25-05955

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0FB0029	Primary Crash [Document #	Agency Crash 25-05955	Number		Officer/Deputy		
פ	Crash Date 06/14/2025	Crash Time 99:99		Date Arrived 06/14/2025			Time Arrived 07:54 AM		
007	Date Notified	Time Notified		Total Units		Total Injured		Total Killed	
'n	06/14/2025	07:48 AM		02		00	00	Reporting	
5	On Emergency	and Run	nd Run				or Towed	Threshold	
6 I LUF BUUZG	Government Property	Active School Zone School Bus Rela			elated	Tags			
	✓ Reportable	Crash Type PRIVATE PR	OPERTY/PARKI	NG LOT		✓ Amend	ed	Secondary Crash	
l	Description								
	Diagram NOT TO SCALE PR		E PRO		Y RO	ADEW	Reconstructio	ion By	
	I, a sworn law enforceme								
	UNIT 1 WAS LEGALLY PARKED IN	APAR I MENT PAF	RKING AREA. UNIT	2 STRUCK UNI	1 IN AN UNKNO	JWN WAY CAUSING	JAMAGE. VE	H WAS A HIT AND RUN	

SUSPECT VEHICLE ID

25-05955

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	cation									
	BERKLEY BLVD				Latitude			Longitud	le	
534	I FT E			43.477067454			-89.758886333			
-	HILL ST				X Coordin	X Coordinate		Y Coord		
	THE VILLAGE OF WES		276870.			481749				
IN	SAUK COUNTY			-						
					Structure	туре				
Cra	sh Scene									
	t Harmful Event				First Harn	nful Event L	ocation			
мс	TOR VEH IN TRANSPO	ORT			ON ROA					
Ма	nner of Collision				Light Con	dition				
UN	KNOWN				UNKNO	WN				
Roa	ad Surface Condition(s)				Roadway	Factor(s)				
DR	Y									
En	rironment Factor(s)									
NC	NE				NONE					
We	ather Condition(s)				-					
UN	KNOWN									
Ani	mal Type				o Trafficwa	,				
Crash Classification - Location					NON TR	AFFICWA	Y - PARKIN	IG LOT		
							Jurisdiction			
	PRIVATE PROPERTY					E PROPEI	RTY			
Tribal Land						Access Control NO CONTROL			Special Study	
Within Interchange Area Junction Location			Intersection Type							
NC	-	NON-JUNCTION			INTERSE	CTION				
_	it Summary									
	t Status		Vehicle Op	erating As C	Classification Unit Type					
нп	AND RUN	D CLASS				AUTOMOBILE				
Veł	nicle Type				Operating As Endorsements		ments			
(SF	ORT) UTILITY VEHICL									
•	al Occs	Train/Bus # Recorded	Total # Cita	d Total Trail 0		ailers Total HazMat Types 0		Mat Types		
1			0							
Ins	urance?	Direction Of Travel	Pro	CrashTire		Speed Limit		Total Lanes 1		
UN	KNOWN	NOT ON ROADWAY	Pre CrashTire Mark			N/A				
	st Harmful Event: Collision \	Special Fur				Emergency Motor Vehicle Use				
	RKED MOTOR VEHICL	NO SPEC	TION		NOT APPLICABLE					
	ffic Way		Traffic Control				Traffic Control Inoperative/Missing			
	RKING LOT OR PRIVA	NO CONTROL				NO				
	face Type	-	Road Curva				Road Grade			
BLACKTOP (BITUMINOUS)		STRAIGH	STRAIGHT			LEVEL				
Iru NC	ck Bus or HazMat									
	Vehicle									
	License Plate Number	Plate Type		St		Country of Issuance				
	AGN2832	AUT		wi		UNITED STATES				
	Vehicle Identification Number		Make			Year	Model			
9			MITS			2017	OUTLANDER			
	Color	Body Style				Bus Use				
	BLK - BLACK	4H - HATCHBACK 4 DOOR				NOT A BUS				
	Initial Contact Point									
	05 - RIGHT REAR CC									

