

6TL0DRXH LG

25-08073

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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 25-08073		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 08/02/2025		Crash Time 10:40 AM		Date Arrived 08/02/2025		Time Arrived 11:01 AM	
Date Notified 08/02/2025		Time Notified 10:40 AM		Total Units 02		Total Injured 02	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 Not to Scale Xanadu Road	Reconstruction By
	Photos By
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING EASTBOUND ON XANADU ROAD APPROACHING THE BRIDGE OVER I90/I94. UNIT 2 WAS TRAVELING WESTBOUND ON XANADU ROAD ALMOST ALL THE WAY OVER THE BRIDGE. UNIT 1 WENT OVER THE CENTER DOUBLE YELLOW LINE. UNIT 2 MOVED AS FAR OVER AS HE COULD AND HONKED HIS HORN AT UNIT 1 WITH NO SUCCESS. UNIT 1 STRUCK UNIT 2 AND ENDED IN THE OPPOSITE LANE OF TRAFFIC BEHIND THE TRUCK.

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Location

INTERSECTION ON XANADU RD AT IH90 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.584312645	Longitude -89.806385259
	X Coordinate 273431	Y Coordinate 4829532
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT		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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 08/02/2025	Time Initial Lane/Rd Closed 11:01 AM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 08/02/2025	Time All Lanes Open 11:28 AM	Date Scene Cleared 08/02/2025	Time Scene Cleared 11:28 AM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number AUS6724		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FMCU9GD8JUC36660		Make FORD	Year 2018	Model ESCAPE		

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UNIT	VEHICLE	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	11 - LEFT FRONT CORNER		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OTHER CONTRIBUTING ACTION			
		Owner Name THERESA GAEDTKE (608) 495-5960	Owner Address 922 CAPITAL ST WISCONSIN DELLS, WI 53965 , US		
		Sequence Of Events			
		01	01	Event MOTOR VEH IN TRANSPORT	
UNIT	VEHICLE	02	02	Event	
		03	03	Event	
		04	04	Event	
		Policy Holder			
		Insurance Company STATE-FARM-CLASSIC-INS-CO	INDIVIDUAL THERESA GAEDTKE		
UNIT	INDIVIDUAL	Individual			
		DRIVER THERESA GAEDTKE (608) 495-5960	Citations Issued 2	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address 922 CAPITAL ST WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment			
UNIT	INDIVIDUAL	On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT	
01	001	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run #	

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UNIT INDIVIDUAL	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	
	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		ILL (SICK), FAINTED, USING CANE OR CRUTCHES				
Violations						
01	001	UTC Number BJ679444	Issue To? 001	Statute Number 346.13(3)	Description DEVIATION FROM DESIGNATED LANE	
02	001	UTC Number BJ679445	Issue To? 001	Statute Number 347.48(2m)(b)	Description VEHICLE OPERATOR FAIL/WEAR SEAT BELT	

Unit Summary

UNIT 02	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

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02	UNIT	02	VEHICLE	License Plate Number PN2119	Plate Type LTK	St WI	Country of Issuance UNITED STATES	
				Vehicle Identification Number 3GCUYBEF5LG451234	Make CHEV	Year 2020	Model SILVERADO	
				Color GRY - GRAY	Body Style PK - PICKUP	Bus Use		
				Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT			
				Extent Of Damage DISABLING DAMAGE				
02	UNIT	02	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING			
				What Driver Was Doing GOING STRAIGHT	Vehicle Factors			
				Driver Prior Action Other	NOT APPLICABLE			
				Driver Actions NO CONTRIBUTING ACTION				
				Owner Name JOHN JESSEN (262) 237-2853	Owner Address 7005 37TH AVE KENOSHA, WI 53142 , US			
02	UNIT	02	INDIVIDUAL	Sequence Of Events				
				Event MOTOR VEH IN TRANSPORT				
				Event				
				Event				
				Event				
02	UNIT	02	INDIVIDUAL	Policy Holder				
				Insurance Company STATE-FARM-CLASSIC-INS-CO	INDIVIDUAL JOHN JESSEN			
				Individual				
				DRIVER JOHN JESSEN (262) 237-2853	Citations Issued 0	Sex MALE		
					Date of Birth	Race WHITE		
02	UNIT	02	INDIVIDUAL	Address 7005 37TH AVE KENOSHA, WI 53142 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
				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		
02	002	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT				

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Witness			
WITN 01 ESS	Individual	Address	Date of Birth
	MARIANNE LOUIS (608) 434-3769	120 MAIN ST APT N LOGANVILLE, WI 53943 , US	