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25-03043

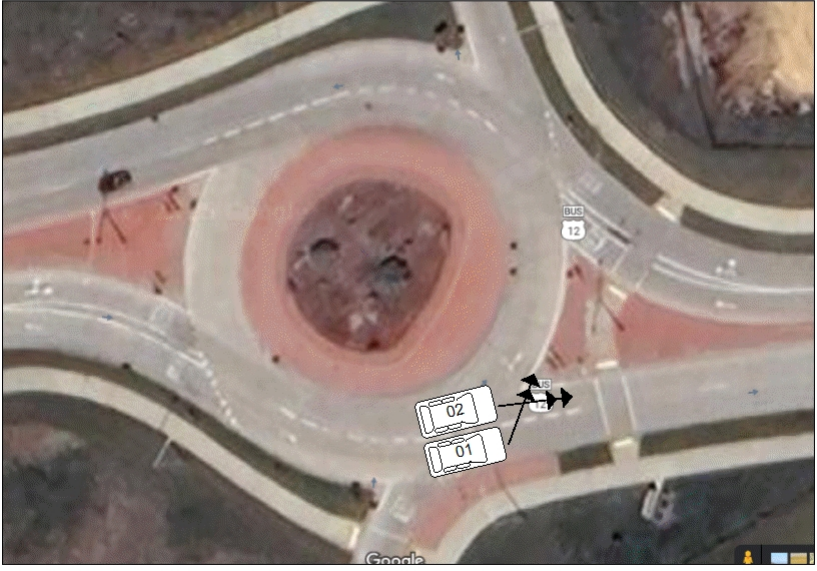
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D5DZ3H

Document Number Override		Primary Crash Document #		Agency Crash Number 25-03043		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 04/01/2025		Crash Time 12:54 PM		Date Arrived 04/01/2025		Time Arrived 01:03 PM	
Date Notified 04/01/2025		Time Notified 12:54 PM		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 DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
		Photos By DEPUTY J. HUNTER
		Additional Information PHOTOS

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

UNITS 1 AND 2 WERE BOTH E/B ON HY 136 TOWARD BARABOO. UNIT 1 WAS IN FRONT OF UNIT 2. WHEN ENTERING THE ROUNDABOUT ON THE E SIDE OF US HY 12, UNIT 1 TOOK THE RIGHT-HAND LANE. UNIT 2 TRAVELED IN THE LEFT-HAND LANE AND ACCELERATED AND WAS NEXT TO UNIT 1. UNIT 2 WAS INTENDING TO TRAVEL STRAIGHT AND PROCEED EASTBOUND ONTO LINN ST. UNIT 1 INTENDED TO CONTINUE ON THE ROUNDABOUT AND USE THE ON-RAMP TO US HY 12 W/B. OPERATOR OF UNIT 1 BELIEVED SHE WAS IN THE APPROPRIATE LANE TO CONTINUE ON THE ROUNDABOUT PAST THE LINN ST. EXIT AND CONTINUE ONTO HY 12. UNIT 2 DROVE STRAIGHT ONTO LINN ST., WHICH, PER SIGNAGE AND MARKINGS ON THE ROAD, A LEGAL PATH OF TRAVEL. UNIT 1 WAS IN A LANE WHICH IS DESIGNATED FOR EXITING THE ROUNDABOUT ONTO LINN ST. OPERATOR OF UNIT 1 TURNED LEFT TO STAY IN THE ROUNDABOUT, AND TURNED INTO UNIT 2. UNIT 1 CONTACTED UNIT 2, CAUSING DAMAGE TO THE FRONT DRIVER'S SIDE OF UNIT 1 AND THE FRONT PASSENGER'S SIDE OF UNIT 2. NO PARTIES WERE INJURED.

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Location

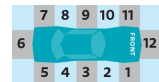
INTERSECTION ON STH33 EB AT RAMP USH12 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474734109	Longitude -89.773901696
	X Coordinate 275647.5	Y Coordinate 4817273.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	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 TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type ROUNDBOUT

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 6	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO					
	UNIT 01 VEHICLE	Vehicle				
		License Plate Number ATL3278		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 5FNRL5H65FB053632		Make HOND	Year 2015	Model ODYSSEY		
Color BLK - BLACK		Body Style VN - VAN		Bus Use		
Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage				
Extent Of Damage MINOR DAMAGE		10 - LEFT SIDE FRONT				