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	щ			Vehicle Damage	Vehicle Damage						
UNIT	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE					7 8 9 10 11				
Ę	Ī			05 - RIGHT RE	AR CO	RNER	6				
-	ÿ					5 4 3 2 1					
	-	Towed Due To Damage			Vehicle Removed	Ву					
		NOT TOWED			OPERATOR						
		What Driver Was Doin	g		Vehicle Factors						
		BACKING									
		Driver Prior Action Other			BLE						
		Driver Actions									
	щ	UNSAFE BACKING	5								
UNIT	VEHICLE										
5	H										
	2										
		Owner Name SARAH LEWIS			Owner Addres 105 BERKL						
2	0	(608) 477-5763									
0	U				BARABOO, WI 53913 ,US						
		Sequence Of Ev	vents								
	0	Event PARKED MOTOR	VEHICLE								
	N	Event									
	02										
	03	Event									
	0										
	04	5 Event									
		ndividual									
		DRIVER			Citations Issued	1	Sex				
	<u> </u>	UNKNOWN UNKNOWN UNKNOWN		0							
	INDIVIDUAL				Date of Birth		Race				
E	Ď										
UNIT	Σ	Address			Driver License	Driver License Number					
	Ę	UNKNOWN UNKNOWN, ,									
	=	UNKNOWN, ,									
	Sat	On Duty Crash Cafety Equipment			Safety Equipme	Safety Equipment					
	Our										
		Row		Seat Position	RESTRAINT	USE U	NKNOWN				
		01 - FRONT ROW		07 - LEFT							
		Helmet Use			Helmet Complia	ance					
		Eye Protection		Tint Compliance Airbag							
6	001										
0	õ			ARENT INJURY	NOT APPLIC	ABLE					
	Ejected Ejection Path NOT APPLICABLE NOT EJECTED/NOT AF				Trapped/Extricated						
						LE					
					EMS Agency Id	entifier	EMS Run #				
	NOT TRANSPORTED Hospital			Date of Death Time of Death							
				Date of Death							
			Distracted	By Source							
		Distracted By		, -							

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		Distracted By Action									
	_	Strik	king Unit #	Location							
		Non Motorist	ung onten	2000.000							
		Prior Action		I							
		Action									
	Ľ										
⊢	INDIVIDUAL										
UNIT											
5	D										
	Z										
		Action Other								To/From School	
			pected Alcohol U	lse	Suspected Drug Use						
	L	Drug & Alcohol									
		Alcohol Test Given		Alcohol Test Type	9			Alcohol Tes	t Results		
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug T	est Results				
_	-	Drug Type									
0	001	0 11									
		Individual Condition									
		NOT OBSERVED									
	Unit	Summary									
		Status			Vehicle Operating As Classification						
	LEGALLY PARKED				D CLASS			AUTOMOBILE			
02						Operating As Endorsements					
	-	ORT) UTILITY VEHICLE	Train/Bus # Re	corded T	otal # Citations Issued		Total Traile	lers Total Haz		/at Types	
	0		-	0 0			0		hat Typoo		
	Insur	Insurance? Direction Of Travel			Pre CrashTire Speed L			imit Total Lan		s	
F	YES	YES NOT ON ROADWAY			Mark N/A				1		
UNIT		t Harmful Event: Collision With						Emergency Motor Vehicle Use			
					Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
		RKING LOT OR PRIVATE PROPERTY face Type			Road Curvature			Road Grade			
		Surface Type BLACKTOP (BITUMINOUS)			STRAIGHT			LEVEL			
		Bus or HazMat	,	_							
	NO										
		/ehicle									
		License Plate Number			Plate Type St			Country of Issuance			
		AEE5397	or		AUT WI						
02	02	Vehicle Identification Number 1FMCU9GD6JUA35274			Make Year FORD 2018		Model ESCAPE				
	•	Color						Bus Use			
		BLU - BLUE			UT - SPORT UTILITY VEHICLE						
	щ	Initial Contact Point			Vehicle Damage					7 8 9 10 11	
UNIT	ICL	건 10 - LEFT SIDE FRONT								7 8 9 10 11 6 1 2	
5	EHICL	Extent Of Damage			10 - LEFT SIDE FROM	IT				5 4 3 2 1	
								1			

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	_								
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	DWNER						
		-	/ehicle Factors						
		LEGALLY PARKED							
		Driver Prior Action Other	NOT APPLICABLE						
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
	VEHICLE								
≒	<u></u>								
UNIT	H								
-	Ű.								
	-								
		Owner Name	Owner Address						
	02	TIANDA DEAVER	101 BERKLEY BLVD APT 1						
02		(608) 477-5706	BARABOO, WI 53913 , US						
-	_								
	Ś	Sequence Of Events							
		Event							
	01	MOTOR VEH IN TRANSPORT							
	02	Event							
	0								
		Event							
	03								
	04	Event							
	0								
⊢		Policy Holder							
UNIT		Insurance Company	INDIVIDUAL						
5		PROGRESSIVE-CASUALTY-INS-CO	TIANDA DEAVER						