### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [	Document #	Agency Crash Number 25-03600		Investigating Officer/Deputy SERGEANT M. TATE Time Arrived 05:59 PM			
>	Crash Date <b>04/15/2025</b>	Crash Time 05:41 PM			rrived 2025				
<b>.0FJ55JV</b>	Date Notified <b>04/15/2025</b>	Time Notified 05:42 PM			nits	Total Injured <b>01</b>	Total Injured Total Killed 01 00		
LOF	On Emergency Hit	and Run	Lane Clos		Work Zone		or Towed	Reporting Threshold	
ETI	Government Property		hool Zone	School <b>NO</b>	Bus Related	Tags			
	<b>▼</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	<del>1</del> )		Amend	∌d	Secondary Crash	
	Diagram  NOT TO SCALE	2 2	Iron Brigade Mem Hwy (2)				Photos By SGT TATE  Additional Info PHOTOS		

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

UNIT 1 WAS SOUTHBOUND ON HWY 12, APPROACHING A DRIVEWAY. UNIT 1 OPERATOR TURNED ON HIS BLINKER AND BEGAN SLOWING TO MAKE A LEFT TURN INTO HIS DRIVEWAY. UNIT 2 WAS SOUTHBOUND ON HWY 12, FOLLOWING UNIT 1. UNIT 2 OPERATOR STATED SHE DID NOT SEE UNIT 1'S BLINKER. UNIT 2 STATED WHEN SHE REALIZED UNIT 1 WAS TURNING, SHE ATTEMPTED TO BRAKE BUT COULD NOT AVOID UNIT 1. UNIT 2 REAR-ENDED UNIT 1. UNIT 1 HAD DISABLING REAR END DAMAGE. UNIT 2 HAD DISABLING FRONT END DAMAGE. UNIT 2 OPERATOR WAS CITED FOR INATTENTIVE DRIVING.

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Crash Date 04/15/2025

Crash Time 05:41 PM

Loc	ation											
	ERSECTION					Latitude			Longitud			
ON USH12 EB						43.332966465 -89.759034168			034168			
AT USH12 EB IN THE TOWN OF SUMPTER						X Coordinate Y Coordinate			inate			
	BAUK COUNTY	EK				276328.625 4801488.5			88.5			
""						Structure Type						
						NO STR	UCTURI	E				
Cra	sh Scene											
_	Harmful Event					First Harm	nful Event	t Location				
MO	TOR VEH IN TRANSPO	ORT				ON ROA						
Manner of Collision						Light Condition						
03 -	03 - FRONT TO REAR						DAYLIGHT					
Road	d Surface Condition(s)		Roadway	Factor(s)								
DRY	1											
Envi	ronment Factor(s)											
NON	NE					NONE						
Wea	ther Condition(s)											
CLE	AR											
Anim	nal Type					Relation T	o Trafficv	way				
								ON ROAD				
_	h Classification - Location					Crash Classification - Jurisdiction						
1	BLIC PROPERTY al Land					NO SPECIAL JURISDICTION  Access Control Special Study						
TTIDE	ai Land					NO CONTROL						
	in Interchange Area	Junction Location			Intersection		0 <b>7</b> 1011					
						INTERSE	CHON					
1					Reasons for Closure							
LANE CLOSURE						CMCNIT						
	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed <b>05:47 PM</b>	a	LAW	ENFORC	EMENI						
	All Lanes Open	Time All Lanes Open						Time Scene Clea	red			
04/1	5/2025	06:30 PM		04/15/2025			06:30 PM	5:30 PM				
	t Summary 🗨											
_	Status				erating As C	lassification	ı	Unit Type				
	RANSIT		D CL	CLASS			AUTON					
	cle Type	_					Operating A			As Endorsements		
<u> </u>	ORT) UTILITY VEHICL		1	// O''			Total T	railara	Total Har	Mat Times		
	I Occs	Train/Bus # Recorded		# Cita	tions Issued		Total Trail		Total HazMat Types  0			
1	rance?	Direction Of Travel	0			0 Speed Lin		Limit	Total Lan	00		
YES		SOUTHBOUND		Pre CrashTire Mark		55		Liiiit	4			
	t Harmful Event: Collision		Speci	ial Fun		55		Emergency	Emergency Motor Vehicle Use			
	TOR VEH IN TRANSPO				IAL FUNC	TION	ΓΙΟΝ		NOT APPLICABLE			
	ic Way		Traffic	fic Control		Traffic Control Inoperative/Missing		tive/Missing				
						CONTROL		NO				
Surfa	асе Туре		Road	d Curvature		Road Grade						
BLA	ACKTOP (BITUMINOU	S)	STR	RAIGHT			LEVEL	LEVEL				
	k Bus or HazMat		-									
NO	Mahiala											
	Vehicle		I DI :	т.			C+	Country of	nuanca			
	License Plate Number  AXK2018		AUT	ite Type			St <b>WI</b>	Country of Issuance UNITED STATES				
	Vehicle Identification Nur	mhor	Make				Year	Model	AIES			
01							2013	HIGHLAND	FR			
							2010	IIIOIILAND				

