## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overri      | de Primary Crash I        |              | gency Crash Number<br>C25-10362 | Investigating DEPUTY A  | Officer/Deputy TEPLY                   | 1                   |  |
|-----------------------------|---------------------------|--------------|---------------------------------|-------------------------|--|---------------------|--|
| Crash Date<br>10/02/2025    | Crash Time<br>07:40 PM    |              | ate Arrived<br>0/02/2025        | Time Arrived 07:50 PM   | Time Arrived 07:50 PM                  |                     |  |
| Date Notified<br>10/02/2025 | Time Notified 07:42 PM    | T<br>0       | otal Units<br><b>1</b>          | Total Injured <b>00</b> | Total Kill                             | ed                  |  |
| On Emergency                | Hit and Run               | Lane Closure | Work Zone                       | Trailer                 | or Towed                               | Reporting Threshold |  |
| Government Property         | Active Sc                 | haal Zana    | chool Bus Related               | Tags                    |  | •                   |  |
| ✓ Reportable                | Crash Type<br>DT4000 (STA | NDARD CRASH) |                                 | Amend                   | ed                                     | Secondary Crash     |  |
| escription                  | l                         |              |                                 |                         |  | l                   |  |
|                             | DS HWY 12 (EB)            |              | NOT<br>SCA                      |                         | Photos By 9174  Additional Info PHOTOS | ormation            |  |

Wisconsin Motor Vehicle Crash Form DT4000

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Crash Date 10/02/2025
Crash Time 07:40 PM

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| L   | OC  | ation <b>——</b>  |                     |   |                                     |                                     |                           |                             |               |             |
|---|---|--|---------------------|---|-------------------------------------|-------------------------------------|---------------------------|-----------------------------|---------------|-------------|
|   |   | USH12 EB   |                     |   |                                     | Latitude                            |                           |                             | Longitud      | e           |
|   | 551 FT S  |  |                     |   | 43.458490729                        |                                     | 0729                      |                             | -             | 322586      |
| (   | OF CTHW WB<br>IN THE CITY OF BARABOO                                    |  |                     |   |                                     |                                     | X Coordinate              |                             | Y Coordi      | inate       |
|   |   |  |                     |   |                                     |                                     | 8875                      | 48154                       |               |             |
| ļ   | N S   | AUK COUNTY   |                     |   |                                     | Structure                           |                           |                             |               |             |
|   |   |  |                     |   |                                     | NO STRI                             | ,,                        |                             |               |             |
| С   | ra  | sh Scene   |                     |   |                                     |                                     |                           |                             |               |             |
| F   | irst  | Harmful Event  |                     |   |                                     | First Harm                          | ıful Event Lo             | ocation                     |               |             |
| STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING Manner of Collision |   |  |                     | IING SET IN   | MOTIO                               | ON ROA                              | DWAY                      |                             |               |             |
|   |   |  |                     |   |                                     | Light Cond                          | dition                    |                             |               |             |
| (   | 00 - NO COLLISION W/VEHICLE IN TRANSPORT                                |  |                     |   | DARK/UNLIT  Roadway Factor(s)       |                                     | NLIT                      |                             |               |             |
| Road Surface Condition(s)   |   |  |                     |   |                                     |                                     |                           |                             |               |             |
|   | DRY   | ,  |                     |   |                                     |                                     |                           |                             |               |             |
| L   |   |  |                     |   |                                     |                                     |                           |                             |               |             |
|   |   | onment Factor(s)   |                     |   |                                     |                                     |                           |                             |               |             |
| 1   | NON   | IE .   |                     |   |                                     | NONE                                |                           |                             |               |             |
| ١   | Neat  | ther Condition(s)  |                     |   |                                     |                                     |                           |                             |               |             |
|   | CLE   | * *  |                     |   |                                     |                                     |                           |                             |               |             |
|   |   |  |                     |   |                                     |                                     |                           |                             |               |             |
