### 6TL0F2KRF0 25-07012

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Override  | Primary Crash D           | Document # | cument # Agency Crash Number Investigating Officer/Deputy 25-07012 DEPUTY I. GALVAN |           |                           |                          |                          |           |  |
|---|---------------------------|------------|---|-----------|---------------------------|--------------------------|--------------------------|-----------|--|
| Crash Date<br>07/07/2025  | Crash Time<br>11:00 AM    |            | Date Ar<br>07/07/2  | rived     | Time Arriv                | Time Arrived<br>11:12 AM |                          |           |  |
| Crash Date<br>07/07/2025<br>Date Notified<br>07/07/2025<br>On Emergency Hit<br>Government<br>Property | Time Notified<br>11:02 AM |            | Total Ui<br><b>01</b>   | nits      | Total Injure<br><b>00</b> | ed                       | Total Kille<br><b>00</b> | ed        |  |
|   |                           |            |   | Work Zopo |                           |                          | 1                        | Reporting |  |
| On Emergency Hit  | t and Run Lane Close      |            | School Bus Related  |           | Trailer or Towed          |                          | lowed                    | Threshold |  |
| Government<br>Property  | Active School Zone NO     |            |   |           | Tags                      |                          |                          |           |  |
| ✓ Reportable  | nded                      |            | Secondary<br>Crash  |           |                           |                          |                          |           |  |
| Description   |                           |            |   |           |                           |                          | constructior             |           |  |
| SEELEY LANE<br>SEELEY LANE<br>NOT TO SCALE  |                           |            |   |           |                           |                          |                          | rmation   |  |

