

6TL0FJ55JX
25-04715

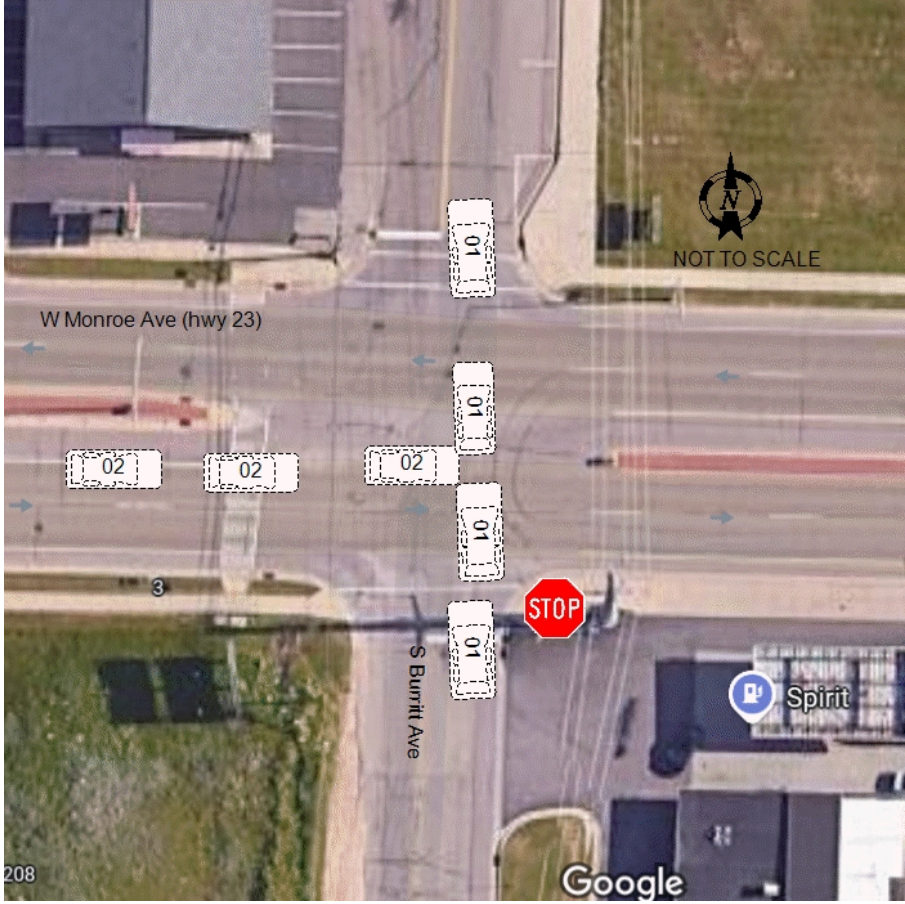
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-04715		Investigating Officer/Deputy SERGEANT M. TATE	
Crash Date 05/16/2025		Crash Time 06:55 PM		Date Arrived 05/16/2025		Time Arrived 06:58 PM	
Date Notified 05/16/2025		Time Notified 06:58 PM		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
	Photos By SGT TATE
	Additional Information PHOTOS

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

UNIT 1 WAS AT THE STOP SIGN ON S BURRITT AVE, FACING NORTH. UNIT 2 WAS EASTBOUND ON W MONROE AVE IN THE LEFT LANE. UNIT 1 ATTEMPTED TO CROSS W MONROE AVE TO CONTINUE ON N BURRITT AVE. UNIT 1 PULLED OUT IN FRONT OF UNIT 2. UNIT 2 ATTEMPTED TO AVOID THE CRASH BUT WAS UNSUCCESSFUL. UNIT 2 STRUCK THE REAR BUMPER OF UNIT 1. UNIT 1'S REAR BUMPER WAS TORN OFF. UNIT 2 HAD MINOR FRONT BUMPER DAMAGE. UNIT 1 OPERATOR WAS CITED.

