6TL0F8QXZ9

25-04247

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/04/2025

Crash Date 05/04/2025 Date Notified			Date Arri		Investigating Officer/Deputy DEPUTY J. GREENWOOD			
	04.30 PW	Crash Time 04:30 PM Time Notified 04:35 PM		ved 025	Time Arrived 04:56 PM			
05/04/2025				its	Total Injured 00	Total Kille	Total Killed 00	
On Emergency	Hit and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School E	sus Related	Tags			
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH))		Amende	ed	Secondary Crash	
Description Diagram						Reconstruction	By	
\$						reconstruction	5,	
						Photos By DEPUTY GR	EENWOOD	
	/ill Road					Additional Infor	mation	
01	h							
		Not to scale						
✓ I, a sworn law enfo	rcement officer, agre	e that I have not	t added	any CJIS data in th	is report.			

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L	.oc	ation ——									
ŀ	ON	MILL RD				Latitude			Longitud	de	
		TW				43.281035838			-90.006	-90.006071684	
		RANCH RD HE TOWN OF FRANK	ZI IN	X Coordin	ate		Y Coord	linate			
		AUK COUNTY	XLIIV	256092.828125		479641	4796413				
						Structure Type NO STRUCTURE					
(:ra	sh Scene									
_	-	Harmful Event				First Harm	ıful Event L	ocation			
	DOMESTICATED ANIMAL - ALIVE						DWAY	oodion			
		ner of Collision		Light Cond							
	00 -	NO COLLISION W/VE	EHICLE IN TRANSPORT		DAYLIGI						
F	Road	d Surface Condition(s)				Roadway	Factor(s)				
	DRY	•									
F	Envir	ronment Factor(s)									
	NON	NE				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLE	AR									
ŀ	Anim	nal Type				Relation T	o Trafficwa	ıy			
L						TRAFFIC	WAY - O	N ROAD			
		h Classification - Locatior BLIC PROPERTY	ו			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Triba	l Land			Access Control NO CONTROL				Special Study		
ŀ	Withi	ithin Interchange Area Junction Location Inter			Intersection	ection Type					
	NO NON-JUNCTION				NOT AN INTERSECTION						
ī	Jnit	t Summary \blacksquare									
		Status		Vehicle Ope	erating As C	Classification Unit Type					
	IN T	N TRANSIT D CLASS				AUTOMOBILE					
- 1		cle Type					Operating As Endorsements				
		SENGER VAN									
	Total 2	l Occs	Train/Bus # Recorded	Total # Citations Issue		ed Total Tra		Total HazMat Types 0		:Mat Types	
L		rance?	Direction Of Travel	Pre CrashTii		0 11:				es	
	YES		EASTBOUND		Mark	iasiiiie			2		
-	Most	Harmful Event: Collision	With		Special Function			Emergency Motor Vehicle Use			
		MESTICATED ANIMAI	L - ALIVE	NO SPEC	IAL FUNC	CTION		NOT APPLICABLE			
		ic Way	Traffic Cont			Traffic Control Inoperative/Missing		tive/Missing			
		D-WAY, NOT DIVIDED ace Type)		NO CONTROL Road Curvature			NO Road Grade			
		CKTOP (BITUMINOU	IS)	STRAIGH				LEVEL			
		k Bus or HazMat	,	TINAIGH	•			LLVLL			
	NO										
	1	Vehicle									
		License Plate Number		Plate Type		St	Country of Issuance				
		AZR7423	AUT			WI Year	UNITED STATES Model				
	7	Vehicle Identification Nu 2C4RC1FG5LR2003	CHRY	Make		2020	PACIFICA				
)	Color		Body Style			Bus Use				
		SIL - SILVER (ALUM		VN - VAN							
	щ	Initial Contact Point		Vehicle Da	Vehicle Damage			I		7 0 0 10 11	
: 1	CL	12 - FRONT						7 8 9 10 11 6 3 12			
	/EHICL	Extent Of Damage MINOR DAMAGE		01 - RIG	HT FRON	CORNER	R, 12 - FR	ONT		5 4 3 2 1	

