# WISCONSIN MOTOR VEHICLE CRASH REPORT

Do	ocument Number O	verride	Primary Crash	Document #	Agency <b>25-100</b>	Crash Number	Investigating DEPUTY J			
Cr 10	rash Date <b>0/11/2025</b>		Crash Time 03:13 PM		Date Ar 10/11/2		Time Arrived 03:24 PM			
<b>7</b>	Date Notified <b>10/11/2025</b>		Time Notified 03:13 PM		Total Units <b>02</b>		Total Injured <b>01</b>	Total Injured Total Killed 00		
ַן <mark>כ</mark> ָּ	On Emergency	/ Hit	and Run	Lane Closu	ure	Work Zone	Trailer or Towed Reporting Threshold			
<b>-</b>	Governme Propert			chool Zone	School <b>NO</b>	Bus Related	Tags			
V	Reportable		Crash Type DT4000 (STA	ANDARD CRASH	1)		Amend	ed	Secondary Crash	
	escription iagram							Reconstructio		
		Sol	uth St.	01 HY	333		not to scale	Photos By DEPUTY HU  Additional Info PHOTOS		
_						any CJIS data in th				
DI	NIT2 WAS W/B ON ID NOT SEE UNIT 2	HY 33. UNIT 2 STOPPED IN	WAS WAITING THE ROADWAY	TO TURN LEFT AND UNTIL JUST BEFOF	STOPPE RE THE CO	D DUE TO ONCOMING DLLISION.	TRAFFIC. UNIT 1 \	was W/B ON H'	Y 33. OPERATOR OF UNIT	

