

6TL0FSSFBJ

25-08879

# 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 <b>25-08879</b>		Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>08/23/2025</b>		Crash Time <b>05:39 PM</b>		Date Arrived <b>08/23/2025</b>		Time Arrived <b>06:08 PM</b>	
Date Notified <b>08/23/2025</b>		Time Notified <b>05:40 PM</b>		Total Units <b>02</b>		Total Injured <b>00</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>NOT TO SCALE.</p> <p>VERY ODD THREE STOP INTERSECTION WITH TRAFFIC FROM STRAWBRIDGE TRAVELING NORTH HAVING NO STOP. N DUTCH HOLLOW IS AN UPHILL INTERSECTION, OTHER TWO STOPS ARE DOWNHILL</p> <p>N Dutch Hollow Rd</p> <p>Unit 1</p> <p>Unit 1</p> <p>LARGE FARM FIELD UTV WAS TRAVELING TO</p> <p>W Dutch Hollow Rd</p> <p>STOP</p> <p>STOP</p> <p>STOP</p> <p>Denger Rd</p> <p>Strawbridge Rd</p>	<p>Reconstruction By <b>SALEM LAKES PUBLIC SAFETY DEPT</b></p>
	<p>Photos By <b>DEPUTY DRILL</b></p>
	<p>Additional Information <b>PHOTOS, RECONSTRUCTION</b></p>

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

(UNIT 2)UTV TRAVELING FROM DENGGER RD ACROSS THE INTERSECTION TO THE FARM FIELD WAS STRUCK BY THE SUV (UNIT 1) TRAVELING FROM N DUTCH HOLLOW RD, TURNING NORTH ONTO STRAWBRIDGE RD. DRIVER OF UNIT 2 STATED HE HAD BEEN STOPPED (DENGGER RD) AND OBSERVED UNIT 1 APPROACHING THEIR STOP SIGN AS HE NAVIGATED THE INTERSECTION. DRIVER OF UNIT1 ALSO STATED HE WAS AT HIS STOP SIGN (N DUTCH HOLLOW) AND NEVER SAW UNIT 2 AT THE STOP SIGN (DENGGER RD) OR ON THE ROAD UNTIL UNIT 2 WAS IN FRONT OF HIS VEHICLE AND WAS STRUCK. VERY MINOR DAMAGE TO BOTH VEHICLES.

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## Location

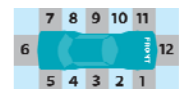
ON STRAWBRIDGE RD 56 FT N OF DEGNER RD IN THE TOWN OF WOODLAND IN SAUK COUNTY	Latitude <b>43.613441934</b>	Longitude <b>-90.21159217</b>
	X Coordinate <b>240840.859375</b>	Y Coordinate <b>4833953</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</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>OTHER</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>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>HILLCREST</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number <b>V140627</b>		Plate Type <b>AUT</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1GKS2GKD3MR369792</b>		Make <b>GMC</b>	Year <b>2021</b>	Model <b>YUKON XL</b>			
Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use			
Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage  <b>12 - FRONT</b>					
Extent Of Damage <b>MINOR DAMAGE</b>							



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By	
	What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
01	Owner Name <b>CHRISTOPHER PAULI (815) 980-2052</b>		Owner Address <b>1142 SANDPEBBLE DR ROCKTON, IL 61072 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event	<b>RIGHT TURN</b>		
	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
01	<b>Policy Holder</b>			
	Insurance Company <b>USI INSURANCE SERVICES LLC</b>		INDIVIDUAL <b>CHRISTOPHER PAULI</b>	
01	<b>Individual</b>			
	DRIVER <b>CHRISTOPHER PAULI (815) 980-2052</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>1142 SANDPEBBLE DR ROCKTON, IL 61072 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01	Injury <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Hospital		EMS Agency Identifier	EMS Run #
01	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Date of Death	
	Distracted By Action <b>NOT DISTRACTED</b>		Time of Death	

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other			To/From School	
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>				
		<b>Individual</b>				
		PASSENGER <b>JENNIFER PAULI</b> <b>(815) 980-2052</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>1142 SANDPEBBLE DR</b> <b>ROCKTON, IL 61072 , US</b>		Driver License Number		
		01	002	<b>Safety Equipment</b>		On Duty Crash
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>					
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
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		
Distracted By Action						
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT 01	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	002	<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>			

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>EQUIPMENT</b>	
	Vehicle Type <b>ATV/UTV (UTILITY TERRAIN VEHICLE)</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 02	VEHICLE 02	<b>Vehicle</b>				
		License Plate Number <b>1136FF</b>		Plate Type <b>ATV</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>4XARRE990J8532161</b>		Make <b>PLRS</b>	Year <b>2018</b>	Model <b>RANGER</b>
		Color <b>GRY - GRAY</b>		Body Style <b>2D - 2DR</b>		Bus Use
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER</b>		
		Extent Of Damage <b>MINOR DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
		What Driver Was Doing <b>GOING STRAIGHT</b>				

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>NICHOLAS TRODAHL (608) 963-6880</b>		Owner Address <b>S867 STRAWBRIDGE RD WONEWOC, WI 53968 , US</b>	
	<b>Sequence Of Events</b>			
UNIT 02	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>REEDSBURG-WESTFIELD MUTUAL INS CO</b>		INDIVIDUAL <b>NICHOLAS TRODAHL</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>NICHOLAS TRODAHL (608) 963-6880</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>S867 STRAWBRIDGE RD WONEWOC, WI 53968 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 02	<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	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	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	

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use	
				NO	
				Suspected Drug Use	
				NO	
		Alcohol Test Given		Alcohol Test Type	
		TEST NOT GIVEN			
		Alcohol Test Results			
02	003	Drug Test Given		Drug Test Type	
		TEST NOT GIVEN		Drug Test Results	
		Drug Type			
		Individual Condition			
		APPEARED NORMAL			