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25-07291

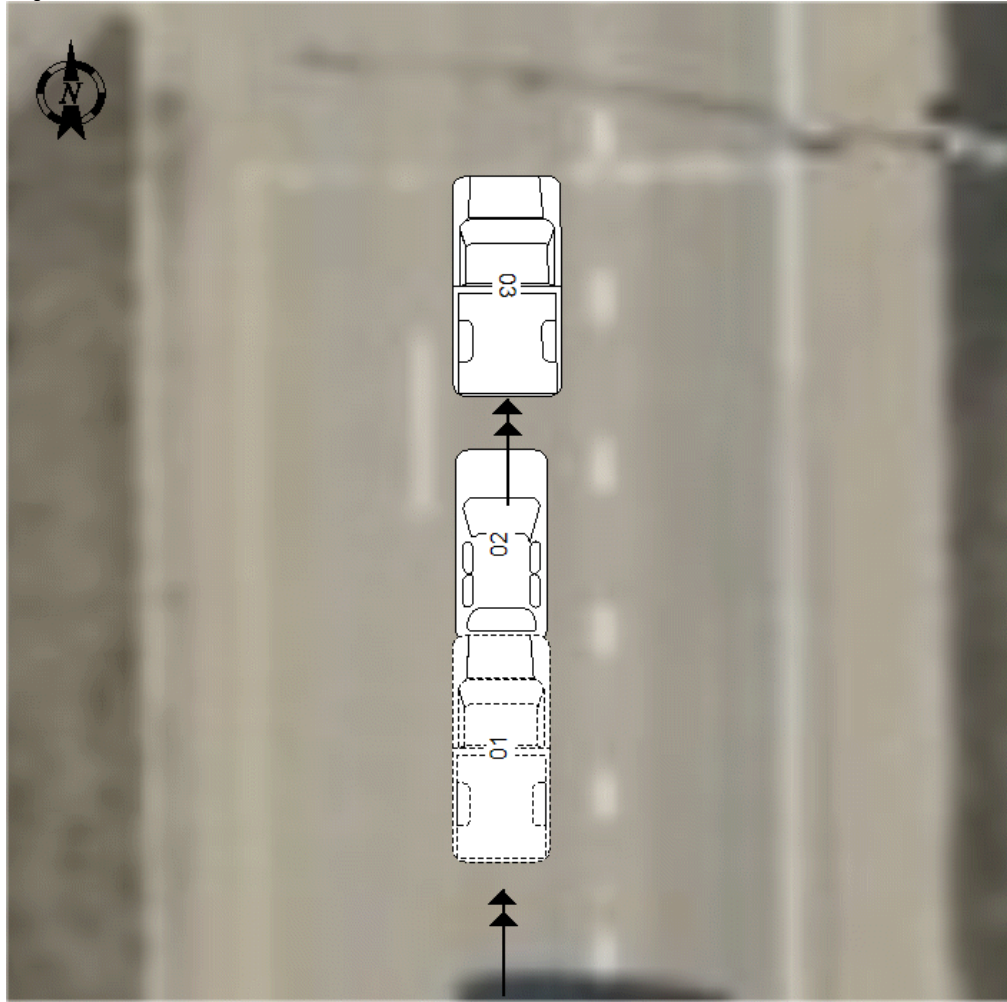
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 25-07291		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 07/13/2025		Crash Time 04:30 PM		Date Arrived 07/13/2025		Time Arrived 05:03 PM	
Date Notified 07/13/2025		Time Notified 04:30 PM		Total Units 03		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 3 WAS STOPPED FOR A RED TRAFFIC LIGHT. UNIT 2 WAS ALSO STOPPED, BEHIND UNIT 3. UNIT 1 APPROACHED UNIT 2 FROM BEHIND AND STRUCK THE REAR OF UNIT 2, WHICH CAUSED UNIT 2 TO MOVE FORWARD. UNIT 2 THEN STRUCK THE REAR END OF UNIT 3.

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Location

ON USH12 WB 566 FT S OF IH90 WB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.56815837	Longitude -89.778356192
	X Coordinate 275633.96875	Y Coordinate 4827662
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 07/13/2025	Time Initial Lane/Rd Closed 04:30 PM	TOW TRUCK	
Date All Lanes Open 07/13/2025	Time All Lanes Open 05:35 PM		
Date Scene Cleared 07/13/2025		Time Scene Cleared 05:35 PM	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 3	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number UW6462		Plate Type LTK	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1D7HU18N14J176168		Make DODG	Year 2004	Model RAM 1500		

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UNIT	VEHICLE	Color WHI - WHITE	Body Style PK - PICKUP	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage FUNCTIONAL DAMAGE			
		Towed Due To Damage NOT TOWED	Vehicle Removed By		
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
UNIT	VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Owner Name RUSS SHOEMAKER (715) 338-0082	Owner Address N195 COUNTY ROAD J MERRILLAN, WI 54754 , US		
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	INDIVIDUAL RUSS SHOEMAKER		
01	001	Individual			
		DRIVER RUSS SHOEMAKER (715) 338-0082	Citations Issued 1	Sex MALE	
		Date of Birth	Race WHITE		
		Address N195 COUNTY ROAD J MERRILLAN, WI 54754 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment			
		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury NO APPARENT INJURY	Injury Severity	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #			

