

6TL0D5DZ3J  
25-03680

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-03680</b>		Investigating Officer/Deputy <b>DEPUTY J. HUNTER</b>	
Crash Date <b>04/18/2025</b>		Crash Time <b>05:55 AM</b>		Date Arrived <b>04/18/2025</b>		Time Arrived <b>06:13 AM</b>	
Date Notified <b>04/18/2025</b>		Time Notified <b>05:58 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram		Reconstruction By
<p>S of Armory View Rd.</p> <p>US HY 12 E/b</p> <p>N of HY C</p> <p>US HY 12 W/b</p>		Photos By <b>DEPUTY HUNTER</b>
		Additional Information <b>PHOTOS</b>

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

UNITS 1 AND 2 WERE E/B ON US HY 12, S OF ARMORY VIEW RD. AND HEADED TOWARD HY C. UNIT 2 SLOWED TO APPROXIMATELY 20 MPH, DUE TO RAPIDLY DEVELOPING WEATHER CONDITIONS OF POURING RAIN AND HAIL, WHICH WAS ACCUMULATING ON THE ROAD. OTHER TRAFFIC HAD SLOWED AS WELL. DUE TO THE WEATHER CONDITIONS VISIBILITY BECAME LIMITED. UNIT 1 ATTEMPTED TO SLOW DOWN BUT LOST TRACTION DUE TO ACCUMULATION OF HAIL ON THE ROAD. UNIT 2 SLOWED SLIGHTLY BUT OPERATOR WAS UNABLE TO REGAIN CONTROL. UNIT 1 STRUCK UNIT 2. OPERATORS EXCHANGED INFORMATION AND SINCE BOTH VEHICLES WERE DRIVEABLE, MOVED OFF THE ROADWAY AND CONTACTED LAW ENFORCEMENT.

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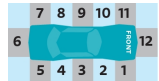
Location

ON USH12 EB 818 FT S OF CENTER RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.36783465	Longitude -89.76875076
	X Coordinate 275669.4375	Y Coordinate 4805387
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SLUSH, ICE	Roadway Factor(s)  BACKUP DUE TO PRIOR CRASH, ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS, VISUAL OBSTRUCTION (S)		
Weather Condition(s) RAIN, SLEET/HAIL		
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			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 55	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		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 01	Vehicle				
		License Plate Number KR7103	Plate Type LTK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FTSX21R68EA64068		Make FORD	Year 2008	Model F250		
Color RED - RED		Body Style PK - PICKUP		Bus Use		
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER				
Extent Of Damage FUNCTIONAL DAMAGE						

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>			
01	01	Owner Name <b>SEAN MOUNTAIN</b> (608) 963-6941		Owner Address <b>425 RIDGE ST</b> <b>BARABOO, WI 53913 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	INDIVIDUAL	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
01	001	<b>Policy Holder</b>			
		Insurance Company <b>COUNTRY-CASUALTY-INSURANCE-CO</b>		INDIVIDUAL <b>SEAN MOUNTAIN</b>	
		<b>Individual</b>			
		DRIVER <b>SEAN MOUNTAIN</b> (608) 963-6941		Citations Issued <b>0</b>	Sex <b>MALE</b>
Address <b>425 RIDGE ST</b> <b>BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>	Driver License Number	
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Helmet Use		
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
Distracted By Action <b>UNKNOWN</b>					

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
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Crash Date **04/18/2025**  
Crash Time **05:55 AM**

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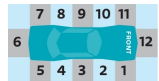
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UNIT	01	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
			Prior Action					
			Action					
			Action Other					
			To/From School					
			<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
			Drug Type					
			Individual Condition <b>APPEARED NORMAL</b>					

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</b>	
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>					

UNIT	02	VEHICLE	<b>Vehicle</b>				
			License Plate Number <b>AYF9650</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1G1ZG5ST0KF221744</b>		Make <b>CHEV</b>	Year <b>2019</b>	Model <b>MALIBU</b>
			Color <b>WHI - WHITE</b>		Body Style <b>SD - SEDAN</b>		Bus Use
			Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR</b>		
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
			Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
02	Owner Name <b>LYNN GARDNER</b> (608) 495-1056	Owner Address <b>333 MAIN ST.</b> <b>WONEWOC, WI 53968 , US</b>	
	<b>Sequence Of Events</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
02	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	INDIVIDUAL <b>ROSS GARDNER</b>	
03	<b>Individual</b>		
	DRIVER <b>ROSS GARDNER</b> (608) 495-1056	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>333 MAIN ST.</b> <b>WONEWOC, WI 53968 , US</b>		Driver License Number
04	<b>Safety Equipment</b>		On Duty Crash
	Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
002	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
002	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>		
	Distracted By Source <b>UNKNOWN</b>		
	Distracted By Action <b>UNKNOWN</b>		
002	<b>Non Motorist</b>		
	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	
				Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	
				Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	
				Drug Test Results	
		02	002	Drug Type	
Individual Condition <b>APPEARED NORMAL</b>					