25-04627

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document # Agency Crash Number Investigating Officer/Deputy 25-04627 DEPUTY J. MACASKILL							
3L	Crash Date 05/14/2025	Crash Time 12:34 PM		Date Arri 05/14/2		Time Arrived 12:37 PM	Time Arrived 12:37 PM		
С М	Date Notified	Time Notified		Total Uni	its	Total Injured	Total Injured Total Killed		
ð	05/14/2025	12:35 PM		02		00	00	Departing	
Щ О	On Emergency	and Run	Lane Closu		Work Zone		or Towed	Reporting Threshold	
6TL0FQBC3L	Government Property	Active Sch	nool Zone	School B NO	sus Related	Tags			
	Reportable	Crash Type DT4000 (STAN	NDARD CRASH	1)		Amende	ed	Secondary Crash	
	Description								
	Diagram						Reconstruction	ו By	
	A. 1. 2	. 0-1	1-1	2	C.	X	Photos By		
				1			Additional Info NONE	rmation	
			est Pine St		Linn St				
			Mes	Jes J					
					5277				
		136							
			Not D)rawn t	o Scale				
	✓ I, a sworn law enforceme	nt officer, agre	e that I have no	ot added	any CJIS data in th	is report.			
	ON 5/14/25 AT APPROXIMATELY 12 ONTO LINN ST. AS UNIT 2 WAS TU								
	UNIT 2 WAS STOPPING TO ALLOW STATED THEY BELIEVED UNIT 2 V	/ THE OTHER VEH	ICLE TO GO BY, L	UNIT 1 WAS	S BEHIND UNIT 2 AND S	STRUCK THE REA	R OF UNIT 2. C		

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L	oc	ation								
		STH136 EB				Latitude			Longitu	de
-		TS				43.47454	43621		-89.768752991	
-		STH33 EB				X Coordin	ate		Y Coord	dinate
	IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY						276063.25 481			38.5
					Structure Type NO STRUCT					
						NOSIK	OCTORE			
-	-	sh Scene				First Harn	ful Event I	apption		
		OR VEH IN TRANSP	ORT				nful Event L	ocation		
		ner of Collision				Light Con				
0	3 -	FRONT TO REAR				DAYLIG				
R	Road Surface Condition(s)					Roadway	Factor(s)			
D	RY	,								
E	nvir	onment Factor(s)				-				
N		IE				NONE				
V	Veat	ther Condition(s)								
		AR								
A	nim	al Type				Relation T	o Trafficwa	IV		
					Relation To Trafficway TRAFFICWAY - ON ROAD					
С	ras	h Classification - Locatior	1			Crash Cla	ssification -	Jurisdiction		
	-							ISDICTION		
1	riba	I Land				Access Contract NO CON				Special Study
V	Vithi	n Interchange Area	Junction Location		Intersection	on Type				
Ν	0		INTERSECTION		FOUR-W	AY INTER	RSECTIO	N		
		: Summary 💻								
-		Status		Vehicle Ope		lassificatior	I	Unit Type		
		RANSIT cle Type		D CLASS		AUTOMOBILE Operating As Endorsements				
							Operating /	AS ENGOISE	inents	
	-	Occs	Train/Bus # Recorded	Total # Cita	tions Issued	1	Total Trai	lers	Total Haz	zMat Types
1				0			0		0	
		ance?	Direction Of Travel	Pre	CrashTire)	Speed Lir	nit	Total Lar	ies
	ΈS		EASTBOUND		25		2			
		Harmful Event: Collision			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		COR VEH IN TRANSP	Traffic Cont							
		DED HWY MEDIAN W		TRAFFIC SIGNAL			Traffic Control Inoperative/Missing NO			
		ісе Туре		Road Curva			Road Grade			
		CKTOP (BITUMINOU	IS)	CURVE R	IGHT			LEVEL		
	rucl IO	Bus or HazMat								
-	١	/ehicle								
		License Plate Number		Plate Type)		St	Country of Is		
		ATD7059 Vehicle Identification Number		AUT Make			WI	UNITED STATES		
-	_						Year Model			
5	1FA6P0H72E5388596		FORD		2014		FUSION			
	Color BLU - BLUE			Body Style SD - SED				Bus Use		
U	Ц	Initial Contact Point		Vehicle Da						
ī	5	12 - FRONT			•					7 8 9 10 11
	Extent Of Damage		U1 - RIGI	HI FRON	T CORNER, 11 - LEI		FIFRONT	I	6 12	
	5	MINOR DAMAGE			R, 12 - FR					54321

25-04627

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100 0 Owner Name PAUL FULLER PAUL FULER BIT 4TH ST BARABOO, WI 53913 , US 20 0 210 2 20 0 20 <t< th=""><th></th><th></th><th>Driver Actions</th><th></th><th></th><th></th><th></th><th></th></t<>			Driver Actions						
5 5 5 0 more Name PAUL FULLER (68) 477-9053 0 more Address \$11 4TH ST BARABOO, WI 53913 , US 5<		ш	FOLLOWING TOO CLOSE,	OPERATED MOTOR V	EHICLE IN INATTENT	IVE, CARELESS (OR ERRATIC MANNER		
