

6TL0FB002T
25-08373

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0FB002T

Document Number Override		Primary Crash Document #		Agency Crash Number 25-08373		Investigating Officer/Deputy DEPUTY M. DUNSE	
Crash Date 08/10/2025		Crash Time 09:15 AM		Date Arrived 08/10/2025		Time Arrived 09:34 AM	
Date Notified 08/10/2025		Time Notified 09:17 AM		Total Units 02		Total Injured 00	Total Killed 00
<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 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 D. WEINBERGER
	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 WB ON CTH PF AND ATTEMPTING TO TURN LEFT, SOUTHBOUND ONTO USH 12. UNIT 1 FAILED TO YIELD FOR UNIT 2, WHO WAS TRAVELING EB FROM CTH PF THROUGH THE INTERSECTION OF USH 12. UNIT 1 COLLIDED INTO UNIT 2 CAUSING DISABLING DAMAGES TO BOTH VEHICLES. NO INJURIES WERE REPORTED FROM THE CRASH. UNIT 1 DRIVER ADMITTED THAT HE BEGAN MAKING THE TURN WITHOUT SEEING UNIT 2. UNIT 1 DRIVER STATED HE WAS AWARE THAT HE DID NOT HAVE A GREEN ARROW FOR TURNING AS THERE WAS NOT ONE AVAILABLE AT THIS TRAFFIC SIGNAL. UNIT 1 DRIVER AGAIN STATED HE JUST DID NOT SEE UNIT 2 ENTERING THE INTERSECTION AND TURNED IN FRONT OF UNIT 2. BOTH VEHICLES WERE REMOVED FROM THE SCENE BY EVERETTS TOWING. UNIT 1 DRIVER WAS CITED FOR FAILING TO YIELD WHILE MAKING A LEFT TURN.

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Location

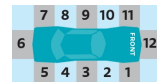
INTERSECTION ON USH12 EB AT PRAIRIE ST/ CTHPF EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.293059421	Longitude -89.759047012
	X Coordinate 276181.0625	Y Coordinate 4797056
	Structure Type	

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) WET		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) RAIN			
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	

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 2	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 45	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number MMJ4CY		Plate Type AUT	St IA	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GKKNRL42MZ170010		Make GMC	Year 2021	Model ACADIA			
Color RED - RED		Body Style 4D - 4DR		Bus Use			
Initial Contact Point 12 - FRONT		Vehicle Damage					
Extent Of Damage DISABLING DAMAGE		12 - FRONT					



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UNIT	01	01	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
				What Driver Was Doing LEFT TURN		Vehicle Factors	
				Driver Prior Action Other		NOT APPLICABLE	
				Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
UNIT	01	01	INDIVIDUAL	Owner Name MAURICE JONES (641) 414-2353		Owner Address 2819 110TH ST. ELLSTON, IA 50074 , US	
				Sequence Of Events			
				Event MOTOR VEH IN TRANSPORT			
				Event			
UNIT	01	02	03	Event			
				Event			
				Event			
				Event			
UNIT	01	001	INDIVIDUAL	Policy Holder			
				Insurance Company FARM-BUREAU-CASUALTY-CO		INDIVIDUAL MAURICE JONES	
				Individual			
				DRIVER MAURICE JONES (641) 414-2353		Citations Issued 1	Sex MALE
UNIT	01	001	INDIVIDUAL	Date of Birth		Race WHITE	
				Address 2819 110TH ST. ELLSTON, IA 50074 , US		Driver License Number	
				On Duty Crash		Safety Equipment	
				Safety Equipment		SHOULDER & LAP BELT	
UNIT	01	001	INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use	
				Helmet Compliance			
				Eye Protection		Tint Compliance	
				Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
UNIT	01	001	INDIVIDUAL	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			
UNIT	01	001	INDIVIDUAL	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
				Distracted By Action NOT DISTRACTED			

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UNIT 01	INDIVIDUAL	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 01	INDIVIDUAL	Individual					
		PASSENGER MARSHA JONES (641) 414-2353		Citations Issued 0		Sex FEMALE	
		Date of Birth		Race WHITE			
		Address 2819 110TH ST. ELLSTON, IA 50074 , US		Driver License Number			
		On Duty Crash		Safety Equipment			
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-FRONT	
		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 Source					
Distracted By Action							
Non Motorist		Striking Unit #		Location			

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date 08/10/2025
Crash Time 09:15 AM

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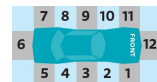
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Violations			
		01	002	UTC Number BL504116	Issue To? 001

Unit Summary

UNIT	02	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 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO					

UNIT	02	Vehicle				
		License Plate Number 10845EM		Plate Type EMT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3GNAXVEX2LL134042		Make CHEV	Year 2020	Model EQUINOX
		Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER		
		Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name KIMBERLY LOHMAN		Owner Address E9823 PRAIRIE RD PRAIRIE DU SAC, WI 53578 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		INDIVIDUAL KIMBERLY LOHMAN	
03	Individual			
	DRIVER KIMBERLY LOHMAN		Citations Issued 0	Sex FEMALE
	Address E9823 PRAIRIE RD PRAIRIE DU SAC, WI 53578 , US		Date of Birth	Race WHITE
			Driver License Number	
04	On Duty Crash		Safety Equipment	
	SHOULDER & LAP BELT			
02	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
03	Eye Protection			
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
02	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
03	Hospital		Date of Death	Time of Death
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
02	Distracted By Action NOT DISTRACTED			

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UNIT INDIVIDUAL 02 003	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				