WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash D	,				stigating Officer/Deputy PUTY B. TRAGER			
Crash Date 06/30/2025	Crash Time 08:52 AM		Date Ar 06/30/2		Time Arri 09:18 A	М			
Date Notified 06/30/2025 On Emergency Government Property	Time Notified 08:53 AM		Total U	nits	Total Inju 00	red	Total Kille	ed	
On Emergency	Hit and Run	Lane Closu		Work Zone		er or	Towed	Reporting Threshold	
Government Property		hool Zone	NO School	Bus Related	Tags			_	
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Ame	nded		Secondary Crash	
Description						_		_	
Diagram					Not to Scale	Ph	construction	ПВУ	
		Private	e Field I	Drive	Not to Scale				
Gavin Rd. between Cf HH and Kelly Dr.	ty Rd.	2 7					ditional Info	rmation	
I, a sworn law enforce	cement officer, agre	e that I have no	ot added	l any CJIS data in	this report.				
ON JUNE 30, 2025 AT APPRO DRIVE. UNIT 2 WENT TO PA IF HE USED A SIGNAL PRIOF HIM TURNING INTO THE DRI	SS AND UNIT 1'S FRON R TO TURNING BUT DID	IT TIRE CAUGHT T MOVE OVER TOW	HE SIDE (VARD THE	OF UNIT 2. THE OPE CENTER OF THE RO	RATOR OF UNIT DAD IN ATTEMPT	1 STAT S TO PI	ED HE COU	ILD COULDN'T REMEMBER	

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	_oc	ation —									
·		E7206 GAVIN RD				Latitude			Longitud	de	_
	0.52	MIE				43.62009	3962		_	962677	
	OF KELLY DR (FIRE E7206) X 26						ate		Y Coord		_
							X Coordinate Y Coordinate 260447.15625 4833962.5				
						Structure FIRE	Туре		ı		_
Į	_	AUK COUNTY				FIRE					
	Cras	sh Scene									-
Ī	First	Harmful Event				First Harm	nful Event Lo	cation			
	MO	TOR VEH IN TRANSP	ORT			ON ROA	DWAY				
ı	Manr	ner of Collision				Light Cond	dition				
	07 -	SIDESWIPE/SAME D	IRECTION			DAYLIG	HT				
ı	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY	•									
l	Envir	onment Factor(s)				1					
	NON	IE				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLE	AR									
ļ	Anim	al Type					o Trafficway				_
ļ	Cros	h Classification I agation					ssification				
		h Classification - Locatior BLIC PROPERTY	I								
ŀ		I Land	ERTI				NO SPECIAL JURISDICTION Access Control Special Study				
							NO CONTROL				
	Withi	n Interchange Area	Junction Location NON-JUNCTION		Intersection	ion Type N INTERSECTION					
L			NON-JUNCTION		NOT AN	INTERSE	CTION				_
ı		Summary =									
		Status				Classification Unit Type					
		RANSIT		O CLASS		EQUIPMENT					
5		cle Type					Operating As Endorsements				
۱,		M TRACTOR/SELF P		1			TTat-17 "	laro Tatal II		a=Mat Tymas	
	Total	Occs	Train/Bus # Recorded	Total # Cita	itions Issued	ed Total Trail		ners lotal i		HazMat Types	
ŀ		ance?	Direction Of Travel				Speed Lim		Total Lan	III anaa	
	YES		EASTBOUND	Pre	CrashTire Mark	•	45	mit Total			
		Harmful Event: Collision		Special Fur			170				
,		TOR VEH IN TRANSP		· ·	IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE			
ŀ		c Way		Traffic Conf	trol			Traffic Contro	ol Inopera	tive/Missing	
	TWC	-WAY, NOT DIVIDED)	NO CONT	rol			NO			
ŀ		ace Type		Road Curva				Road Grade			_
	BLA	CKTOP (BITUMINOU	JS)	STRAIGH	IT			LEVEL			
ľ		k Bus or HazMat									
4	NO.	/objets									
		Vehicle		Plate Type	2		St	Country of lea	suance		
		License Plate Number		Flate Type	,			Country of Issuance			
	_	Vehicle Identification Nu	mber	Make			Year	Model			_
	0	L06320H374844		DEER				6320			
		Color DGR - GREEN, DAR	K	Body Style		<u>'</u>		Bus Use			_
	ш	Initial Contact Point		Vehicle Da					<u> </u>		_
		10 - LEFT SIDE FRO	NT	VOI IIOIC DE						7 8 9 10 11	
- 2	0		I	10 - LEFT SIDE FF		RONT			6 12		
[主!	Extent Of Damage		10 - LEF	T SIDE FR	RONT				3	
	VEHICL	Extent Of Damage MINOR DAMAGE		10 - LEF	T SIDE FR	RONT				5 4 3 2 1	

