## WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash D	Document #	Agency Crash Number 25-07319			Investigating Officer/Deputy DEPUTY S. ELLICKSON Time Arrived 04:37 PM			
	Crash Date <b>07/14/2025</b>	Crash Time 04:30 PM			Date Arrived <b>07/14/2025</b>					
6 I LUDKAHL	Date Notified <b>07/14/2025</b>	Time Notified 04:30 PM		Total U	nits	Tota <b>04</b>	Il Injured	Total Kille	d	
שט-		and Run	Lane Closu		Work Zone		Trailer or	Towed	Reporting Threshold	
9   [	Government Property		hool Zone	NO NO	Bus Related	Tags	S		_	
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	)			Amended		Secondary Crash	
	Description						-			
	Not to Scale	USH 1	2 SB			W √ V S	ÐF	econstruction	Ь	
	СТН С	<u></u>		_			Ad	dditional Infor HOTOS	mation	
		S U1	_							
	SIOP									
		U								
	I, a sworn law enforceme									
	UNIT 1 WAS STOPPED AT THE STO AND GO NORTHBOUND ON USH 1								D USH 12 TO GO ACROSS	

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/14/2025

Crash Time 04:30 PM

Loc	ation									
	ERSECTION					Latitude		Longitud		
_	USH12 SB					43.352831518 -8			-89.764	001767
	CTHC HE TOWN OF SUMPT	EB				X Coordinate Y Coordinate			inate	
	AUK COUNTY	EK				275999			480370	8
""	7.0.1. 000.11.					Structure Type				
						NO STR	UCTURE			
Cra	sh Scene									
_	Harmful Event					First Harn	nful Event	Location		
мо	TOR VEH IN TRANSPO	ORT				ON ROA				
Manı	ner of Collision					Light Con	dition			
ОТН	IER					DAYLIG	HT			
Road	Road Surface Condition(s)						Factor(s)			
DRY	•									
Envir	ronment Factor(s)									
NON	1E					NONE				
Wea	ther Condition(s)									
CLE	AR									
Anim	al Type					Relation 1	o Trafficw	ay		
						TRAFFIC	CWAY - C	N ROAD		
1	h Classification - Location					_		- Jurisdiction		
	BLIC PROPERTY					NO SPECIAL JURISDICTION				
Triba	ll Land					Access Co		ROL		Special Study
With	in Interchange Area	Junction Location			Intersectio	n Type				l .
NO	-	INTERSECTION			FOUR-W	AY INTER	RSECTIO	N		
Clos	ure Type			Reaso	ons for Closu	ıre				
LAN	IE CLOSURE									
Date	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	t	LAW	<b>ENFORCI</b>	EMENT, T	OW TRU	ICK, FIRE/EM	S	
	4/2025	04:37 PM								
	All Lanes Open 4/2025	Time All Lanes Open 05:06 PM		-			ime Scene Clea	e Scene Cleared  09 PM		
<u> </u>		U5:U6 PIVI		07/14	12025		١٠	:.09 PW		
	Summary =									
	Status				erating As Cl	assification	1	Unit Type		
	RANSIT		D CL	D CLASS				AUTOMOBILE		
	cle Type ORT) UTILITY VEHICL	_						Operating As	Operating As Endorsements	
_	Occs	Train/Bus # Recorded	Total	# Cito	tions Issued		Total Tra	pilers	Total Haz	Mat Types
1	Occs	Traili/Dus # Necolded	10tai	# Cita	lions issueu		0	illers	0	wat Types
	ance?	Direction Of Travel		D	O		Speed L	imit	Total Lan	es
YES		WESTBOUND		Pre	CrashTire Mark		55		2	
	Harmful Event: Collision		Spec	ial Fun			100	Emergency		cle Use
	TOR VEH IN TRANSPO		NO S	SPEC	IAL FUNC	TION		NOT APPL		
	ic Way		Traffi	c Cont	rol			Traffic Contr	ol Inopera	tive/Missing
DIVI	DED HWY W/O TRAF	FIC BARRIER	STO	P SIG	N			NO		
				Curva	ture			Road Grade		
BLACKTOP (BITUMINOUS) STRA				AIGH	Т			LEVEL		
Truc	Truck Bus or HazMat							<u> </u>		
NO										
•	Vehicle									
	License Plate Number			е Туре		St Country of Issuance				
	IJJ733		AU				IA	UNITED ST	ATES	
_	Vehicle Identification Nur		Mak			<del></del>	Year	Model		<u> </u>
Ò	4S4BSBNC8G33347	5 4S4BSBNC8G3334749 SUBA					2016	OUT		

