WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overri	de Primary Crash	Document #	Agency	Crash Number	Investigating O			
			25-054	DEPUTY A.		A. KING		
Crash Date	Crash Time		Date Ar		Time Arrived			
06/02/2025	02:35 PM		06/02/		02:40 PM			
Date Notified 06/02/2025	Time Notified 02:36 PM		Total U 02	nits	Total Injured 01	Total Kille		
On Emergency	Hit and Run	Lane Closu		Work Zone	Trailer o	Towed	Reporting Threshold	
Government Property	Active S	chool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRASH)		Amended	I	Secondary Crash	
Description =	•				1 -		_	
Diagram					F	econstruction	n By	
	A							
	A.							
		Not to scale			F	hotos By		
WE SEED OF THE					2017.600			
		一世十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	Service !		A CONTRACTOR	dditional Info	ormation	
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	U	01	_(<mark>02</mark>	(01)				
	A SECTION OF STREET	المنايا		A CONTRACTOR				
11/11	400	THE CO. SAY						
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	4 233520							
	78.35	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A DESCRIPTION	1			
	W. 1987 198	The state of the s		NAME OF TAXABLE PARTY.	1 102			
	A CONTRACT	diam'r.			1			
		1 0.25 0 A. S.	1253		155.56			
		-150		No.				
			S. A.	COLUMN SE	的诗剧众			
		T		MINNEY FO	Control of the Contro			
	The state of		3	(1) 7855 Charles				
		E10841		1.13662200				
	35.00	100	1660	ALCOHOL:	All Associates			
	- 35 Th. 14	- Par 10	W- (1)		m 2			
				-	-			
I, a sworn law enf	orcement officer, ag	ree that I have no	t added	I any CJIS data in th	nis report.			
U1 WAS TRAVELING WES MOTORCYCLE, THE OPEI	STBOUND WHEN IT CAME	UP TO A SLOW MO	OVING MO	OTORCYCLE. OPERATO EXTENDED OUTWARD A	R OF U1 STATED W ND SHE BELIEVFD	HEN SHE APF	PROACHED THE /ING HER TO PASS HIM	
	TO THE WOLDE	TOLL TIAD THO LEFT	I II/III/	WILLIADED OOLWAND A	"15 OLIC DECIEVED	L VVAO VVAV	THE THE TO I AGO FIN	

OPERATOR STATED SHE WENT TO PASS HIM AND AS SHE WAS PASSING HIM, U2 BEGAN TURNING LEFT AND U1 STRUCK U2. OPERATOR OF U1 STATED SHE WAS NOT INJURED, AND DENIED AMBULANCE. OPERATOR OF U1 STATED THE BLINKER OF U2 WAS NOT VISIBLE. OPERATOR OF U2 STATED HE WAS SLOWED DOWN AS HE WANTED TO TURN AROUND. OPERATOR OF U2 STATED HE ACTIVATED HIS LEFT BLINKER AND ALSO USES HAND SIGNALS TO INDICATE HIS TURNS. OPERATOR OF U2 STATED HE THEN BEGAN TO TURN AROUND WHEN HE GOT STRUCK. OPERATOR OF U2 STATED HE HAD LEG INJURIES AND WAS TRANSPORTED BY SAUK EMS TO SAUK PRAIRIE HOSPITAL. A FRIEND RESPONDED TO REMOVE U2 FROM THE SCENE. THE OPERATOR OF U1 REMOVED THE VEHICLE FROM THE SCENE