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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED What Driver Was Doing		OPERATOR Valida Factors						
		GOING STRAIGHT		Vehicle Factors						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
_	Щ	NO CONTRIBUTING ACTION	ON							
UNIT	IC									
5	VEHICLE									
	>									
		Owner Name		Owner Address						
_	7	JOSHUA CHROSTOWSKI		S10065 MARKLE						
0	01			PLAIN, WI 53577	, 05					
		Sequence Of Events Event								
	01	DOMESTICATED ANIMAL	- ALIVE							
	02	Event								
	03	Event								
		Event								
	04									
╘	l	Policy Holder								
LIND		Insurance Company HARTLAND		INDIVIDUAL JOSHUA CHROSTOWSKI						
		Individual								
		DRIVER		Citations Issued Sex						
		JOSHUA CHROSTOWSKI		0	MALE					
	INDIVIDUAL			Date of Birth	Race					
LINO	/ID									
5	DI	Address S10065 MARKLEIN RD		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	PLAIN, WI 53577 , US								
	Sat	On Duty (Crash	Safety Equipment						
	Sai			OUGUI DED 6 I AD	DEL T					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELI					
		Helmet Use	07 - 221 1	Helmet Compliance						
		Eye Protection		Tint Compliance						
_	Ξ	Injury Sev	verity	Airbag						
6	00	Injury NO APPARENT INJURY		NON DEPLOYED						
			Ejection Path	LICARIE		Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APP	EMS Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORTED		Livio Agency Identifier		LIVIS RUII #				
		Hospital		Date of Death Time of Death						
		Distrector	d By Source							
		Distracted By NOT AP	PLICABLE (NOT DISTRA	ACTED)						
		Distracted By Action NOT DISTRACTED								

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		_								
		Non Motorist	Striking Un	it#	Location					
		Prior Action								
		Action								
		Action								
	AL									
╘	INDIVIDUAL									
L	Ξ									
	ND									
		Action Other							To/From School	
		, louidir Guilei							Toyl Tolli Gollool	
		Drug & Alcohol	Suspected	Alcohol U	se	Suspected Drug Use			1	
	L	Alcohol Test Given	NO		Alcohol Toot Tuno			Alcohol Test Results		
		TEST NOT GIVEN			Alcohol Test Type	•		Alconol Test Results		
		Drug Test Given			Drug Test Type		Drug Test Results	<u> </u> 		
		TEST NOT GIVEN								
2	001	Drug Type								
		Individual Condition								
		APPEARED NORM	MAL							
		I Individual								
		PASSENGER				Citations Issued	Sex			
	Ļ	KAYLA SHULTIS			0	FEMALE				
_	INDIVIDUAL					Date of Birth	Race WHITE			
L N N	M	Address				Driver License Numb	er			
_	N	S10065 MARKLEIN RD PLAIN, WI 53577 ,US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	fety Equipment	On Duty Cr	rash		Safety Equipment				
	Sai			Io . 10	101	SHOULDER & LA	D DEI T			
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LA	F DELI			
		Helmet Use		I		Helmet Compliance				
		Eye Protection			Tint Compliance					
10	005	I	Injury Severity			Airbag				
	0	NO APPARENT INJUI								
		NOT EJECTED			TED/NOT APPL	LICABLE		NOT TRAPPED		
		Medical Transport				EMS Agency Identifie	er	EMS Run #		
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death		
						Said of Bodai		S. Bodai		
		Distracted By	Distracted	By Source		•		•		
		Distracted By Action								
		2, 10.011								
		Non Motorist	Striking Un	it#	Location					
1										

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Crash Date 05/04/2025

		Prior Action					
İ		Action					
	¥						
LNO	ੂ						
5	INDIVIDUAL						
		A 1: OII					T- /- 0 - 1
		Action Other					To/From School
		Suspect	ed Alcohol Use	Suspected Drug Use			
		Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	;	
	~	Drug Type					
9	002	Drug Type					
		Individual Condition					
		APPEARED NORMAL					