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5 5 FAUL FULLER (60) 477-9053 511 4TH ST BARABOO, WI 53913 , US Sequence Of Events WOTOR VEH IN TRANSPORT Event Event Event Event Event Event INDIVIDUAL Policy Holder INDIVIDUAL Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO PAUL FULLER Policy Holder INDIVIDUAL Policy Huller INDIVIDUAL Policy Huller Other Clations Issued Date of Birth Reace WitTE NALE Date of Birth Reace WitTE NUL FULLER Policy Huller Other Clations Issued Date of Birth Reace WitTE State: WisConsin Country: UNITED STATES Safety Equipment On Duty Creath BarABOO, WI 53913 , US State: WisConsin Country: UNITED STATES Sofety Equipment On Duty Creath BarABOO, WI 53913 , US State: WisConsin Country: UNITED STATES Sofety Equipment On Duty Creath BarABOO, WI 53913 , US State: WisConsin Country: UNITED STATES Sofety Equipment On Duty Creath BarABOO, WI 53913 , US State: WisConsin Country: UNITED STATES Sofety Equipment On Duty Creath BarABOO, WI 53913 , US		-							
5 5 (608) 477-9953 BARABOO, WI 53913 , US Sequence Of Events Event INDIVIDUAL Policy Holder Individual Policy Holder Individual Policy Holder Individual Policy Holder Individual On Policy Colspan="2">Individual On Policy Colspan="2">Individual On Policy Colspan="2">Individual On Duty Creath Safety Equipment Row On Duty Creath									
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TON Event Event Event Insurance Company INDIVIDUAL Insurance Company INDIVIDUAL PAIL FULLER PAUL FULLER Individual Citations issued DRIVER MALE POINT Citations issued Address Still FULFUL Still ATH ST BARABOO, WI 53913 , US Statety Equipment On Duty Crash Row Statety Equipment Meller Helmet Use Eye Protection Thit Compliance Eye Row Barlow AppAgenet Injury Non DEPLOYED Distracted By Source NOT TRAPPED Mot applicAble (NOT DISTRACTED) Distracted By Source Distracted By Actio Distracted By Source		02	Event						
Image: Second			Event						
Image: Comparing State of the state of		03	Event						
Policy Holder INDIVIDUAL Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO INDIVIDUAL PAUL FULLER Individual Citations Issued 0 DRIVER PAUL FULLER PAUL FULLER (608) 477-9053 Address 511 4TH ST BARABOO, WI 53913 , US Citations Issued 0 Address 511 4TH ST BARABOO, WI 53913 , US Driver License Number Safety Equipment On Duty Crash Safety Equipment Seat Position 0 T - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Injury No APPARENT INJURY NO APPARENT INJURY NON DEPLOYED Elected Election Path NOT EJECTED Election Path NOT EJECTED Medical Transport NOT TRANSPORTED EMS Agency Identifier Hospital Date of Death Time of Death Distracted By Notroe Distracted By Source Date of Death Time of Death		4	Event						
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Individual Citations Issued Sex PAUL FULLER O MALE (608) 477-9053 Date of Birth Race Address Driver License Number WHITE Address S11 ATH ST BARABOO, WI 53913 , US Driver License Number Safety Equipment On Duty Crash Safety Equipment Safety Equipment Row Or - LEFT Helmet Compliance Helmet Compliance Eye Protection Tint Compliance Tint Compliance Eye Protection Ejected NON DEPLOYED Modical Transport NOT EJECTED INOT APPLICABLE NOT TRAPPED Modical Transport EMS Agency Identifier EMS Run # MOT TRAPPED Date of Death Time of Death Distracted By Action Distracted By Source Distracted By Source NOT APPLICABLE (NOT DISTRACTED) Distracted By Action Distracted By Action	F	l	-						
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Safety Equipment On Duty Crash Safety Equipment Row Seat Position SHOULDER & LAP BELT 01 - FRONT ROW 07 - LEFT Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Ejected NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier Mot TRANSPORTED EMS Agency Identifier Hospital Date of Death Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)					STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment Seat Position SHOULDER & LAP BELT Row 01 - FRONT ROW 07 - LEFT Helmet Use Helmet Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier Hospital Date of Death Time of Death Distracted By Distracted By Action		-	BARABOO, WI 55515 , 05						
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5 5 Injury Injury Injury NO APPARENT INJURY Airbag NON DEPLOYED Injury Sector Injury NO APPARENT INJURY Ejected Ejection Path NON DEPLOYED Medical Transport NOT EJECTED NOT EJECTED Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED Date of Death Time of Death Hospital Distracted By Source NOT APPLICABLE (NOT DISTRACTED) Distracted By Action Distracted By Action		Saf	fety Equipment	14511					
