

6TL0F3SSJ1


25-04706

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 25-04706		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 05/16/2025		Crash Time 05:11 PM		Date Arrived 05/16/2025		Time Arrived 05:12 PM	
Date Notified 05/16/2025		Time Notified 05:12 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
	Additional Information NONE

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

WHILE ON FOOT PATROL FOR THE AUTOMOTION DETAIL IN LAKE DELTON, I OBSERVED U1, A GREEN SEDAN, HIT THE BACK BUMPER OF U2, A BLUE SEDAN. THE VEHICLES WERE DIRECTED TO PULL INTO A NEARBY PARKING LOT. OPERATOR OF U1 ADMITTED TO STRIKING U2 DUE TO THE CONGESTED TRAFFIC DURING THE AUTOMOTION EVENT. OPERATOR OF U1 STATED HE DID NOT HAVE INSURANCE FOR THE VEHICLE. OPERATOR WAS ADVISED HE WOULD BE RECEIVING A CITATION IN THE MAIL DUE TO BEING BUSY WITH THE DETAIL. OPERATOR WAS ID'D BY WI DL CHRISTOPHER LORTIE. OPERATOR OF U1 STATED HE WAS NOT INJURED AND DENIED NEEDING A TOW. OPERATOR OF U2 STATED HE WAS STOPPED DUE TO TRAFFIC CONGESTION AND WAS STRUCK BY U1. OPERATOR OF U2 STATED HE WAS NOT INJURED AND DID NOT NEED A TOW. OPERATOR OF U2 STATED HIS BACK UP CAMERA SYSTEM WAS NOW NO LONGER WORKING ALONG WITH THE PARKING SENSORS. BOTH OPERATORS WERE RELEASED FROM THE SCENE. A CITATION FOR OPERATING MOTOR VEHICLE WITHOUT INSURANCE WAS COMPLETED ON 5-19-25 AND MAILED OUT FOR CHRISTOPHER.

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Location

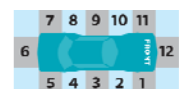
ON USH12 EB 718 FT N OF PILGRIM DR IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.606173892	Longitude -89.791454206
	X Coordinate 274718.125	Y Coordinate 4831919.5
	Structure Type NO STRUCTURE	

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		BACKUP DUE TO PRIOR NON-RECURRING INCIDENT	
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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN 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 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number BAE9960		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number WBAHD6317NBj69570		Make BMW	Year 1992	Model 525			
Color GRN - GREEN		Body Style SD - SEDAN		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 GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name CHRISTOPHER LORTIE (608) 412-4889		Owner Address 419 N BEAUMONT RD PRAIRIE DU CHIEN, WI 53821 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	DRIVER CHRISTOPHER LORTIE (608) 412-4889		Citations Issued 1	Sex MALE
	Address 419 N BEAUMONT RD PRAIRIE DU CHIEN, WI 53821 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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				
Non Motorist		Striking Unit #	Location	

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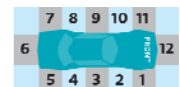
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	01	001	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition APPEARED NORMAL		
	01	Violations			
		UTC Number BK261594	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE

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 3	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 35	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				

UNIT	02	Vehicle			
		License Plate Number AMZ7106	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number VWWLF7AU3FW309456	Make VOLK	Year 2015	Model GOLF R
		Color BLU - BLUE	Body Style HB - HATCHBACK		Bus Use
		Initial Contact Point 06 - REAR	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	06 - REAR		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name DYLAN KILMARTIN (920) 285-7803		Owner Address 1199 N 4TH ST WATERTOWN, WI 53098 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Event			
	Event			
	Event			
	Event			
03	Event			
	Event			
	Event			
	Event			
04	Event			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		INDIVIDUAL DYLAN KILMARTIN	
	Individual			
	DRIVER DYLAN KILMARTIN (920) 285-7803		Citations Issued 0	Sex MALE
01	Date of Birth		Race WHITE	
	Address 1199 N 4TH ST WATERTOWN, WI 53098 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	On Duty Crash		Safety Equipment	
	SHOULDER & LAP BELT			
02	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
002	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 NOT APPLICABLE (NOT DISTRACTED)			
002	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	002	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					
		PASSENGER GABRIELLA EDSON (920) 728-7259			Citations Issued 0	Sex FEMALE	
					Date of Birth	Race WHITE	
		Address 1199 N. 4TH #15 WATERTOWN, WI 53098 , US			Driver License Number		
		02	003	Safety Equipment		On Duty Crash EMT/FIRST-RESPONDER	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
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							
02	003	Non Motorist		Striking Unit #	Location		

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		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				
		Individual Condition APPEARED NORMAL				
		Individual				
		PASSENGER KEEGAN RAASCH (920) 210-7886		Citations Issued 0	Sex MALE	
				Date of Birth	Race WHITE	
		Address 631 N. FAIRFIELD AVE JUNEAU, WI 53039 , US		Driver License Number		
		02	004	Safety Equipment		On Duty Crash
Row 02 - SECOND 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						
Distracted By Action						
02	004	Non Motorist		Striking Unit #	Location	
		Prior Action				

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			