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

		0-1			Dl C4 .l -			Dona III-a	. ,	
		Color			Body Style			Bus Use		
		RED - RED			4D - 4DR					
	Щ	Initial Contact Point			Vehicle Da	ımage			7 8 9 10 11	
UNIT	VEHICL	10 - LEFT SIDE FRO	NT				_		6 12	
5	프	Extent Of Damage			09 - LEF	T SIDE MIDDL	.E		5 4 3 2 1	
	7	DISABLING DAMAG	E						3 4 3 2 1	
		Towed Due To Damage			Vehicle Removed By					
		TOWED DUE TO DIS	SABLING	DAMAGE	CRAIGS	TOWING				
		What Driver Was Doing			Vehicle Fa	ctors				
		GOING STRAIGHT								
		Driver Prior Action Other			NOT APP	PLICABLE				
		Driver Actions								
	щ	FAILED TO YIELD R	IGHT-OI	WAY						
UNIT	VEHICLE									
5	표									
	7									
		Owner Name				r Address				
7	_	MARY ACTON				BISHOP DR A	NPT 312 S, IA 50266 ,US	•		
01	2	(515) 537-5945			WES	I DES MOINE	3, IA 30266 , US	•		
	;	Sequence Of Eve	nts							
	_	Event								
	2	MOTOR VEH IN TRA	NSPOR	I						
	02	Event								
	0									
	03	Event								
	0									
	9	Event								
⊨	I	Policy Holder								
UNIT		Insurance Company			INDIVIDUAL					
_		PROGRESSIVE-CLA	SSIC-IN	S-CO	MARY ACTON					
	1	Individual								
		DRIVER			Citations Issued Sex					
	_	MARY ACTON			1		FEMALE			
	MAL	(515) 537-5945			Date of	Birth	Race WHITE			
⊨	₫									
UNIT	INDIVID	Address			Driver L	icense Number				
_	무	9065 BISHOP DR AP WEST DES MOINES		e 110	STATE: IOWA COUNTRY: UNITED STATES					
	=	WEST DES MOINES,	, IA 5020	, 03	SIAIL	. IOWA COUN	IKI. UNITED 3	IAILO		
	Sat	fety Equipment	n Duty Cr	ash	Safety E	quipment				
	Sai	ety Equipment								
		Row		Seat Position	SHOU	LDER & LAP E	BELT			
		01 - FRONT ROW		07 - LEFT						
		Helmet Use			Helmet	Compliance				
		Eye Protection			Tint Compliance					
			ium/ Cave	rity	Airbag					
01	5 Injury Severity SUSPECTED MINOR INJURY					VED COMBIN	IATION			
	J	Ejected		ection Path	DEPL	OYED-COMBIN	MATION	Trapped/Extricated		
		NOT EJECTED	1 -	OT EJECTED/NOT APF				NOT TRAPPED		
		Medical Transport	141	OI LULUILD/NOI APP				EMS Run #		
		EMS GROUND		6000555						

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

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

		Hospital SAUK PRAIRIE HOSP					Date of Death			Time of Death		
		Distracted By	Distracted E	y Source LICABL	e .E (NOT DISTF	RAC	CTED)					
	Distracted By Action NOT DISTRACTED											
	·	Non Motorist	Striking Uni	#	Location							
		Prior Action										
LIND	INDIVIDUAL	Action										
		Action Other										To/From School
	L	Orug & Alcohol	Suspected A	Alcohol U	Jse		Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test T	Туре			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Typ	е		Drug <sup>-</sup>	Test Results			
10	001	Drug Type										
		Individual Condition										
		APPEARED NORM	IAL									
	,	<b>Violations</b>										
	10	UTC Number BJ679443	Issue To?	Sta <b>34</b> 0	tute Number 6.18(3)		Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN					
	Unit	Summary •										
		Status RANSIT					Vehicle Operating As Classification  D CLASS			Unit Type AUTOMOBILE		
05		cle Type SENGER CAR								Operating A	s Endorsem	ents
	Total	Occs	Train/l	Bus # Re	ecorded	Tc	otal # Citations Issued		Total Traile	ers	Total HazN	/lat Types
⊢	Insur	rance?		on Of Tr			Pre CrashTire Mark		Speed Lim	it	Total Lane	s
LNO		Harmful Event: Collision					pecial Function O SPECIAL FUNCTIO	N		NOT APP		ile Use
		ic Way <b>D-WAY, NOT DIVIDE</b>	ĒD.				Fraffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type ACKTOP (BITUMINC	OUS)				oad Curvature TRAIGHT			Road Grade	)	
	Trucl	k Bus or HazMat				•				•		
		Vehicle										
		License Plate Number	•			P	Plate Type		St	Country of Is	suance	
		AJE3269				A	AUT		WI	UNITED ST	TATES	

