# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Primary Crash Document #	Agency Crash Number <b>25-09339</b>	Investigating Offi DEPUTY K. M	
Crash Date <b>09/04/2025</b>	Crash Time 02:09 AM	Date Arrived <b>09/04/2025</b>	Time Arrived 02:23 AM	
Date Notified <b>09/04/2025</b>	Time Notified 02:11 AM	Total Units 01	Total Injured <b>00</b>	Total Killed 00
On Emergency	Hit and Run		Trailer or	Towed Reporting Threshold
Government Property	Active School Zone	School Bus Related NO	Tags	
<b>✓</b> Reportable	Crash Type DT4000 (STANDARD CRA	ASH)	Amended	Secondary Crash
Description Diagram	•			construction By
ush 12 eb	not to scale*	ush 12 wb		ditional Information

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 4

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		ation				ı			1	
		USH12 EB				Latitude 43.416389538		Longitud		
	0.26 MI S OF SKIHI RD				<u> </u>				-89.772731742 Y Coordinate	
		HE TOWN OF SUMPT			X Coordinate 275526.3125		4810790.5			
	IN S	AUK COUNTY				Structure			10.00.0	
					NO STRUCTURE					
(	Cra	sh Scene								
Ī		Harmful Event					nful Event L	ocation		
L		IER NON-COLLISION			ROADSIDE					
		ner of Collision				Light Condition				
L			HICLE IN TRANSPORT		DARK/UNLIT  Roadway Factor(s)					
		d Surface Condition(s)				Roadway	racior(s)			
	DRY	1								
Ī	Envii	ronment Factor(s)								
	МОИ	NE				NONE				
ł	Wea	ther Condition(s)								
	CLE	, ,								
L										
	Anim DEE	al Type					Γο Trafficwa <b>CWAY - Ο</b>	•		
ļ		h Classification - Location								
		BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
ł	_	Il Land				Access C				Special Study
						NO CONTROL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
t	With	in Interchange Area	Junction Location		Intersectio		on Type			L
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
į	Jnit	Summary =								
	Unit Status Vehicle Operatin				erating As C	**				
L	IN TRANSIT			D CLASS	D CLASS		AUTOMOBILE			
		cle Type			Operating A			s Endorser	nents	
L		Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued Total			railers Total HazMat Types		
	10ta	Occs	Trail/Dus # Necolded	0			0	0		wat Types
L		ance?	Direction Of Travel			Consed Lieu		nit	Total Lane	es
	YES		EASTBOUND	Pre CrashTire Mark		55		4		
t	Most	Harmful Event: Collision V	Vith		Special Function			Emergency Motor Vehicle Use		
L	OTHER NON-COLLISION			NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE		
	Traffic Way				Traffic Control		Traffic Control In		ol Inoperat	ive/Missing
L	DIVIDED HWY W/O TRAFFIC BARRIER Surface Type				NO CONTROL			NO Bood Crode		
		ace Type ACKTOP (BITUMINOU:		Road Curvature STRAIGHT			Road Grade  LEVEL			
ł	_		OTRAIGH	STRAIGHT						
	NO									
	Vehicle									
ı	License Plate Number BAC2870			Plate Type	Plate Type AUT		St Country of Is		uance	
							WI	UNITED STATES		
	1	Vehicle Identification Nun				Year	Model  GRAND PRIX			
	2G2WP552161290523						2006	GRAND PRIX Bus Use		
	Color GRY - GRAY				Body Style 4D - 4DR			Bus Use		
	☐ Initial Contact Point				Vehicle Damage					
		00 - NON-COLLISION	I		7 8 9 10				7 8 9 10 11	
	00 - NON-COLLISION  Extent Of Damage  MINOR DAMAGE		01 - RIG	01 - RIGHT FRONT CORN				7		
	MINOR DAMAGE				,					5 4 3 2 1
						0.110	· · · · · · · · · · · · · · · · · · ·			00/04/000=
	nsin N 0T400	Motor Vehicle Crash	Thi	is report does not 2	include any of 4	CJIS data.			Crash Date Crash Time	
				_				•		

Page 2 of 4 SC25-09339

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		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		1	emoved By					
					Vehicle Factors					
		GOING STRAIGHT								
		Driver Prior Action Other		NOT AP	NOT APPLICABLE					
TIND	VEHICLE	Driver Actions SWERVED OR AVOIDED	DUE TO WIND, SLIPPER	Y SURFA	ACE, MOTOR V	EHICLE, OBJEC	CT, NON-MOTORIST IN ROADWAY, ETC.			
10	7	Owner Name STEPHANIE MAIER			Owner Address 10726 HOWARD TRL MAZOMANIE, WI 53560 , US					
	;	Sequence Of Events								
	5	NON DOMESTICATED AN	NIMAL (ALIVE)							
	05	Event RUN OFF ROADWAY LEFT								
	03	Event CROSS MEDIAN								
	4	Event DITCH								
Ŀ	ı	Policy Holder								
LIND		Insurance Company STATE-FARM-CLASSIC-INS-CO			INDIVIDUAL STEPHANIE MAIER					
	1	Individual								
		DRIVER DARIEN LATHROP			Citations Issued Sex 0 FEMALE					
	MAL				f Birth	Race WHITE				
TINO	Address 10726 HOWARD TRL MAZOMANIE, WI 53560 , US			Driver License Number						
	Sat	On Duty Crash Safety Equipment			Equipment					
	- Cu	Row Seat Position		SHOULDER & LAP BELT						
		01 - FRONT ROW Helmet Use	07 - LEFT							
				Helmet Compliance						
		Eye Protection		Tint Compliance						
2	90	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT API		PLICABLE			Trapped/Extricated NOT TRAPPED			
	Medical Transport			EMS Agency Identifier			EMS Run #			
		NOT TRANSPORTED  Hospital		Date of Death Time of Death			Time of Death			
		_ Distracte	ed By Source							
		Distracted By NOT A	PPLICABLE (NOT DISTR	RACTED)						
		Distracted By Action NOT DISTRACTED								

Wisconsin Motor Vehicle Crash Form DT4000

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3 of 4

Crash Date 09/04/2025
Crash Time 02:09 AM

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
LIND	INDIVIDUAL	Action  Action Other						To/From School
			Suspected Alcohol U	İsa	Suspected Drug Use			TO/From School
	L	Drug & Alcohol	NO	73 <del>C</del>	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		
٤	00	Drug Type						
		Individual Condition						
		APPEARED NORM	AL					