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Crash Date 06/02/2025

Crash Time 02:35 PM

L	_OC	ation ====								
·	ON	CTHC WB				Latitude			Longitud	de
	0.36	S MI W				43.358164977			_	676903
		STONES POCKET RD				X Coordin	ate		Y Coord	linate
		THE TOWN OF SUMPT	ΓER						480441	
	IN S	SAUK COUNTY				Structure				
						NO STR	,,			
(Cra	sh Scene								
Ī	First	Harmful Event				First Harm	ıful Event Lo	ocation		
	MO	TOR VEH IN TRANSP	ORT	ON ROA	DWAY					
ŀ	Man	ner of Collision				Light Cond	dition			
	07 -	SIDESWIPE/SAME D	IRECTION	DAYLIGI	нт					
ŀ	Road	d Surface Condition(s)	Roadway	Factor(s)						
	DRY	1		. ,						
ŀ	Envi	ronment Factor(s)				-				
	ЮИ	NE				NONE				
f	Wea	ther Condition(s)				1				
	CLE	AR								
ŀ	Anim	nal Type				Relation T	o Trafficwa	у		
							WAY - OI			
		sh Classification - Location	1					Jurisdiction		
	PUBLIC PROPERTY							ISDICTION		
	Triba	pal Land				Access Control Special Study NO CONTROL				Special Study
ŀ	With	in Interchange Area	Junction Location		Intersection					
	NO	J	NON-JUNCTION			INTERSE	CTION			
į	Jni	t Summary =			Ļ					
		Status		Vehicle Ope	Vehicle Operating As Classification Unit Type					
	IN T	I TRANSIT D CLASS					AUTOMOBILE			
		/ehicle Type						AUTOMOL	SILE	
, [Vehi			D OLAGO				Operating A		ments
; [D OLAGO						ments
; [PAS	cle Type	Train/Bus # Recorded		tions Issued		Total Trail	Operating A	s Endorsei	ments Mat Types
; 	PAS	cle Type SSENGER CAR	Train/Bus # Recorded		tions Issued	I	Total Trail	Operating A	s Endorsei	
, 	PAS Tota 1	cle Type SSENGER CAR	Train/Bus # Recorded Direction Of Travel	Total # Cita				Operating A ers	s Endorsei Total Haz	Mat Types
; -	PAS Tota 1	cle Type SSENGER CAR I Occs rance?		Total # Cita	tions Issued CrashTire Mark		0	Operating A ers	s Endorsei Total Haz 0	Mat Types
5	Tota 1 Insur	cle Type SSENGER CAR I Occs rance?	Direction Of Travel WESTBOUND	Total # Cita	CrashTire Mark		0 Speed Lin	Operating A ers	Total Haz Total Lan Total Lan Motor Veh	Mat Types es
-	Tota 1 Insur YES Most	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision TOR VEH IN TRANSP	Direction Of Travel WESTBOUND With	Total # Cita 0 Pre Special Fun	CrashTire Mark action)	0 Speed Lin	Operating A ers nit Emergency NOT APPI	Total Haz O Total Lan 2 Motor Veh	Mat Types es icle Use
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; - - -	Tota 1 Insur YES Most MO Traff TWO Surfa	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision TOR VEH IN TRANSP Tic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOU	Direction Of Travel WESTBOUND With ORT	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont	CrashTire Mark action EIAL FUNC TOI TROL)	0 Speed Lin	Operating A ers nit Emergency NOT APPI Traffic Contr	Total Haz 0 Total Lan 2 Motor Veh LICABLE	Mat Types es icle Use
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	Total Insur YES Most MO Traff TWC Surfa BLA Truc NO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision TOR VEH IN TRANSP TIC Way D-WAY, NOT DIVIDED TACKTOP (BITUMINOU TOK BUS OF HAZMAT Vehicle License Plate Number 286YMM	Direction Of Travel WESTBOUND With ORT (S)	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH	CrashTire Mark iction CIAL FUNC Crol ROL Sture T)	Speed Lin 55	ers Emergency NOT APPL Traffic Contr NO Road Grade HILLCRES Country of Is:	Total Haz O Total Lan 2 Motor Veh LICABLE Tol Inopera	Mat Types es icle Use
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	PAS Tota 1 Insur YES Most MO Traff TWC Surfa BLA Truc NO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision TOR VEH IN TRANSP fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOU k Bus or HazMat Vehicle License Plate Number 286YMM Vehicle Identification Nu 2FMGK5C8XGBA003 Color SIL - SILVER (ALUM Initial Contact Point	Direction Of Travel WESTBOUND With ORT S) Mber 356	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make FORD Body Style	CrashTire Mark action EIAL FUNC FROL ature T	TION	St WI Year 2016	ers Emergency NOT APPL Traffic Contr NO Road Grade HILLCRES Country of Is: UNITED ST Model FLEX	Total Haz O Total Lan 2 Motor Veh LICABLE Tol Inopera	Mat Types es icle Use
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	PAS Tota 1 Insur YES Most MO Trafff TWC Surfa BLA NO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision TOR VEH IN TRANSP fic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOU k Bus or HazMat Vehicle License Plate Number 286YMM Vehicle Identification Nu 2FMGK5C8XGBA003 Color SIL - SILVER (ALUM Initial Contact Point	Direction Of Travel WESTBOUND With ORT S) S) Mber Market Minum Minu	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type AUT Make FORD Body Style UT - SPC Vehicle Da	CrashTire Mark action EIAL FUNC FROL ature T	TY VEHICI	St WI Year 2016	ers Emergency NOT APPL Traffic Contr NO Road Grade HILLCRES Country of Is: UNITED ST Model FLEX	Total Haz O Total Lan 2 Motor Veh LICABLE Tol Inopera	Mat Types es icle Use tive/Missing