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1										
		Towed Due To Damage NOT TOWED			hicle Removed By PERATOR					
		What Driver Was Doing			hicle Factors					
		LEFT TURN		1 46	TIICIE I ACIOIS					
		Driver Prior Action Other		NC	OT APPLICABLE					
		Driver Actions								
	Щ	LOOKED BUT DID NOT S	EE							
UNIT	\overline{c}									
5	VEHICLE									
	>									
		Owner Name			Owner Address					
		KATIE RICHERT			E7179 GAVIN RD.					
6	2	(608) 393-0137			REEDSBURG, WI	53959 , US				
	;	Sequence Of Events								
	5	Event MOTOR VEH IN TRANSP	ORT							
	02	Event								
	0									
	03	Event								
	40	Event								
		Dollar Holder								
LIND		Policy Holder Insurance Company			INDIVIDUAL					
5		HASTINGS-MUTUAL-INS	-co		INDIVIDUAL KATIE RICHERT					
		Individual								
		DRIVER		T	Citations Issued	Sex				
	_	RYAN MEYER		(0	MALE e of Birth Race WHITE				
	INDIVIDUAL	(608) 495-1981			Date of Birth					
UNIT	9	A 11								
5	5	Address 522 N GROVE ST			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Z	REEDSBURG, WI 53959	, US	;						
	Co	On Duty	Crash	;	Safety Equipment					
	Sal	fety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		NOT APPLICABLE					
		Helmet Use	U7 - LEF1		Helmet Compliance					
					Tismist Compliance					
		Eye Protection			Tint Compliance					
_	_	Injury S	everity		Airbag					
2	90	1	PARENT INJURY		NOT APPLICABLE					
		Ejected	Ejection Path	1			Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT AP					NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		·			550.		= = = = = = = = = = = = = = = = =			
		Distracted By NOT A	ed By Source PPLICABLE (NOT DIST	[RAC]	ΓED)					
		Distracted By Action	•		-					
		NOT DISTRACTED								

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		Non Motorist	king Unit#	Location						
		Prior Action								
		Action								
	AL									
LIND	INDIVIDUAL									
5	IDIV									
	_									
		Action Other						To/From School		
		l Suc	pected Alcohol U	50	Suspected Drug Use					
	L	Drug & Alcohol NO	pecied Alcohol O	SC	NO					
		Alcohol Test Given TEST NOT GIVEN			•		Alcohol Test Results			
				Drug Test Type		Drug Test Result	S			
2	001	Drug Type								
	0									
		Individual Condition								
		APPEARED NORMAL								
		t Summary ===								
		Status 'RANSIT			ehicle Operating As Classi CLASS	rication	Unit Type AUTOMOBILE	LE		
02		hicle Type PORT) UTILITY VEHICLE					Operating As Endors	sements		
	,	Occs Train/Bus # Re		corded	otal # Citations Issued	Total Trai	 lers	azMat Types		
	2 Insur	rance?	Direction Of Tra	o avel	Pre CrashTire	0 Speed Lir	nit Total La	anes		
≒	YES		EASTBOUND	_	Mark	45	2			
LIND		t Harmful Event: Collision W TOR VEH IN TRANSPO			pecial Function IO SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way D-WAY, NOT DIVIDED			raffic Control O CONTROL		Traffic Control Inoperative/Missing NO			
	Surfa	асе Туре		R	oad Curvature		Road Grade			
		ACKTOP (BITUMINOUS k Bus or HazMat)	S	TRAIGHT	LEVEL				
	NO									
		Vehicle License Plate Number		T F	Plate Type	St	Country of Issuance			
		APT1231			AUT	WI	UNITED STATES			
02	02	Vehicle Identification Number 2FMPK3J80JBB58039			Make FORD	Year 2018	Model EDGE			
		Color BLK - BLACK			Body Style JT - SPORT UTILITY V	FHIC! F	Bus Use			
	Щ.	Initial Contact Point			/ehicle Damage	VLL		7 8 9 10 11		
LIND	VEHICL	02 - RIGHT SIDE FROM Extent Of Damage	NT		02 - RIGHT SIDE FROI		SIDE MIDDLE,	6 2 2 12		
_ر	VE	FUNCTIONAL DAMAG	E		04 - RIGHT SIDE REAL	~		5 4 3 2 1		
	Towed Due To Damage NOT TOWED				Vehicle Removed By OWNER					

