

6TL0FB002C
25-06251

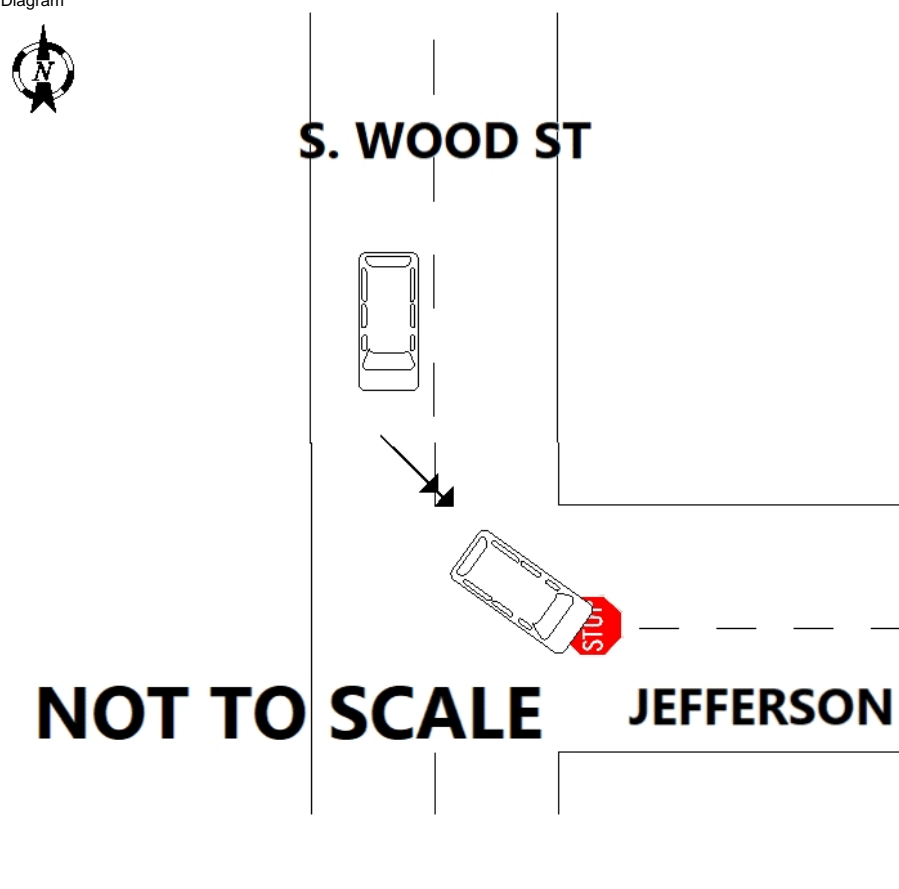
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 25-06251		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 06/21/2025		Crash Time 07:10 AM		Date Arrived 06/21/2025		Time Arrived 07:52 AM	
Date Notified 06/21/2025		Time Notified 07:15 AM		Total Units 01		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 NONE

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

UNIT 1 WAS TRAVELING S/B ON S. WOOD ST. UNIT 1 WAS TURNING LEFT ONTO JEFFERSON ST. UNIT 1 STRUCK THE STOP SIGN ON JEFFERSON. MINOR DAMAGE TO UNIT 1. STOP SIGN POST SNAPPED OFF.

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Location

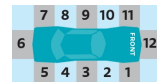
ON W JEFFERSON ST 36 FT E OF S WOOD ST IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude 43.176809658	Longitude -90.07374953
	X Coordinate 250175.515625	Y Coordinate 4785037
	Structure Type	

Crash Scene

First Harmful Event TRAFFIC SIGN POST		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 YES	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With TRAFFIC SIGN POST		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		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 581ZKJ		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 5TDJSKFC9MS023453		Make TOYT	Year 2021	Model SIENNA		
Color RED - RED		Body Style VN - VAN		Bus Use		
Initial Contact Point 12 - FRONT		Vehicle Damage				
Extent Of Damage MINOR DAMAGE		12 - FRONT				



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing LEFT TURN		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions LOOKED BUT DID NOT SEE				
01	01	Owner Name SHILOH L DOLPHIN-MACK (608) 669-1678		Owner Address 268 VALLEY DR LODI, WI 53555 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event LEFT TURN			
		02	Event TRAFFIC SIGN POST			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		INDIVIDUAL SHILOH DOLPHIN-MACK		
01	001	Individual				
		DRIVER SHILOH DOLPHIN-MACK (608) 669-1678		Citations Issued 0	Sex FEMALE	
		Date of Birth		Race WHITE		
		Address 268 VALLEY DR LODI, WI 53555 , US		Driver License Number		
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 NOT APPLICABLE (NOT DISTRACTED)				
		Distracted By Action NOT DISTRACTED				

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UNIT 01	INDIVIDUAL	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			
UNIT 01	INDIVIDUAL	Individual			
		PASSENGER KAINSLEY MACK (608) 669-1678		Citations Issued 0	Sex FEMALE
		Date of Birth		Race WHITE	
		Address 268 VALLEY DR LODI, WI 53555 , US		Driver License Number	
		Safety Equipment			
		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		UNIT 01	002	Injury	Injury Severity NO APPARENT INJURY
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					
Non Motorist					
Striking Unit #				Location	

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **06/21/2025**
Crash Time **07:10 AM**

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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				
	Individual				
	PASSENGER COVYN MACK (608) 669-1678		Citations Issued 0	Sex MALE	
Address 268 VALLEY DR LODI, WI 53555 , US		Date of Birth -----	Race WHITE		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		Safety Equipment
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	CHILD RESTRAINT SYSTEM - FORWARD FACING		
	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		
Prior Action					

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UNIT INDIVIDUAL 01 003				
	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			