WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash D	ocument#	Agency 25-037	Crash Number 18	Investigating DEPUTY V	Officer/Deputy . VERTEIN				
Crash Date 04/19/2025	Crash Time 11:16 AM		Date Ar		Time Arrived	Fime Arrived				
Date Notified 04/19/2025	Time Notified 11:18 AM		Total Ur	nits	Total Injured Total Killed 00 00		ed			
On Emergency	Hit and Run	Lane Closu	ıre	Work Zone	Trailer	or Towed	Reporting Threshold			
Government Property	Active Sch	nool Zone	School NO	Bus Related	Tags					
▽ Reportable	Crash Type DT4000 (STAN	NDARD CRASH)		Amend	ed	Secondary Crash			
Description Diagram						Reconstruction	n By			
<u>Jagram</u>						reconstituction	, by			
						Di + D				
						Photos By W. VERTEIN	I #9122			
N.	Reedsburg Rd		Fa			Additional Info	rmation			
(25555557055855CD)										
2	1			n.						
	<u> Petrosta erekulumi</u>	\1								
		(35*								
Not to scale										
I, a sworn law enforce						UNIT 1 PULLE	O OVER TO THE SIDE OF			
THE ROADWAY AND ATTEMP	TING A U-TURN. UNIT	2 STRUCK UNIT 1	IN THE D	RIVER'S SIDE. NO REF	PORTED INJURIES	3.				

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Crash Date 04/19/2025

Crash Time 11:16 AM

ı	Loc	ation —									
ł		N REEDSBURG RD				Latitude			Longitud	le	
		FT E	43.53241	43.532412668			-89.784842031				
		RAB N REEDSBURG		X Coordin	ate		Y Coordinate				
		HE TOWN OF DELTO	DN	274977.125			482370				
	IN S	AUK COUNTY	Structure			10-010	-				
				UCTURE							
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event Lo	cation			
	MO	OR VEH IN TRANSP	ORT			ON ROA	DWAY				
ŀ	Manı	ner of Collision				Light Cond	dition				
	01 -	ANGLE				DAYLIG					
ŀ	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY	` ,				ĺ	()				
ŀ	Envir	onment Factor(s)				-					
	NON	IE				NONE					
ŀ	Wea	ther Condition(s)				-					
	CLE	AR									
ŀ	Anim	аl Туре					o Trafficway				
							CWAY - ON				
		h Classification - Locatior	1				ssification				
ļ	PUBLIC PROPERTY						NO SPECIAL JURISDICTION				
	Iriba	l Land				Access Control Special Study NO CONTROL					
ŀ	With	n Interchange Area	Junction Location		Intersection						
	NO	· ·	NON-JUNCTION		NOT AN	INTERSE	CTION				
į	Jnit	Summary			•						
		it Status Vehicle Operating As C					Classification Unit Type				
	IN T	TRANSIT D CLASS				AUTOMOBILE					
.	Vehi	cle Type	L				Operating As Endorsements				
,	(SP	ORT) UTILITY VEHIC	LE								
ľ	Total	Occs	Train/Bus # Recorded	Total # Citations Issue		Issued Total Trail		ilers Total H		Mat Types	
	1			1		0			0		
ŀ	Insur	ance?	Direction Of Travel	Pre CrashTi		Speed L		nit	Total Lanes		
	YES		EASTBOUND		Mark	,	45				
ŀ	Most	Harmful Event: Collision	With	Special Fur				Emergency Motor Vehicle Use		cle Use	
		TOR VEH IN TRANSP	ORT	NO SPEC	IAL FUNC	TION		NOT APPLICABLE			
		ic Way		Traffic Con				Traffic Control Inoperative/Missing			
		DED HWY W/O TRAF	FIC BARRIER	NO CONT				NO			
ſ		се Туре		Road Curva				Road Grade			
		CKTOP (BITUMINOU	JS)	STRAIGH	IT			LEVEL			
	Trucl	k Bus or HazMat									
1		/ehicle									
					Plate Type		St	Country of Issuance			
		TK2K6Z	AUT			MT	UNITED STATES				
ı		Vehicle Identification Nu	Make	Make Year		Year	Model				
	01	JM3KFBCM1P02084	MAZD	MAZD		2023	CX-5				
		Color		Body Style	9			Bus Use			
		WHI - WHITE		UT - SPC	ORT UTILI	TY VEHIC	LE				
	щ	Initial Contact Point		Vehicle Da	amage					7 0 0 30 44	
	C	08 - LEFT SIDE REA	AR .	07 1	TDEAD	ODNED 1	00 LEET	CIDE DEAD		7 8 9 10 11	
	VEHICL	Extent Of Damage					70 - LEFT :	SIDE REAR,	us -	6 2 2 12	
)	111	ELINICTIONIAL DAMA		LEFT SIDE MIDDLE				5 4 3 2 1			
	5	FUNCTIONAL DAMA									

