

6TL0FKD6NS
25-05617

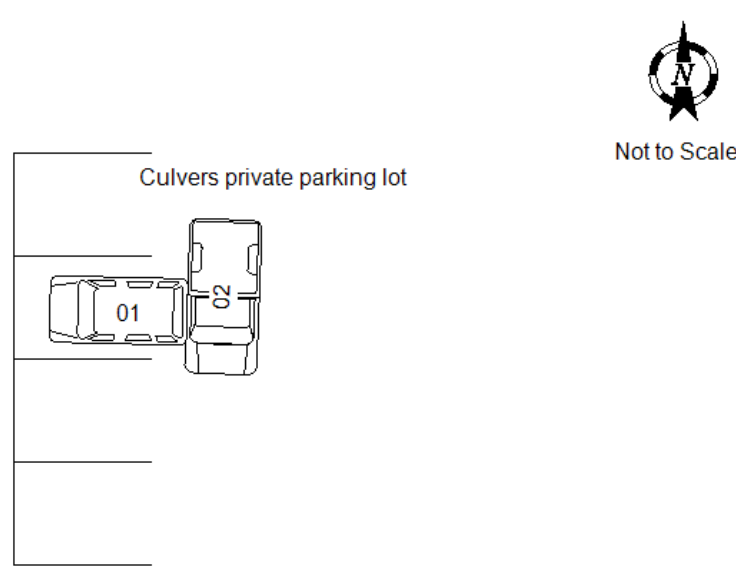
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-05617		Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 06/06/2025		Crash Time 03:00 PM		Date Arrived 06/06/2025		Time Arrived 03:04 PM	
Date Notified 06/06/2025		Time Notified 03:01 PM		Total Units 02		Total Injured 00	Total Killed 00
<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 NO		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By
		Photos By
		Additional Information WITNESS STATEMENTS, SURVEILLANCE VIDEO
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
ON JUNE 6TH, 2025 AT APPROXIMATELY 3:00PM UNIT 1 WAS ATTEMPTING TO BACK OUT OF A PARKING STALL WHEN IT BACKED INTO UNIT 2. NO INJURIES WERE REPORTED AND BOTH VEHICLES WERE REMOVED BY THE OPERATORS.		

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Location

PRIVATE PROPERTY E4919 USH14 EB (FIRE E4919) IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188905577	Longitude -90.072437511
	X Coordinate 250331.5	Y Coordinate 4786376.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 05 - REAR TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY		Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 0	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AEX8709		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5FNYP4H58FB067819		Make HOND	Year 2015	Model PILOT
	Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
	Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01	Owner Name STEPHANIE CAMPBELL (608) 418-0692		Owner Address 32821 US HWY 14 LONE ROCK, WI 53556 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL STEPHANIE CAMPBELL	
UNIT INDIVIDUAL	Individual			
	DRIVER STEPHANIE CAMPBELL (608) 418-0692		Citations Issued 0	Sex FEMALE
	Address 32821 US HWY 14 LONE ROCK, WI 53556 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	001	Safety Equipment		On Duty Crash
		Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	Drug & Alcohol		Suspected Alcohol Use NO		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	
		Drug Type					
		Individual Condition EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)					
		Individual					
		PASSENGER CRAIG CAMPBELL			Citations Issued 0	Sex MALE	
					Date of Birth	Race WHITE	
		Address 32821 US HWY 14 LONE ROCK, WI 53556 , US			Driver License Number		
		01	002	Safety Equipment		On Duty Crash	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
Distracted By				Distracted By Source			
Distracted By Action							
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action				
		Action				
01	002	Action Other		To/From School		
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO				
01	002	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
		TEST NOT GIVEN				
01	002	Drug Test Given	Drug Test Type	Drug Test Results		
		TEST NOT GIVEN				
01	002	Drug Type				
		Individual Condition				
01	002	APPEARED NORMAL				
		Individual				
UNIT	INDIVIDUAL	PASSENGER	Citations Issued	Sex		
		RUSSEL CAMPBELL	0	MALE		
01	003	Date of Birth	Race			
		Address	Driver License Number			
01	003	32821 US HWY 14				
		LONE ROCK, WI 53556 , US				
01	003	Safety Equipment	On Duty Crash	Safety Equipment		
		Row	Seat Position	BOOSTER SEAT		
01	003	02 - SECOND ROW	09 - RIGHT			
		Helmet Use	Helmet Compliance			
01	003	Eye Protection	Tint Compliance			
		Injury	Injury Severity	Airbag		
01	003	NO APPARENT INJURY	NON DEPLOYED			
		Ejected	Ejection Path	Trapped/Extricated		
01	003	NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
		Medical Transport	EMS Agency Identifier	EMS Run #		
01	003	NOT TRANSPORTED				
		Hospital	Date of Death	Time of Death		
01	003	Distracted By	Distracted By Source			
		Distracted By Action				
01	003	Non Motorist	Striking Unit #	Location		
		Prior Action				

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UNIT 01	INDIVIDUAL 003	Action			
		Action Other			To/From School
		Suspected Alcohol Use NO		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			
		Drug Type			
		Individual Condition APPEARED NORMAL			

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 0		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	Vehicle						
	UNIT 02	VEHICLE 02	License Plate Number TF1366		Plate Type LTK	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1FT8W3BT5MED48203			Make FORD	Year 2021	Model F350		
Color BLK - BLACK			Body Style PK - PICKUP		Bus Use		
Initial Contact Point 02 - RIGHT SIDE FRONT			Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER				
Extent Of Damage FUNCTIONAL DAMAGE							
Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR				
What Driver Was Doing GOING STRAIGHT							

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name KEN WALLACE DESIGN LLC (608) 574-0681		Owner Address 525 MINERAL ST MINERAL POINT, WI 53565 , US	
	Sequence Of Events			
UNIT 01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT 02	Policy Holder			
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		INDIVIDUAL KENNETH WALLACE	
	Individual			
	DRIVER KENNETH WALLACE (608) 574-0681		Citations Issued 0	Sex MALE
UNIT 03	Date of Birth		Race WHITE	
	Address 525 MINERAL ST MINERAL POINT, WI 53565 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
UNIT 04	Helmet Use		SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
UNIT 004	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED	
	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death	
UNIT 004	Time of Death		Distracted By	
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	Non Motorist			
UNIT 004	Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol			
		Suspected Alcohol Use NO		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
		Drug Type			
		Individual Condition			
		APPEARED NORMAL			

Witness				
WITN 01 ESS	Individual DOLAN HOSTETLER (608) 475-9570		Address 22216 STATE HWY 56 RICHLAND CENTER, WI 53581 , US	Date of Birth