6TL0D1PTR5

25-06721

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Crash Date 17/01/2025 Date Notified 17/01/2025 On Emergency Government Property Reportable escription | Crash Type | Date A 07/01 Total U 02 Lane Closure School Zone School | /2025 | Time Arrived 12:11 PM Total Injured 00 Trailer Tags | Total Killer 00 or Towed | Reporting Threshold |
|---|-----------------------------------|--|---|---|--------------------------------|---------------------|
| Government Property Reportable escription | Hit and Run Active So Crash Type | Lane Closure School | ─ Work Zone | 00 Trailer | 00 | Reporting |
| On Emergency Government Property Reportable escription | Hit and Run Active So | Lane Closure | | Trailer | | |
| Property Reportable escription | Crash Type | hool Zono | Bus Related | Togo | | |
| Reportable escription | | | | rays | | |
| • | | NDARD CRASH) | | Amende | ed | Secondary Crash |
| Diagram | • | | | | | |
| | | Not to s | scale | | Photos By DEP. S.MES | |
| | 'Unit 2 | and ma Ro II Road fail | of 11 it 1 turn onto Gasper d then was attempting ke a left turn onto Ga ad, makin g a u-turn, ed to yield to the vehinind, unit 2, that conti | to I but cle | PHOTOS | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 7

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| I٥ | cation | | | | | | | | | |
|---------------------------------------|-------------------------------|-------------------------|--------------|--------------------------|--------------|--|---------------|--------------------------------------|-------------|--------------|
| | TERSECTION | | | | | Latitude | | | Longitus | da. |
| | N GALL RD | | | | | Latitude Longitude -89.734275032 | | | | |
| | GASPER DR | | | | | | | | | |
| | THE TOWN OF BARAI | воо | | | | X Coordina | | | Y Coord | |
| | SAUK COUNTY | | | | | 278745.96875 4813921 | | | | |
| | | | | | | Structure Type NO STRUCTURE | | | | |
| Cra | ash Scene | | | | | | | | | |
| _ | st Harmful Event | | | | | Firet Harm | ful Event Lo | eation | | |
| | | | | | | | DWAY | cation | | |
| | | | | | | | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | Light Cond | | | | |
| | | | | | | DAYLIGI | | | | |
| Ro | oad Surface Condition(s) | | | | | Roadway I | Factor(s) | | | |
| DF | RY | | | | | | | | | |
| En | vironment Factor(s) | | | | | | | | | |
| NC | ONE | | | | | NONE | | | | |
| We | eather Condition(s) | | | | | 1 | | | | |
| CL | LOUDY | | | | | | | | | |
| Ani | imal Type | | | | | Relation T | o Trafficway | , | | |
| | | | | | | | WAY - O | | | |
| | ash Classification - Location | 1 | | | | | ssification - | | | |
| | JBLIC PROPERTY | | | | | NO SPECIAL JURISDICTION | | | | |
| l rit | Tribal Land | | | | | Access Control Special Study PARTIAL CONTROL | | | | |
| Wit | thin Interchange Area | | Intersection | | n Type | | | | <u> </u> | |
| | YES INTERSECTION | | | | T-INTER | | SECTION | | | |
| | osure Type | | | Reasons for Closi | | | | | | |
| | ANE CLOSURE | | | | | | | | | |
| Da | ate Initial Lane/Rd Closed | Time Initial Lane/Rd CI | osed | TOW | TRUCK | | | | | |
| 07 | //01/2025 | 12:00 PM | | | | | | | | |
| | te All Lanes Open | Time All Lanes Open | | Date Scene Clear | | | | ime Scene Cleared | | |
| | 7/01/2025 | 12:53 PM | | 07/01 | 1/2025 | | 12: | 57 PM | | |
| | nit Summary \blacksquare | | | | | | | | | |
| Un | nit Status | | Vehi | cle Ope | erating As C | lassification | | Unit Type | | |
| | TRANSIT | | DC | LASS | | | | AUTOMOBILE Operating As Endorsements | | |
| Vel | hicle Type | | • | | | | | | | ments |
| PA | ASSENGER CAR | | | | | | | | | |
| Tot | tal Occs | Train/Bus # Recorded | Tota | Total # Citations Issued | | | Total Traile | illers Total Haz | | Mat Types |
| 1 | | | 1 | | | | 0 | | 0 | |
| Ins | surance? | Direction Of Travel | | Pre | CrashTire | ! | Speed Lim | it | Total Lan | es |
| YE | ES | SOUTHBOUND | | | Mark | | 45 | | 2 | |
| Мо | ost Harmful Event: Collision | With | | cial Fur | ction | | I. | Emergency N | | |
| | OTOR VEH IN TRANSP | PORT | | | IAL FUNC | TION | | NOT APPL | | |
| | affic Way | <u> </u> | | ic Cont | | | | Traffic Contro | ol Inoperat | tive/Missing |
| | VO-WAY, NOT DIVIDED | <u> </u> | | P SIG | | | | NO | | |
| | ırface Type | <u> </u> | | d Curva | | | | Road Grade UPHILL | | <u> </u> |
| BL | LACKTOP (BITUMINOU | JS) | STR | RAIGH | T | | | | | |
| | uck Bus or HazMat | | • | | | | | | | |
| NC | | | | | | | | | | |
| | Vehicle License Plate Number | | Plat | te Type | : | | St | Country of Iss | uance | |
| | ALV9356 | | AU | | | | WI | UNITED STATES | | |
| | Vehicle Identification Nu | mber | Mal | ke | | | Year | Model | | |
| 2 | | | вм | IW | | | 2007 | 650 | | |
| | | | | | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