4 of 8

Crash Date 07/14/2025 Crash Time 04:30 PM

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

05		Vehicle Identification Number 1C3CCCAB0GN113874		Make CHRY		Year <b>2016</b>	Model 200			
		Color MAR - MAROON (BURGU	(NDY)	Body Style SD - SEDAN	L		Bus Use			
	ᄪ	Initial Contact Point		Vehicle Damage				7 8 9 10 11		
L	VEHICL	12 - FRONT  Extent Of Damage		12 - FRONT						
	>	DISABLING DAMAGE Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABL	ING DAMAGE	EVERETTS TOWIN	G					
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors						
		Driver Prior Action Other		NOT APPLICABLE						
Driver Actions NO CONTRIBUTING ACTION										
		Owner Name		Owner Address		<i>(</i> =				
05	STEPHANIE KELLER (608) 644-6675  S8811 S GRUBERS GROVE RD PRAIRIE DU SAC, WI 53578 , US									
		Sequence Of Events								
	01	Event MOTOR VEH IN TRANSP	ORT							
	02	Event								
	03	Event								
	04	Event								
_	ĺ	Policy Holder								
L		Insurance Company PROGRESSIVE-CLASSIC	:-INS-CO	INDIVIDUAL STEPHANIE KEL	I FR					
		Individual								
		DRIVER STEPHANIE KELLER		Citations Issued Sex						
	UAL	(608) 644-6675		<b>0</b> Date of Birth	Race					
LIND	MD	Address		Driver License Numb	her	<b>E</b>				
5	INDIVIDUA	S8811 S GRUBERS GROV PRAIRIE DU SAC, WI 535		Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty <b>fety Equipment</b>	r Crash	Safety Equipment						
	Jui	Row 01 - FRONT ROW	SHOULDER & LAP BELT							
		Helmet Use	1	Helmet Compliance						
		Eye Protection		Tint Compliance						
05	005	Injury S Injury SUSPE	everity ECTED MINOR INJURY	Airbag  DEPLOYED-COM	IBINATION	ı				
		Ejected NOT EJECTED	Ejection Path  NOT EJECTED/NOT API	<u>'</u>			Trapped/Extricated NOT TRAPPED			

#### **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 #		
		EMS GROUND			6000555				
		Hospital SAUK PRAIRIE HOSP			Date of Death		Time of Death		
		Distracted By NOT	ted By Source	E (NOT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED							
		Non Motorist	g Unit #	Location					
		Prior Action							
		Action							
INDIVIDUAL									
		Action Other						To/From School	
	L	Orug & Alcohol NO	cted Alcohol U	lse	Suspected Drug Use <b>NO</b>				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN Drug Test Type				5			
05	002	Drug Type							
		Individual Condition  APPEARED NORMAL							
	i	ndividual							
	Ī	PASSENGER			Citations Issued	Sex			
		JAMES HAWLEY			0	MALE			
_	DUAL	(608) 843-2410			Date of Birth				
N I	INDIN	Address S8811 S GRUBERS GRO PRAIRIE DU SAC, WI 53			Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES				
	ا Saf	On Du <b>iety Equipment</b>	ty Crash		Safety Equipment				
		Row Seat Position 01 - FRONT ROW 09 - RIGHT			SHOULDER & LAP BELT				
		Helmet Use			Helmet Compliance				
		Eye Protection	Eye Protection						
02	003	Injury SUSF	Severity PECTED MIN	IOR INJURY	Airbag  DEPLOYED-COMB	INATION			
		Ejected NOT EJECTED	Ejection Pa				Trapped/Extricated NOT TRAPPED		
		Medical Transport	1		EMS Agency Identifier		EMS Run #		
		EMS GROUND  Motor Vehicle Crash		Th:	6000555 t does not include any C	IIC data	Orach D-t-	07/14/2025	

Crash Time 04:30 PM

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

		Hospital SAUK PRAIRIE HOS	SP.		Date of Death		Time of Death		
	,	Distracted By	istracted By Source						
		Distracted By Action							
		Non Motorist	triking Unit#	Location					
		Prior Action							
		Action							
	٦								
LIND	IDU/								
5	INDIVIDUAL								
	=								
		Action Other						To/From School	
		190	uspected Alcohol U	20	Suspected Drug Use				
	L	Drug & Alcohol N	IO		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	I		
05	003	Drug Type							
		Individual Condition							
		APPEARED NORMA	NI.						
			\L_						
	l	ndividual							
		PASSENGER AUDREY HAWLEY			Citations Issued  0	Sex FEMALE			
	DIVIDUAL				Date of Birth	Race WHITE			
LNO	VID	Address			Driver License Number	VVIIIE			
$\supset$	INDI	S8811 S GRUBERS PRAIRIE DU SAC, W			Briver Electrise Number				
		Training Bo GAG, W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Sat	fety Equipment E	n Duty Crash	ONDER	Safety Equipment				
		Row	Seat Po		CHILD RESTRAINT	SYSTEM - FORV	VARD FACING		
		02 - SECOND ROW Helmet Use	09 - RI	GHT	Helmet Compliance				
		Eve Danta etia a							
		Eye Protection			Tint Compliance				
05	004	Injury Severity SUSPECTED MINOR INJURY			Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pat	h CTED/NOT APPL	.ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		EMS GROUND Hospital			6000555  Date of Death		Time of Death		
		SAUK PRAIRIE HOS	SP		Date of Death		Time of Death		

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/14/2025

Crash Time 04:30 PM

		Distracted By	Distracted By Source	,				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
L	INDIVIDUAL							
	Ξ							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results			
05	004	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					