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		Towed Due To Damage		Vehicle Remov	ed By							
		NOT TOWED		OPERATOR								
		What Driver Was Doing		Vehicle Factors	1							
		U TURN										
		Driver Prior Action Other		NOT APPLIC	ABLE							
		Driver Actions										
	щ	IMPROPER TURN										
L	VEHICLE											
5	ᇤ											
	>											
		Owner Name		Owner Add	Iross							
		TODD WOIDELA		879 N PE		СТ						
6	0	(417) 527-1500		SPRINGE	FIELD, MO	0 65802 , US						
		Sequence Of Events										
	01	Event MOTOR VEH IN TRANSP	ORT									
	02	Event										
	•	Event										
	03											
	04	Event										
_	i	Policy Holder										
		Insurance Company	INDIVIDUAL									
		PROGRESSIVE-CASUAL	TY-INS-CO	TODD WO	IDELA							
		Individual										
		DRIVER TODD WOIDELA		Citations Issued Sex								
	AL	(417) 527-1500	1 Date of Birth		MALE Race							
_	INDIVIDUAL	. ,	Date of Birtin		WHITE							
L N	≥	Address		Driver Licens	Driver License Number							
٦		879 N PEARSON CT SPRINGFIELD, MO 65802	2 116	STATE: MI	STATE: MISSOURI COUNTRY: UNITED STATES							
	_	SPRINGFIELD, MIC 03002	OTATE: WIN	OTATE: IMIOGOGIA GOGIATATI. GIATED GTATEG								
		On Dut	v Crook									
	Saf	On Duty fety Equipment	y Crasn	Safety Equip	Safety Equipment							
		Row	Seat Position	SHOULDE	R & LAP	BELT						
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Com	pliance							
		- D										
		Eye Protection		Tint Complia	Tint Compliance							
2	001	Injury S	•	Airbag								
	0	i i ii ii ii	PPARENT INJURY	NON DEPL	.OYED		I.T					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT A	ADDI ICARI E			Trapped/Extricated NOT TRAPPED					
		Medical Transport	NOT ESECTED/NOT A	EMS Agency	/ Identifier		EMS Run #					
		NOT TRANSPORTED										
		Hospital		Date of Deat	h		Time of Death					
			10.0									
		Distracted By NOT A	ted By Source APPLICABLE (NOT DIST	TRACTED)								
		Distracted By Action NOT DISTRACTED										
			APPLICABLE (NOT DIS	IRACTED)								

Crash Date **04/19/2025**Crash Time **11:16 AM**

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

			01 "		1								
		Non Motorist	Strik	ing Unit#	Location								
		Prior Action											
ĺ		Action											
	A.												
╘	2												
LIND	INDIVIDUAL												
-	ቯ												
	=												
		Action Other										To/From School	
	,	Device & Alachal	Susp	ected Alcol	nol Use		Suspected Drug Use						
	L	Orug & Alcohol	NO				NO						
		Alcohol Test Given			Alcohol Test	t Type	•			Alcohol Test	Results		
		TEST NOT GIVEN			D T T.								
		Drug Test Given TEST NOT GIVEN			Drug Test T	ype		Drug	Test Results				
	_	Drug Type											
2	001	Diag Type											
		Individual Condition											
		APPEARED NORM	ИAL										
	1	Violations											
	01	UTC Number	1ssu 001	ie To?	Statute Number 346.33(1)(f)		Description UNLAWFUL U/Y TUI	RN-UN	SAFE OR	INTERFER	E W/TRAF	FIC 1ST	
l		BM654010	001										
		t Summary Status				LV	ehicle Operating As Classi	fication		Unit Type			
		RANSIT					D CLASS			AUTOMOBILE			
		cle Type					5 02.00			Operating A		nents	
05		ORT) UTILITY VEH	ICLE										
		l Occs			# Recorded	Т	Total # Citations Issued Total Trail			ers	Total HazN	Mat Types	
	2					0	0				0		
		rance?		Direction C			Pre CrashTire Speed			it	Total Lane	S	
늘	YES			EASTBO	UND	L	☐ Mark 45				2		
5		Harmful Event: Collisi					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		cle Use	
		TOR VEH IN TRANS	SPOR	K I						Traffic Control Inoperative/Missing			
		DED HWY W/O TRA	ΔFFI	C BARRIE	:P		raffic Control O CONTROL		NO				
		ace Type		O DAINIL	.11		Road Curvature			Road Grade			
		CKTOP (BITUMING	OUS)				TRAIGHT			LEVEL			
		k Bus or HazMat								l			
	NO												
	١	Vehicle											
		License Plate Numbe	r			F	Plate Type		St	Country of Issuance			
		AWK7148				1	AUT		WI	UNITED STATES			
05	7	Vehicle Identification					Make Year			Model			
0	02	2T3BF4DVXAW07	1305	i			FOYT Body Style			RAV4			
					Color			/EI !!		Bus Use	Bus Use		
		BLK - BLACK			UT - SPORT UTILITY VEHICLE								
							JI - SPORT UTILITY	EHICI					
		Initial Contact Point 01 - RIGHT FRON	T CO	RNER		<u> </u>	JI - SPORT UTILITY	EHICI				7 8 9 10 11	