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/11/2025

Crash Time 03:13 PM

Loc	ation									
INTI ON	ERSECTION E MAIN ST/ STH33 WI	3				Latitude 43.58142	27099		Longitud -90.124	le 327127
IN T	SOUTH ST HE VILLAGE OF LA V SAUK COUNTY	ALLE				X Coordinate 247749.203125			Y Coordi 483012	
						Structure NO STR	Type UCTURE			
Cra	sh Scene									
_	Harmful Event					First Harm	nful Event Lo	ocation		
МО	TOR VEH IN TRANSPO	ORT		ON ROA						
Man	ner of Collision			Light Cond	dition					
03 -	FRONT TO REAR			DAYLIG	НТ					
Road	d Surface Condition(s)					Roadway	Factor(s)			
DRY	1									
Envi	ronment Factor(s)									
GLA	ARE					OTHER				
Wea	ther Condition(s)									
CLE	AR									
Anim	nal Type					Relation T	o Trafficwa	y		
						TRAFFIC	CWAY - O	N ROAD		
	h Classification - Location							Jurisdiction		
	al Land					NO SPECIAL JURISDICTION  Access Control Special Study				
						NO CON				,
With NO	in Interchange Area	Junction Location INTERSECTION			Intersectio	n Type <b>SECTION</b>				
	ure Type	INTERSECTION	1	Reaso	ons for Closu					
	SURE-ONE DIRECTION	ON		ixeasu	ilis ioi Ciosi	ii C				
	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		LAW	ENFORCI	EMENT, T	OW TRU	CK, FIRE/EM	s	
	1/2025	03:13 PM								
	All Lanes Open	Time All Lanes Open 03:59 PM			Scene Clear <b>/2025</b>	eared Time Scene Cleared 04:00 PM				
	t Summary									
	Status —		Vehic	cle Ope	rating As Cl	assification	1	Unit Type		
IN T	RANSIT		D CI	LASS				AUTOMOE	BILE	
	cle Type							Operating As	Endorsen	nents
	SSENGER CAR	I Tasin/Dua # Dasandad	1	<b>" 0</b> " <i>i</i>			I T-4-1 T		T-4-111	M - 4 T
1 ota	I Occs	Train/Bus # Recorded	1 otal	# Citat	ions Issued		Total Trail  0	ers	0	Mat Types
	rance?	Direction Of Travel	+'-	Dro (	CrashTire		Speed Lin	nit	Total Lane	es
YES		WESTBOUND			Mark		30		2	
Most	t Harmful Event: Collision \	With		ial Fun		<b></b>		Emergency I		cle Use
	TOR VEH IN TRANSPO	ORT			IAL FUNC	IION		NOT APPL		
	ic Way D-WAY, NOT DIVIDED			c Conti				Traffic Contr	ol Inoperat	tive/Missing
Surfa	ace Type		Road	l Curva	ture			Road Grade		
	ACKTOP (BITUMINOUS	S)	STR	AIGH	Г			UPHILL		
Truc <b>NO</b>	k Bus or HazMat									
,	Vehicle									
	License Plate Number		Plate	е Туре			St	Country of Iss	uance	
	835YHT		AU <sup>-</sup>				WI	UNITED ST	ATES	
01	Vehicle Identification Nur		Mak				Year	Model		
0	3C4PDCAB6HT6220	IU	DO	υG			2017	JOURNEY		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use					
		GRY - GRAY		UT - SPORT UTILITY	VEHICLE						
	ш	Initial Contact Point		Vehicle Damage							
_		12 - FRONT		Vollidio Balliago			7 8 9 10 11				
UNIT	=	Extent Of Damage		12 - FRONT			6 Ry 12				
n	VEHICL										
	>	DISABLING DAMAGE		V I I B I I B							
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLING	DAMAGE	SHIELDS TOWING							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT		]							
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions		•							
	Щ	SPEED TOO FAST/COND, FO	OLLOWING TOO CLO	SE, OPERATED MOTO	OR VEHICLE IN IN	IATTENTIVE, CARE	ELESS OR ERRATIC				
П	VEHICL	MANNER									
UNIT	Ī										
_	/E										
		Owner Name		Owner Address							
		SHEILA PICKEL		2105 VIKING DR							
01	01	(608) 415-0335		REEDSBURG, W	/I 53959 , US						
		Common Of Frants									
		Sequence Of Events Event									
	01	MOTOR VEH IN TRANSPOR	т								
		F									
	02	Event									
	03	Event									
	04	Event									
⊢	ı	Policy Holder									
UNIT		Insurance Company		INDIVIDUAL							
ر ا		WISCONSIN-MUTUAL-INS-C	0	SHEILA PICKEL							
		Individual									
		DRIVER		Citations Issued	Sex						
		SHEILA PICKEL		1							
	A	(608) 415-0335		Date of Birth	Race						
_	DUAL				WHITE						
Ę	M	Address		Driver License Number							
N	INDIVI	2105 VIKING DR		Sinoi Elouiso railisoi							
	Z	REEDSBURG, WI 53959 , US	S	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Cr	ash	Safety Equipment							
	Saf	fety Equipment		January Equipment							
		Row	Seat Position	SHOULDER & LAF	PRFLT						
		01 - FRONT ROW	07 - LEFT	0.1002521( 0.2) !!	<b>5</b>						
		Helmet Use	0	Helmet Compliance							
		Troillet 666		Tionnot Compilario							
		Eye Protection		Tint Compliance							
				Tint Compilation							
	_	Injury Seve	rity	Airbag							
01	90	Injury NO APPA	RENT INJURY	DEPLOYED-FRON	IT						
			ection Path	22. 23.23	= =	Trapped/Extricated					
		'	OT EJECTED/NOT AP	PLICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identifie	r	EMS Run #					
		i -		, ,							

