25-04272

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override 6TL0FW8HJT	Primary Crash D	Oocument #	Agency 25-042	Crash Number 7 2	Investigating Officer/Deputy DEPUTY A. WILCOX				
2 Z	Crash Date 05/05/2025	Crash Time 07:38 AM		Date Ar 05/05/2		Time Arrived 07:53 AM				
ñ	Date Notified	Time Notified		Total Ur	nits	Total Injured	Total	Killed		
5	05/05/2025	07:40 AM		02		00	00			
סורטיטע	On Emergency	and Run	Lane Closu	ure	Work Zone	Trailer	or Towed	Reporting Threshold		
0 1	Government Property		hool Zone	School NO	Bus Related	Tags				
	Reportable	Crash Type DT4000 (STA	NDARD CRASH)		✓ Amende	ed	Secondary Crash		
I	Description									
	CTH PF		USH 12		Not to s		Reconstrui Photos By Additional NONE			
	ON 05/05/2025, I WAS DISPATCHED CTH PF WHEN UNIT 1 OPERATOR UNIT 1 HIT THE REAR END OF UNI REPORTED. BOTH VEHICLE WERE	D TO CTH PF AND ADMITTED SHE I T 2 WHO WAS ST	USH 12 IN THE TO LOOKED AWAY FR OPPED AT THE IN	OWN OF F OM DRIV TERSECT	PRAIRIE DU SAC FOR A T ING TO WAVE AT A PERS TON WAITING TO TURN F	WO VEHICLE CF ON IN THE PARI LIGHT ONTO USI	king lot c 1 12 From	OF MID-STATE EQUIPMENT. CTH PF. NO INJURIES WERE		
ļ	FIX NARRATIVE.	DRIVEADLE, UNI	II I UFERATUR W	-0 100UE	D AND EAFLAINED A CIT			////////J.		

25-04272

WISCONSIN MOTOR VEHICLE CRASH REPORT

	cation									
	CTHPF EB				Latitude			Longitud	le	
-	FTW				43.29305817			-89.75929559		
	USH12 EB				X Coordin	ate		Y Coord	inate	
	THE TOWN OF PRAIRIE SAUK COUNTY	E DU SAC		276160.9			479705			
	SAUK COUNTY				Structure	Туре				
					NO STRUCTURE					
Cra	ish Scene									
Firs	t Harmful Event		First Harn	nful Event L	ocation					
MO	TOR VEH IN TRANSPO	ON ROA	DWAY							
	nner of Collision		Light Con	dition						
	- FRONT TO REAR	DAYLIG								
Road Surface Condition(s)						Factor(s)				
DR	Y									
Env	Environment Factor(s)									
NO	NE				NONE					
We	ather Condition(s)				1					
CL	EAR									
Aniı	mal Type				Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	sh Classification - Location									
-	IBLIC PROPERTY					NO SPECIAL JURISDICTION Access Control Special Study				
					NO CONTROL			Special Study		
With	nin Interchange Area	Junction Location		Intersectio	on Type					
YE	S	INTERSECTION		FOUR-W		RSECTIO	N			
Uni	t Summary									
Unit	Status			•	Classification Unit Type					
	TRANSIT	D CLASS				AUTOMOBILE				
	icle Type						Operating As Endorsements			
		Train/Bus # Recorded	T + 1 # 01	<i>c</i> 1	d Total Trail		ailers Total HazMat Types			
1 ota	al Occs	Train/Bus # Recorded	1 otal # Cita 1	ations Issued	d Total Irali				iviat Types	
-	Irance?	Direction Of Travel	Pre CrashTir		-		-		es	
YE		EASTBOUND	Pre	Mark		55	2			
	st Harmful Event: Collision W	/ith	Special Fur	nction		1		Emergency Motor Vehicle Use		
		RT								
	fic Way O-WAY, NOT DIVIDED	Traffic Con TRAFFIC				Traffic Control Inoperative/Missing NO				
	face Type	Road Curva				Road Grade				
	ACKTOP (BITUMINOUS	;)	STRAIGH				LEVEL			
Tru	ck Bus or HazMat		I							
NO										
	Vehicle									
	License Plate Number	Plate Type AUT		St WI Year		Country of Issuance				
	ATJ6062 Vehicle Identification Num					UNITED STATES				
2	2G1WT58K869212690	Make CHEV				Model IMPALA				
	Color	•	Body Style	e	2006		Bus Use			
	SIL - SILVER (ALUMI	NUM)	SD - SEE							
	Initial Contact Point	-					1			
	12 - FRONT									