| 1   | Animal Type  Crash Classification - Location                            |  |                     |   |                                     |                                     | o Trafficway              |                             | _             |             |
| L   |   |  |                     |   |                                     |                                     | CWAY - OI                 |                             |               |             |
|   |   |  |                     |   |                                     |                                     | ssification -             |                             |               |             |
|   | PUBLIC PROPERTY  Tribal Land  Within Interchange Area Junction Location |  |                     | Access Control FULL CONTROL Intersection Type NOT AN INTERSECTION |                                     |                                     |                           | ISDICTION                   |               |             |
| 1   |   |  |                     |   |                                     | l '                                 |                           |                             | Special Study |             |
| Ļ   |   |  |                     |   |                                     |                                     |                           |                             |               |             |
|   |   |  |                     |   |                                     |                                     |                           |                             |               |             |
| ᆫ   | NO  |  | NON-JUNCTION        |   | NOI AN                              | INTERSE                             | CHON                      |                             |               |             |
|   |   | Summary ==   |                     | Makiala On  |                                     | I i.f: 4:                           |                           | 111 2 =                     |               |             |
|   |   | Init Status Vehicle Operating As C   |                     |   | Classification Unit Type AUTOMOBILE |                                     |                           |                             |               |             |
|   | N TRANSIT   |  |                     | D CLASS   |                                     |                                     | Operating As Endorsements |                             |               |             |
| '   |   | /ehicle Type<br>PASSENGER VAN  |                     |   |                                     |                                     |                           | Operating the Endorsements  |               |             |
| L.  |   |  |                     | Total # Citations Issued  |                                     | Total Trail                         | llers Total HazMat Types  |                             | Mat Types     |             |
|   | 10tai<br><b>1</b>   | -  |                     | 0   |                                     | 0                                   |                           | CIS                         | 0             | wat Types   |
|   |   | nsurance? Direction Of Travel  |                     |   |                                     | 0 11:                               |                           | -                           |               | 26          |
|   | YES   |  | EASTBOUND           | Pre   | CrashTire                           |                                     | 65                        | III.                        | 2             | 55          |
|   |   | st Harmful Event: Collision With   |                     | Special Function  |                                     |                                     |                           | Emergency Motor Vehicle Use |               | ria i isa   |
|   |   | UCK BY FALLING, SH   | NO SPECIAL FUNCTION |   |                                     |                                     | NOT APPLICABLE            |                             |               |             |
|   |   | ic Way   | Traffic Control     |   |                                     | Traffic Control Inoperative/Missing |                           |                             |               |             |
| 0   | IVIC  | DED HWY W/O TRAFF  | NO CONTROL          |   |                                     |                                     | NO                        |                             |               |             |
| 5   | Surfa   | асе Туре   | Road Curvature      |   |                                     | Road Grade                          |                           |                             |               |             |
| (   | CON   | ICRETE   |                     | STRAIGH   | Т                                   |                                     |                           | LEVEL                       | LEVEL         |             |
| T   | Trucl   | R Bus or HazMat  |                     |   |                                     |                                     |                           | 1                           |               |             |
| 1   | NO  |  |                     |   |                                     |                                     |                           |                             |               |             |
|   | _   |  |                     |   |                                     |                                     |                           |                             |               |             |
|   | ١   | /ehicle  |                     |   | Plate Type St                       |                                     | St                        | Country of Issuance         |               |             |
|   | \   | <b>/ehicle</b> License Plate Number  |                     | Plate Type  |                                     |                                     |                           | UNITED STATES               |               |             |
|   | \   |  |                     | Plate Type AUT  |                                     |                                     | WI                        | DIVITED ST                  | AIES          |             |
|   |   | License Plate Number   | nber                | , ,   |                                     |                                     | WI<br>Year                | Model                       | AIES          |             |
