6TL0DQPGHL 25-05535

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Document #	o ,			Investigating Officer/Deputy DEPUTY B. SONN		
OILUDGEGHL	Crash Date 06/04/2025	Crash Time 07:08 PM			Date Arrived 06/04/2025		Time Arrived 07:28 PM		
)	Date Notified 06/04/2025	Time Notified 07:08 PM		Total Units 01		Total Injured 01	Total Kill	ed	
3								Reporting	
		lit and Run	Lane Closu		Work Zone		or Towed	Threshold	
	Government Property		chool Zone	NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH	l)		Amend	ed	Secondary Crash	
١	Description Diagram						Reconstructio		
	Ro Ro I, a sworn law enforcen	nent officer, agr					BODY CAM	ormation JASH CAMERA VIDEO, IERA VIDEO	
	ON JUNE 4TH, 2025 AT APPROX WI 53965. I MADE CONTACT WIT SEDAN WAS PASSING HER IN T MIDDLE OF THE CURVE AND HE INJURIES, BUT WOULD LATER S PAIN, BUT REFUSED EMS AND N	IMATELY 1928 HOI TH THE DRIVER OF HE NO PASSING Z ER ONLY ROUTE W SELF TRANSPORT WOULD ALSO SELF	URS, I RESPONDED TUNIT 1. DRIVER SA ONE (INDICATED BY IAS TO MOVE OVER TO THE HOSPITAL I F TRANSPORT IF NE	TO A SIN AID SHE V Y DOUBLI R. DRIVER F SHE FE EEDED.DR	IGLE VEHICLE TRAFFIC (VAS TRAVELING SOUTHE E YELLOW PAINTED LINE E SAID SHE HIT THE CUR ELS THE NEED TO. PASS RIVER AND PASSENGER	CRASH ON CLAR BOUND ON CLAR S). DRIVER SAID B AND WENT IN' SENGER OF UNI' OF UNIT 1 WERI	A AVE BY TRO THE RED SET TO THE DITCH. T 1 CLAIMED T WEARING TH	OUT RD, WHEN A RED DAN CUT HER OFF IN THE . DRIVER CLAIMED NO TO HAVE NECK AND BACK	

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Crash Date **06/04/2025**Crash Time **07:08 PM**

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	ON CLARA AVE 229 FT S				Latitude 43.613134117		Longitud -89.798		de 1736008			
	OF TROUT RD IN THE TOWN OF DELTON IN SAUK COUNTY							ate		Y Coord 483271		
	IN SAUK COUNT						274156.5 4832712.5 Structure Type					
(Crash Scene											
T	First Harmful Event						First Harm	ful Event Lo	cation			
	CURB							DWAY				
t	Manner of Collision						Light Cond	lition				
	00 - NO COLLISION W					-TF						
t	Road Surface Condition(s)						Roadway F	actor(s)				
	DRY											
t	Environment Factor(s)											
	NONE						NONE					
t	Weather Condition(s)											
	CLEAR											
Ť	Animal Type	nimal Type						o Trafficway				
t	Crash Classification - Local	tion						sification -				
L	PUBLIC PROPERTY	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Tribal Land						Access Control Special Study NO CONTROL			Special Study		
	Within Interchange Area		ction Location ERSECTION			Intersection Type T-INTERSECTION						
					Reasons for Closure							
	CLOSURE-ONE DIRECTION				W ENFORCEMENT, TOW TRUCK							
	Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed O7:09 PM				LAVV	LAW LIVE OKCLIMILIAT, TOW TROCK						
	Date All Lanes Open		Time All Lanes Open		Date S	Scene Clear	red Tim		me Scene Cleared			
	06/04/2025		08:51 PM		06/04/2025		08:		8:51 PM			
	Jnit Summary											
	Unit Status					erating As C	assification		Unit Type			
	IN TRANSIT			DC	D CLASS				AUTOMOBILE			
	Vehicle Type							Operating A	s Endorser	ments		
L	PASSENGER CAR Total Occs Train/Bus # Recorded				Total # Citations Issued			Total Traile	are	Total Haz	Mat Types	
	2	"	am/bus # Necolaca	0			0		513	0	wat Types	
L	Insurance? Direction Of Travel			+	Pre CrashTire		0 11:		it	Total Lanes		
	YES SOUTHBOUND					Mark		30		2		
- 1	Most Harmful Event: Collisi CURB				cial Fun	ction IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way				fic Cont				Traffic Control Inoperative/Missing			
	•				NO CONTROL			NO Road Grade				
				Road Curvature CURVE LEFT				Road Grade DOWNHILL				
t	CONCRETE	Truck Bus or HazMat			DOWNIEL .							
	Truck Bus or HazMat			100								
	Truck Bus or HazMat NO											
	Truck Bus or HazMat NO Vehicle	er			te Tvpe			St	Country of Iss	suance		
1	Truck Bus or HazMat NO	PF.			te Type			St KY	Country of Is:			
	Truck Bus or HazMat NO Vehicle License Plate Numbe	Number		Pla	ke				•			