5 5 Injury Injury Injury NO APPARENT INJURY Airbag NON DEPLOYED Injury Sector Injury NO APPARENT INJURY Ejected Ejection Path NON DEPLOYED Medical Transport NOT EJECTED NOT EJECTED Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED Date of Death Time of Death Hospital Distracted By Source NOT APPLICABLE (NOT DISTRACTED) Distracted By Action Distracted By Action		1	Row	Seat Position	SHOULDER & LA	PBELT			
5 5 Injury Injury Airbag NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED Date of Death Time of Death Hospital Distracted By Source NOT APPLICABLE (NOT DISTRACTED) Distracted By Action Distracted By Action									
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5 Injury Injury Noir Severity Airbag NO APPARENT INJURY NON DEPLOYED Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run # NOT TRANSPORTED Date of Death Time of Death Hospital Date of Death Time of Death			Eve Protection		Tint Compliance				
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NOT DISTRACTED			Distracted By Action	•	-				
			NOT DISTRACTED						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	king Unit #	Location					
		Prior Action							
UNIT	INDIVIDUAL	Action							
		Action Other						To/From School	
		Drug & Alcohol NO	pected Alcohol L	Jse	Suspected Drug Use				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	s		
2	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
<u> </u>		t Summary			ehicle Operating As Classi	fication	Lind True -		
					CLASS	lication	Unit Type AUTOMOBILE		
02	Vehi	icle Type SSENGER CAR		1-			Operating As Endorse	ements	
		Total Occs Train/Bus # Recorded		corded To	Total # Citations Issued Total Tr 0 0		ilers Total Ha	zMat Types	
┝		Insurance? Direction Of Travel YES EASTBOUND			Pre CrashTire Mark	Speed Lir 25	mit Total La 2	nes	
UNIT	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				pecial Function	N	Emergency Motor Ve NOT APPLICABLI	E	
	тwo	Traffic Way TWO-WAY, NOT DIVIDED			raffic Control RAFFIC SIGNAL		Traffic Control Inoperative/Missing NO Read Conductor		
		ace Type ACKTOP (BITUMINOUS)	1		oad Curvature URVE RIGHT		Road Grade		
		k Bus or HazMat	,						
		Vehicle							
		License Plate Number		F	Plate Type	St	Country of Issuance		
		R0AMER2				WI	UNITED STATES		
02	02	Vehicle Identification Number 3GNAXSEV9MS164336			Make Yea CHEV 202		Model EQUINOX		
		Color					Bus Use		
		WHI - WHITE				EHICLE			
┝	Ë	Initial Contact Point 06 - REAR		N N	/ehicle Damage			7 8 9 10 11	
UNIT	VEHICLE	Extent Of Damage			05 - RIGHT REAR COF REAR CORNER	RNER, 06 - REA	NR, 07 - LEFT	6 5 4 3 2 1	
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doing		Veł	nicle Factors				
		RIGHT TURN Driver Prior Action Other		NO	NOT APPLICABLE				
		Driver Actions NO CONTRIBUTING ACTION							
Ι.	Щ								
UNIT	VEHICLE								
5	/EH								
	-								
Ì		Owner Name CELL PLUS II INC			Owner Address	(D			
07	02	(608) 356-4000			502 BERKLEY BLV BARABOO, WI 539				
	_								
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPO	RT						
	02	Event							
	03	Event							
	04	Event							
				_					
UNIT	l	Policy Holder Insurance Company							
5		WEST-BEND-MUTUAL-INS	-CO		ORGANIZATION/COMPANY CELL PLUS II INC				
	ļ	Individual							
	1	DRIVER MATTHEW STAHLKE (608) 393-3218			Citations Issued Sex				
	AL			() Date of Birth	MALE Race			
⊢	INDIVIDUAL				WHITE				
UNIT	N	Address S994 NETHERLANDS DR LA VALLE, WI 53941, US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	IN								
	Sat	fety Equipment	Crash	5	Safety Equipment				
		Row	Seat Position	5	SHOULDER & LAP E	BELT			
		01 - FRONT ROW Helmet Use	07 - LEFT		Helmet Compliance				
		Eye Protection			Tint Compliance				
8	002	Injury Sev Injury NO APP			Airbag NON DEPLOYED				
	Ŭ		Ejection Path				Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT APP			ABLE		NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death T		Time of Death		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED							
		Non Motorist	nit # Location						
			÷						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other	Suspected Alcohol Us	e	Suspected Drug Use			To/From School
	L	Drug & Alcohol	NO		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	3	
02	002	Drug Type						
		Individual Condition						
			MAL					