

6TL0FV1GFX

25-05966

# 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>25-05966</b>		Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>06/14/2025</b>		Crash Time <b>03:16 PM</b>		Date Arrived <b>06/14/2025</b>		Time Arrived <b>03:28 PM</b>	
Date Notified <b>06/14/2025</b>		Time Notified <b>03:18 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 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 <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

<p>Diagram</p>	<p>Reconstruction By <b>SAUK COUNTY SHERIFFS DEPARTMENT</b></p>
	<p>Photos By <b>I. GALVAN #9131</b></p>
	<p>Additional Information <b>PHOTOS, RECONSTRUCTION</b></p>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING NORTHBOUND AND UNIT 2 WAS TRAVELING SOUTHBOUND. AS THE OPERATOR OF UNIT 1 WAS ATTEMPTING TO NEGOTIATE A CURVE, SHE TRAVELED INTO THE SOUTHBOUND LANE STRIKING UNIT 2. THE OPERATOR OF UNIT 1 WAS THROWN FROM THE MOTORCYCLE RESULTING IN SERIOUS INJURIES. THE OPERATOR OF UNIT 1 WAS TRANSPORTED TO THE HOSPITAL VIA AN AMBULANCE.

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**Location**

ON CTHK NB 322 FT S OF GILES RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude <b>43.564495685</b>	Longitude <b>-90.000646901</b>
	X Coordinate <b>257667.375</b>	Y Coordinate <b>4827879.5</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>02 - FRONT TO FRONT</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>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>06/14/2025</b>	Time Initial Lane/Rd Closed <b>03:25 PM</b>	<b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date All Lanes Open <b>06/14/2025</b>	Time All Lanes Open <b>07:18 PM</b>	Date Scene Cleared <b>06/14/2025</b>	Time Scene Cleared <b>07:18 PM</b>

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>M CLASS</b>		Unit Type <b>MOTORCYCLE</b>	
	Vehicle Type <b>MOTORCYCLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	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>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	01	License Plate Number <b>735XH</b>		Plate Type <b>CYC</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>MH3RH20Y2PK009266</b>		Make <b>YAMA</b>	Year <b>2023</b>	Model <b>MT-03</b>		

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>MC - MOTORCYCLE</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>		
	Owner Name <b>EMILY WALKER (608) 604-6805</b>	Owner Address <b>939 8TH ST # 2A REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>		
	Event <b>CROSS CENTERLINE</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event <b>OVERTURN/ROLLOVER</b>		
	Event		
	<b>Individual</b>		
UNIT INDIVIDUAL	DRIVER <b>EMILY WALKER (608) 604-6805</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>939 8TH ST # 2A REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		
UNIT INDIVIDUAL	On Duty Crash	Protective Gear <b>BOOTS, LONG PANTS</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use <b>NO</b>	Helmet Compliance <b>UNKNOWN</b>	
	Eye Protection <b>YES: WORN AND WINDSHIELD</b>	Tint Compliance <b>UNKNOWN</b>	
	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6001024</b>	EMS Run #
	Hospital <b>UW HEALTH-AMERICAN CENTER</b>	Date of Death	Time of Death

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UNIT 01 001	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source		
		Distracted By Action		UNKNOWN		
		<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				
		Action				
		Action Other				
		To/From School				
		<b>Drug &amp; Alcohol</b>	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 NOT OBSERVED						

## Unit Summary

UNIT 02	Unit Status	IN TRANSIT		Vehicle Operating As Classification	D CLASS		Unit Type	AUTOMOBILE	
	Vehicle Type	(SPORT) UTILITY VEHICLE					Operating As Endorsements		
	Total Occs	1	Train/Bus # Recorded		Total # Citations Issued	0	Total Trailers	0	Total HazMat Types
	Insurance?	YES	Direction Of Travel	SOUTHBOUND	Pre Crash Tire Mark	<input type="checkbox"/>	Speed Limit	55	Total Lanes
	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			Traffic Control		
				NO CONTROL			Traffic Control Inoperative/Missing		
				NO			Surface Type		
			BLACKTOP (BITUMINOUS)			Road Curvature			
			CURVE LEFT			Road Grade			
			LEVEL			Truck Bus or HazMat			
			NO						

## Vehicle

02 02	License Plate Number	167YLC		Plate Type	AUT		St	WI		Country of Issuance	UNITED STATES	
	Vehicle Identification Number	1GNKVFED2DJ110127		Make	CHEV		Year	2013		Model	TRAVERSE	
	Color	SIL - SILVER (ALUMINUM)		Body Style	UT - SPORT UTILITY VEHICLE		Bus Use					
	Initial Contact Point	11 - LEFT FRONT CORNER										

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UNIT	VEHICLE	Vehicle Damage						
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>					
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>					
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors					
		Driver Prior Action Other	<b>NOT APPLICABLE</b>					
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>						
02	02	Owner Name <b>NICOLE LICHTÉ</b> (608) 393-9127	Owner Address <b>E6221 ELDER RIDGE RD</b> <b>LOGANVILLE, WI 53943 , US</b>					
		Sequence Of Events						
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>						
		Event						
		Event						
		Event						
UNIT	02	Event						
		Event						
		Event						
		Event						
UNIT	03	Event						
		Event						
		Event						
		Event						
UNIT	04	Event						
		Event						
		Event						
		Event						
UNIT	05	Policy Holder						
		Insurance Company <b>OWNERS-INS-CO</b>	INDIVIDUAL <b>NICOLE LICHTÉ</b>					
		Individual						
		<table border="1"> <tr> <td>DRIVER <b>NICOLE LICHTÉ</b> (608) 393-9127</td> <td>Citations Issued <b>0</b></td> <td>Sex <b>FEMALE</b></td> </tr> <tr> <td></td> <td>Date of Birth</td> <td>Race <b>WHITE</b></td> </tr> </table>			DRIVER <b>NICOLE LICHTÉ</b> (608) 393-9127	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
DRIVER <b>NICOLE LICHTÉ</b> (608) 393-9127	Citations Issued <b>0</b>	Sex <b>FEMALE</b>						
	Date of Birth	Race <b>WHITE</b>						
UNIT	06	<table border="1"> <tr> <td>Address <b>E6221 ELDER RIDGE RD</b> <b>LOGANVILLE, WI 53943 , US</b></td> <td colspan="2">Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b></td> </tr> </table>			Address <b>E6221 ELDER RIDGE RD</b> <b>LOGANVILLE, WI 53943 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		Address <b>E6221 ELDER RIDGE RD</b> <b>LOGANVILLE, WI 53943 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
		Safety Equipment						
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>				
Helmet Use	Helmet Compliance							
UNIT	07	Eye Protection	Tint Compliance					
		Injury						
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>					
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>				
UNIT	08	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #				
		Hospital	Date of Death	Time of Death				

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UNIT INDIVIDUAL 02 002	<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 GIVEN</b>		Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>
	Drug Type			
Individual Condition <b>APPEARED NORMAL</b>				