2 of 7

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 1 | | 0-1 | | D - 4 - 04 1- | | D I I | | | | | |
|------|------------|--|---|---|--|--------------------|-------------|--|--|--|--|
| | | Color BLK - BLACK | | Body Style CP - COUPE | | Bus Use | | | | | |
| | | | | Vehicle Damage | | | | | | | |
| L | ۳ | Initial Contact Point 11 - LEFT FRONT CORNE | :D | venicie Damage | | | 7 8 9 10 11 | | | | |
| LNN | ≌ | Extent Of Damage | :K | |) - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, | | | | | | |
| ı⊃ | VEHICLE | DISABLING DAMAGE | | 12 - FRONT | | | 5 4 3 2 1 | | | | |
| | > | Towed Due To Damage | | Vehicle Removed By | | | | | | | |
| | | TOWED DUE TO DISABLE | ING DAMAGE | CRAIGS TOWING | | | | | | | |
| | | What Driver Was Doing | ING DAMAGE | Vehicle Factors | | | | | | | |
| | | U TURN | | Veriloie i detois | /enicle ractors | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | | |
| | | Divor Frior Florida | | | | | | | | | |
| | | Driver Actions | | I | | | | | | | |
| | щ | FAILED TO YIELD RIGHT | -OF-WAY | | | | | | | | |
| I≡ | VEHICLE | | | | | | | | | | |
| L N | 포 | | | | | | | | | | |
| | 7 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Owner Name RONALD LESTIKOW | , | Owner Address S6463 DEVILS D | EL IGUT PD | | | | | | |
| 2 | 2 | (608) 516-6100 | | | | | | | | | |
| ٦ | _ | (000,000 | | | MERRIMAC, WI 53561 , US | | | | | | |
| | | 0.5 | | | | | | | | | |
| | , | Sequence Of Events Event | | | | | | | | | |
| | 2 | MOTOR VEH IN TRANSPO | ORT | | | | | | | | |
| | 02 | Event | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | 40 | Event | | | | | | | | | |
| | | D. P Hallan | | | | | | | | | |
| I≡ | · ' | Policy Holder | | | | | | | | | |
| LNN | | Insurance Company STATE-FARM-CLASSIC-I | NS-CO | INDIVIDUAL RONALD LESTIKOW | | | | | | | |
| | | Individual | 110-00 | KONALD ELOTING | | | | | | | |
| | | | | | | | | | | | |
| | | | | Citations Issued | Sex | | | | | | |
| | | DRIVER RONALD LESTIKOW | | Citations Issued | Sex MALE | | | | | | |
| | ΑL | DRIVER | , | | MALE Race | | | | | | |
| | DUAL | DRIVER RONALD LESTIKOW | , | 1 | MALE | | | | | | |
| TIN | INIDUAL | DRIVER RONALD LESTIKOW (608) 516-6100 | | 1 | Race WHITE | | | | | | |
| TINO | NDIVIDUAL | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I | RD | 1 Date of Birth | Race WHITE | | | | | | |
| TINO | INDIMIDUAL | DRIVER RONALD LESTIKOW (608) 516-6100 | RD | 1 Date of Birth | Race WHITE | | | | | | |
| TINO | INDIVIDUAL | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , L | RD IS | 1 Date of Birth Driver License Number | Race WHITE | | | | | | |
| TINO | | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , L | RD IS | 1 Date of Birth | Race WHITE | | | | | | |
| TINO | | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , U | RD IS Crash | 1 Date of Birth Driver License Number Safety Equipment | MALE Race WHITE | | | | | | |
| TINO | | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , U fety Equipment | RD JS Crash Seat Position | 1 Date of Birth Driver License Number | MALE Race WHITE | | | | | | |
| TINU | | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , U fety Equipment Row 01 - FRONT ROW | RD IS Crash | 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAI | MALE Race WHITE | | | | | | |
| TINU | | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , U fety Equipment | RD JS Crash Seat Position | 1 Date of Birth Driver License Number Safety Equipment | MALE Race WHITE | | | | | | |
| TINO | | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , U fety Equipment Row 01 - FRONT ROW | RD JS Crash Seat Position | 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAI | MALE Race WHITE | | | | | | |
| | Sai | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , U fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | Crash Seat Position 07 - LEFT | 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance | MALE Race WHITE | | | | | | |
| | | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , L fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se | RD JS Crash Seat Position 07 - LEFT | 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAI Helmet Compliance | MALE Race WHITE | | | | | | |
| | Sai | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , L fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Service Roy NO AP | Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path | 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE | Trapped/Extricated | | | | | |
| | Sai | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , L fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Selected NOT EJECTED | RD JS Crash Seat Position 07 - LEFT | 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE | MALE Race WHITE P BELT | NOT TRAPPED | | | | | |
| | Sai | DRIVER RONALD LESTIKOW (608) 516-6100 Address S6463 DEVILS DELIGHT I MERRIMAC, WI 53561 , L fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Service Roy NO AP | Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path | 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAI Helmet Compliance Tint Compliance Airbag NON DEPLOYED | MALE Race WHITE P BELT | | | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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3 of 7

