

6TL0FW8HJW

25-07452

# 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>25-07452</b>		Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>07/18/2025</b>		Crash Time <b>07:46 AM</b>		Date Arrived <b>07/18/2025</b>		Time Arrived <b>08:03 AM</b>	
Date Notified <b>07/18/2025</b>		Time Notified <b>07:48 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input checked="" 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>Rock Hill RD</p> <p>Hoot Owl Road</p> <p>Tractor represents a skid steer</p> <p>Not to Scale</p>	Reconstruction By
	Photos By <b>A. WILCOX</b>
	Additional Information <b>PHOTOS</b>

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

ON 07/18/2025, I WAS DISPATCHED TO ROCK HILL ROAD AND HOOT OWL ROAD FOR A TRAFFIC CRASH. ROCK HILL ROAD IS UNDER CONSTRUCTION BUT IS STILL AN OPEN ROAD FROM WHAT THE CONSTRUCTION WORKERS STATED. UNIT 2 OPERATORS DID NOT SEE UNIT 1 AS HE WAS BACKING UP. UNIT 2 OPERATOR WAS OPERATING A SKID STEER AND BACKED INTO UNIT 1. UNIT 1 OPERATOR WAS TRYING TO PASS UNIT 2 DUE TO THE CONSTRUCTION PERSON WAVING HER THROUGH. UNIT 1 HAD MINOR DAMAGE AND UNIT 2 HAD NO DAMAGE. BOTH UNITS 1 AND 2 WERE DRIVABLE.

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## Location

ON ROCK HILL RD 47 FT N OF HOOT OWL VALLEY RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.453081127</b>	Longitude <b>-89.808569451</b>
	X Coordinate <b>272762.28125</b>	Y Coordinate <b>4814962.5</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>03 - FRONT TO REAR</b>		Light Condition <b>DAWN</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Work Zone Crash Location <b>ACTIVITY AREA</b>		Work Zone Crash Type <b>LANE SHIFT/CROSSOVER</b>	
Workers Present <b>YES</b>		Law Enforcement Present <b>NO</b>	
Work Zone Speed Limit <b>45</b>	Advisory/Regulatory Speed Limit <b>ADVISORY</b>	Normal Posted Speed Limit <b>45</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>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</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"/> Pre CrashTire Mark	Speed Limit <b>45</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>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>					
VEHICLE 01	<b>Vehicle</b>					
	License Plate Number <b>64</b>		Plate Type <b>CLS</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1G4GD5G37FF244004</b>		Make <b>BUIC</b>	Year <b>2015</b>	Model <b>LACROSSE</b>	

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UNIT	VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>	Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>	
		Extent Of Damage <b>MINOR DAMAGE</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>KATHRYN CAFLISCH</b>	Owner Address <b>S5186 ROCK HILL RD BARABOO, WI 53913 , US</b>	
UNIT	01	<b>Sequence Of Events</b>		
		Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	01	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>KATHRYN CAFLISCH</b>	
		<b>Individual</b>		
UNIT	INDIVIDUAL	DRIVER <b>KATHRYN CAFLISCH</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>S5186 ROCK HILL RD BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	001	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT	001	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL 01 001	Hospital		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	
Drug Type						
Individual Condition <b>APPEARED NORMAL</b>						

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>EQUIPMENT</b>	
	Vehicle Type <b>OTHER WORKING MACHINE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</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>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>UNKNOWN</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		Plate Type	St	Country of Issuance	
Vehicle Identification Number <b>ALJG30217</b>		Make <b>OTH</b>	Year <b>2019</b>	Model <b>T650</b>		
Color <b>WHI - WHITE</b>		Body Style <b>OT - OTHER</b>		Bus Use		

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UNIT	VEHICLE	Initial Contact Point <b>07 - LEFT REAR CORNER</b>		Vehicle Damage <b>00 - NO DAMAGE</b>		
		Extent Of Damage <b>NO DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>BACKING</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
		Driver Prior Action Other				
UNIT	VEHICLE	Driver Actions <b>UNSAFE BACKING, LOOKED BUT DID NOT SEE</b>				
02	02	Owner Name <b>ADAM BORLESKE</b>		Owner Address <b>S1752 LARK RD WISCONSIN DELLS, WI 53965 , US</b>		
<b>Sequence Of Events</b>						
01	02	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				
04	03	Event				
		Event				
		Event				
UNIT	INDIVIDUAL	<b>Individual</b>				
		DRIVER <b>ADAM BORLESKE</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>S1752 LARK RD WISCONSIN DELLS, WI 53965 , 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>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				

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UNIT  INDIVIDUAL          02 002	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
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		