	ection Path NKNOWN			Trapped/Extricated UNKNOWN					
		Medical Transport			EMS Agency Identifier		EMS Run #					
		NOT TRANSPORT Hospital	ED		Date of Death		Time of Death					
			D:-444-	2								
		Distracted By Distracted By Action	Distracted E	sy Source								
		Non Motorist	Striking Uni	t# Location								
		Prior Action										

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		Action					
	Ļ						
⊨)U						
UNIT	INDIVIDUAL						
	ND						
	_						
		Action Other					To/From School
	L	Drug & Alcohol		Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	Drug Test Type		Drug Test Nesults		
02	004	Drug Type					
	0						
		Individual Condition					
		NOT OBSERVED					