

6TL0FV1GFT
25-03718

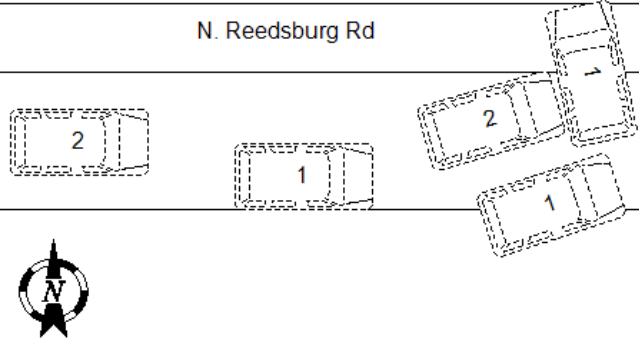
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 25-03718		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 04/19/2025		Crash Time 11:16 AM		Date Arrived 04/19/2025		Time Arrived 11:25 AM	
Date Notified 04/19/2025		Time Notified 11:18 AM		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
<div><p>N. Reedsburg Rd</p><p>Not to scale</p></div>		Photos By W. VERTEIN #9122
		Additional Information PHOTOS

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1 AND 2 WERE TRAVELING EASTBOUND. THE OPERATOR OF UNIT 1 PULLED OVER TO THE SIDE OF THE ROADWAY AND ATTEMPTING A U-TURN. UNIT 2 STRUCK UNIT 1 IN THE DRIVER'S SIDE. NO REPORTED INJURIES.

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Location

ON N REEDSBURG RD 369 FT E OF RAB N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.532412668	Longitude -89.784842031
	X Coordinate 274977.125	Y Coordinate 4823709
	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	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 45	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 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 01 VEHICLE 01	Vehicle				
	License Plate Number TK2K6Z		Plate Type AUT	St MT	Country of Issuance UNITED STATES
	Vehicle Identification Number JM3KFBCM1P0208424		Make MAZD	Year 2023	Model CX-5
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE		
	Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing U TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions IMPROPER TURN			
01	Owner Name TODD WOIDE LA (417) 527-1500		Owner Address 879 N PEARSON CT SPRINGFIELD, MO 65802 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		INDIVIDUAL TODD WOIDE LA	
UNIT	Individual			
	DRIVER TODD WOIDE LA (417) 527-1500		Citations Issued 1	Sex MALE
01	Date of Birth		Race WHITE	
	Address 879 N PEARSON CT SPRINGFIELD, MO 65802 , US		Driver License Number STATE: MISSOURI COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
01	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
01	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
001	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
001	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
001	Distracted By Action NOT DISTRACTED			

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UNIT INDIVIDUAL	01	001	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						
	Violations						
01		UTC Number BM654010	Issue To? 001	Statute Number 346.33(1)(f)	Description UNLAWFUL U/Y TURN-UNSAFE OR INTERFERE W/TRAFFIC 1ST		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 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					

02	02	Vehicle				
		License Plate Number AWK7148		Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2T3BF4DVXAW071305		Make TOYT	Year 2010	Model RAV4
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER				



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UNIT VEHICLE	Vehicle Damage		
	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT		
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		
UNIT VEHICLE	Vehicle Removed By CRAIGS TOWING		
	What Driver Was Doing GOING STRAIGHT		
	Driver Prior Action Other NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name DARIN JOHNSON (608) 852-6760	Owner Address 6146 THORNEBURY DR MADISON, WI 53719 , US	
	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
02	Event		
	Event		
	Event		
	Event		
03	Event		
	Event		
	Event		
	Event		
04	Event		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	INDIVIDUAL DARIN JOHNSON	
	Individual		
	DRIVER DARIN JOHNSON (608) 852-6760	Citations Issued 0	Sex MALE
UNIT INDIVIDUAL	Date of Birth	Race WHITE	
	Address 6146 THORNEBURY DR MADISON, WI 53719 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
02	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		
002	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

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED				
		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
02	002	Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		PASSENGER MARY THOMAS (608) 512-9460		Citations Issued 0	Sex FEMALE	
		Date of Birth		Race WHITE		
		Address 6146 THORNEBURY DR MADISON, WI 53719 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER		Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	003	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		

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	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		