WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Primary Crash I Crash Time 07:24 PM Time Notified 07:25 PM	Document #	Date A 05/30/ Total U	2025	Investigating Off DEPUTY T. M Time Arrived 07:32 PM Total Injured		ed	
05/30/2025 Date Notified 05/30/2025 On Emergency	07:24 PM Time Notified 07:25 PM		05/30/ Total U	2025	07:32 PM	Total Kille	ed	
Date Notified 05/30/2025 On Emergency	Time Notified 07:25 PM		Total U			Total Kille	ed.	
On Emergency	1		01					
			01		01 00			
	lit and Run	Lane Clos		☐ Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active Sc	chool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH	Н)		Amended		Secondary Crash	
Description								
NEAR E8758 DIA NORTH FREEDO 5/30/2025 @ 7.24 ***NOT TO SCALL DEPUTY T.MOSL	DM, WI 53951 -PM E			Mond Hill Rd	N 91	Iditional Info	rmation TOS	
					J			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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	.OC	ation ====								
=		DIAMOND HILL RD			Latitude			Longitud	de.	
	0.36 MI N					43.463943489		_	292898	
	OF MUSEUM RD					X Coordinate			Y Coordinate	
l	IN THE TOWN OF FREEDOM IN SAUK COUNTY							4816370.5		
I						266919.84375		4610370.3		
						Structure Type NO STRUCTURE				
L					NOSIR	OCTURE				
C	ra	sh Scene								
Т	First	Harmful Event			First Harr	mful Event L	ocation.			
H	DITCH Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT					IDE				
T						Light Condition				
- 10						DAYLIGHT				
h						Factor(s)				
						(-)				
- 1 '	ואט									
П	Envii	ronment Factor(s)								
H	NON	NE			NONE					
L										
		ther Condition(s)								
(CLE	AR								
H	Anim	nal Type			Relation	To Trafficus	av.			
'		, , , , ,			Relation To Trafficway TRAFFICWAY - NO Crash Classification - Ji		-			
-	Cras	sh Classification - Location								
		BLIC PROPERTY					RISDICTION			
	_	al Land							Special Study	
						Access Control NO CONTROL			opeoidi Olday	
,	Within Interchange Area Junction Location			Inters	Intersection Type					
	NO	in interonange 7 iroa	NON-JUNCTION		NOT AN INTERSECTION					
ᆫ			NON DONOTION	I NOT	ANTINIERO	-011014				
		t Summary =		Tyrii o r	A OI ::: ::		I			
	Unit	Init Status Vehicle Operating As Cl				**				
						MOTORCYCLE				
		RANSIT		M CLASS						
. 「	Vehi	cle Type		M CLASS			Operating As		ments	
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, !	Vehice MO Total	cle Type	Train/Bus # Recorded	Total # Citations Is	ssued	Total Trai	Operating As	Endorser	ments Mat Types	
5 1	Vehi M O	cle Type TORCYCLE			ssued	0	Operating As	Total Haz	Mat Types	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vehic MO Total	cle Type TORCYCLE	Train/Bus # Recorded Direction Of Travel	Total # Citations Is 0 Pre Crash			Operating As	Endorser	Mat Types	
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Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 05/30/2025
Crash Time 07:24 PM

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

		Towed Due To Damage NOT TOWED	Vehicle Removed By						
1		What Driver Was Doing	Vehicle Factors	Vehicle Factors					
		NEGOTIATING CURVE							
		Driver Prior Action Other	NOT APPLICABLE	NOT APPLICABLE					
		Triver Actions							
		Driver Actions FAILURE TO CONTROL							
<u> </u>	ä	TAILORE TO CONTROL							
F	윽								
>	VEHICLE								
	_								
		Owner Name	Owner Address						
2	2	CARSON MARSHALL (608) 415-3201	S3285 LAKE VIR REEDSBURG, W						
•	0	(000) 413-3201	KEEDODOKO, W	1 33333 , 00					
		0							
		Sequence Of Events Event							
	2	DITCH							
	05	Event							
		Event							
	03								
	9	Event							
١.		Policy Holder							
F		Insurance Company	INDIVIDUAL	INDIVIDUAL					
=		GEICO-CASUALTY-CO	CARSON MARSHALL						
		DRIVER	Citations Issued Sex						
	ب	CARSON MARSHALL (608) 415-3201	0	MALE					
L	INDIVIDUAL	(666) 413-5201	Date of Birth	Race WHITE					
F	ቜ	Address	Driver License Number	r					
>	$\overline{\neg}$	S3285 LAKE VIRGINIA RD							
	=	REEDSBURG, WI 53959 , US							
		LO- Ditt Orest	2						
	Sai	On Duty Crash fety Equipment	Protective Gear						
		Row Seat Position	GLOVES						
		01 - FRONT ROW 07 - LEFT							
		Helmet Use	Helmet Compliance						
		FULL-FACE Eye Protection	APPROVED						
		YES: WORN	Tint Compliance YES						
_	_	Injury Severity	Airbag						
Ò	9	Injury SUSPECTED MINOR INJURY	NOT APPLICABLE						
		Ejected Ejection Path NOT APPLICABLE NOT EJECTED/NOT AF	DDI ICADI E		Trapped/Extricated NOT TRAPPED				
		Medical Transport	EMS Agency Identifier		EMS Run #				
		EMS GROUND	6001024 EMS Run #		Livio Pair #				
		Hospital	Date of Death		Time of Death				
		ST CLARE HOSP							
		Distracted By NOT APPLICABLE (NOT DISTI	RACTED)						
		Distracted By Action NOT DISTRACTED							
1		NOT DIGITABLE							

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		Non Motorist	Striking Unit #	Location					
		Prior Action		1					
UNIT	INDIVIDUAL	Action Other						To/From School	
			Suspected Alcohol U	Jse	Suspected Drug Use			10/110/1110/1100/1	
	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			
2	001	Drug Type		•					
		Individual Condition							
		APPEARED NORMAL							