|   | 01  | License Plate Number ANH4821   |                     | AUT   |                                     |                                     |                           |                             | AIES          |             |
|   |   | License Plate Number ANH4821 Vehicle Identification Num  |                     | AUT Make  |                                     |                                     | Year                      | Model                       | AIES          |             |
|   |   | License Plate Number ANH4821 Vehicle Identification Num 1FBAX9CG7MKA983  |                     | AUT Make FORD   | ,                                   |                                     | Year                      | Model<br>TRANSIT            | ATES          |             |
|   | .E 01   | License Plate Number ANH4821 Vehicle Identification Num 1FBAX9CG7MKA983 Color  |                     | AUT  Make FORD  Body Style  | l                                   |                                     | Year                      | Model<br>TRANSIT            | ATES          |             |
|   | .E 01   | License Plate Number ANH4821 Vehicle Identification Num 1FBAX9CG7MKA983 Color GRY - GRAY   |                     | AUT  Make FORD  Body Style VN - VAN                               | l                                   |                                     | Year                      | Model<br>TRANSIT            | ATES          | 7 8 9 10 11 |
|   | .E 01   | License Plate Number ANH4821  Vehicle Identification Num 1FBAX9CG7MKA983  Color GRY - GRAY  Initial Contact Point                              |                     | AUT  Make FORD  Body Style VN - VAN                               | i<br>I<br>Image                     |                                     | Year                      | Model<br>TRANSIT            | ATES          | 6 Roy 12    |
|   | 01  | License Plate Number ANH4821 Vehicle Identification Num 1FBAX9CG7MKA983 Color GRY - GRAY Initial Contact Point 12 - FRONT                      |                     | AUT  Make FORD  Body Style VN - VAN  Vehicle Da                   | i<br>I<br>Image                     |                                     | Year                      | Model<br>TRANSIT            | ATES          |             |
|   | .E 01   | License Plate Number ANH4821  Vehicle Identification Num 1FBAX9CG7MKA983  Color GRY - GRAY  Initial Contact Point 12 - FRONT  Extent Of Damage |                     | AUT  Make FORD  Body Style VN - VAN  Vehicle Da                   | i<br>I<br>Image                     |                                     | Year                      | Model<br>TRANSIT            | ATES          | 6 Pg 12     |

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Crash Date 10/02/2025
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|                |            | Towed Due To Damage  NOT TOWED          |                                      | Vehicle Removed By  OWNER       |                   |               |  |  |  |
|----------------|------------|---|--------------------------------------|---------------------------------|-------------------|---------------|--|--|--|
|                |            | What Driver Was Doing                   |                                      | Vehicle Factors                 |                   |               |  |  |  |
|                |            | GOING STRAIGHT                          |                                      | Veriloid Factors                |                   |               |  |  |  |
|                |            | Driver Prior Action Other               |                                      | NOT APPLICABLE                  |                   |               |  |  |  |
|                |            |   |                                      |                                 |                   |               |  |  |  |
|                |            | Driver Actions NO CONTRIBUTING ACT      | ION                                  |                                 |                   |               |  |  |  |
| ⊢              | ۳,         | NO CONTRIBOTING ACT                     |                                      |                                 |                   |               |  |  |  |
| ş              | ₹          |   |                                      |                                 |                   |               |  |  |  |
| -              | VEHICLE    |   |                                      |                                 |                   |               |  |  |  |
|                |            |   |                                      |                                 |                   |               |  |  |  |
|                |            | Owner Name  ROBERT FUHF                 | RMAN                                 | Owner Address<br>3447 11TH DR   |                   |               |  |  |  |
| 2              | 2          | ROBERT                                  | CHIPATY.                             | WISCONSIN DELI                  | LS, WI 53965 , U  | IS            |  |  |  |
|                |            |   |                                      |                                 |                   |               |  |  |  |
|                | :          | Sequence Of Events                      |                                      |                                 |                   |               |  |  |  |
|                | 2          | STRUCK BY FALLING, S                    | HIFTING CARGO OR ANY                 | YTHING SET IN MOTIO             | N BY MOTOR VE     | EHICLE        |  |  |  |
|                | 02         | Event                                   |                                      |                                 |                   |               |  |  |  |
|                | _          | Event                                   |                                      |                                 |                   |               |  |  |  |
|                | 03         |   |                                      |                                 |                   |               |  |  |  |
|                | 9          | Event                                   |                                      |                                 |                   |               |  |  |  |
| l <sub>⊨</sub> | - 1        | Policy Holder                           |                                      |                                 |                   |               |  |  |  |
