

6TL0D5DZ3K  
25-04707

# 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 <b>25-04707</b>		Investigating Officer/Deputy <b>DEPUTY J. HUNTER</b>	
Crash Date <b>05/16/2025</b>		Crash Time <b>05:11 PM</b>		Date Arrived <b>05/16/2025</b>		Time Arrived <b>05:17 PM</b>	
Date Notified <b>05/16/2025</b>		Time Notified <b>05:11 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

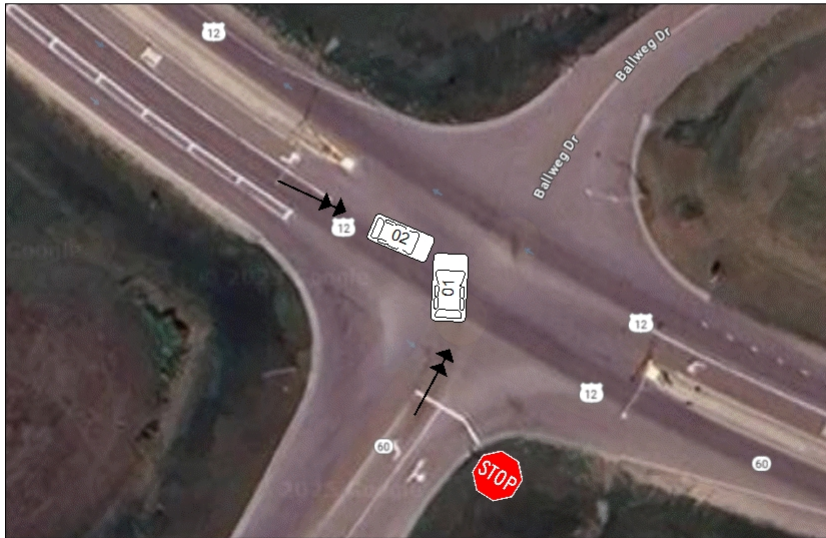
## Description

Diagram



not to scale

US HY 12 at ST HY 60



Reconstruction By

Photos By  
**DEPUTY HUNTER**

Additional Information  
**PHOTOS**

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

UNIT 2 WAS TRAVELING E/B ON US HY 12 TOWARD SAUK CITY. UNIT 1 HAD BEEN E/B ON HY 60 AND WAS ATTEMPTING TO TURN ONTO HY 12 TO TRAVEL W/B TOWARD BARABOO. UNIT 1 STOPPED AT THE STOP SIGN ON HY 60 AND WAITED FOR TRAFFIC TO CLEAR. UNIT 1 BELIEVED IT WAS SAFE TO ENTER THE HY AND BEGAN TO TURN LEFT ONTO HY 12 W/B. UNIT 2 WAS REMAINING ON HY 12, THE THROUGH HY, AND STRUCK UNIT 1 AS IT WAS CROSSING THE E/B LANES. OPERATOR OF UNIT 2 SAID HE ATTEMPTED TO HIT HIS BRAKES AND SWERVE OUT OF THE WAY, BUT WAS NOT ABLE TO AVOID A COLLISION. OPERATOR OF UNIT 1 STATED HE NEVER SAW UNIT 2 COMING TOWARD HIM UNTIL THE MOMENTS BEFORE THE CRASH.

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Location

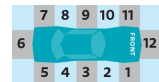
INTERSECTION ON USH12 EB AT STH60 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.271431345</b>	Longitude <b>-89.756437039</b>
	X Coordinate <b>276313.53125</b>	Y Coordinate <b>4794647</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements		
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					
	UNIT 01 VEHICLE 01	<b>Vehicle</b>				
		License Plate Number <b>AYF9490</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>2G1WB5E33C1184744</b>		Make <b>CHEV</b>	Year <b>2012</b>	Model <b>IMPALA</b>		
Color <b>DBL - BLUE, DARK</b>		Body Style <b>SD - SEDAN</b>		Bus Use		
Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>				
Extent Of Damage <b>DISABLING DAMAGE</b>						



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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
		What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	01	Owner Name <b>BRETT STEINE</b> (608) 370-1641		Owner Address <b>7290 LOPER RD</b> <b>SAUK CITY, WI 53583 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		INDIVIDUAL <b>BRETT STEINE</b>	
UNIT	INDIVIDUAL	<b>Individual</b>			
		DRIVER <b>BRETT STEINE</b> (608) 370-1641		Citations Issued <b>1</b>	Sex <b>MALE</b>
		Address <b>7290 LOPER RD</b> <b>SAUK CITY, WI 53583 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
01	001	<b>Safety Equipment</b>		On Duty Crash	
		Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
		Helmet Use		Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
		Eye Protection		Helmet Compliance	
Injury		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
Distracted By Action <b>UNKNOWN</b>					

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UNIT 01	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT 01	INDIVIDUAL	<b>Individual</b>					
		PASSENGER <b>WYATT FROSC</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
		Date of Birth		Race <b>WHITE</b>			
		Address <b>7129 DORF VIEW CT SAUK CITY, WI 53583 , US</b>		Driver License Number			
		On Duty Crash		Safety Equipment			
		Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
<b>Distracted By</b>		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		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 **05:11 PM**

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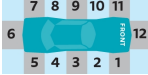
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		PASSENGER <b>LOGAN SORG</b> (608) 644-6093		Citations Issued <b>0</b>	Sex <b>MALE</b>
Address <b>54 9TH ST # 3</b> <b>PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth	Race <b>WHITE</b>		
UNIT	INDIVIDUAL	Driver License Number			
		<b>Safety Equipment</b>			
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
		<b>Distracted By</b>		Distracted By Source	
Distracted By Action					
UNIT	INDIVIDUAL	<b>Non Motorist</b>		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								
UNIT	02	UTC Number BG110367		Issue To? 001		Statute Number 346.18(3)		Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN		
		Unit Summary								
		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 0		Total Trailers 0		
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit 55		
		Total HazMat Types 0								
		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 CURVE LEFT			Road Grade LEVEL		
Truck Bus or HazMat NO										
UNIT	VEHICLE	Vehicle								
		License Plate Number T980JT		Plate Type AUT		St UT		Country of Issuance UNITED STATES		
		Vehicle Identification Number 1N4BL4DV2PN376215		Make NISS		Year 2023		Model ALTIMA		
		Color GRY - GRAY		Body Style 4D - 4DR		Bus Use				
		Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Extent Of Damage DISABLING DAMAGE								

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	02	Owner Name <b>EAN HOLDINGS</b>		Owner Address <b>7144 S STATE ST MIDVALE, UT 84047 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event <b>DITCH</b>			
		Event			
		Event			
UNIT	02	<b>Policy Holder</b>			
		Insurance Company <b>ENTERPRISE-RENT-A-CAR-CO-&amp;EAN-TRUST-(W</b>		INDIVIDUAL <b>EAN HOLDINGS LLC</b>	
		<b>Individual</b>			
		DRIVER <b>JEROME WARREN</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT	02	Date of Birth		Race <b>WHITE</b>	
		Address <b>546 COUNTY ROAD A OXFORD, WI 53952 , US</b>		Driver License Number	
		On Duty Crash		Safety Equipment	
		<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>	
02	002	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use	
		Helmet Compliance			
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>
02	002	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
		<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>	
02	002	Distracted By Action <b>UNKNOWN</b>			

Wisconsin Motor Vehicle Crash  
Form DT4000

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Crash Time **05:11 PM**

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UNIT	Non Motorist		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
INDIVIDUAL	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			