WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash [Document #	Agency 25-078	Crash Number		g Officer/Deputy W. VERTEIN	1
Crash Date 07/26/2025	Crash Time 03:58 PM		Date Ar 07/26/2		Time Arrive 04:18 PM		
Crash Date 07/26/2025 Date Notified 07/26/2025 On Emergency Government Property	Time Notified 04:00 PM		Total U	nits	Total Injure	d Total Kille	ed
On Emergency	lit and Run	Lane Close	ure	Work Zone	Traile	r or Towed	Reporting Threshold
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		•
Reportable	Crash Type PRIVATE PR	OPERTY/PARKI	ING LOT	-	Amen	ded	Secondary Crash
Description Diagram							
	TABLE ON PRI	WATE DDODE	OTV			Reconstruction Photos By	
NON-REPOR	TABLE ON FRI	IVAIL PROPER	XIII				
						Additional Info	ormation
↓ I, a sworn law enforcem	nent officer, agre	ee that I have no	ot added	l any CJIS data in th	nis report.		
ON THE DESCRIBED DATE, TIME UNOCCUPIED. NO INJURIES	E, AND LOCATION,	UNITS 1 AND 2 WE	ere on Pi	RIVATE PROPERTY. TH	IE OPERATOR OI	F UNIT 1 BACKE	D INTO UNIT 2 WHICH WAS

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ı	Loc	ation								
i		VATE PROPERTY				Latitude			Longit	audo.
	E6984 GAVIN RD					43.621629739		Longitude -89.971552987		
	(FIRE E6984)									
					X Coordin					rdinate
	IN THE TOWN OF WINFIELD IN SAUK COUNTY					260244.25 4834140.5				140.5
						Structure	Туре			
						FIRE				
(Cra	sh Scene								
1	First	: Harmful Event				First Harm	nful Event L	ocation		
	PAF	RKED MOTOR VEHICL	.E			ON ROA				
	Man	ner of Collision				Light Con				
	05 -	REAR TO SIDE				DAYLIG				
		d Surface Condition(s)				Roadway				
	DR	` ,				,	(-)			
	Envi	ronment Factor(s)								
		` ,				NONE				
	NOI	NE				NONE				
	Wea	ther Condition(s)								
	CLE	EAR								
	Δnin	nal Type				Polation T	o Trafficwa	v		
	7 41111	пагтурс						y OT ON ROA	D	
	Cras	sh Classification - Location								
	PRIVATE PROPERTY					Crash Classification - Jurisdiction PRIVATE PROPERTY				
	Tribal Land								Special Study	
					NO CO		ONTROL			
	With	in Interchange Area	Junction Location Intersec			ction Type				
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
į	Uni	t Summarv 👅			•					
		t Summary Status		Vehicle Ope	erating As C	lassification	1	Unit Type		
	Unit			Vehicle Ope		lassification	1	Unit Type TRUCK		
	Unit	Status				lassification	1		s Endors	ements
01	Unit IN T Vehi	Status FRANSIT	TRUCK			lassification	1	TRUCK	s Endors	sements
	Unit IN T Vehi UTI	Status RANSIT icle Type	TRUCK Train/Bus # Recorded	D CLASS			ı Total Trail	TRUCK Operating A		sements azMat Types
	Unit IN T Vehi UTI	Status FRANSIT icle Type LITY TRUCK/PICKUP		D CLASS				TRUCK Operating A		
	Unit IN T Vehi UTI Tota 1	Status FRANSIT icle Type LITY TRUCK/PICKUP		Total # Cita	itions Issued	I	Total Trail	TRUCK Operating A	Total H	azMat Types
01	Unit IN T Vehi UTI Tota 1	Status TRANSIT Icide Type LITY TRUCK/PICKUP II Occs rance?	Train/Bus # Recorded	Total # Cita		I	Total Trail	TRUCK Operating A	Total Ha	azMat Types
01	Unit IN T Vehi UTI Tota 1 Insu YES	Status TRANSIT Icide Type LITY TRUCK/PICKUP II Occs rance?	Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY	Total # Cita	crashTire	I	Total Trail 0 Speed Lir	TRUCK Operating A lers nit Emergency	Total Ha 0 Total La Motor Ve	azMat Types anes chicle Use
	Unit IN 1 Vehi UTI Tota 1 Insu YES	Status TRANSIT icle Type LITY TRUCK/PICKUP Il Occs rance?	Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With	Total # Cita 0 Pre Special Fur	crashTire	1	Total Trail 0 Speed Lir	TRUCK Operating A	Total Ha 0 Total La Motor Ve	azMat Types anes chicle Use
01	Unit IN T Vehi UTI Tota 1 Insu YES Mos PAF	Status TRANSIT icle Type LITY TRUCK/PICKUP Il Occs rance? S t Harmful Event: Collision 1	Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With	Total # Cita 0 Pre Special Fur	CrashTire Mark notion	1	Total Trail 0 Speed Lir	TRUCK Operating A lers nit Emergency NOT APP	Total Ha 0 Total La Motor Ve	azMat Types anes chicle Use
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01	Unit IN T Vehi UTI Tota 1 Insu YES Mos PAF Traff PAF Surf	Status TRANSIT Icle Type LITY TRUCK/PICKUP II Occs rance? St Harmful Event: Collision of the Collision o	Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With LE TE PROPERTY	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva	CrashTire Mark nction CIAL FUNC	1	Total Trail 0 Speed Lir	TRUCK Operating A lers Emergency NOT APP Traffic Cont NO Road Grade	Total Ha 0 Total La Motor Ve LICABL rol Inope	azMat Types anes chicle Use E
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UNIT 01	Unit IN 7 Vehi UTI Tota 1 InsuryES PAR Traff PAR Surf. NO	Status TRANSIT Icle Type LITY TRUCK/PICKUP II Occs Trance? St Harmful Event: Collision Name of Type AG, GRAVEL, OR STO Ek Bus or HazMat Vehicle License Plate Number GD2108 Vehicle Identification Num 1FTRF18W5XKA225 Color BLK - BLACK Initial Contact Point	Train/Bus # Recorded Direction Of Travel NOT ON ROADWAY With LE TE PROPERTY NE	Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont NO CONT Road Curva STRAIGH Plate Type LTK Make FORD Body Style	CrashTire Mark notion CIAL FUNC trol FROL ature	1	Total Trail 0 Speed Lin N/A St WI Year	TRUCK Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade DOWNHIL Country of Is UNITED ST Model F150	Total Ha 0 Total La Motor Ve LICABL rol Inope	azMat Types anes chicle Use E rative/Missing
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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing BACKING		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE	NOT APPLICABLE			
LIND	VEHICLE	Driver Actions UNSAFE BACKING		1				
	01	Owner Name LINDA LOU KIELY (608) 524-2636		Owner Address E6984 GAVIN RI LYNDON STATIO	D DN, WI 53944 , US			
		Sequence Of Events						
	01	Event MOTOR VEH IN TRANSP	ORT					
	02	Event						
	03	Event						
	04	Event						
		Policy Holder						
LIND		Insurance Company		INDIVIDUAL				
5		OWNERS-INS-CO		LINDA KIELY				
	ı	ndividual						
		DRIVER		Citations Issued Sex				
	1	LINDA KIELY (608) 524-2636		0	FEMALE			
⊨	שםו	,		Date of Birth	Race WHITE			
LNO	INDIVIDUAL	Address E6984 GAVIN RD LYNDON STATION, WI 53	944 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	On Duty fety Equipment	/ Crash	Safety Equipment				
	Jai			NONE USED VE	HICLE OCCUPAN	•		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUP				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
2	001	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
3		Ejected	Ejection Path	Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT AF			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death Time of Death				
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTE	RACTED)		I.		
		Distracted By Action	,	•				
		NOT DISTRACTED						

