

6TL0F68VP9

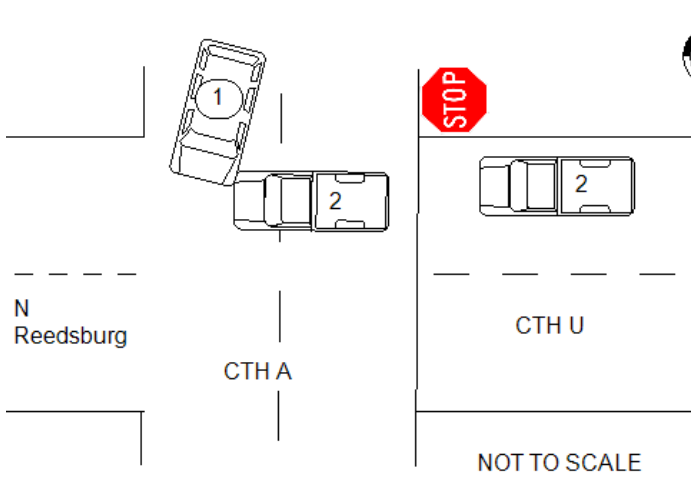
25-09464

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>25-09464</b>		Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date <b>09/07/2025</b>		Crash Time <b>02:47 PM</b>		Date Arrived <b>09/07/2025</b>		Time Arrived <b>02:55 PM</b>	
Date Notified <b>09/07/2025</b>		Time Notified <b>02:47 PM</b>		Total Units <b>02</b>		Total Injured <b>03</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

Diagram	Reconstruction By
	Photos By <b>DEPUTY GREENWOOD</b>
	Additional Information <b>PHOTOS</b>

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

UNIT ONE WAS TRAVELING SOUTH ON CTH A. UNIT TWO WAS STOPPED AT THE STOP SIGN ON CTH U AT CTH A. UNIT TWO OPERATOR ATTEMPTED TO CROSS CTH A TO GO ONTO N REEDSBURG RD HOWEVER DIDN'T SEE UNIT 1. UNIT 1 OPERATOR WAS UNABLE TO AVOID UNIT 2 AND STRUCK UNIT 2. UNIT TWO OPERATOR ISSUED CITATION FOR FAIL TO YIELD RIGHT AWAY. BOTH UNITS WERE REMOVED BY CRAIGS TOWING.

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## Location

ON CTHA NB 60 FT N OF REEDSBURG RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude <b>43.532431625</b>	Longitude <b>-89.738855377</b>
	X Coordinate <b>278693.1875</b>	Y Coordinate <b>4823588</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>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>FOUR-WAY INTERSECTION</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>04</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"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>02</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>NO CONTROL</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>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>AXK3398</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>YV4A22PK9G1041651</b>		Make <b>VOLV</b>	Year <b>2016</b>	Model <b>XC90</b>
	Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>15 - ALL AREAS</b>		



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>EDWARD SCANLAN (608) 477-8584</b>		Owner Address <b>2119 SURREY LN BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
	Event			
	Event			
04	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		INDIVIDUAL <b>EDWARD SCANLAN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>EDWARD SCANLAN (608) 477-8584</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>2119 SURREY LN BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<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	
001	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
			Airbag <b>DEPLOYED-FRONT</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>				

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UNIT INDIVIDUAL	01	001	<b>Non Motorist</b>	Striking Unit #	Location				
			Prior Action						
			Action						
			Action Other						
			To/From School						
			<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 INDIVIDUAL	01	002	<b>Individual</b>						
			PASSENGER <b>MOLLY SCANLAN</b> (608) 477-8584			Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
						Date of Birth		Race <b>WHITE</b>	
			Address <b>2119 SURREY LN</b> <b>BARABOO, WI 53913 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	01	002	<b>Safety Equipment</b>	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
			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>POSSIBLE INJURY</b>		Airbag <b>DEPLOYED-FRONT</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		
UNIT INDIVIDUAL	01	002	<b>Distracted By</b>	Distracted By Source					
			Distracted By Action						
UNIT INDIVIDUAL	01	002	<b>Non Motorist</b>	Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>		
01	002	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		<b>TEST NOT GIVEN</b>		
01	002	Drug Test Given	Drug Test Type	Drug Test Results
		<b>TEST NOT GIVEN</b>		
01	002	Drug Type		
		Individual Condition		
01	002	<b>APPEARED NORMAL</b>		
		<b>Individual</b>		
01	INDIVIDUAL	PASSENGER <b>WILLA SCANLAN</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
01	INDIVIDUAL	Address <b>2119 SURREY LN BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
01	003	On Duty Crash	Safety Equipment	
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
01	003	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	003	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
01	003	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	003	<b>Distracted By</b>		
		Distracted By Source		
01	003	Distracted By Action		
		<b>Non Motorist</b>		
01	003	Striking Unit #	Location	
		Prior Action		

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UNIT 01	INDIVIDUAL 003	Action			
		Action Other			To/From School
		<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>MILO SCANLAN</b> <b>(608) 477-8584</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>		
Address <b>2119 SURREY LN</b> <b>BARABOO, WI 53913 , US</b>		Driver License Number			
UNIT 01	INDIVIDUAL 004	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>02 - SECOND 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>DEPLOYED-FRONT</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					
<b>Non Motorist</b>		Striking Unit #			
Location					
Prior Action					

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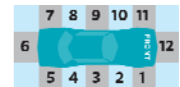
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UNIT 01	INDIVIDUAL 004	Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			

## Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02	
	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 02	VEHICLE 02	Vehicle				
		License Plate Number NY7824		Plate Type LTK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FTFX1EVXAKB48257		Make FORD	Year 2010	Model F150
		Color RED - RED		Body Style PK - PICKUP		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING		
		What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors NOT APPLICABLE		
		Driver Prior Action Other				



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UNIT	VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
		Owner Name <b>SCOTT HAMILTON</b>	Owner Address <b>N3671 OX CREEK RD MONTELLO, WI 53949 , US</b>	
02	02			
UNIT	01	<b>Sequence Of Events</b>		
		Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
UNIT	02	Event		
		Event		
		Event		
		Event		
UNIT	03	<b>Policy Holder</b>		
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	INDIVIDUAL <b>SCOTT HAMILTON</b>	
		<b>Individual</b>		
		DRIVER <b>SCOTT HAMILTON</b>	Citations Issued <b>01</b>	Sex <b>MALE</b>
UNIT	04	Date of Birth	Race <b>WHITE</b>	
		Address <b>N3671 OX CREEK RD MONTELLO, WI 53949 , 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	05	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>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NON DEPLOYED</b>
UNIT	005	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000368</b>	EMS Run #
		Hospital <b>ST CLARE HOSP</b>	Date of Death	Time of Death
		<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
UNIT	005	Distracted By Action <b>NOT DISTRACTED</b>		
		<b>Non Motorist</b>	Striking Unit #	Location
UNIT	005	Prior Action		



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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<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>Violations</b>					
		02	005	01			
				UTC Number <b>BL5020551</b>			