25-04272

WISCONSIN MOTOR VEHICLE CRASH REPORT

	щ			Vehicle Damage 7 8 9 10 11							
UNIT	VEHICLE										
5	H	Extent Of Damage		00 - NO DAMAGE			6 5 4 3 2 1				
	>	NO DAMAGE Towed Due To Damage		Vahiala Romayad Ry							
		NOT TOWED		Vehicle Removed By OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		SLOW/STOPPING									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions FOLLOWING TOO CLOSE	E. FAILURE TO CONTROL	L							
–	Ľ.		-,	-							
UNIT	Ĕ										
 	VEHICLE										
	-										
		Owner Name MICHAEL BRICKL		Owner Address S8331 DENZER I	PD						
2	0	(608) 477-9506)M, WI 53951, US						
	-										
	9	Sequence Of Events									
		Event									
	0	MOTOR VEH IN TRANSPO	ORT								
	02	Event									
	03	Event									
	õ										
	04	Event									
⊢	I	Policy Holder									
UNIT		Insurance Company		INDIVIDUAL							
		RURAL-MUTUAL-INS-CO-	-(ATTN:-CLAIMS-DEPT)	CLARISSA BRICK	L						
	I	Individual									
		DRIVER CLARISSA BRICKL		Citations Issued	Sex						
	AL	OLANIOGA BRIORE		1 Date of Birth	FEMALE	Race					
╘	Ď			WHITE							
UNIT	DIVIDUAL	Address		Driver License Numbe	er						
	IND	S8331 DENZER RD NORTH FREEDOM, WI 53	054 118	STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	NORTH FREEDOM, WI 55	351,03								
		On Duty	Crash	Sofety Equipment							
	Sat	fety Equipment	orașii	Safety Equipment SHOULDER & LAP BELT							
		Row	Seat Position								
		01 - FRONT ROW	07 - LEFT								
1		Helmet Use									
		Eye Protection		Tint Ocean line of							
		Eye Protection	Protection Tint Compliance								
-	Ξ	Injury Se	everity	Airbag							
6	001	Injury _{NO AP}	PARENT INJURY	NON DEPLOYED							
		Ejected	Ejection Path			Trapped/Extricated					
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APP		-	NOT TRAPPED EMS Run #					
		NOT TRANSPORTED		EMS Agency Identifier	I	Eivið Kull #					
		Hospital		Date of Death Time of Deat							
1											

