

6TL0D6N072

25-07877

# 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		Investigating Officer/Deputy <b>DEPUTY B. BRUNKEN</b>	
Crash Date <b>07/28/2025</b>		Crash Time <b>04:55 PM</b>		Date Arrived <b>07/28/2025</b>		Time Arrived <b>04:55 PM</b>	
Date Notified <b>07/28/2025</b>		Time Notified <b>04:55 PM</b>		Total Units <b>02</b>		Total Injured <b>03</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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>07/28/2025 SC25-07877 HY 33, East of Coon Bluff Road</p> 	<p>Reconstruction By</p> <p>Photos By <b>9106</b></p> <p>Additional Information <b>PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO</b></p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE ABOVE DATE AND APPROXIMATE TIME, UNIT ONE AND UNIT TWO WERE TRAVELING EASTBOUND ON HY 33, NEAR COON BLUFF ROAD. UNIT TWO SLOWED DOWN TO YIELD TO AN EMERGENCY VEHICLE WITH IT'S EMERGENCY LIGHTS AND SIREN ON, THAT WAS TRAVELING WESTBOUND, AND UNIT ONE REAR ENDED UNIT TWO. AS THE VEHICLES CAME TO A STOP ON THE SOUTH SIDE SHOULDER OF THE ROAD, UNIT ONE AGAIN HIT UNIT TWO ON THE DRIVER'S SIDE, THEN CAME TO A STOP. OPERATOR OF UNIT ONE STATED THAT SHE WAS ANSWERING A CALL FROM HER HUSBAND AND THEN LOOKED UP TO SEE A VEHICLE STOPPING/STOPPED. END OF REPORT. 9106

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## Location

ON STH33 EB 1172 FT E OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.527398777</b>	Longitude <b>-89.86280184</b>
	X Coordinate <b>268658.3125</b>	Y Coordinate <b>4823366.5</b>
	Structure Type	

## 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>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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</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>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>HILLCREST</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>0BSE5D</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3MW49FF03P8D64489</b>		Make <b>BMW</b>	Year <b>2023</b>	Model <b>M340XI</b>
	Color <b>BLK - BLACK</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>		



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UNIT VEHICLE	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	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>TOMI NICHOLS</b>		Owner Address <b>2010 RETZLAFF DR REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
	Event			
	Event			
04	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b>		INDIVIDUAL <b>TOMI NICHOLS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>TOMI NICHOLS</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>2010 RETZLAFF DR REEDSBURG, WI 53959 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<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	
001	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>POSSIBLE 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>6000123</b>		EMS Run #
Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>HANDS-FREE MOBILE PHONE</b>		
Distracted By Action <b>MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC)</b>				



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UNIT	VEHICLE	Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>06 - REAR, 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>NO CONTRIBUTING ACTION</b>			
		Owner Name <b>DANIELLE EHLERT</b>	Owner Address <b>7195 COUNTY ROAD H ARENA, WI 53503 , US</b>		
		<b>Sequence Of Events</b>			
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	VEHICLE	<b>Policy Holder</b>			
		Insurance Company <b>FEDERATED-MUTUAL-INS-CO</b>	INDIVIDUAL <b>DANIELLE EHLERT</b>		
		<b>Individual</b>			
		DRIVER <b>DANIELLE EHLERT</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>		
		Address <b>7195 COUNTY ROAD H ARENA, WI 53503 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>			
		On Duty Crash	Safety Equipment		
UNIT	INDIVIDUAL	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>			
UNIT	INDIVIDUAL	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>6000123</b>	EMS Run #
		Hospital <b>ST CLARE'S HOSPITAL</b>		Date of Death	Time of Death

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UNIT	INDIVIDUAL	<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>ROSE OLSON</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>206 EAST HUDSON ST MAZOMANIE, WI 53560 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>		On Duty Crash		
		Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</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>6000123</b>		EMS Run #
		Hospital <b>ST CLARE'S HOSPITAL</b>		Date of Death		Time of Death
		<b>Distracted By</b>		Distracted By Source		

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UNIT INDIVIDUAL 02 003	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>		