

6TL0F3SSJF
25-09177

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 25-09177		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 08/31/2025		Crash Time 10:47 AM		Date Arrived 08/31/2025		Time Arrived 10:53 AM	
Date Notified 08/31/2025		Time Notified 10:48 AM		Total Units 02		Total Injured 03	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 A KING
	Additional Information PHOTOS

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

I RESPONDED TO A 2 CAR CRASH ON CTH P NEAR COUNTRY BUMPKIN. I MET WITH U1 OPERATOR, EVAN RAMOS, WHO STATED HE WAS LEAVING LAKE DELTON TO HEAD HOME WHEN HE FOLLOWED A CAR OUT OF LAKE DELTON. EVAN STATED HE WAS FOLLOWING THE CAR WHEN HE GOT A DRINK OF WATER AND THEN HE LOOKED DOWN TO PUT THE CAP BACK ON HIS DRINK. EVAN SAID HE THEN LOOKED UP AND SAW THE CAR IN FRONT OF HIM WAS STOPPED AND HE THEN STRUCK THE CAR. EVAN STATED HE DID NOT HAVE ANY INJURIES AND DID NOT WANT AN AMBULANCE. EVAN ALSO INITIALLY SAID HE HAD HIS SEATBELT ON BUT THEN SAID HE DID NOT. I THEN SPOKE WITH ALNITA WHO THE WAS THE FRONT PASSENGER OF THE CAR. ALNITA SAID THEY WERE LEAVING LAKE DELTON AND THEY WERE STOPPED TO TURN INTO COUNTRY PUMPKIN. ALNITA SAID WHEN THEY WERE WAITING TO TURN, A VEHICLE BEHIND THEM HIT THEM. I WAS UNABLE TO SPEAK WITH THE OPERATOR OF U2 DUE TO HIM ALREADY BEING IN THE AMBULANCE AND BEING PREPARED TO BE TRANSPORTED TO RAMC. ALNITA SAID SHE HAD MINIMAL PAIN. ALNITA SAID HER SPOUSE, JOHNNIE BRENT WHO WAS THE DRIVER, SAID HE HAD HEAD AND BACK PAIN. JOHNNIE WAS THEN TRANSPORTED TO RAMC. I SPOKE WITH JOHN AND ANN WHO CLAIMED MINOR INJURIES AND WERE TRANSPORTED TO RAMC. I THEN RETURNED TO MY CAR AND COMPLETED A CITATION FOR AUTOMOBILE FOLLOWING TOO CLOSELY. I THEN ISSUED THE CITATION TO EVAN AND VERBALLY WARNED HIM FOR THE OTHER TRAFFIC VIOLATIONS. CRAIG'S TOWING RESPONDED FOR U1 AND ALNITA REMOVED U2 FROM THE SCENE.

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Location

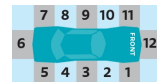
ON CTHP 453 FT E OF HERWIG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.590540978	Longitude -89.8356576
	X Coordinate 271091.28125	Y Coordinate 4830304
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR			Operating As Endorsements		
	Total Occs 1	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 NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					
	UNIT 01 VEHICLE 01	Vehicle				
		License Plate Number AYH4641	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G11B5SLXEF251995		Make CHEV	Year 2014	Model MALIBU		
Color BLK - BLACK		Body Style SD - SEDAN		Bus Use		
Initial Contact Point 12 - FRONT		Vehicle Damage				
Extent Of Damage DISABLING DAMAGE		12 - FRONT				



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UNIT	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 FOLLOWING TOO CLOSE, OTHER CONTRIBUTING ACTION			
01	01	Owner Name KEITH RAMOS (608) 448-1817		Owner Address 518 1/2 4TH ST BARABOO, WI 53913 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company MADISON-MUTUAL-INSURANCE-CO		INDIVIDUAL KEITH RAMOS	
		Individual			
		DRIVER EVAN RAMOS (608) 432-4052		Citations Issued 1	Sex MALE
UNIT	01	Date of Birth		Race WHITE	
		Address 518 1/2 4TH ST BARABOO, WI 53913 , US		Driver License Number	
		On Duty Crash		Safety Equipment	
		Safety Equipment		SHOULDER & LAP BELT	
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use	
		Helmet Compliance			
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION
01	001	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 NOT APPLICABLE (NOT DISTRACTED)	
01	001	Distracted By Action NOT DISTRACTED			

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **08/31/2025**
Crash Time **10:47 AM**

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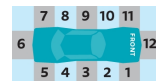
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				
		To/From School				
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
		Drug Type				
		Individual Condition APPEARED NORMAL				
01	001	Violations				
		UTC Number BK261643	Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	

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 4	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO					
		Vehicle					
		02	02	License Plate Number AHX6945		Plate Type AUT	St WI
Vehicle Identification Number JA4AZ3A35LZ036765				Make MITS	Year 2020	Model OUTLANDER	
Color GRY - GRAY				Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
Initial Contact Point 06 - REAR							



