

**25-09988**

**6TL0F3SSJM**

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

Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-09988</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>09/22/2025</b>		Crash Time <b>10:29 AM</b>		Date Arrived <b>09/22/2025</b>		Time Arrived <b>10:55 AM</b>	
Date Notified <b>09/22/2025</b>		Time Notified <b>10:30 AM</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 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

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

U1 WAS TRAVELING EASTBOUND WHEN THE OPERATOR STATED SHE CAME AROUND THE CORNER TO A SLOWER MOVING VEHICLE JUST PAST THE CORNER. OPERATOR OF U1 STATED SHE HIT THE BRAKES BUT DUE TO THE RAINY WEATHER WITH THE ROAD BEING WET SHE HAD TO SWERVE TO AVOID COLLIDING WITH THE VEHICLE, RESULTING IN U1 GOING INTO THE DITCH. OPERATOR OF U1 STATED SHE WAS NOT INJURED AND NACHREINER'S TOWING REMOVED THE VEHICLE FROM THE SCENE.



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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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**Location**

ON CTHB WB 0.77 MI W OF CTHG WB IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude <b>43.253247919</b>	Longitude <b>-90.124472275</b>
	X Coordinate <b>246369.984375</b>	Y Coordinate <b>4793679.5</b>
	Structure Type <b>NO STRUCTURE</b>	

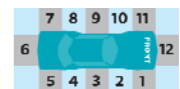
**Crash Scene**

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>RAIN</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN 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>PASSENGER CAR</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>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DITCH</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>CURVE RIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>AZS8270</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G11B5SL3EF271568</b>		Make <b>CHEV</b>	Year <b>2014</b>	Model <b>MALIBU</b>
	Color <b>BLU - BLUE</b>		Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				





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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>NACHREINER'S TOWING</b>		
		What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>SPEED TOO FAST/COND, FOLLOWING TOO CLOSE</b>				
01	01	Owner Name <b>MICHAEL HILBY</b>		Owner Address <b>22125 COUNTY HWY NN RICHLAND CENTER, WI 53581 , US</b>		
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>DITCH</b>			
		02	Event			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
UNIT	INDIVIDUAL	Insurance Company <b>SAFECO-INS-CO-OF-AMERICA</b>		INDIVIDUAL <b>MICHAEL HILBY</b>		
		<b>Individual</b>				
		DRIVER <b>EMMA HILBY</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>WHITE</b>		
Address <b>22125 COUNTY HWY NN RICHLAND CENTER, WI 53581 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
<b>Safety Equipment</b>		On Duty Crash		Safety Equipment		
UNIT	INDIVIDUAL	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>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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
Distracted By Action <b>NOT DISTRACTED</b>						



UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use	
				NO		NO	
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given		Drug Test Type		Drug Test Results	
TEST NOT GIVEN							
Drug Type							
Individual Condition							
APPEARED NORMAL							