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death			Time of Death			
	,	Distracted By	Distracted I	By Source <b>/N</b>	)						
		Distracted By Action UNKNOWN									
	,	Non Motorist	Striking Un	it #	Location						
		Prior Action									
		Action									
	_										
_	UA										
LIND	/ID										
<b>–</b>	NDIVIDUAL										
	Z										
		Action Other								To/From School	
			Suspected	Alaahall	loo	Suspected Drug Use					
	L	Orug & Alcohol	NO	AICOHOL	se	NO					
		Alcohol Test Given			Alcohol Test Type				Alcohol Test Results		
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug Test Results			
2	001	Drug Type									
	•										
		Individual Condition									
		APPEARED NORM	//AL								
		le alicei alcea l									
		ndividual PASSENGER				Citations Issued		Sex			
		DENNIS PICKEL			0		MALE				
	JAI				Date of Birth		Race				
Ļ	DIVIDUAL						WHITE				
LNO		Address 2105 VIKING DR		Driver License Number							
	Z	REEDSBURG, WI		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	ety Equipment	On Duty Cr	ash		Safety Equipment					
	1	Row		Seat Po	sition	SHOULDER & LAP BELT					
		01 - FRONT ROW		09 - RI							
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
2	005	lan in ann	Injury Seve	rity		Airbag					
0	ŏ		SUSPECT	TED MIN	IOR INJURY	DEPLOYED-FROM	NT		Transad/Extrinated		
		Ejected NOT EJECTED		ection Pa <b>OT EJE</b> (	ui CTED/NOT APPL	ICABLE			Trapped/Extricated NOT TRAPPED		
		Medical Transport	132			EMS Agency Identifie	er		EMS Run #		
		EMS GROUND				6001024					
		Hospital REEDSBURG ARE	EA MED C	ΓR		Date of Death			Time of Death		

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/11/2025

Crash Time 03:13 PM

1			Distr	acted By S	Source								
		Distracted By		•									
		Distracted By Action											
	L	Non Motorist	Strik	ing Unit#		Location							
		Prior Action											
		Action											
LIND	INDIVIDUAL												
		Action Other											To/From School
	, ,	Orug & Alcohol	Susp	pected Alco	ohol U	se		Suspected Drug Use					
	_	_	NO		-			NO					
		Alcohol Test Given TEST NOT GIVEN				Alcohol Test T	ype				Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN				Drug Test Typ	e Drug Test Results				<u></u>		
7	Drug Type												
	Individual Condition												
		APPEARED NORM	/IAL										
	,	/iolations											
	_ [	UTC Number <b>BG110427</b>	Issu 001	ıe To?	Stat <b>346</b>	ute Number .57(3)		Description DRIVING TOO FAST	Γ FOR (	CONDITIO	NS		
		Status					V/e	hicle Operating As Class	ification		Unit Type		
		RANSIT						CLASS		AUTOMOBILE			
8		cle Type									Operating As Endorsements		
02	PAS	SENGER CAR											
	Total 2	Occs		Train/Bus	# Red	corded	To <b>0</b>	tal # Citations Issued		Total Traile	ers	Total HazM  0	lat Types
_	Insur YES	ance?		Direction WESTB				Pre CrashTire Mark		Speed Lim	it	Total Lanes	S
LINO		Harmful Event: Collision						ecial Function O SPECIAL FUNCTIO	ON		NOT APPI		le Use
		c Way						affic Control			Traffic Conti	rol Inoperativ	/e/Missing
	TWO-WAY, NOT DIVIDED					O CONTROL			NO				
	Surface Type BLACKTOP (BITUMINOUS)				oad Curvature FRAIGHT			Road Grade UPHILL					
		Bus or HazMat	<i>J</i> U3)				31	IRAIGHI			OPHILL		
	NO												
	1	/ehicle											
		License Plate Number 360YYW	r					late Type . <b>UT</b>			Country of Is: UNITED ST		