Crash Date 07/26/2025

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		Non Motorist	ing Unit#	Location						
		Prior Action								
LIND	INDIVIDUAL	Action								
		Action Other	Action Other To/From School							
	L	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	;		Alcohol Test Res	ults		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	5			
٤	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Unit	t Summary ===								
Unit Status Vehicle Operating As Classification Unit Type										
		EGALLY PARKED			CLASS		AUTOMOBILE			
02		cle Type SSENGER CAR					Operating As End	dorsements		
	Total Occs Train/Bus # Recorded 0		corded T	otal # Citations Issued	Total Trail 0	ers Tota 0	al HazMat Types			
 <u>-</u>	Insurance? Direction Of Travel YES NOT ON ROADWAY			Pre CrashTire N/A Speed Lin						
EN D		st Harmful Event: Collision With DTOR VEH IN TRANSPORT			pecial Function IO SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way PARKING LOT OR PRIVATE PROPERTY				raffic Control		Traffic Control Inoperative/Missing NO			
		Surface Type			oad Curvature		Road Grade UPHILL			
					TRAIGHT					
	Truck Bus or HazMat NO									
	,	Vehicle								
		License Plate Number			Plate Type St		Country of Issuance			
		AMF8999			AUT Make	WI	UNITED STATES			
	02	Vehicle Identification Number 1FADP5AU3EL519325			viake FORD	Year 2014	Model C-MAX			
		Color					Bus Use			
		BLK - BLACK			HB - HATCHBACK					
١.	Ш	Initial Contact Point		,	Vehicle Damage 7 8 9 10 11					
LIND	VEHICLE	04 - RIGHT SIDE REAR Extent Of Damage MINOR DAMAGE			04 - RIGHT SIDE REAR					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER						

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i		What Driver Was Doing	Vehicle Factors
			venicle Factors
		LEGALLY PARKED	
			NOT APPLICABLE
		Driver Prior Action Other	NOT AFFEIGABLE
		Driver Actions	
		NO CONTRIBUTING ACTION	
	VEHICLE	NO CONTRIBOTING ACTION	
UNIT	\overline{c}		
Z	Ŧ		
-	而		
	5		
		Owner Name	Owner Address
		JULIE JENSEN	
	~		59318 BENHARDT RIDGE RD
	02	(608) 412-6457	LYNXVILLE, WI 54626 , US
	_		
	9	Sequence Of Events	
	_	Event	
	01	MOTOR VEH IN TRANSPORT	
	7	Event	
	02		
	03	Event	
	0		
		Front	
	04	Event	
	0		
_		Policy Holder	
UNIT			
Z		Insurance Company	INDIVIDUAL
\supset		PROGRESSIVE-CLASSIC-INS-CO	JULIE JENSEN
			55 5