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	06 - REAR	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
		What Driver Was Doing LEFT TURN	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name JOHNNIE BRENT (262) 395-0550	Owner Address 819 N HARTWELL AVE WAUKESHA, WI 53186 , US	
		Sequence Of Events		
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	INDIVIDUAL JOHNNIE BRENT	
		Individual		
		DRIVER JOHNNIE BRENT (262) 395-0550	Citations Issued 0	Sex MALE
UNIT	INDIVIDUAL	Date of Birth	Race BLACK/AFRICAN AMERICAN	
		Address 819 N HARTWELL AVE WAUKESHA, WI 53186 , US	Driver License Number	
		Safety Equipment		
		On Duty Crash	Safety Equipment	
UNIT	INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
UNIT	INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run #
		Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death

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UNIT INDIVIDUAL	02	002	Distracted By <small>Distracted By Source</small> NOT APPLICABLE (NOT DISTRACTED)	
			<small>Distracted By Action</small> NOT DISTRACTED	
			Non Motorist	<small>Striking Unit #</small> <small>Location</small>
			<small>Prior Action</small> 	
			<small>Action</small> 	
			<small>Action Other</small> 	
			<small>To/From School</small> 	
			Drug & Alcohol <small>Suspected Alcohol Use</small> NO	
			<small>Suspected Drug Use</small> NO	
			<small>Alcohol Test Given</small> TEST NOT GIVEN	
<small>Alcohol Test Type</small> 				
<small>Alcohol Test Results</small> 				
<small>Drug Test Given</small> TEST NOT GIVEN				
<small>Drug Test Type</small> 				
<small>Drug Test Results</small> 				
<small>Drug Type</small> 				
<small>Individual Condition</small> NOT OBSERVED				
UNIT INDIVIDUAL	02	003	Individual	
			<small>PASSENGER</small> ALNITA BRENT (262) 395-6978	
			<small>Citations Issued</small> 0	
			<small>Sex</small> FEMALE	
			<small>Date of Birth</small> 	
			<small>Race</small> BLACK/AFRICAN AMERICAN	
			<small>Address</small> 819 N HARTWELL AVE WAUKESHA, WI 53186 , US	
			<small>Driver License Number</small> 	
			Safety Equipment <small>On Duty Crash</small>	
			<small>Safety Equipment</small> SHOULDER & LAP BELT	
<small>Row</small> 01 - FRONT ROW				
<small>Seat Position</small> 09 - RIGHT				
<small>Helmet Use</small> 				
<small>Helmet Compliance</small> 				
<small>Eye Protection</small> 				
<small>Tint Compliance</small> 				
UNIT INDIVIDUAL	02	003	Injury <small>Injury Severity</small> NO APPARENT INJURY	
			<small>Airbag</small> NON DEPLOYED	
			<small>Ejected</small> NOT EJECTED	
			<small>Ejection Path</small> NOT EJECTED/NOT APPLICABLE	
			<small>Trapped/Extricated</small> NOT TRAPPED	
			<small>Medical Transport</small> EMS GROUND	
			<small>EMS Agency Identifier</small> 6000123	
			<small>EMS Run #</small> 	
			<small>Hospital</small> REEDSBURG AREA MED CTR	
			<small>Date of Death</small> 	
<small>Time of Death</small> 				
Distracted By <small>Distracted By Source</small> 				

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UNIT 02	INDIVIDUAL	Distracted By Action			
		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 02	INDIVIDUAL	Individual			
		PASSENGER JOHN SIVERLING (262) 354-5880		Citations Issued 0	
		Date of Birth		Sex MALE	
		Race WHITE			
		Address 1704 BLACKHAWK TRL WAUKESHA, WI 53186 , US		Driver License Number	
		Safety Equipment			
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
UNIT 02	004	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND		EMS Agency Identifier 6001024	
		Hospital REEDSBURG AREA MED CTR		EMS Run #	
		Date of Death		Time of Death	
		Distracted By	Distracted By Source		
			Distracted By Action		

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		Prior Action				
		Action				
		Action Other		To/From School		
02	004	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				
		Individual				
		PASSENGER ANN SIVERLING (262) 224-3865		Citations Issued 0	Sex FEMALE	
		Address 1704 BLACKHAWK TRL WAUKESHA, WI 53186 , US		Date of Birth	Race WHITE	
		Driver License Number				
		Safety Equipment		On Duty Crash	Safety Equipment	
02	005	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND		EMS Agency Identifier 6000123	EMS Run #	
		Hospital REEDSBURG AREA MED CTR		Date of Death	Time of Death	
		Distracted By		Distracted By Source		
		Distracted By Action				
		Non Motorist		Striking Unit #	Location	

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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			
02	005	Individual Condition APPEARED NORMAL			