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Hospital | | | | | Date of Death | | | Time of Death | | |
|------|-------------------------------------|---|-------------------|--------------------------------|----------------------|-------------------|--------------------------------------|-------------------|--------------|--|-----------------|----------------|
| İ | | Distracted By | Disti NO | racted By S T APPLIC | ource ABLE (NOT I | DISTRA | CTED) | | | | | |
| | Distracted By Action NOT DISTRACTED | | | | | | | | | | | |
| | | Non Motorist | Strik | ing Unit # | Location | ı | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| ١. | JAL | | | | | | | | | | | |
| LIND | INDIVIDUAL | | | | | | | | | | | |
| | N N | | | | | | | | | | | |
| | | Action Other | | | | | | | | | | To/From School |
| | | Action Other | 0 | | h-111 | | I Constant David Line | | | | | Ton Jon School |
| | L | Drug & Alcohol | NO NO | pected Alco | | | Suspected Drug Use NO | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | Icohol Test Given | | | Alcohol Test Type | | | | Alcohol Test Results | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Tes | Drug Test Type | | Drug ² | Test Results | | | |
| 2 | 00 | Drug Type | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | APPEARED NOR | MAL | | | | | | | | | |
| | , | Violations UTC Number | logi | ue To? | Statute Numb | or | Description | | | | | |
| | 5 | BG944385 | 001 | | 346.18(3) | | FAIL/YIELD RIGHT/ | WAY F | ROM STO | P SIGN | | |
| _ | | t Summary Status | | | | ΙV | ehicle Operating As Class | ification | 1 | Unit Type | | |
| | | RANSIT | | | | | CLASS | | | AUTOMOBILE | | |
| 05 | | cle Type ORT) UTILITY VEH | ICLE | | | | | | | Operating A | s Endorsem | ents |
| | Tota | I Occs | | Train/Bus | # Recorded | T | otal # Citations Issued | | Total Traile | ers | Total HazM | lat Types |
| | | rance? | | Direction (| | - | Pre CrashTire Mark | | Speed Lim | it | Total Lane | S |
| L N | Most | , t Harmful Event: Collision TOR VEH IN TRANS | | ith | | S | Special Function NO SPECIAL FUNCTION |)N | 1 40 | Emergency Motor Vehicle Use NOT APPLICABLE | | le Use |
| ŀ | Traff | ic Way | | K I | | Т | raffic Control | | | Traffic Cont | rol Inoperation | ve/Missing |
| | | D-WAY, NOT DIVID | ED | | | | NO CONTROL Road Curvature | | | NO Road Grade | Э | |
| | BLA | CKTOP (BITUMING | ous |) | | | STRAIGHT | | | UPHILL | | |
| | Truc NO | k Bus or HazMat | | | | | | | | | | |
| | , | Vehicle | | | | | | | | | | |
| | | License Plate Numbe BAJ4203 | r | | | | Plate Type AUT | | St WI | Country of Is UNITED S | | |
| I | ~ ! | | | | | | | | | | | |

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Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data.