25-04272

WISCONSIN MOTOR VEHICLE CRASH REPORT

Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)														
	1	Distracted By Action		(
		OTHER ACTION (LOOKING AWAY FROM TASK ETC)												
		Non Motorist	Strik	king Unit #	Lo	ocation								
		Prior Action												
		Action												
	٩L													
F	n/													
UNIT														
	NDIVIDUAL													
	N													
		Action Other											To/From School	
		Action Other											To/From School	
	l		Sus	pected Alcol	hol Use			Suspected Drug Use	1					
	L	Drug & Alcohol	NO					NO						
	1	Alcohol Test Given Al			Icohol Test T	уре				Alcohol Test	Results			
		TEST NOT GIVEN	GIVEN											
		Drug Test Given				rug Test Typ	е		Drug	Fest Results				
3	001	Drug Туре												
	0													
		Individual Condition												
			MAL											
		Violations	1											
	01	UTC Number BM656522	Issu 001	ue To? 1	Statute 346.89	Number 9(1)		Description	RIVING					
	Uni	t Summary												
		Status					Ve	hicle Operating As Cla	assification		Unit Type			
	ΙΝ Τ	RANSIT					D CLASS				AUTOMOBILE			
02		nicle Type									Operating A	s Endorsem	ents	
0	-									-				
		otal Occs Train/Bus # Recorded				ded							l HazMat Types	
		1 Insurance? Direction Of Travel					U	0		0 Speed Lim	it	0 Total Lanes		
⊢	YES							Pre CrashTire Mark		55		2		
UNIT		Harmful Event: Collisi	on Wi				Sp	ecial Function			Emergency	Motor Vehic	le Use	
	мо	TOR VEH IN TRANS	SPOI	RT			N	O SPECIAL FUNC	ΓΙΟΝ		NOT APPLICABLE			
		ic Way						affic Control			Traffic Control Inoperative/Missing			
	TWO-WAY, NOT DIVIDED							RAFFIC SIGNAL			NO			
						ad Curvature			Road Grade					
	BLACKTOP (BITUMINOUS) STRAIGHT LEVEL Truck Bus or HazMat													
	NO													
		Vehicle												
		License Plate Numbe	r					Plate Type St			Country of Is:			
		AXA1125						AUT WI			UNITED STATES			
02	02	Vehicle Identification						Make Ye FORD 20			Model ESCAPE			
	5	1FMCU0J96FUA99788						2015	LOUAPE					

25-04272

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color	11	Body Style		Bus Use				
		ONG - ORANGE		UT - SPORT UTILITY	VEHICLE					
	ш	Initial Contact Point		Vehicle Damage						
E	CL.	06 - REAR		Ū			7 8 9 10 11			
UNIT	Ĕ	Extent Of Damage		06 - REAR			6			
	VEHICLE	MINOR DAMAGE		5 4 3						
	-	Towed Due To Damage	Ň	Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing	١	Vehicle Factors						
		STOP IN TRAFFIC								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions NO CONTRIBUTING ACTION								
⊨	VEHICLE									
UNIT	HC									
	/Eł									
		Owner Name		Owner Address						
	2	JOSEPH BALLWEG		950 13TH ST # 20						
02	02	(608) 370-4944		PRAIRIE DU SAC	, WI 53578 , US					
	ę	Sequence Of Events								
	01	Event MOTOR VEH IN TRANSPOR	RT							
	02	Event								
		Event								
	03									
	04	Event								
E	l	Policy Holder								
UNIT		Insurance Company		INDIVIDUAL	_					
-		WISCONSIN-MUTUAL-INS-	<u> </u>	JOSEPH BALLWEG						
	l	ndividual								
		DRIVER JOSEPH BALLWEG		Citations Issued	Sex					
	۹L	(608) 370-4944		0	MALE					
.	DUAL			Date of Birth		Race WHITE				
E		Address		Driver License Number						
.IZ D	INDINI	950 13TH ST # 204		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	PRAIRIE DU SAC, WI 53578	3,US							
	Sat	On Duty C fety Equipment	Crash	Safety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOOLDER & LAP	HOULDER & LAP BELT					
		Helmet Use	0. 22.1	Helmet Compliance						
		-								
		Eye Protection		Tint Compliance						
	8	Injury Sev	eritv							
6	002	1 * ·	ARENT INJURY	Airbag NON DEPLOYED						
			Ejection Path	1		Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APPI	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
	noin N	Aotor Vehicle Crash	This repor	t does not include any C.	IIS data	Crash Da	ate 05/05/2025			

25-04272

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death Time of Death					
		Distracted By	Distracted By Source	e LE (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED)							
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
	INDIVIDUAL									
	INDI									
		Action Other						To/From School		
	L	Drug & Alcohol	Suspected Alcohol I NO	Use	Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	I		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
03	002	Drug Type								
	-	Individual Condition								
			IAL							