

6TL0DKRB31


25-08945

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 <b>25-08945</b>		Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>08/25/2025</b>		Crash Time <b>07:05 PM</b>		Date Arrived <b>08/25/2025</b>		Time Arrived <b>07:48 PM</b>	
Date Notified <b>08/25/2025</b>		Time Notified <b>07:16 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input checked="" 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

Diagram		Reconstruction By
 <p>Diagram by: Ryan Barnes On 08/25/25 Vehicle was stopped and engine started on fire Not to Scale</p>		
		Photos By <b>R. BARNES</b>
		Additional Information <b>NONE, PHOTOS</b>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
ON 08/25/25 I RESPONDED TO A MOTORHOME ON FIRE AT THE INTERSECTION OF CENTER STREET AND COUNTY ROAD PF. THERE A WHITE MOTORHOME CAUGHT ON FIRE AFTER THE ENGINE BACKFIRED. THE VEHICLE WAS A TOTAL LOSS AND TOWED BY EVERETTES TOWING.		

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## Location

ON CENTER ST 80 FT S OF CTHPF NB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.299944135</b>	Longitude <b>-89.824641312</b>
	X Coordinate <b>270885.5625</b>	Y Coordinate <b>4797999</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>OTHER NON-COLLISION</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>08/25/2025</b>	Time Initial Lane/Rd Closed <b>07:16 PM</b>	<b>TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>08/25/2025</b>	Time All Lanes Open <b>08:07 PM</b>	Date Scene Cleared <b>08/25/2025</b>	Time Scene Cleared <b>08:07 PM</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>MOTOR HOME</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OTHER NON-COLLISION</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>STOP SIGN</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>					
	01	License Plate Number <b>169029</b>		Plate Type <b>CLS</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1FDKE30L7DHB24629</b>		Make <b>MIDS</b>	Year <b>1983</b>	Model <b>MOTORHOME</b>		

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UNIT VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>MH - MOTORIZED HOME</b>	Bus Use
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	<b>POWER TRAIN, OTHER</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>CALVIN WILHELM (608) 354-1300</b>	Owner Address <b>E9934 1ST ST PRAIRIE DU SAC, WI 53578 , US</b>	
	<b>Sequence Of Events</b>		
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	Event <b>OTHER NON-COLLISION</b>		
03	Event		
04	Event		
UNIT TRAILER/	<b>Trailer/Towed</b>		
	Trailer Plate #	Plate Type	Make <b>UNK</b>
	State	Country of Issuance	
UNIT INDIVIDUAL	Unit Type <b>EQUIPMENT</b>	INDIVIDUAL <b>CALVIN WILHELM (608) 354-1300</b>	Address <b>E9934 1ST ST PRAIRIE DU SAC, WI 53578 , US</b>
	Vehicle Identification Number <b>NA</b>		
	<b>Individual</b>		
UNIT INDIVIDUAL	DRIVER <b>CALVIN WILHELM (608) 354-1300</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>E9934 1ST ST PRAIRIE DU SAC, WI 53578 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
UNIT INDIVIDUAL	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>NOT APPLICABLE</b>	

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UNIT  INDIVIDUAL	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>		
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			
01 001	<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>			