### 6TL0D5DZ40

25-10664

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use					
		SIL - SILVER (ALUMINUM)		SD - SEDAN							
١. ا	Щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11				
UNIT	$\overline{\mathbf{c}}$	06 - REAR					6 7 2 12				
5	VEHICLE	Extent Of Damage		U6 - REAR			5 4 3 2 1				
	>	DISABLING DAMAGE									
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLING		SHIELDS TOWING Vehicle Factors							
		What Driver Was Doing  LEFT TURN		venicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
		Billor Filor Florion Curior									
		Driver Actions									
	Щ	NO CONTRIBUTING ACTIO	N								
╘	VEHICLE										
UNIT	豆										
	7										
		Owner Name JOCELYN SIEBER		Owner Address 110 SCHOOL ST	<b>4</b> A						
02	02	(608) 415-7815		LA VALLE, WI 53							
٦		(600, 110 1010		,	,						
	,	Sequence Of Events Event									
	2	LEFT TURN									
		Event									
	02	MOTOR VEH IN TRANSPORT									
	03	Event	vent								
	40	Event									
╘		Policy Holder									
UNIT		Insurance Company	20	INDIVIDUAL							
		WISCONSIN-MUTUAL-INS-0	50	JOCELYN SIEBER							
		Individual									
		DRIVER JOCELYN SIEBER		Citations Issued	Sex						
	7	(608) 415-7815		0	FEMALE						
	DUAL	(333, 333		Date of Birth	Race WHITE						
UNIT	=	Address		Driver License Number							
5	INDINI	110 SCHOOL ST # A		Driver License Number							
	Z	LA VALLE, WI 53941 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty C	rash	Safety Equipment							
	Sai	fety Equipment									
		Row	Seat Position	SHOULDER & LAP	BELT						
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Fire Death office		T:							
		Eye Protection		Tint Compliance							
02	003	Injury Seve	-	Airbag							
0	0		ARENT INJURY	NON DEPLOYED							
		_ ·	ection Path		·	Trapped/Extricated					
			OT EJECTED/NOT APP			NOT TRAPPED					
		Medical Transport  NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital				Date of Death		Time of Death			
	,	Distracted By	Distracted B	By Source <b>/N</b>	)						
		Distracted By Action UNKNOWN									
		Non Motorist	Striking Uni	it #	Location						
		Prior Action									
		Action									
	AL										
LIND	INDIVIDUAL										
_	NDI										
		Action Other							To/From School		
	L	Orug & Alcohol	Suspected NO	Alcohol U	se	Suspected Drug Use					
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN  Drug Test Given		Drug Test Type	Drug Test Resul		s				
02	003	TEST NOT GIVEN Drug Type									
0	00										
		Individual Condition									
		APPEARED NORM	//AL								
	ı	Individual									
		PASSENGER				Citations Issued	Sex				
	_	NOLLIE SIEBER (608) 415-7815				0	FEMALE				
	DIVIDUAL					Date of Birth	Race				
╘	Ū						WHITE				
	$\leq$	Address				Driver License Number	r				
_	N	110 SCHOOL ST # LA VALLE, WI 539									
		LA VALLE, WI 000	41 ,00								
	Sat	ety Equipment	On Duty Cr	ash		Safety Equipment					
		Row		Seat Po		CHILD RESTRAINT SYSTEM - REAR FACING					
		02 - SECOND ROV Helmet Use	N	08 - MI	DULE	Helmet Compliance					
		Eye Protection				Tint Compliance					
	_		Injury Seve	rity		Airbag					
05	004		NO APPA	RENT II	NJURY	NON DEPLOYED					
		NOT EJECTED		ection Pa OT EJE(	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport  NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #			
		Hospital				Date of Death		Time of Death			

Crash Date 10/11/2025
Crash Time 03:13 PM

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

Crash Date 10/11/2025

Crash Time 03:13 PM

		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
İ		Action						
	INDIVIDUAL							
<b> </b>	$\mathcal{L}$							
LNO	1							
⊃	$\leq$							
	Z							
		Action Other						To/From School
İ			Suspected Alcohol Us	se	Suspected Drug Use			•
	L	Orug & Alcohol	NO		NO			
İ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		<b>TEST NOT GIVEN</b>						
İ		Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN						
02	004	Drug Type				•		
0	00							
ļ								
		Individual Condition						
		APPEARED NORM	ИAL					
		, L, (LD NOIN	··· ·					
I								