

6TL0FGX4FF  
25-10158

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>25-10158</b>		Investigating Officer/Deputy <b>SERGEANT B. FISH</b>	
Crash Date <b>09/26/2025</b>		Crash Time <b>09:42 PM</b>		Date Arrived <b>09/26/2025</b>		Time Arrived <b>09:56 PM</b>	
Date Notified <b>09/26/2025</b>		Time Notified <b>09:42 PM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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>SGT. FISH #11</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 1 WAS TRAVELING EAST ON XANADU RD AT A STATED SPEED OF 55-60MPH IN A 35MPH ZONE. UNIT 1 LOST CONTROL DUE TO THE SPEED AND ENTERED THE SOUTH DITCH. AS UNIT 1 ENTERED THE DITCH IT ROLLED ONTO THE DRIVERS SIDE OF THE VEHICLE. THERE WAS FULL AIR BAG DEPLOYMENT. THE OPERATOR OF UNIT 1 WAS TRANSPORTED BY EMS TO ST. CLAIRE HOSPITAL FOR INJURES. THE DRIVER WAS WEARING THEIR SEAT BELT. UNIT 1 WAS REMOVED BY CRAIGS TOWING. THERE WAS NOT REPORTED INSURANCE ON THE VEHICLE. NO DAMAGE TO OTHER PROPERTY OR PERSONS WAS REPORTED.

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Location

ON XANADU RD 568 FT W OF WHITE BIRCH RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.584420678</b>	Longitude <b>-89.804200146</b>
	X Coordinate <b>273607.84375</b>	Y Coordinate <b>4829538</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>OTHER NON-COLLISION</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>09/26/2025</b>	Time Initial Lane/Rd Closed <b>09:48 PM</b>		
Date All Lanes Open <b>09/26/2025</b>	Time All Lanes Open <b>10:55 PM</b>	Date Scene Cleared <b>09/26/2025</b>	Time Scene Cleared <b>10:55 PM</b>

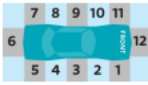
Unit Summary

<b>UNIT</b>	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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>01</b>	<b>Vehicle</b>				
		License Plate Number <b>ASG1426</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1GNER23D89S130381</b>		Make <b>CHEV</b>	Year <b>2009</b>	Model <b>TRAVERSE</b>		

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>13 - TOP</b>	Vehicle Damage <b>15 - ALL AREAS</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>OTHER</b>	Driver Prior Action Other <b>SPEEDING</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>EXCEED SPEED LIMIT, FAILURE TO CONTROL, RAN OFF ROADWAY</b>			
	Owner Name <b>KATHERINE PANGBURN</b>	Owner Address <b>206 CAMPUS VIEW DR BARABOO, WI 53913 , US</b>		
UNIT 01	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event <b>DITCH</b>			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>BROOKLYNN AWONOHOPAY (608) 477-3323</b>	Citations Issued <b>3</b>	Sex <b>FEMALE</b>	
	Address <b>S1975 COUNTY ROAD A # 18 BARABOO, WI 53913 , US</b>	Date of Birth	Race	
UNIT 01	<b>Safety Equipment</b>			
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>DEPLOYED-COMBINATION</b>	
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	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>6000123</b>	EMS Run #	
Hospital <b>ST CLARE HOSP</b>		Date of Death	Time of Death	

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
		Distracted By Action <b>UNKNOWN</b>					
		<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>PRELIMINARY BREATH TEST (PBT)</b>		Alcohol Test Results <b>17</b>	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>PHYSICALLY IMPAIRED, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>					
		<b>Violations</b>					
		01	01	UTC Number <b>BM660169</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OPERATING WHILE UNDER THE INFLUENCE</b>
02	02	UTC Number <b>BM660168</b>	Issue To? <b>001</b>	Statute Number <b>346.935(2)</b>	Description <b>POSSESS OPEN INTOXICANTS IN MV-DRIVER</b>		
03	03	UTC Number <b>BM660170</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>		