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		What Driver Was Doir			V	/ehicle Factors						
		OVERTAKE LEFT			,	NOT APPLICABLE						
		Driver Prior Action Oth	her		ľ	NOT APPLICABLE						
		Driver Actions										
_	믜											
LINO	VEHICLE											
_	VE!											
		Owner Name DESIREE SPINK				Owner Address E4853 EGGBRECHT RD						
02	02	(608) 415-9652				LA VALLE, WI 53941 , US						
		Sequence Of Event	vents									
	01	MOTOR VEH IN TRANSPORT										
	02	Event										
	03	Event										
	04	Event										
		Delies Helder										
LIND		Policy Holder Insurance Company				INDIVIDUAL						
5		GEICO-GENERAL-INS-CO			DESIREE SPINK							
	ı	Individual										
		DRIVER DESIREE SPINK (608) 415-9652				Citations Issued Sex 0 FEMALE						
	AL.					Date of Birth	Race					
⊨	INDIVIDUAL						WHITE					
LNO	2	Address E4853 EGGBRECI	HT RD			Driver License Number						
	Z	LA VALLE, WI 539				STATE: WISCONSIN COUNTRY: UNITED STATES						
			0.5.1.0									
	Sat	On Duty Crash fety Equipment				Safety Equipment						
		Row				SHOULDER & LAP BELT						
		01 - FRONT ROW Helmet Use		07 - LE	:F1	Helmet Compliance						
		Eye Protection				Tint Compliance						
05	002	Injury	Injury Sev	erity ARENT II	LUDY	Airbag NON DEPLOYED						
	J	Ejected		Ejection Pa		NON DEPLOTED		Trapped/Extricated				
		NOT EJECTED	ı	NOT EJE	CTED/NOT APPL			NOT TRAPPED				
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #				
	Hospital					Date of Death		Time of Death				
			Distracted	By Source	;			1				
		Distracted By Distracted By Action	NOT AP	PLICABL	E (NOT DISTRAC	CTED)						
		NOT DISTRACTED	ס									
		Non Motorist	Striking U	nit#	Location							

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ı											
		Prior Action									
UNIT	INDIVIDUAL	Action Other To/From School									
	L	Suspect Drug & Alcohol NO	ed Alcohol l	Jse	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type)		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
02	005	Drug Type				•					
		Individual Condition APPEARED NORMAL									
		Individual									
	<u>ا</u>	PASSENGER KAYLIN SPINK (608) 415-9652			Citations Issued 0	Sex FEMALE					
╘	INDIVIDUAL				Date of Birth	Race WHITE					
LINO	INDIV	Address E4853 EGGBRECHT RD LA VALLE, WI 53941 , US		Driver License Number							
	Sat	On Duty fety Equipment	Crash		Safety Equipment						
		Row 02 - SECOND ROW	Seat Po 07 - L l		SHOULDER & LAP	BELT					
		Helmet Use			Helmet Compliance						
	Eye Protection				Tint Compliance						
02	003	Injury Se	eventy PARENT I	NJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa	ath CTED/NOT APPI	I ICABI F		Trapped/Extricated NOT TRAPPED				
		Medical Transport	NOT LOL	O'LDMOT ATT	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED Hospital		Date of Death		Time of Death					
			od Dv C	•							
		Distracted By	ed By Sourc	e 							
		Distracted By Action									
		Non Motorist Striking	Unit#	Location							
		Prior Action		1							

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		Action						
	Ļ							
_	UA							
UNIT	ΔI							
_ ر	INDIVIDUAL							
	=							
		Action Other						To/From School
	ļ		Suspected Alcohol Us	: A	Suspected Drug Use			
	L	Drug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	003	Drug Type						
	0							
		Individual Condition						
		APPEARED NORM	MAL					