| FNS            |            | Insurance Company                       | AL INCURANCE COMP                    | INDIVIDUAL                      |                   |               |  |  |  |
| -              |            | PROGRESSIVE-UNIVERS                     | SAL-INSURANCE-COMP                   | ROBERT FUHRMAN                  |                   |               |  |  |  |
|                |            | Individual  DRIVER Citations Issued Sex |                                      |                                 |                   |               |  |  |  |
|                | INDIVIDUAL | l                                       | RMAN                                 | Citations Issued  0             |                   |               |  |  |  |
|                |            |   |                                      | Date of Birth                   |                   |               |  |  |  |
| <b>≒</b>       | ₫          |   |                                      | WHITE                           |                   |               |  |  |  |
| Ę              | $\leq$     | Address<br>3447 11TH DR                 |                                      | Driver License Number           |                   |               |  |  |  |
|                | Z          | WISCONSIN DELLS, WI 5                   | 53965 , US                           |                                 |                   |               |  |  |  |
|                |            |   |                                      |                                 |                   |               |  |  |  |
|                | Sat        | On Duty                                 | / Crash                              | Safety Equipment                |                   |               |  |  |  |
|                | Jai        |   |                                      | SHOULDER & LAP BELT             |                   |               |  |  |  |
|                |            | Row<br>01 - FRONT ROW                   | Seat Position  07 - LEFT             | SHOOLDER & LAP                  | BELI              |               |  |  |  |
|                |            | Helmet Use                              |                                      |                                 | Helmet Compliance |               |  |  |  |
|                |            | Eye Protection                          |                                      | Tint Compliance                 |                   |               |  |  |  |
|                |            |   |                                      |                                 |                   |               |  |  |  |
| =              | 001        | Injury S                                | -                                    | Airbag                          |                   |               |  |  |  |
| _              | 0          | Ejected NO AP                           | PARENT INJURY Ejection Path          | NON DEPLOYED Trapped/Extricated |                   |               |  |  |  |
|                |            | NOT EJECTED                             | NOT EJECTED/NOT AP                   | LICABLE                         |                   | NOT TRAPPED   |  |  |  |
|                |            | Medical Transport                       |                                      | EMS Agency Identifier           |                   | EMS Run #     |  |  |  |
|                |            | NOT TRANSPORTED                         |                                      |                                 |                   |               |  |  |  |
|                |            | Hospital                                |                                      | Date of Death                   |                   | Time of Death |  |  |  |
|                |            | Distracted By Distract                  | ed By Source<br>PPLICABLE (NOT DISTR | ACTED)                          |                   | •             |  |  |  |
|                |            | Distracted By Action                    | -                                    |                                 |                   |               |  |  |  |
|                |            | NOT DISTRACTED                          |                                      |                                 |                   |               |  |  |  |

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|      |            | Non Motorist                   | Striking Unit #     | Location          |                    |                   |                      |                |
|------|------------|--------------------------------|---------------------|-------------------|--------------------|-------------------|----------------------|----------------|
|      |            | Prior Action                   |                     | 1                 |                    |                   |                      |                |
| TINU | INDIVIDUAL | Action Other                   |                     |                   |                    |                   |                      | To/From School |
|      |            | Action Other                   | Suspected Alcohol U | loo               | Suspected Drug Use |                   |                      | 10/From School |
|      | L          | Orug & Alcohol                 | NO                  | 75E               | NO                 |                   |                      |                |
|      |            | Alcohol Test Given             |                     | Alcohol Test Type | 1                  |                   | Alcohol Test Results |                |
|      |            | TEST NOT GIVEN                 |                     | Drug Test Type    |                    | D T D             |                      |                |
|      |            | Drug Test Given TEST NOT GIVEN |                     | Diag rest type    |                    | Drug Test Results |                      |                |
| 6    | 001        | Drug Type                      |                     |                   |                    | l                 |                      |                |
|      |            | Individual Condition           |                     |                   |                    |                   |                      |                |
|      |            | APPEARED NOR                   | MAL                 |                   |                    |                   |                      |                |