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6TL0D1PTR5

25-06721

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| ~ | | Vehicle Identification Number | | Make | Ye | ear | Model | | | |
|------|---------------|--|--|--|-------------------------------|----------|--------------------------------|--|--|--|
| 05 | | 3FMCR9D91RRF54222 | | FORD | 20 | 024 | BRONCO SPO | | | |
| | | Color | Body Style Bus Use | | | | | | | |
| | | WHI - WHITE | UT - SPORT UTILITY VEHICLE | | | | | | | |
| | ш | Initial Contact Point | | Vehicle Damage | | | | | | |
| ⊢ | VEHICLE | 01 - RIGHT FRONT CORN | | | | | 7 8 9 10 11 | | | |
| NN N | ₽ | Extent Of Damage | 01 - RIGHT FRON | T CORNER, (| 02 - RIC | SHT SIDE | 6 2 12 | | | |
| 🗕 | 亩 | DISABLING DAMAGE | FRONT, 12 - FRONT 5 4 3 2 1 | | | | | | | |
| | > | | | Webiele Bernerd Be | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | | |
| | | NOT TOWED | | | CRAIGS TOWING | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | |
| | | GOING STRAIGHT | | NOT APPLICABLE | - | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | Ε | | | | | |
| | | | | | | | | | | |
| | | Driver Actions | | | | | | | | |
| | щ | NO CONTRIBUTING ACTI | ON | | | | | | | |
| FN S | VEHICLE | | | | | | | | | |
| ١₹١ | 王 | | | | | | | | | |
| - | Ä | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | |
| | | MADISYN YNGSDAL | | | S5639 GRANITE LN | | | | | |
| 02 | 02 | (608) 408-8272 | BARABOO, WI 53913 , US | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | • | Sequence Of Events Event | | | | | | | | |
| | 2 | MOTOR VEH IN TRANSPO | ORT | | | | | | | |
| | | Event | | | | | | | | |
| | 02 | Lvent | | | | | | | | |
| | _ | Event | | | | | | | | |
| | 03 | A Levelit | | | | | | | | |
| | | | | | | | | | | |
| | | Event | | | | | | | | |
| | 40 | Event | | | | | | | | |
| _ | 40 | Event Policy Holder | | | | | | | | |
| TINI | 40 | Policy Holder Insurance Company | | INDIVIDUAL | | | | | | |
| UNIT | 40 | Policy Holder | s-co | INDIVIDUAL MADISYN YNG: | SDAL | | | | | |
| TINO | 04 | Policy Holder Insurance Company | s-co | | SDAL | | | | | |
| TINO | 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER | | | SDAL Sex | | | | | |
| TINU | - 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL | | MADISYN YNG | | .E | | | | |
| TINO | - 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER | | MADISYN YNG | Sex FEMAL Race | | | | | |
| | - 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL | | Citations Issued 0 | Sex FEMAL | | | | | |
| | - 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN (608) 408-8272 Address | | Citations Issued 0 | Sex FEMAL Race WHITE | | | | | |
| UNIT | - 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN | | Citations Issued O Date of Birth | Sex FEMAL Race WHITE | | | | | |
| | 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN (608) 408-8272 Address | | Citations Issued O Date of Birth | Sex FEMAL Race WHITE | | | | | |
| | - 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN | | Citations Issued O Date of Birth | Sex FEMAL Race WHITE | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US | S | Citations Issued O Date of Birth | Sex FEMAL Race WHITE | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US | S | Citations Issued 0 Date of Birth Driver License Nur | Sex FEMAL Race WHITE | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US | S | Citations Issued 0 Date of Birth Driver License Nur | Sex FEMAL Race WHITE | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US | S Crash | Citations Issued 0 Date of Birth Driver License Nur Safety Equipment | Sex FEMAL Race WHITE | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US fety Equipment Row | S Crash Seat Position | Citations Issued 0 Date of Birth Driver License Nur Safety Equipment | Sex FEMAL Race WHITE | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US fety Equipment Row 01 - FRONT ROW Helmet Use | S Crash Seat Position | Citations Issued 0 Date of Birth Driver License Nur Safety Equipment SHOULDER & L | Sex FEMAL Race WHITE | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW | S Crash Seat Position | Citations Issued 0 Date of Birth Driver License Nur Safety Equipment SHOULDER & L | Sex FEMAL Race WHITE | | | | | |
| TINU | NDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection | Seat Position 07 - LEFT | Citations Issued 0 Date of Birth Driver License Nur Safety Equipment SHOULDER & L Helmet Compliance | Sex FEMAL Race WHITE | | | | | |
| TINU | NDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se | Seat Position 07 - LEFT | Citations Issued O Date of Birth Driver License Nur Safety Equipment SHOULDER & L Helmet Compliance Airbag | Sex FEMAL Race WHITE nber | | | | | |
| | INDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Se NO API | Seat Position 07 - LEFT everity PARENT INJURY | Citations Issued 0 Date of Birth Driver License Nur Safety Equipment SHOULDER & L Helmet Compliance | Sex FEMAL Race WHITE nber | | Tranned/Evtricated | | | |
| TINU | NDIVIDUAL 04 | Policy Holder Insurance Company WISCONSIN-MUTUAL-INS Individual DRIVER MADISYN YNGSDAL (608) 408-8272 Address S5639 GRANITE LN BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se | Seat Position 07 - LEFT | Citations Issued O Date of Birth Driver License Nur Safety Equipment SHOULDER & L Helmet Compliance Tint Compliance Airbag NON DEPLOYE | Sex FEMAL Race WHITE nber | | Trapped/Extricated NOT TRAPPED | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $5 \quad \text{of} \quad 7$