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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Factors						
		GOING STRAIGHT		Verilcie i actors						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions	NI							
_	쁘	NO CONTRIBUTING ACTIO	N							
UNIT	=									
_	VEHICLE									
		Owner Name	TINE 7	Owner Address	AV 42 # 1 40					
5	01	JAVIER VILLARREAL MAR (608) 370-3092	IINEZ	S7559 US HIGHW NORTH FREEDO						
		,								
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSPOR	RT							
	02	Event								
		Event								
	03	Event								
	04	Event								
_	i	Policy Holder								
LIND		Insurance Company		INDIVIDUAL						
_		STATE-FARM-GENERAL-IN	IS-CO	LINDA GONZALEZ RIOS						
		Individual								
		DRIVER LINDA GONZALEZ RIOS		Citations Issued Sex 0 FEMALE						
	M	(608) 370-3092		Date of Birth Race						
⊨	INDIVIDUAL			HISPANIC						
L N N	<u>></u>	Address S7559 US HIGHWAY 12 # L-	10	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	NORTH FREEDOM, WI 539								
	Saf	On Duty C	rash	Safety Equipment						
	Sai	ety Equipment			DE: T					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELI					
		Helmet Use	10	Helmet Compliance						
		Eye Protection		Tint Compliance						
7	001	Injury Sev	· ·	Airbag						
٥	Ō		ARENT INJURY	NON DEPLOYED		I Transport / Futricated				
			jection Path IOT EJECTED/NOT APP	LICABI F		Trapped/Extricated NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		EMS GROUND		6000555						
		Hospital SAUK PRAIRIE HOSP		Date of Death		Time of Death				
			By Source	CTED)		<u>I</u>				
		Distracted By Action		·-·						
		NOT DISTRACTED								