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25-03600

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		Color		Body Style		Bus Use	us Use				
		GRY - GRAY		LL - CARRYALL							
	쁘	Initial Contact Point		Vehicle Damage			7 8 9 10 11				
UNIT	2	06 - REAR Extent Of Damage	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT								
n	VEHICLE	DISABLING DAMAGE		REAR CORNER			5 4 3 2 1				
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLING	G DAMAGE	EVERETTS TOWING	i						
		What Driver Was Doing		Vehicle Factors							
		LEFT TURN  Driver Prior Action Other		NOT APPLICABLE							
		Biller i noi /tottori Otrici									
		Driver Actions									
	쁘	NO CONTRIBUTING ACTION									
UNIT	VEHICLE										
<b>1</b>	垣										
		Owner Name		Owner Address	VAV 40 # 0						
01	2	JAY BISCHOFF (608) 370-9668		S8742 US HIGHV PRAIRIE DU SAC							
		,									
		Sequence Of Events	Sequence Of Events								
		Event	\ <del>-</del>								
	2	MOTOR VEH IN TRANSPOR	(1 								
	02	Event									
	03	Event									
	40	Event									
Dollar Holder											
UNIT		Insurance Company		INDIVIDUAL							
_		PROGRESSIVE-CLASSIC-IN	IS-CO	JAY BISCHOFF							
		Individual									
		DRIVER JAY BISCHOFF		Citations Issued	Sex						
	A	(608) 370-9668		Date of Birth	MALE Race						
_	DUAI			WHITE							
.IN	INDIN	Address		Driver License Number							
_		S8742 US HIGHWAY 12 # 2 PRAIRIE DU SAC, WI 53578	. US	STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment							
		,	,								
		On Duty Ci	rash								
	Sa	fety Equipment									
		Row	Seat Position	SHOULDER & LAF	BELT						
		01 - FRONT ROW Helmet Use	07 - LEFT	Helmet Compliance							
		Heilier Ose		Tiennet Compilance							
		Eye Protection		Tint Compliance							
_	Ξ	Injury Seve	erity	Airbag							
01	90	Injury SUSPEC	TED MINOR INJURY	NON DEPLOYED		T					
			ection Path  OT EJECTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED					
		Medical Transport		EMS Agency Identifier	-	EMS Run #					
		EMS GROUND	510								