25-07012

### WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

| 1    | 00       | ation  |                                |                              |                 |   |                                     |                       |                |               |  |  |
|------|----------|--|--------------------------------|------------------------------|-----------------|---|-------------------------------------|-----------------------|----------------|---------------|--|--|
| Í    |          | SEELEY LN                                      |                                |                              |                 | Latitude                                    |                                     |                       | Longit         | tude          |  |  |
|      | 306 FT S |  |                                |                              |                 | 43.43626154                                 |                                     |                       | -89.8          | -89.863728581 |  |  |
|      |          | SEELEY LN PRIVATE                              | OM                             |                              |                 | X Coordinate Y                              |                                     |                       | Y Coo          | ordinate      |  |  |
|      |          |  |                                |                              |                 | 268234.96875 4813246.5                      |                                     |                       |                |               |  |  |
|      |          |  |                                |                              |                 | Structure                                   |                                     |                       |                |               |  |  |
|      |          |  |                                |                              |                 | NUSIR                                       | UCTURE                              |                       |                |               |  |  |
| (    |          | sh Scene                                       |                                |                              |                 |   |                                     |                       |                |               |  |  |
|      |          | Harmful Event                                  |                                |                              |                 |   | nful Event Lo                       |                       |                |               |  |  |
|      |          | ARDRAIL END                                    |                                |                              |                 |   | DER RIGH                            | Т                     |                |               |  |  |
|      |          | ner of Collision                               |                                |                              |                 | Light Con                                   |                                     |                       |                |               |  |  |
|      |          | d Surface Condition(s)                         | HICLE IN TRANSPORT             |                              |                 | DAYLIG<br>Roadway                           |                                     |                       |                |               |  |  |
|      | DR       |  |                                |                              |                 | Ruauway                                     | racion(s)                           |                       |                |               |  |  |
|      |          |  |                                |                              |                 | -   |                                     |                       |                |               |  |  |
|      |          | ronment Factor(s)                              |                                |                              |                 | NONE  |                                     |                       |                |               |  |  |
|      |          |  |                                |                              |                 | NONE  |                                     |                       |                |               |  |  |
|      |          | ther Condition(s)                              |                                |                              |                 |   |                                     |                       |                |               |  |  |
|      | CLE      |  |                                |                              |                 |   |                                     |                       |                |               |  |  |
|      | Anim     | nal Type                                       |                                |                              |                 | Relation To Trafficway TRAFFICWAY - ON ROAD |                                     |                       |                |               |  |  |
|      | Cros     | h Classification - Location                    |                                |                              |                 |   | ssification -                       |                       |                |               |  |  |
|      |          | BLIC PROPERTY                                  |                                |                              |                 |   |                                     | ISDICTION             |                |               |  |  |
|      | Triba    | al Land  |                                |                              |                 | Access Control Special Study                |                                     |                       |                |               |  |  |
|      |          |  |                                |                              | NO CONTROL      |   |                                     |                       |                |               |  |  |
|      | With NO  | in Interchange Area                            | Junction Location NON-JUNCTION |                              |                 | tion Type N INTERSECTION                    |                                     |                       |                |               |  |  |
|      | -        |  | Non-beneficial                 |                              |                 |   | onen                                |                       |                |               |  |  |
|      |          | t Summary Status                               |                                | Vehicle Ope                  | erating As C    | lassification                               | 1                                   | Unit Type             |                |               |  |  |
|      |          | nit Status Vehicle Operating As C              |                                |                              |                 | AUTOMOBILE                                  |                                     |                       |                |               |  |  |
| _    |          | hicle Type                                     |                                |                              |                 | Operating As Endorsements                   |                                     |                       |                |               |  |  |
| 0    | PAS      | ASSENGER CAR                                   |                                |                              |                 |   |                                     |                       |                |               |  |  |
|      | Tota     | l Occs   |                                | tions Issued                 |                 |   |                                     |                       | azMat Types    |               |  |  |
|      | 1        | _  |                                | 0                            | 0               |   |                                     |                       |                | 0             |  |  |
|      |          | nsurance? Direction Of Travel YES SOUTHBOUND   |                                | Pre                          | CrashTire       | e Speed Lim                                 |                                     | mit Total La <b>2</b> |                | anes          |  |  |
| UNIT | -        | Harmful Event: Collision \                     | Special Fur                    | Mark 40                      |                 |   | Emergency Motor Vehicle Use         |                       |                |               |  |  |
|      |          | ARDRAIL END                                    |                                | IAL FUNC                     | TION            |   | NOT APP                             | LICABL                | E              |               |  |  |
|      |          | ic Way   | Traffic Cont                   | trol                         |                 |   | Traffic Control Inoperative/Missing |                       | rative/Missing |               |  |  |
|      |          | D-WAY, NOT DIVIDED                             | NO CONT                        | NO CONTROL<br>Road Curvature |                 |   | NO<br>Road Grade                    |                       |                |               |  |  |
|      |          | асе Туре                                       |                                |                              |                 |   |                                     |                       |                |               |  |  |
|      |          | CKTOP (BITUMINOU:<br>k Bus or HazMat           | CURVER                         | CURVE RIGHT LEVEL            |                 |   |                                     |                       |                |               |  |  |
|      | NO       | K BUS OF HAZIMAL                               |                                |                              |                 |   |                                     |                       |                |               |  |  |
|      | ٦        | Vehicle  |                                |                              |                 |   |                                     |                       |                |               |  |  |
|      |          | License Plate Number                           |                                | Plate Type                   | ;               |   | St                                  | Country of Is         |                |               |  |  |
|      |          | AZT8961  |                                | AUT                          |                 |   | WI                                  | UNITED S              | TATES          |               |  |  |
| 2    | 01       | Vehicle Identification Nun<br>3N1CN8BV4SL82392 |                                | Make<br>NISS                 |                 | Year<br>2025                                | Model<br>VERSA                      |                       |                |               |  |  |
| -    | 0        | Color  |                                | Body Style                   |                 |   | Bus Use                             |                       |                |               |  |  |
|      |          | WHI - WHITE                                    |                                | SD - SEDAN                   |                 |   |                                     |                       |                |               |  |  |
|      | щ        | Initial Contact Point                          |                                |                              | amage           |   |                                     |                       | T              | 7 0 0 10 11   |  |  |
|      | VEHICL   | 05 - RIGHT REAR CORNER                         |                                |                              |                 |   |                                     |                       |                | 7 8 9 10 11   |  |  |
|      |          | Extent Of Damage                               |                                |                              | GHT REAR CORNER |   |                                     |                       |                |               |  |  |
| 5    | H        | Extent Of Damage<br>MINOR DAMAGE               |                                | 05 - KIG                     |                 | CORNER 5 4 3 2 1                            |                                     |                       |                |               |  |  |