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ı									
		Color	Body Style		Bus Use				
		BLK - BLACK		SD - SEDAN					
	щ	Initial Contact Point	Vehicle Damage 7 8 9 10 11						
FIN	VEHICLE	14 - UNDERCARRIAGE		02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 14 -					
15	표	Extent Of Damage	UNDERCARRIAGE	N1, 04 - KIGHT	SIDE REAR, 14 -	3			
-	7	DISABLING DAMAGE		UNDERCARRIAGE 5 4 3 2 1					
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLIN	NG DAMAGE	CRAIGS TOWING					
		What Driver Was Doing		Vehicle Factors					
		NEGOTIATING CURVE							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY, OTHER CONTRIBUTING ACTION							
	щ	FAILURE TO CONTROL, R	AN OFF ROADWAY, OT	HER CONTRIBUTING	ACTION				
Į.	VEHICLE								
15	豆								
	7								
		Owner Name		Owner Address					
2	2	THE HERTZ CORPORATIO (859) 767-3535	3286 LOOMIS RD						
0	0	(659) 767-5555		HEBRON, KY 41048 , US					
	:	Sequence Of Events							
	2	Event CURB							
	0	CURB							
	02	Event DITCH							
	0	ысн							
	03	Event							
1	0								
	4	Event							
	04								
 		Policy Holder							
TIN		Policy Holder Insurance Company		INDIVIDUAL					
TINO		Policy Holder	JTOMOBILE-INS-CO	INDIVIDUAL JACQUELINE WAT	KINS				
LIND	1	Policy Holder Insurance Company	JTOMOBILE-INS-CO		KINS				
TIND	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER			KINS				
TIND	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AL Individual DRIVER JACQUELINE WATKINS		JACQUELINE WAT					
TIND	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER		JACQUELINE WAT	Sex				
	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AL Individual DRIVER JACQUELINE WATKINS		JACQUELINE WAT	Sex FEMALE				
	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address		JACQUELINE WAT	Sex FEMALE Race				
TINU TINU	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY		Citations Issued Date of Birth	Sex FEMALE Race				
	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address		Citations Issued Date of Birth	Sex FEMALE Race				
	1	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U	JS	Citations Issued 0 Date of Birth Driver License Number	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AL Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U	JS	Citations Issued Date of Birth	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U	JS Crash	Citations Issued 0 Date of Birth Driver License Number Safety Equipment	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U	JS Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U fety Equipment Row 01 - FRONT ROW	JS Crash	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U	JS Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number Safety Equipment	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U fety Equipment Row 01 - FRONT ROW Helmet Use	JS Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U fety Equipment Row 01 - FRONT ROW	JS Crash Seat Position	Citations Issued 0 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	Sex FEMALE Race				
LIND	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	Date of Birth Driver I icense Number Safety Equipment SHOULDER & LAP Helmet Compliance	Sex FEMALE Race				
	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	JS Crash Seat Position 07 - LEFT	Date of Birth Driver I icense Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	Sex FEMALE Race				
LIND	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AU Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Sev NO APP	JS Crash Seat Position 07 - LEFT Venty ARENT INJURY	Date of Birth Driver I icense Number Safety Equipment SHOULDER & LAP Helmet Compliance	Sex FEMALE Race	Trapped/Extricated			
LIND	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AL Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APP Ejected	JS Crash Seat Position 07 - LEFT Venty PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver I icense Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race	Trapped/Extricated NOT TRAPPED			
LIND	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AL Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APP Ejected NOT EJECTED	JS Crash Seat Position 07 - LEFT Venty ARENT INJURY	Citations Issued 0 Date of Birth Driver I icense Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race	NOT TRAPPED			
LIND	INDIVIDUAL	Policy Holder Insurance Company STATE-FARM-MUTUAL-AL Individual DRIVER JACQUELINE WATKINS (502) 418-3890 Address 6016 PRINCESS WAY LOUISVILLE, KY 40219 , U Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO APP Ejected	JS Crash Seat Position 07 - LEFT Venty PARENT INJURY Ejection Path	Citations Issued 0 Date of Birth Driver I icense Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race				

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	Hospital				Date of Death		Time of Death			
		Distracted By UNK	cted By Source NOWN	9	•					
		Distracted By Action UNKNOWN								
		Non Motorist Striking	g Unit #	Location						
		Prior Action								
		Action								
	NAL									
L N	INDIVIDUAL									
	N									
		Action Other						To/From School		
								TO/FIGHT SCHOOL		
	L	Drug & Alcohol NO	cted Alcohol U	lse	NO Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type	l		Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results					
10	001	Drug Type								
	0									
		Individual Condition APPEARED NORMAL								
	ı	Individual PASSENGER			Citations Issued	Sex				
	_	CHRISTOPHER	SPENCE	R	0 MALE					
L	NDIVIDUAL				Date of Birth	Date of Birth Race				
L L	Σ	Address 5624 LILAC DR N			Driver License Number					
	Ξ	BROOKLYN CENTER, MN 55430 2928, US								
		On Duty Crash			Safety Equipment					
	Saf	fety Equipment			SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Po 09 - RI		SHOOLDER & LAF I	DELI				
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
5	005	Injury POSS	Severity	RY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa				Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CIED/NOI APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
					Time of Death					

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		Distracted By	Distracted By Source)				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	JAL							
UNIT	INDIVIDUAL							
	N							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO	se	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	I	
10	005	Drug Type						
		Individual Condition						
		APPEARED NORI	MAL					