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02	UNIT VEHICLE	Vehicle Identification Number 1FAFP56U96A170279	Make FORD	Year 2006	Model TAURUS
		Color GRN - GREEN	Body Style SD - SEDAN	Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage 01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By BILLS TOWING		
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors NOT APPLICABLE		
02	UNIT VEHICLE	Driver Prior Action Other			
		Driver Actions NO CONTRIBUTING ACTION			
02	02	Owner Name TODD KEARNEY (608) 286-5091	Owner Address 615 CORNER ST LODI, WI 53555 , US		
Sequence Of Events					
01	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
04	Event				
	Event				
02	UNIT INDIVIDUAL	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	INDIVIDUAL TODD KEARNEY		
02	UNIT INDIVIDUAL	Individual			
		DRIVER ANGELINA KEARNEY (608) 286-5091	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race	
		Address 615 CORNER ST LODI, WI 53555 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
02	002	Safety Equipment		On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	

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UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		Suspected Alcohol Use NO		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		
Drug Type						
Individual Condition APPEARED NORMAL						
UNIT INDIVIDUAL	Individual					
	PASSENGER ANTHONY ENGLISH (608) 635-5203		Citations Issued 0		Sex MALE	
			Date of Birth		Race WHITE	
	Address 409 PARR ST LODI, WI 53555 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment NONE USED - VEHICLE OCCUPANT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		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	
02 003	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	PASSENGER TAYLOR HOILAND (715) 699-9672		Citations Issued 0		Sex FEMALE	
			Date of Birth		Race WHITE	
	Address 616 N MAIN ST LODI, WI 53555 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment LAP BELT ONLY	
	Row 01 - FRONT ROW		Seat Position 08 - MIDDLE			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 004	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source		
		Distracted By Action				
		Non Motorist	Striking Unit #	Location		
			Prior Action			
		Action				
		Action Other				To/From School
		Drug & Alcohol	Suspected Alcohol Use NO		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	
		Drug Type				
Individual Condition APPEARED NORMAL						
UNIT	INDIVIDUAL	Individual				
		PASSENGER JACK SCHELL		Citations Issued 0	Sex MALE	
				Date of Birth	Race	
		Address 210 10TH STREET CIR PRAIRIE DU SAC, WI 53578 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash		Safety Equipment	
			Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
UNIT	INDIVIDUAL	Distracted By		Distracted By Source		

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UNIT	INDIVIDUAL	Distracted By Action		
		Non Motorist	Striking Unit #	Location
			Prior Action	
		Action		
			Action Other	
		To/From School		
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
			NO	NO
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST NOT GIVEN				
Drug Test Given	Drug Test Type	Drug Test Results		
	TEST NOT GIVEN			
Drug Type				
Individual Condition				
	APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual		
		PASSENGER	Citations Issued	Sex
		ETHAN OTT	0	MALE
		Date of Birth	Race	
			WHITE	
		Address	Driver License Number	
		102 FOX RUN	STATE: WISCONSIN COUNTRY: UNITED STATES	
		SAUK CITY, WI 53583 , US		
		Safety Equipment	On Duty Crash	Safety Equipment
				SHOULDER & LAP BELT
Row	Seat Position			
	02 - SECOND ROW	07 - LEFT		
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
Injury	Injury Severity	Airbag		
	NO APPARENT INJURY	NON DEPLOYED		
Ejected	Ejection Path	Trapped/Extricated		
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
Medical Transport	EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		
Distracted By	Distracted By Source			
	Distracted By Action			

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UNIT 02 006	Non Motorist	Striking Unit #	Location			
		Prior Action				
		Action				
	Action Other					
	To/From School					
	Drug & Alcohol	Suspected Alcohol Use NO		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	
		Drug Type				
		Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 3		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL		
	Truck Bus or HazMat NO						
	UNIT 03 VEHICLE	Vehicle					
		License Plate Number 357247F		Plate Type LTK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GCPDBEK9RZ253562		Make CHEV	Year 2024	Model SILVERADO			
Color GRY - GRAY		Body Style PK - PICKUP		Bus Use			
Initial Contact Point 06 - REAR		Vehicle Damage					
Extent Of Damage FUNCTIONAL DAMAGE		06 - REAR					
Towed Due To Damage NOT TOWED		Vehicle Removed By					



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UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name LARRY TOURDOT (608) 432-2853		Owner Address N1504 COUNTY ROAD K MAUSTON, WI 53948 , US	
UNIT 03	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL LARRY TOURDOT	
UNIT INDIVIDUAL	Individual			
	DRIVER LARRY TOURDOT (608) 432-2853		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address N1504 COUNTY ROAD K MAUSTON, WI 53948 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 03	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 6000123	EMS Run #
	Hospital ST CLARE HOSP		Date of Death	Time of Death
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other			To/From School		
		Drug & Alcohol		Suspected Alcohol Use NO	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		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		UNIT	INDIVIDUAL	PASSENGER MICHELLE TOURDOT (608) 432-2853		Citations Issued 0	Sex FEMALE
				Date of Birth	Race WHITE		
Address N1504 COUNTY ROAD K MAUSTON, WI 53948 , US				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment				On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
				Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death		
		Distracted By					
		Distracted By Action					
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					

UNIT	INDIVIDUAL				
		Action			
		Action Other			To/From School
		Drug & Alcohol			
		Suspected Alcohol Use NO		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
		Drug Type			
		Individual Condition APPEARED NORMAL			

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