y CJIS data. Crash Date **07/01/2025**Crash Time **12:00 PM**

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | | | | |
|----------|------------|---|--------------------------|---------------------|--------------------------|-------------------|--------------------------------|----------------|--|--|--|
| | | NOT TRANSPORTED Hospital | | | Date of Death | | Time of Death | | | | |
| | | Поѕрна | | | Date of Death | | Time of Death | | | | |
| | | Distracted By NOT A | ed By Source PPLICABL | E (NOT DISTRA | CTED) | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | |
| | | Non Motorist Striking | Unit # | Location | | | | | | | |
| | | Prior Action | | | | | | | | | |
| TINO | INDIVIDUAL | Action | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | |
| | ı | Drug & Alcohol NO | ed Alcohol U | se | 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 | | | | | |
| 05 | 005 | Drug Type | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | |
| | - 1 | Individual | | | | | | | | | |
| | | PASSENGER SAVANNAH LACEY | | | Citations Issued | Sex | | | | | |
| | F | DAVARIAN EAGET | | | 0 Date of Birth | FEMALE Race | | | | | |
| - | 2 | | | | | | | | | | |
| TINO | INDIVIDUAL | Address S2592 SCHEPP RD BARABOO, WI 53913 , U | s | | Driver License Number | | | | | | |
| | Sat | On Duty | Crash | | Safety Equipment | | | | | | |
| | ou. | Row 01 - FRONT ROW | Seat Po | | SHOULDER & LAP BELT | | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | | | |
| | | Eye Protection | | | Tint Compliance | | | | | | |
| 05 | 003 | Injury So | everity PARENT I | NJURY | Airbag NON DEPLOYED | | | | | | |
| | | Ejected NOT EJECTED | Ejection Pa | th CTED/NOT APPL | ICABLE | | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier | | EMS Run # | | | | |
| Wisco | nsin M | Motor Vehicle Crash | | This report | does not include any CJI | S data. | Crash Date | 07/01/2025 | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

6 of 7

Crash Time 12:00 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Hospital | | Date of Death | | Time of Death | |
|------|------------|-----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | | Distracted By Sour | rce | 1 | | | |
| | | Distracted By Action | | | | | |
| | | Non Motorist Striking Unit # | Location | | | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| _ | UAL | | | | | | |
| LIND | INDIVIDUAL | | | | | | |
| | N | | | | | | |
| | | | | | | | |
| | | Action Other | | | | | To/From School |
| | ı | Drug & Alcohol NO | l Use | Suspected Drug Use NO | | | |
| İ | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 05 | 003 | Drug Type | • | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |