

6TL0FW8HJS

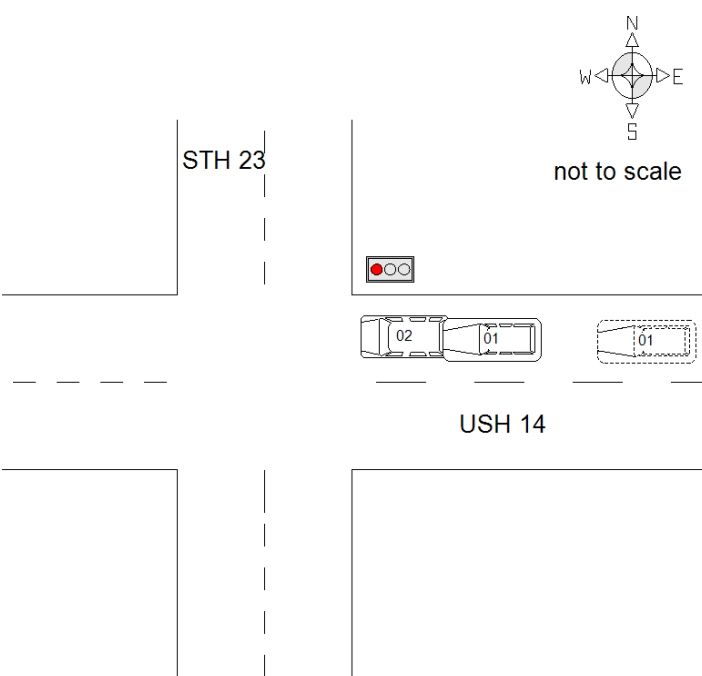
25-04156

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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 25-04156		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 05/01/2025		Crash Time 01:32 PM		Date Arrived 05/01/2025		Time Arrived 01:55 PM	
Date Notified 05/01/2025		Time Notified 01:36 PM		Total Units 02		Total Injured 01	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
	Additional Information NONE

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

ON 05/01/2025, I WAS DISPATCHED TO USH 14 AND STH 23 IN THE TOWN OF SPRING GREEN FOR A TWO VEHICLE ACCIDENT. UNIT 2 WAS STOPPED AT A RED STOP LIGHT WHEN UNIT 1 CAME FROM BEHIND STRIKING UNIT 2 THE REAR. UNIT 1 OPERATOR STATED HE JUST ENDED UP GETTING TOO CLOSE TO THE VEHICLE AND DID NOT HAVE ENOUGH TIME TO STOP. UNIT 1 OPERATOR WAS ISSUED AND EXPLAINED A CITATION FOR FAILURE TO MAINTAIN CONTROL OF VEHICLE. BOTH UNIT 1 AND UNIT 2 WERE DRIVEABLE.

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Location

ON USH14 WB 43 FT E OF PRAIRIE VIEW RD/ STH23 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189695931	Longitude -90.073697516
	X Coordinate 250232.328125	Y Coordinate 4786468
	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 DAWN	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, RAIN			
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 FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" 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 TWO-WAY, NOT DIVIDED		Traffic Control TRAFFIC SIGNAL		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 XE41428		Plate Type HTK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GCZGHFG6K1188588		Make CHEV	Year 2019	Model EXPRESS G3
	Color RED - RED		Body Style VN - VAN		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL			
01	Owner Name MICHELLE RIOS		Owner Address 29563 COUNTY HWY TB LONE ROCK, WI 53556 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL BENJAMIN PARDUHN	
UNIT INDIVIDUAL	Individual			
	DRIVER BENJAMIN PARDUHN (608) 475-0327		Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
	Address 29546 COUNTY HWY TB LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	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		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
001	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 NOT APPLICABLE (NOT DISTRACTED)			
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					
UNIT INDIVIDUAL	01	002	Individual					
			PASSENGER DANIEL HOUSNER (608) 219-0505		Citations Issued 0	Sex MALE		
					Date of Birth	Race WHITE		
			Address 29563 COUNTY HWY TB LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
			Safety Equipment		On Duty Crash			
			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	01	002	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						
01 002	Drug Type						
	Individual Condition APPEARED NORMAL						
	Violations						
	<table border="1"> <tr> <td>UTC Number BM656521</td> <td>Issue To? 001</td> <td>Statute Number 346.57(2)</td> <td>Description FAILURE TO KEEP VEHICLE UNDER CONTROL</td> </tr> </table>				UTC Number BM656521	Issue To? 001	Statute Number 346.57(2)
UTC Number BM656521	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL				

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 WESTBOUND	<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 TWO-WAY, NOT DIVIDED		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 02 VEHICLE	Vehicle			
	License Plate Number 199YYF		Plate Type AUT	St WI
	Vehicle Identification Number 5TDKBRCH0PS602641		Make TOYT	Year 2023
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE	
	Initial Contact Point 06 - REAR		Bus Use	
	Extent Of Damage MINOR DAMAGE		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER	



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name PATRICK ROMINSKI (715) 351-0993		Owner Address W2565 VIOLET LN MERRILL, WI 54452 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		INDIVIDUAL PATRICK ROMINSKI	
UNIT INDIVIDUAL	Individual			
	DRIVER PATRICK ROMINSKI (715) 351-0993		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address W2565 VIOLET LN MERRILL, WI 54452 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	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		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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location
		Prior Action			
		Action			
		Action Other			To/From School
02	003	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	INDIVIDUAL	Individual Condition APPEARED NORMAL			
		Individual			
		PASSENGER RHONDA ROMINSKI (715) 351-0992		Citations Issued 0	Sex FEMALE
		Date of Birth		Race WHITE	
02	004	Address W2565 VIOLET LN MERRILL, WI 54452 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		On Duty Crash	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
02	004	Eye Protection		Tint Compliance	
		Injury		Injury Severity POSSIBLE INJURY	
		Airbag NON DEPLOYED		Ejected NOT EJECTED	
		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
02	004	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
		Hospital		Date of Death	
		Time of Death		Distracted By Source	
		Distracted By			
02	004	Distracted By Action			
		Non Motorist		Striking Unit #	Location

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					