

6TL0F1BQ97

25-05582

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK 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 <b>25-05582</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>06/05/2025</b>		Crash Time <b>03:29 PM</b>		Date Arrived <b>06/05/2025</b>		Time Arrived <b>03:31 PM</b>	
Date Notified <b>06/05/2025</b>		Time Notified <b>03:29 PM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

Diagram 	Reconstruction By
	Photos By <b>D KROLIKOWSKI</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 2 WAS SLOWING IN PREPARATION TO TURN RIGHT INTO THE DRIVEWAY FOR E10646 HWY 33 WHEN UNIT 1 APPROACHED FROM BEHIND AND COLLIDED WITH THE REAR OF UNIT 2. UNIT 2 WAS SHOWING HEAVY DAMAGE TO ITS REAR THAT COULD HAVE ONLY OCCURRED FROM A FAIRLY HIGH SPEED COLLISION. THE OPERATOR OF UNIT 1 DID ADMIT TO LOOKING AWAY (DOWN) SHORTLY BEFORE THE COLLISION.

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## Location

ON STH33 WB 772 FT W OF WEBSTER LN IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.514579763</b>	Longitude <b>-89.791593292</b>
	X Coordinate <b>274365.0625</b>	Y Coordinate <b>4821747</b>
	Structure Type <b>NO STRUCTURE</b>	

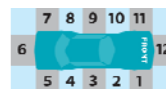
## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>AMT8041</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2FMDK3JCXDBC11518</b>		Make <b>FORD</b>	Year <b>2013</b>	Model <b>EDGE</b>
	Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage  <b>11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>JENNIFER GILBERTSON (608) 415-3598</b>		Owner Address <b>E6965 KEENAN CT # B REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
	Event			
	Event			
04	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		INDIVIDUAL <b>JENNIFER GILBERTSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>JENNIFER GILBERTSON (608) 415-3598</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>E6965 KEENAN CT # B REEDSBURG, WI 53959 , US</b>		Date of Birth	Race
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
01	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>			

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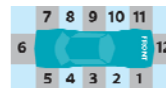
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UNIT INDIVIDUAL	01	001	<b>Non Motorist</b>		Striking Unit #	Location	
			Prior Action				
			Action				
	Action Other					To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
	<b>Violations</b>						
01		UTC Number <b>BK745481</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>		

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

02	02	<b>Vehicle</b>				
		License Plate Number <b>AWJ2565</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JA32U2FU3CU032262</b>		Make <b>MIT</b>	Year <b>2012</b>	Model <b>LANCER</b>
		Color <b>BLK - BLACK</b>		Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>				



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UNIT	VEHICLE	Vehicle Damage	
		05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER	
		Extent Of Damage <b>DISABLING DAMAGE</b>	
		Towed Due To Damage <b>NOT TOWED</b>	
UNIT	VEHICLE	Vehicle Removed By	
		Vehicle Factors	
		What Driver Was Doing <b>SLOW/STOPPING</b>	
		Driver Prior Action Other <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>LJR AUTO SALES (608) 617-9606</b>	
		Owner Address <b>N1245 US HWY 12 AND 16 LYNDON STATION, WI 53944 , US</b>	
		<b>Sequence Of Events</b>	
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
		Event	
		Event	
		Event	
UNIT	VEHICLE	<b>Policy Holder</b>	
		Insurance Company <b>PEKIN-INS-CO</b>	
		ORGANIZATION/COMPANY <b>LJR AUTO SALES</b>	
		<b>Individual</b>	
UNIT	INDIVIDUAL	DRIVER <b>MICHAEL FIGUEROA ROBLES (484) 937-1995</b>	
		Citations Issued <b>1</b>	Sex <b>MALE</b>
		Date of Birth	Race
		Address <b>305 LYNN AVE # C112 BARABOO, WI 53913 , US</b>	
UNIT	INDIVIDUAL	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>	
		On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
UNIT	INDIVIDUAL	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
		Helmet Use	
		Helmet Compliance	
		Eye Protection	
UNIT	INDIVIDUAL	Tint Compliance	
		<b>Injury</b>	
		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>
		<b>NOT EJECTED</b>	
UNIT	INDIVIDUAL	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	
		EMS Agency Identifier	
UNIT	INDIVIDUAL	EMS Run #	
		Hospital	
		Date of Death	
		Time of Death	

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UNIT INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	To/From School			
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	
	Suspected Drug Use <b>NO</b>			
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	
Alcohol Test Results				
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		
Drug Test Results				
Drug Type				
Individual Condition <b>APPEARED NORMAL</b>				
<b>Violations</b>				
UTC Number <b>BK745480</b>	Issue To? <b>002</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE</b>	