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/02/2025

Crash Time 02:35 PM

		Non Motorist	king Unit#	Location					
		Prior Action							
		Action							
	Ļ								
Ļ	INDIVIDUAL								
UNIT	<u>≥</u>								
	Z								
		Action Other						To/From Scho	
								TO/FIONI SCHO	OOI
	ı	Orug & Alcohol NO	spected Alcohol U	se	Suspected Drug Use NO			•	
		Alcohol Test Given		Alcohol Test Type	<u> </u>		Alcohol Test I	Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Result	s		
	_	TEST NOT GIVEN Drug Type							
01	00	Diag Typo							
		Individual Condition							
		APPEARED NORMAL							
	Uni	t Summary —							
		Status		Ve	ehicle Operating As Classi	fication	Unit Type		
	IN TRANSIT			М	CLASS		MOTORCYCLE Operating As Endorsements		
02		cle Type FORCYCLE					Operating As	Endorsements	
	Tota 1	Occs	Train/Bus # Re	corded To	tal # Citations Issued	Total Trai		Total HazMat Types 0	
	Insu	rance?	Direction Of Tra	avel	Pre CrashTire	Speed Lir	nit -	Total Lanes	
UNIT	YES	i Harmful Event: Collision V	/ith		Mark Decial Function	55		2 Motor Vehicle Use	
n	MO	MOTOR VEH IN TRANSPORT			O SPECIAL FUNCTIO	N	NOT APPLI	ICABLE	
		ic Way D-WAY, NOT DIVIDED			affic Control O CONTROL		Traffic Control Inoperative/Missing NO		
		ace Type			oad Curvature		Road Grade		
		CKTOP (BITUMINOUS	5)	s ⁻	TRAIGHT		HILLCREST		
	Truc NO	k Bus or HazMat							
	,	Vehicle							
		License Plate Number SQ642			late Type CYC	St WI	Country of Issuance UNITED STATES		
02	7	Vehicle Identification Number			lake	Year	Model		
0	05	SMTD42HL7HT808969 Color			RIU ody Style	2017	BONNEVILL Bus Use	-E	
		BLK - BLACK		N	IC - MOTORCYCLE		Buo 000		
_		Initial Contact Point	ıT	V	ehicle Damage			7 8 9 1	10 11
UNIT	VEHICLE	10 - LEFT SIDE FROM Extent Of Damage		1	10 - LEFT SIDE FRON	т		6	12
	N.	DISABLING DAMAGE Towed Due To Damage		11/	ehicle Removed By			5 4 3	2 1
		NOT TOWED		V	emole ivemoved by				

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		What Driver Was Doin	g			Ver	icle Factors				
		GOING STRAIGHT									
		Driver Prior Action Oth	ner			NO	T APPLICABLE				
		Driver Actions									
		NO CONTRIBUTIN	G ACTIO	N							
⊨	VEHICLE										
LNO	Ħ										
_	VE										
		Owner Name DAVID TIMBERLA	KE				Owner Address S10050A LOYSTEI	D DD			
05	02	(608) 220-4827	NE.				PRAIRIE DU SAC,				
		,									
		Sequence Of Ev	/onte								
		Event									
	01	MOTOR VEH IN TR	RANSPOF	RT							
	02	Event									
	03	Event									
	04	Event									
	0										
⊨	ı	Policy Holder									
LNO		Insurance Company				NDIVIDUAL	_				
_		STATE-FARM-GENERAL-INS-CO				DAVID TIMBERLAK	<u> </u>				
		Individual									
		DRIVER DAVID TIMBERLA	KF			Citations Issued Sex					
	AL	(608) 220-4827				(Date of Birth	MALE Race			
_	INDIVIDUAL					-	Date of Billin				
	⋝	Address				Driver License Number					
ر	9	S10050A LOYSTER RD				STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	PRAIRIE DU SAC, WI 53578 , US				STATE. WISCONSIN COUNTRY, UNITED STATES					
			On Duty C	rooh)				
	Saf	ety Equipment	On Duty C	iasii			Protective Gear				
		Row		Seat Po	sition	E	BOOTS, JACKET, L	ONG PANTS			
		01 - FRONT ROW		07 - LI							
		Helmet Use			Helmet Compliance						
		FULL-FACE Eye Protection YES: WORN AND WINDSHIELD				APPROVED					
						Tint Compliance UNKNOWN					
~	2		Injury Seve				Airbag				
05	002	Injury			IOR INJURY	NON DEPLOYED					
		Ejected NOT APPLICABLE		jection Pa	th CTED/NOT APF	21.10	ADIE		Trapped/Extricated NOT TRAPPED		
		Medical Transport	. IN	OI EJE	CTED/NOT APP		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORT	ED			-	ino rigerioy identifici		LIVIO I CUIT #		
		Hospital				[Date of Death		Time of Death		
			Distracted	By Source	9						
		Distracted By	NOT APF	LICABL	E (NOT DISTRA	ACT	ED)				
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Striking Un	nit#	Location						

Form DT4000

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		Prior Action					
		Action					
	M						
LNO	ב						
5	<u>></u>						
	INDIVIDUAL						
		Action Other					To/From School
		Action Other					10/110111 School
		Suspected	Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	Davis Tarak Tima		To		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	5	
_	2	Drug Type					
02	002	5 ,					
		La dividual Canaditian					
		Individual Condition					
		APPEARED NORMAL					