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Crash Time 05:41 PM

	Hospital SAUK PRAIRIE HOSP		Date of Death			Time of Death					
	L		racted By Source								
	Distracted By NOT APPLICABLE (NOT DISTRACTED)										
	Distracted By Action NOT DISTRACTED										
	L	Non Motorist	king Unit#	Location							
		Prior Action									
		Action									
	7										
<u></u>											
LIND	INDIVIDUAL										
	Z										
		A .:: 0::								T. (5	
		Action Other								To/From School	
	E	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN			е			Alcohol Test	Results		
	Ì	Drug Test Given TEST NOT GIVEN	Drug Test Ty			Drug Test Result			S		
5	001	Drug Type									
	١										
		Individual Condition									
		APPEARED NORMAL									
		Summary ===									
		Jnit Status N TRANSIT			Vehicle Operating As Classification  D CLASS			Unit Type	=		
`		hicle Type			D CLASS			AUTOMOE Operating As		ents	
(1)	PASSENGER CAR										
	Total Occs Train/Bus # Recorded  1 Insurance? Direction Of Travel			1 0 Pre CrashTire Speed Liu		Total Traile  0	0 Total Lanes		lat Types		
I .						Speed Lim			S		
	YES SOUTHBOUND			Mark 55 Special Function		55	Emorgonov	4	lo I Iso		
5				NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
		c Way	RARRIER		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing			
	DIVIDED HWY W/TRAFFIC BARRIER  Surface Type  BLACKTOP (BITUMINOUS)				Road Curvature			NO Road Grade			
١,				\$	STRAIGHT			LEVEL			
١,											
-	Truck	Bus or HazMat									
-	Truck <b>NO</b>										
-	Truck <b>NO</b>	/ehicle License Plate Number			Plate Type	I	St	Country of Iss	uance		
-	Truck <b>NO</b>	/ehicle License Plate Number ARN1208			AUT		WI	UNITED ST			
1	Truck <b>NO</b>	<b>/ehicle</b> License Plate Number						<del>-</del>	ATES		

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(608) 356-4895 Initial Contact Point Vehicle Damage 7 8 9 10 11 L **12 - FRONT** VEHICL 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT **Extent Of Damage CORNER, 12 - FRONT DISABLING DAMAGE** Towed Due To Damage Vehicle Removed By **CRAIGS TOWING TOWED DUE TO DISABLING DAMAGE** What Driver Was Doing Vehicle Factors **GOING STRAIGHT NOT APPLICABLE** Driver Prior Action Other FAILED TO YIELD RIGHT-OF-WAY, FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR VEHICL **ERRATIC MANNER** LNN Owner Name Owner Address CHRISTOPHER LAVOLD 126 W MONROE ST 8 02 (608) 547-4009 MAUSTON, WI 53948, US **Sequence Of Events** Event
MOTOR VEH IN TRANSPORT Event Event Event 9 **Policy Holder** L Insurance Company INDIVIDUAL AUTO-CLUB-GROUP-INS-CO **CHRISTOPHER LAVOLD** Individual DRIVER Citations Issued Sex **ALLISON LAVOLD FEMALE** (608) 547-4009 INDIVIDUAL Race Date of Birth WHITE FIN Address Driver License Number 126 W MONROE ST STATE: WISCONSIN COUNTRY: UNITED STATES MAUSTON, WI 53948, US On Duty Crash Safety Equipment Safety Equipment **SHOULDER & LAP BELT** Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity Airbag 002 02 Injury **NO APPARENT INJURY DEPLOYED-FRONT** Ejected Ejection Path Trapped/Extricated **NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED** Medical Transport EMS Agency Identifier EMS Run# **NOT TRANSPORTED** Hospital Date of Death Time of Death

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		Distracted By	Distracted By S UNKNOWN	ource							
		Distracted By Action	OOKING AW	AY FROM TASK ETC	·\						
			Striking Unit #	Location	·)						
		Non Motorist	g								
		Prior Action									
		Action									
	_										
_	INDIVIDUAL										
UNIT											
_	٥										
	=										
		Action Other						To/From School			
		Action Other						10/F10111 SC11001			
	,	Drug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use						
		Alcohol Test Given		Alcohol Test Type							
		TEST NOT GIVEN		,,			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Orug Test Type		Drug Test Results				
02	002	Drug Type				1					
0	ŏ										
		Individual Condition									
		APPEARED NORM	/IAL								
	,	L Violations									
	10	UTC Number <b>BL507111</b>	Issue To? <b>002</b>	Statute Number 346.89(1)	Description INATTENTIVE DRIV	ING					