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
		What Driver Was Doing MERGING		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER TURN, DISREGARDED OTHER ROAD MARKINGS, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Owner Name BRANNON GASPER (608) 604-5647		Owner Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL BRANNON GASPER	
		Individual			
		DRIVER PAIGE POLENSKY (608) 604-5647		Citations Issued 1	Sex FEMALE
UNIT	01	Date of Birth		Race WHITE	
		Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US		Driver License Number	
		On Duty Crash		Safety Equipment	
		Safety Equipment		SHOULDER & LAP BELT	
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag NON DEPLOYED	
		Injury		NO APPARENT INJURY	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **04/01/2025**
Crash Time **12:54 PM**

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SAUK COUNTY SHERIFFS DEPARTMENT
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UNIT 01	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					
UNIT 01	INDIVIDUAL	Individual					
		PASSENGER WYATT DOBSON (608) 604-5647			Citations Issued 0	Sex MALE	
		Date of Birth			Race WHITE		
		Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US			Driver License Number		
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
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			

Wisconsin Motor Vehicle Crash
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UNIT INDIVIDUAL	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				
	Individual				
	UNIT INDIVIDUAL	PASSENGER BRAYDEN GASPER (608) 604-5647		Citations Issued 0	Sex MALE
Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US		Date of Birth	Race		
Driver License Number					
Safety Equipment		On Duty Crash			
Row 02 - SECOND ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
UNIT INDIVIDUAL	Distracted By				
	Distracted By Source				
	Distracted By Action				
UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location	
	Prior Action				

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UNIT INDIVIDUAL	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					
	Individual					
	PASSENGER KHAMANI GULLENS		Citations Issued 0	Sex MALE		
	Address 1600 W SEMINARY ST #19 RICHLAND CENTER, WI 53581 , US		Date of Birth	Race		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action					
UNIT INDIVIDUAL	Non Motorist		Striking Unit #		Location	
	Prior Action					

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UNIT 01	INDIVIDUAL	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		
UNIT 01	INDIVIDUAL	Individual Condition APPEARED NORMAL		
		Individual		
		PASSENGER JAQUAN GULLENS		Citations Issued 0
		Sex MALE		
		Date of Birth		Race
		Address 1600 W SEMINARY ST #19 RICHLAND CENTER, WI 53581 , US		Driver License Number
		Safety Equipment		
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT
		Row 06 - UNKNOWN ROW	Seat Position 07 - LEFT	
		Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance		
UNIT 01	006	Injury		
		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED		
		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		
Prior Action				

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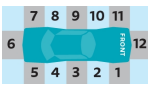
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UNIT 01	INDIVIDUAL	Action				
		Action Other		To/From School		
		Drug & Alcohol				
		Suspected Alcohol Use NO		Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		UNIT 01	INDIVIDUAL	PASSENGER BAXTON MILLER		Citations Issued 0
				Date of Birth	Race	
Address 370 SOUTH CAIRNS AVE RICHLAND CENTER, WI 53581 , US				Driver License Number		
Safety Equipment				On Duty Crash		Safety Equipment
Row 06 - UNKNOWN ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT		
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
Injury				Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED		
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			
Prior Action						

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UNIT	INDIVIDUAL	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					
		Violations					
		UTC Number BG110362		Issue To? 001	Statute Number 346.13(3)	Description DEVIATION FROM DESIGNATED LANE	
		Unit Summary					
UNIT	02	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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
		Truck Bus or HazMat NO					
		Vehicle					
		UNIT	VEHICLE	License Plate Number 542NBR		Plate Type AUT	St WI
Vehicle Identification Number 1FMCU9J97KUB50911				Make FORD	Year 2019	Model ESCAPE	
Color GRY - GRAY				Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
Initial Contact Point 02 - RIGHT SIDE FRONT				Vehicle Damage			
Extent Of Damage DISABLING DAMAGE				02 - RIGHT SIDE FRONT			
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				Vehicle Removed By STEVES AUTO SERVICE			

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name MARI-MARGARET STURTZ (608) 415-2687		
02	Owner Address S4996 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US		
Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	INDIVIDUAL MARI-MARGARET STURTZ	
	Individual		
	DRIVER MARI-MARGARET STURTZ (608) 415-2687	Citations Issued 0	Sex FEMALE
	Date of Birth	Race WHITE	
	Address S4996 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US		
	Driver License Number		
UNIT 002	Safety Equipment		On Duty Crash
	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Airbag
	Injury Severity NO APPARENT INJURY		NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
Distracted By			
Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN			
Non Motorist			
Striking Unit #			
Location			

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UNIT	INDIVIDUAL	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	
		02	002	Drug Type	
Individual Condition APPEARED NORMAL					