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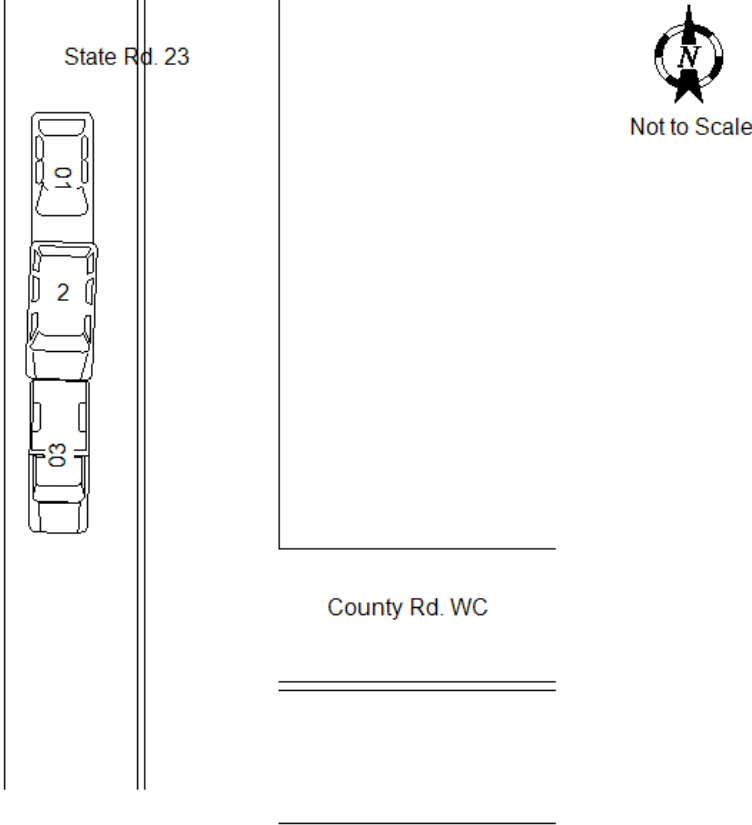
25-04955

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 25-04955		Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 05/23/2025		Crash Time 07:44 AM		Date Arrived 05/23/2025		Time Arrived 07:57 AM	
Date Notified 05/23/2025		Time Notified 07:45 AM		Total Units 03		Total Injured 01	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.

ON MAY 23, 2025 AT APPROXIMATELY 7:44AM UNIT 1 WAS TRAVELING SOUTH ON STATE RD. 23 JUST NORTH OF COUNTY RD. WC WHEN SEVERAL CARS IN FRONT OF HER CAME TO A STOP DUE TO A VEHICLE TURNING LEFT ONTO COUNTY RD. WC. UNIT 1 WAS NOT ABLE TO STOP IN TIME CRASHING INTO UNIT 2 AND CAUSING UNIT 2 TO CRASH INTO UNIT 3. UNITS 1 AND 2 WERE REMOVED BY NACHREINERS TOWING AND UNIT 3 HAD MINOR DAMAGE AND WAS REMOVED BY THE OPERATOR. ALL OCCUPANTS REFUSED TREATMENT AT THE SCENE.

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Location

ON STH23 WB 50 FT N OF CTHWC SB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.217828312	Longitude -90.072333327
	X Coordinate 250458	Y Coordinate 4789588.5
	Structure Type NO STRUCTURE	

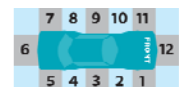
Crash Scene

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 REGULAR CONGESTION	
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? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	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 DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AWE7425		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C4PJMCS6GW357965		Make JEEP	Year 2016	Model CHEROKEE
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By NACHREINER'S TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01	Owner Name STEPHANIE KILLOY (608) 459-0323		Owner Address 980 WILLOW ST PLAIN, WI 53577 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company ERIE-INS-CO		INDIVIDUAL STEPHANIE KILLOY	
UNIT INDIVIDUAL	Individual			
	DRIVER KYLIE KILLOY (608) 459-0323		Citations Issued 1	Sex FEMALE
			Date of Birth	Race WHITE
	Address 980 WILLOW ST PLAIN, WI 53577 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	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
001	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				

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UNIT INDIVIDUAL	01	001	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						
	Violations						
01		UTC Number BL507633	Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	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 DOWNHILL	
	Truck Bus or HazMat NO					

02	Vehicle				
	License Plate Number ALV9150		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5GAKVCKD8FJ241952		Make BUIC	Year 2015	Model ENCLAVE
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 06 - REAR				



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UNIT	VEHICLE	Vehicle Damage	
		01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT	
		Extent Of Damage DISABLING DAMAGE	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	
UNIT	VEHICLE	Vehicle Removed By NACHREINER'S TOWING	
		What Driver Was Doing SLOW/STOPPING	
		Driver Prior Action Other NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION	
02	02	Owner Name BOBBIE JOHNSON (608) 495-9488	Owner Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US
		Sequence Of Events	
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT	
		Event MOTOR VEH IN TRANSPORT	
		Event	
		Event	
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL BOBBIE JOHNSON
UNIT	INDIVIDUAL	Individual	
		DRIVER BOBBIE JOHNSON (608) 495-9488	Citations Issued 0
			Sex FEMALE
		Date of Birth	Race WHITE
02	002	Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
02	002	Row 01 - FRONT ROW	Seat Position 07 - LEFT
		Helmet Use	
		Helmet Compliance	
		Eye Protection	
02	002	Tint Compliance	
		Injury	
		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION
		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

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED				
		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
02	002	Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		PASSENGER ADAM WELLER (608) 415-8499		Citations Issued 0	Sex MALE	
				Date of Birth	Race WHITE	
		Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	003	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		

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UNIT	INDIVIDUAL	Distracted By Action		
		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
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		PASSENGER TREVOR WELLER (608) 495-9488	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address S9003 STATE ROAD 23 PLAIN, WI 53577 , US	Driver License Number	
		Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER	Safety Equipment SHOULDER & LAP BELT
			Row 02 - SECOND ROW	Seat Position 07 - LEFT
		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
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By	Distracted By Source			
	Distracted By Action			

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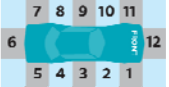
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UNIT INDIVIDUAL	02 004	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results			
Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
Drug Type							
Individual Condition APPEARED NORMAL							

Unit Summary

UNIT 03	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	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 DOWNHILL	
	Truck Bus or HazMat NO					
UNIT 03 VEHICLE	Vehicle					
	License Plate Number UX9553		Plate Type LTK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FTNX21F5XEE94479		Make FORD	Year 1999	Model F250	
	Color RED - RED		Body Style PK - PICKUP		Bus Use	
	Initial Contact Point 06 - REAR					
	Extent Of Damage MINOR DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			

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UNIT VEHICLE	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ELIZABETH ACCOLA (608) 495-5192	Owner Address S7290 SKY VIEW DR LOGANVILLE, WI 53943 , US	
UNIT 03	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL ELIZABETH ACCOLA	
	Individual		
	DRIVER AUSTIN ACCOLA (608) 495-5192	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address S7290 SKY VIEW DR LOGANVILLE, WI 53943 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	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	
UNIT 03	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

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					