6TL0FB0025

25-03036

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document # Crash Time 10:03 AM		25-03036DDate ArrivedTi			Investigating Officer/Deputy DEPUTY W. NEUBAUER		
25	Crash Date 04/01/2025					Time Arrived 10:20 AM			
00	Date Notified	Time Notified		Total Units		Total Injured	Total Kill	ed	
ß	04/01/2025	10:08 AM		01		00	00	Reporting	
9	On Emergency	t and Run		ure Work Zone		Trailer or Towed		Threshold	
6TL0FB0025	Government Property	Active Sch	nool Zone	School Bus Related NO		Tags	Tags		
ļ	✓ Reportable	Crash Type DT4000 (STAN	NDARD CRASH)		Amende	d	Secondary Crash	
ļ	Description Diagram						Reconstructio	-	
			TU	RN	MARKI	ER PO	Photos By Additional Info NONE	ormation	
	STH 60					Ŧ			
	I, a sworn law enforceme	ent officer, agre	e that I have no						

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	Loc	ation 🛛 🗖								
·		STH60 WB	Latitude		Longitude					
	443 FT W						43.20162212		-89.961840317	
	OF WILLIAMS RD IN THE TOWN OF TROY IN SAUK COUNTY						X Coordinate		Y Coordinate	
							259369.25 4787464.5			64.5
							Structure Type			
(Cra	sh Scene 💻								
1	-	Harmful Event				First Harm	nful Event Lo	ocation		
	TRA	FFIC SIGN POST				ROADSI				
	Man	ner of Collision				Light Con	dition			
	00 -	NO COLLISION W/VE	EHICLE IN TRANSPORT			DAYLIG	нт			
	Road	Surface Condition(s)				Roadway	Factor(s)			
	DR۱	/								
	Envi	ronment Factor(s)								
	NO	IE				NONE				
	Wea	ther Condition(s)								
	CLE	AR								
	Anim	al Type					o Trafficwa	,		
	Cras	h Classification - Location	1				SWAY - OI			
	PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	Tribal Land					Access Control Special Study NO CONTROL			Special Study	
	Within Interchange Area Junction Location Interse					tion Type				
	NO	5	NON-JUNCTION			INTERSE	CTION			
l	Uni	t Summary								
	Unit	Status		Vehicle Ope	erating As C	lassification	1	Unit Type		
		RANSIT		D CLASS		AUTOMOBILE				
01	Vehicle Type					Operating As Endorsements				
0	•	ORT) UTILITY VEHICL	LE Train/Bus # Recorded							
	Tota 1	Occs	Total # Cita 1	Total # Citations Issued Total 1 0			0		zMat Types	
	Insurance? Direction Of Travel			Pre CrashTire						les
=	YES WESTBOUND				Mark 55 2					
		Harmful Event: Collision '		Special Function Emergency Motor Vehicle Use NO SPECIAL FUNCTION NOT APPLICABLE						
		Traffic Way Traffic Control					Traffic Control Inoperative/Missing			tive/Missing
	TWO-WAY, NOT DIVIDED			NO CONT				NO		-
	Surfa	асе Туре		Road Curva	ature			Road Grade		
		CKTOP (BITUMINOU	S)	CURVE L	EFT		LEVEL			
	Truc NO	k Bus or HazMat		-						
		Vehicle								
		License Plate Number			Plate Type		St	Country of Iss	suance	
		AYN1234	AUT			wi	UNITED STATES			
_	Vehicle Identification Number			Make			Year	Model ESCAPE		
5	6	1FMCU9GX7EUE379	FORD		2014					
								Bus Use		
		Color		Body Style				Bus Use		
		GRY - GRAY		UT - SPC			LE	Bus Use		
	Щ	GRY - GRAY Initial Contact Point				TY VEHIC	LE	Bus Use		7 8 9 10 11
UNIT	EHICLE	GRY - GRAY		UT - SPC Vehicle Da						7 8 9 10 11 6 12 12

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		Towed Due To Damage TOWED DUE TO DISABLING			nicle Removed By CHREINER'S TOW	/ING				
		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CURVE								
		Driver Prior Action Other		NC	T APPLICABLE					
UNIT	VEHICLE	Driver Actions SPEED TOO FAST/COND		<u> </u>						
01	01	Owner Name MADELYN ENGEL (309) 445-4317			Owner Address W10016 STATE R WAUTOMA, WI 54					
		Sequence Of Events								
	01	Event RUN OFF ROADWAY RIGHT	г							
	02	Event TRAFFIC SIGN POST								
	03	Event DITCH								
	04	Event								
⊢	l	Policy Holder								
UNIT		Insurance Company GENERAL-CASUALTY-INS-CO			INDIVIDUAL MADELYN ENGEL					
	i	ndividual								
				Citations Issued Sex						
	۹L	MADELYN ENGEL (309) 445-4317			1 FEMALE Date of Birth Race					
н	DU				WHITE					
UNIT	INDIVIDUAL	Address W10016 STATE ROAD 21 WAUTOMA, WI 54982 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Crash								
	Saf	fety Equipment		Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	:	SHOULDER & LAP	BELT				
		Helmet Use		Helmet Compliance						
		Eye Protection			Tint Compliance					
2	001	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED						
	0		jection Path	NON DEPLOTED		Trapped/Extricated				
		NOT EJECTED NOT EJECTED/NOT A		PPLICABLE			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death Time of Death					
		Distracted By Distracted	By Source PLICABLE (NOT DISTR	RACT	ED)		1			
		Distracted By Action	•							
NOT DISTRACTED										

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		Non Motorist	Striking Unit #	Location					
		Prior Action							
UNIT	INDIVIDUAL	Action							
		Action Other						To/From School	
	l	Drug & Alcohol	Suspected Alco	noi Use	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
6	001	Drug Type							
		Individual Condition							
		Violations UTC Number	Issue To?	Statute Number	Description				
	6	BK742212	001	346.57(3)	Description DRIVING TOO FAST	FOR CONDITIO	NS		