6TL0FV1GFT

25-03718

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	Щ		V	/ehicle Damage					
UNIT	VEHICLE	DISABLING DAMAGE		01 - RIGHT FRONT C FRONT	ORNER, 02 - RIG	HT SIDE			
	>			/ehicle Removed By					
		TOWED DUE TO DISABL		CRAIGS TOWING					
		What Driver Was Doing		/ehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
LIND	VEHICLE	NO CONTRIBUTING ACTION							
	VEF								
		Owner Name		Owner Address					
05	02	DARIN JOHNSON (608) 852-6760		MADISON, WI 537					
		Sequence Of Events							
		Event							
	01	MOTOR VEH IN TRANSP	ORT						
	02								
	03	Event							
	04	Event							
-		Policy Holder							
UNIT		Insurance Company		INDIVIDUAL					
ر		STATE-FARM-GENERAL-	INS-CO	DARIN JOHNSON					
	ı	Individual							
		DRIVER DARIN JOHNSON		Citations Issued					
	\ 	(608) 852-6760		0					
⊨	IDINIDUAL	(111, 111		Date of Birth	Race WHITE				
	\leq	Address		Driver License Number					
	N	6146 THORNEBURY DR MADISON, WI 53719 , US	•	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty fety Equipment	Crash	Safety Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT					
		Helmet Use	07 - EET 1	Helmet Compliance					
		Eye Protection		Tint Compliance					
	~	Injury S	averity	Airbag					
05	005	Injury _{NO AP}	PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path	IOADI E		Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death Time of Death					

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		_									
		Distracted By	Distracted B	y Source LICABLE (NOT DIST	RACTED)						
		Distracted By Action NOT DISTRACTED)								
	,	Non Motorist	Striking Unit	# Location							
		Prior Action									
		Action									
	ڀ										
⊨	NDIVIDUAL										
LNO	M										
	Z										
		Action Other						To/From School			
	,	Orug & Alcohol	Suspected A	Alcohol Use	Suspected Drug Use	l					
	_	Alcohol Test Given		Alcohol Test T			Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Test Typ	e	Drug Test Results	5				
02	002	Drug Type									
		Individual Condition									
		APPEARED NORM	1 ΔΙ								
			//AL								
		ndividual PASSENGER			Citations Issued	Sex					
	ب	MARY THOMAS (608) 512-9460			0	FEMALE	FEMALE				
_	INDIVIDUAL	(000) 512-9400			Date of Birth	Race WHITE					
	M	Address 6146 THORNEBUR	DV DD		Driver License Numb	Driver License Number					
	Z	MADISON, WI 537			STATE: WISCONS	STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Cra	ısh	Safety Equipment						
	Saf	ety Equipment	EMT/FIRS	T-RESPONDER		Calcity Equipment					
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LA	AP BELT					
		Helmet Use	•		Helmet Compliance						
		Eye Protection			Tint Compliance						
05	003	Injury	Injury Sever	RENT INJURY	Airbag NON DEPLOYED						
	Ŭ	Ejected		ction Path	NON BEFEOTEB		Trapped/Extricated				
		NOT EJECTED	NC	OT EJECTED/NOT A			NOT TRAPPED	APPED			
		Medical Transport NOT TRANSPORT	ED		EMS Agency Identifie	ei	EMS Run #				
		Hospital			Date of Death		Time of Death				
		Distracted By	Distracted B	y Source			1				

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		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
		Action					
	JAL						
LNO	INDIVIDUAL						
	INDI						
		Action Other					To/From School
	L	Drug & Alcohol No	ohol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	1	
05	003	Drug Type			•		
		Individual Condition					
		APPEARED NORMAL					