

6TL0F51TLD

25-06056

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 25-06056		Investigating Officer/Deputy SERGEANT E. KNULL	
Crash Date 06/16/2025		Crash Time 04:41 PM		Date Arrived 06/16/2025		Time Arrived 04:51 PM	
Date Notified 06/16/2025		Time Notified 04:41 PM		Total Units 02		Total Injured 03	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 KNULL
	Additional Information PHOTOS

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

UNIT 1 STOPPED AT STOP SIGN ON STH 58 AT STH 33. UNIT 2 NB ON STH 33. OPERATOR OF UNIT 1 STATES VEHICLE WAS TURNING ON STH 58 AND SHE DIDNT SEE UNIT 1 AND PULLED OUT TO TURN SB AND WAS STRUCK BY UNIT 1. UNIT 1 DRIVER AND INFANT PASSENGER CHECKED OUT BY EMS WITH POSSIBLE INJURIES. DRIVER OF UNIT 2 ALSO HAD POSSIBLE INJURY. BOTH VEHICLES SUSTAINED DISABLING DAMAGE AND WERE REMOVED BY SHIELDS TOWING. OPERATOR OF UNIT 1 CITED FOR FAIL TO YIELD FROM STOP SIGN.

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Location

INTERSECTION ON STH33 WB AT STH58 NB IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.595037003	Longitude -90.127052505
	X Coordinate 247586.09375	Y Coordinate 4831648
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		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 TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 06/16/2025	Time Initial Lane/Rd Closed 04:41 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 06/16/2025	Time All Lanes Open 05:23 PM	Date Scene Cleared 06/16/2025	Time Scene Cleared 05:23 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 3	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS LE		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number AVM6394		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 2G11Z5SLXF9238685		Make CHEV	Year 2015	Model IMPALA		

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UNIT	VEHICLE	Color GLD - GOLD	Body Style SD - SEDAN	Bus Use
		Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING	
		What Driver Was Doing LEFT TURN	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
		Owner Name MARK BROOKS (608) 479-2911	Owner Address W5404 STATE ROAD 82 E # 6 MAUSTON, WI 53948 , US	
		Sequence Of Events		
		Event MOTOR VEH IN TRANSPORT		
UNIT	VEHICLE	Event		
		Event		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL MARK BROOKS	
		Individual		
		DRIVER JADA BROOKS (608) 479-2911	Citations Issued 1	Sex FEMALE
		Date of Birth	Race WHITE	
UNIT	INDIVIDUAL	Address W5404 STATE ROAD 82 E # 6 MAUSTON, WI 53948 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		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	
UNIT	INDIVIDUAL	Injury	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	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	
UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	PASSENGER MEREDITH GOODWIN (608) 479-2911		Citations Issued 0		Sex FEMALE	
			Date of Birth		Race WHITE	
	Address W5404 STATE ROAD 82 E # 6 MAUSTON, WI 53948 , US		Driver License Number			
	Safety Equipment		On Duty Crash		Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING	
	Row 02 - SECOND ROW		Seat Position 07 - LEFT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	Injury		Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-SIDE	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6001024		EMS Run #	
	Hospital REEDSBURG AREA MED CTR		Date of Death		Time of Death	

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UNIT INDIVIDUAL	Distracted By		Distracted By Source	
	Distracted By Action			
	Non Motorist		Striking Unit #	Location
	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				
Violations				
01	UTC Number BK261952	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 3	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS LE		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					
	License Plate Number ASM2480		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number JTDBR32E242032693		Make TOYT	Year 2004	Model COROLLA		

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UNIT	VEHICLE	Color GRN - GREEN	Body Style SD - SEDAN	Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name LELAND MC KNIGHT (608) 415-3154	Owner Address 640 SALSBERY CIR UNIT 2 HILLSBORO, WI 54634 , US	
UNIT	02	Sequence Of Events		
		Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company STATE-FARM-GENERAL-INS-CO	INDIVIDUAL LELAND MC KNIGHT	
		Individual		
UNIT	INDIVIDUAL	DRIVER LELAND MC KNIGHT (608) 415-3154	Citations Issued 0	Sex MALE
			Date of Birth	Race BLACK/AFRICAN AMERICAN
		Address 640 SALSBERY CIR UNIT 2 HILLSBORO, WI 54634 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	02	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	
UNIT	003	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #

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UNIT INDIVIDUAL 02 003	Hospital HILLSBORO AREA HOSPITAL		Date of Death		Time of Death	
	<i>Distracted By</i>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	<i>Non Motorist</i>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other				To/From School	
	<i>Drug & Alcohol</i>		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						