# 6TL0F2KRF0

25-07012

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |                                   | Towed Due To Damag                                       | ge           |                                |      |   |                |                    |  |  |  |  |  |
|------|-----------------------------------|--|--------------|--------------------------------|------|---|----------------|--------------------|--|--|--|--|--|
|      |                                   | NOT TOWED  |              |                                |      | PERATOR                                 |                |                    |  |  |  |  |  |
|      |                                   | What Driver Was Doin<br>BACKING                          | ig           |                                | ve   | cle Factors                             |                |                    |  |  |  |  |  |
|      |                                   | Driver Prior Action Oth                                  | ner          |                                |      | OT APPLICABLE                           |                |                    |  |  |  |  |  |
|      |                                   |  |              |                                |      |   |                |                    |  |  |  |  |  |
| UNIT | VEHICLE                           | Driver Actions LOOKED BUT DID NOT SEE                    |              |                                |      |   |                |                    |  |  |  |  |  |
|      |                                   | Owner Name   |              |                                |      | Owner Address                           |                |                    |  |  |  |  |  |
| 01   | 01                                | BENJAMIN RICHARDS-MAGNUSON<br>(608) 393-8870             |              |                                |      | 406 4TH AVE<br>BARABOO, WI 53           | 913 , US       |                    |  |  |  |  |  |
|      |                                   | Sequence Of Ev   | /ents        |                                |      |   |                |                    |  |  |  |  |  |
|      | 01                                | Event  |              |                                |      |   |                |                    |  |  |  |  |  |
|      | 02                                | Event  |              |                                |      |   |                |                    |  |  |  |  |  |
|      | 03                                | Event  |              |                                |      |   |                |                    |  |  |  |  |  |
|      | 04                                | Event Event  |              |                                |      |   |                |                    |  |  |  |  |  |
| L    |                                   | Policy Holder  |              |                                |      |   |                |                    |  |  |  |  |  |
| UNIT |                                   | Insurance Company  |              |                                |      | INDIVIDUAL                              |                |                    |  |  |  |  |  |
|      |                                   | PROGRESSIVE-UI   | NIVERSAL     | -INSURANCE-COMP                | ו י  |   |                |                    |  |  |  |  |  |
|      | I                                 | Individual   |              |                                |      |   |                |                    |  |  |  |  |  |
|      |                                   |  |              |                                |      | Citations Issued Sex                    |                |                    |  |  |  |  |  |
|      | AL                                | MADELEINE ESPOSITO<br>(608) 393-8870                     |              |                                |      | <b>0</b><br>Date of Birth               | FEMALE<br>Race |                    |  |  |  |  |  |
| ⊢    | NDIVIDUAI                         |  |              |                                |      | Date of Birth                           | WHITE          | 1                  |  |  |  |  |  |
| UNIT | N                                 | Address  |              |                                | 1    | Driver License Numbe                    | ,              |                    |  |  |  |  |  |
|      | ND                                | 406 4TH AVE<br>BARABOO, WI 539                           | 13 US        |                                |      | STATE: WISCONSIN COUNTRY: UNITED STATES |                |                    |  |  |  |  |  |
|      | -                                 | 2, 10, 200, 11,000                                       | ,            |                                |      |   |                |                    |  |  |  |  |  |
|      |                                   |  | On Duty Cr   | ash                            | :    | Safety Equipment                        |                |                    |  |  |  |  |  |
|      | Saf                               | fety Equipment   | -            |                                |      |   |                |                    |  |  |  |  |  |
|      |                                   | Row     Seat Position       01 - FRONT ROW     07 - LEFT |              |                                | ;    | SHOULDER & LAP BELT                     |                |                    |  |  |  |  |  |
|      |                                   | Helmet Use   |              |                                |      | Helmet Compliance                       |                |                    |  |  |  |  |  |
|      |                                   | Eye Protection   |              |                                |      | Tint Compliance                         |                |                    |  |  |  |  |  |
|      | ~                                 |  | Injury Seve  | ritv                           |      | Airbag                                  |                |                    |  |  |  |  |  |
| 9    | NO APPARENT INJURY                |  |              |                                |      | NON DEPLOYED                            |                |                    |  |  |  |  |  |
|      | [                                 | Ejected  | -            | Ejection Path                  |      |   |                | Trapped/Extricated |  |  |  |  |  |
|      | NOT EJECTED NOT EJECTED/NOT APPI  |  |              |                                |      |   |                |                    |  |  |  |  |  |
|      | Medical Transport NOT TRANSPORTED |  |              |                                |      | EMS Agency Identifier                   |                | EMS Run #          |  |  |  |  |  |
|      |                                   | Hospital   |              |                                |      | Date of Death                           |                | Time of Death      |  |  |  |  |  |
|      |                                   |  |              |                                |      |   |                |                    |  |  |  |  |  |
|      |                                   | Distracted By  | Distracted I | By Source<br>LICABLE (NOT DIST | RACI | ED)                                     |                |                    |  |  |  |  |  |
|      |                                   | Distracted By Action<br>NOT DISTRACTED                   | <b>`</b>     |                                |      |   |                |                    |  |  |  |  |  |
|      |                                   | NUT DISTRACTED   | ,            |                                |      |   |                |                    |  |  |  |  |  |

#### 6TL0F2KRF0 25-07012

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| rom School |
|------------|
|            |
|            |
|            |
|            |
|            |
|            |
|            |