

6TL0DRXHLLF

25-07319

# 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>25-07319</b>		Investigating Officer/Deputy <b>DEPUTY S. ELLICKSON</b>	
Crash Date <b>07/14/2025</b>		Crash Time <b>04:30 PM</b>		Date Arrived <b>07/14/2025</b>		Time Arrived <b>04:37 PM</b>	
Date Notified <b>07/14/2025</b>		Time Notified <b>04:30 PM</b>		Total Units <b>02</b>		Total Injured <b>04</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>Not to Scale</p> <p>USH 12 SB</p> <p>CTH C</p>		<p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information <b>PHOTOS</b></p>
<p><input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.</p> <p>UNIT 1 WAS STOPPED AT THE STOP SIGN ON CTH C AT USH 12. UNIT 2 WAS TRAVELING SOUTHBOUND ON USH 12. UNIT 1 ENTERED USH 12 TO GO ACROSS AND GO NORTHBOUND ON USH 12. UNIT 1 DID NOT SEE UNIT 2. UNIT 2 HAD NO STOP SIGNS OR ANYTING AND STRUCK UNIT 1.</p>		

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**Location**

INTERSECTION ON USH12 SB AT CTHC IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude <b>43.352831518</b>	Longitude <b>-89.764001767</b>
	X Coordinate <b>275999</b>	Y Coordinate <b>4803708</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>OTHER</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>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>07/14/2025</b>	Time Initial Lane/Rd Closed <b>04:37 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>07/14/2025</b>	Time All Lanes Open <b>05:06 PM</b>	Date Scene Cleared <b>07/14/2025</b>	Time Scene Cleared <b>05:09 PM</b>

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	01	License Plate Number <b>IJJ733</b>		Plate Type <b>AUT</b>	St <b>IA</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>4S4BSBNC8G3334749</b>		Make <b>SUBA</b>	Year <b>2016</b>	Model <b>OUT</b>		

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UNIT	VEHICLE	Color <b>RED - RED</b>	Body Style <b>4D - 4DR</b>	Bus Use
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>09 - LEFT SIDE MIDDLE</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
		Owner Name <b>MARY ACTON (515) 537-5945</b>	Owner Address <b>9065 BISHOP DR APT 312 WEST DES MOINES, IA 50266 , US</b>	
		<b>Sequence Of Events</b>		
		Event <b>MOTOR VEH IN TRANSPORT</b>		
UNIT	VEHICLE	Event		
		Event		
		Event		
		Event		
		Event		
UNIT	VEHICLE	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>MARY ACTON</b>	
		<b>Individual</b>		
		DRIVER <b>MARY ACTON (515) 537-5945</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>	
UNIT	INDIVIDUAL	Address <b>9065 BISHOP DR APT 312 WEST DES MOINES, IA 50266 , US</b>	Driver License Number <b>STATE: IOWA COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use	Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>
		Ejected <b>NOT EJECTED</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>6000555</b>	EMS Run #

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UNIT INDIVIDUAL	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	
	<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 NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
01	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Violations</b>					
	UTC Number <b>BJ679443</b>		Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>	

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</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>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	License Plate Number <b>AJE3269</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	

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02	UNIT VEHICLE	Vehicle Identification Number <b>1C3CCAB0GN113874</b>		Make <b>CHRY</b>	Year <b>2016</b>	Model <b>200</b>	
		Color <b>MAR - MAROON (BURGUNDY)</b>		Body Style <b>SD - SEDAN</b>		Bus Use	
		Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>12 - FRONT</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
02	UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>					
		Owner Name <b>STEPHANIE KELLER (608) 644-6675</b>		Owner Address <b>S8811 S GRUBERS GROVE RD PRAIRIE DU SAC, WI 53578 , US</b>			
<b>Sequence Of Events</b>							
02	UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	Event				
		03	Event				
		04	Event				
02	UNIT	<b>Policy Holder</b>					
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		INDIVIDUAL <b>STEPHANIE KELLER</b>			
02	UNIT INDIVIDUAL	<b>Individual</b>					
		DRIVER <b>STEPHANIE KELLER (608) 644-6675</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>S8811 S GRUBERS GROVE RD PRAIRIE DU SAC, WI 53578 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
02	002	<b>Safety Equipment</b>		On Duty Crash			
				Safety Equipment			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>			

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UNIT INDIVIDUAL	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run #	
	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	
	<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 NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
02 002	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	PASSENGER <b>JAMES HAWLEY</b> (608) 843-2410		Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Date of Birth		Race <b>WHITE</b>	
	Address <b>S8811 S GRUBERS GROVE RD</b> <b>PRAIRIE DU SAC, WI 53578 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 003	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</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>6000555</b>		EMS Run #	

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UNIT INDIVIDUAL	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action					
	<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 NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
02 003	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	PASSENGER <b>AUDREY HAWLEY</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Date of Birth		Race <b>WHITE</b>	
	Address <b>S8811 S GRUBERS GROVE RD PRAIRIE DU SAC, WI 53578 , US</b>		Driver License Number			
	<b>Safety Equipment</b>		On Duty Crash <b>EMT/FIRST-RESPONDER</b>		Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>	
	Row <b>02 - SECOND ROW</b>		Seat Position <b>09 - RIGHT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 004	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run #	
	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	

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UNIT INDIVIDUAL 02 004	<b>Distracted By</b>	Distracted By Source		
	Distracted By Action			
	<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 NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition <b>APPEARED NORMAL</b>				