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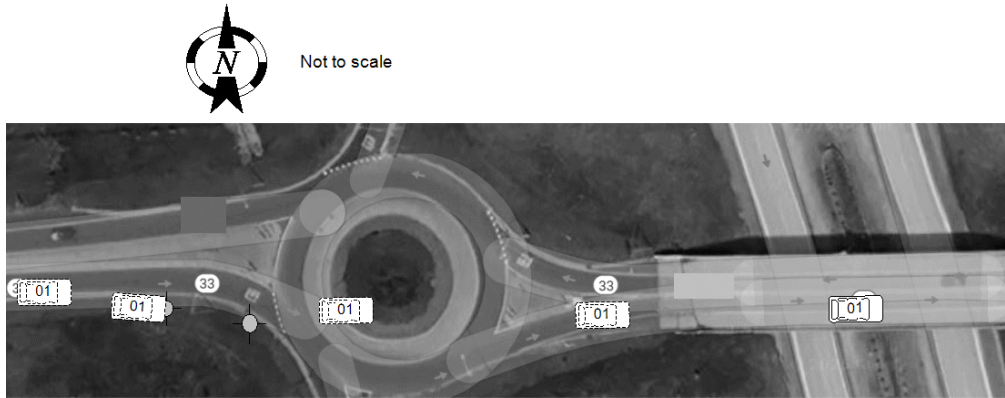
25-05206

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 25-05206		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 05/28/2025		Crash Time 11:09 AM		Date Arrived 05/28/2025		Time Arrived 11:21 AM	
Date Notified 05/28/2025		Time Notified 11:10 AM		Total Units 01		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 checked="" 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 A. KING
	Additional Information PHOTOS

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

U1 WAS EASTBOUND ON HY33 WHEN THE OPERATOR LEFT THE ROADWAY, STRUCK TWO LIGHT POLES, PROCEEDED TO DRIVE OVER THE ROUNDABOUT AND COMING TO A REST ON THE HY33 OVER PASS. OPERATOR OF U1 IDENTIFIED BY WI DL AS AUDREY MCKNIGHT. AUDREY STATED THE LAST THING SHE COULD REMEMBER WAS TURNING ONTO HY33 TO GO TO BARABOO. AUDREY STATED SHE DID NOT REMEMBER STRIKING THE LIGHT POLES OR GOING OVER THE ROUNDABOUT. AUDREY ASKED IF SHE HAD HIT ANYONE, WHICH SHE WAS TOLD NO. DUE TO AUDREY'S LACK OF RECOLLECTION OF THE INCIDENT AND IT WAS REPORTED FROM A BYSTANDER THAT SHE WAS UNCONSCIOUS SHE WAS TRANSPORTED TO ST. CLARE HOSPITAL BY DELLS-DELTON EMS. UPON CONTACTING A FRIEND AT HER REQUEST, I WAS INFORMED BY THE FRIEND AUDREY HAS SUFFERED FROM SEIZURES IN THE PAST. I INFORMED AUDREY BASED ON HER MEDICAL HISTORY ALONG WITH THIS CRASH POSSIBLY BEING A MEDICAL ISSUE, I WAS COMPLETING A MEDICAL CONDITION REPORT. CRAIG'S TOWING RESPONDED FOR THE VEHICLE.

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Location

ON STH33 EB 187 FT W OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.514468707	Longitude -89.786159848
	X Coordinate 274803.84375	Y Coordinate 4821720
	Structure Type	

Crash Scene

First Harmful Event LUM LIGHT SUPPORT		First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type ROUNDBOUT	

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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With LUM LIGHT SUPPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control YIELD SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AFM3184		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JTKKUPB4XD1036423		Make TOYT	Year 2013	Model SCION XD
	Color RED - RED		Body Style HB - HATCHBACK		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage 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 CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01	Owner Name AUDREY MC KNIGHT (608) 963-9571		Owner Address S3109 BUCKHORN RD REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01	Event	LUM LIGHT SUPPORT		
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		INDIVIDUAL AUDREY MC KNIGHT	
UNIT INDIVIDUAL	Individual			
	DRIVER AUDREY MC KNIGHT (608) 963-9571		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address S3109 BUCKHORN RD REEDSBURG, WI 53959 , 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 POSSIBLE INJURY	
			Airbag DEPLOYED-FRONT	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		
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 CONFUSED OR DISORIENTED (NON LUCID)					
Property Owner						
PROP OWNER 01	GOVERNMENT WISCONSIN DEPT OF TRANSPORTATION (608) 246-3800			Address 2101 WRIGHT ST MADISON, WI 53705 2583, US		
	Fixed Objects Struck					
01	Striking Unit 01	Struck Object LUM LIGHT SUPPORT			Structure Number	Damage Tag Number 322775