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Location

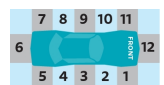
INTERSECTION ON STH23 EB AT STH23 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.589161435	Longitude -89.797578734
	X Coordinate 274160.15625	Y Coordinate 4830046.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition 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 PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR				Operating As Endorsements		
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 4		
	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 STOP SIGN		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number TDH9308		Plate Type AUT	St VA	Country of Issuance UNITED STATES	
Vehicle Identification Number 3N1AB8CV9SY302418		Make NISS	Year 2025	Model SENTRA			
Color BLU - BLUE		Body Style 4D - 4DR		Bus Use			
Initial Contact Point 08 - LEFT SIDE REAR		05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER					
Extent Of Damage FUNCTIONAL DAMAGE							



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY				
01	01	Owner Name EAN HOLDINGS LLC		Owner Address 14002 E 21ST ST STE 1500 TULSA, OK 74134 1424, US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company AMERICAN EXPRESS		ORGANIZATION/COMPANY EAN HOLDINGS LLC		
01	001	DRIVER SARAH ICKEN (608) 320-2024		Citations Issued 1	Sex FEMALE	
		Address 826 HIBBARD ST COLUMBUS, WI 53925 , US		Date of Birth	Race WHITE	
01	001	On Duty Crash		Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
01	001	Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
01	001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
01	001	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED				

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UNIT 01	INDIVIDUAL	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 01	INDIVIDUAL	Individual			
		PASSENGER ROSEMARY ICKEN (608) 320-2024		Citations Issued 0	Sex FEMALE
		Date of Birth		Race WHITE	
		Address 826 HIBBARD ST COLUMBUS, WI 53925 , US		Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment	
		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 01	INDIVIDUAL	Non Motorist	Striking Unit #	Location	

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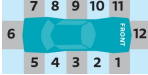
UNIT INDIVIDUAL	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	UNIT INDIVIDUAL	PASSENGER GAVIN COWELL (608) 320-2024		Citations Issued 0	Sex MALE
Address 826 HIBBARD ST COLUMBUS, WI 53925 , US		Date of Birth	Race WHITE		
Driver License Number					
Safety Equipment		On Duty Crash			
Row 02 - SECOND 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	
UNIT INDIVIDUAL	Distracted By				
	Distracted By Source				
	Distracted By Action				
UNIT INDIVIDUAL	Non Motorist				
	Striking Unit #		Location		
Prior Action					

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UNIT	INDIVIDUAL	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					
		UTC Number BL507114		Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	
		Unit Summary					
UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR			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 CrashTire Mark	Speed Limit 45	Total Lanes 4	
		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					
		Vehicle					
		UNIT	02	License Plate Number ATR5225		Plate Type AUT	St WI
Vehicle Identification Number JH4DC53014S013057				Make ACUR	Year 2004	Model RSX	
Color BLU - BLUE				Body Style HB - HATCHBACK		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		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
02	02	Owner Name ONG XIONG		Owner Address 3516 WILDWOOD LN WAUSAU, WI 54401 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL MINJAE VANG		
UNIT	INDIVIDUAL	DRIVER MINJAE VANG (715) 679-4115		Citations Issued 0	Sex MALE	
		Address 3516 WILDWOOD LN WAUSAU, WI 54401 , US		Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA	
02	004	On Duty Crash		Safety Equipment		
		Safety Equipment		SHOULDER & LAP BELT		
02	004	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use		
		Helmet Compliance		Eye Protection		
02	004	Injury NO APPARENT 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	EMS Run #	
		Hospital		Date of Death	Time of Death	
02	004	Distracted By NOT APPLICABLE (NOT DISTRACTED)		Distracted By Source		
		Distracted By Action NOT DISTRACTED		Distracted By Source		

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UNIT 02	INDIVIDUAL 004	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 02	INDIVIDUAL 005	Individual				
		PASSENGER BRAELYN RUDOLPH		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
		Address 227859 SNOWBIRD AVE WAUSAU, WI 54401 , US		Driver License Number		
		On Duty Crash				
		Safety Equipment				
		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						
Non Motorist						
Striking Unit #		Location				

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date 05/16/2025
Crash Time 06:55 PM

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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			
		Drug Type			
02	005	Individual Condition APPEARED NORMAL			