6TL0D6N07B 25-11153

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Crash Date 10/25/2025		Primary Crash [Document #	Agency	Crash Number	_	vestigating Officer/Deputy EPUTY B. BRUNKEN			
0			Crash Time 11:42 PM		Date Arrived 10/26/2025		Time Arrived 12:02 AM				
	Date Notified 10/25/2025		Time Notified 11:47 PM		Total U	nits	Total Injure	d	Total Kille	ed	
O I FODONO/ D	On Emergency	Hit	and Run	Lane Clos	ure	Work Zone	Traile	r or T	Towed	Reporting Threshold	
	Government Property		Active Sc	chool Zone	School NO	Bus Related	Tags				
	✓ Reportable		Crash Type DT4000 (STA	NDARD CRASH	1)		Amen	ded		Secondary Crash	
	Description =										
	10/25/2025 Skyview Drive,		v⊲ ∳ ⊳E •						construction	n By	
	Town of Westfi County of Saul Wisconsin SC25-11153		\$						otos By 06		
	NOT TO SCAL	E		iew Dr				PH		rmation ASH CAMERA VIDEO, ERA VIDEO	
				Sky							
				y View Dr							
				******	1000						
				* <u>*</u> 252#	M. (1985) 377						
	↓ I, a sworn law enfo	rceme	nt officer, agre	ee that I have n	ot added	any CJIS data in th	is report.				
	UNIT ONE WAS TRAVELING WENT OFF THE ROADWAY GUARD RAIL PROTECTING	, ON TH	HE WEST SIDE OF	THE ROAD. UNIT	ONE COI	NTINUED IN THE DITCH	FOR APPROXIM	ATEL'	Y 50 YARDS	S WHERE IT STRUCK A	
	THE ROAD. UNIT ONE LEF										

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Crash Date 10/25/2025

Crash Time 11:42 PM

	_oc	ation —									
-{	ON SKYVIEW RD						Latitude		Longitude		
	0.46	MI N				43.387171827			-90.028394055		
	OF SOUTH LINE RD					X Coordinate		Y Coord	linate		
		HE TOWN OF WEST	FIELD			254709.5		4808266			
	IN SAUK COUNTY					Structure :					
						Otructure	турс				
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event Lo	ocation			
	GU/	ARDRAIL END				ROADSI	DE				
l	Manı	Manner of Collision					dition				
	00 - NO COLLISION W/VEHICLE IN TRANSPORT					DARK/U	NLIT				
ŀ	Road	Surface Condition(s)				Roadway	Factor(s)				
	DRY					` '					
ŀ	Envir	ronment Factor(s)									
	NON	IE				NONE					
ŀ	Wea	ther Condition(s)									
	CLE	AR									
ŀ	Anim	al Type					o Trafficway				
							TRAFFICWAY - ON ROAD				
		h Classification - Location	1				ssification -				
Į		SLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land					Access Control Special Study NO CONTROL					
ł	With	n Interchange Area	Junction Location		Intersection						
	NO	Ü	NON-JUNCTION			N INTERSECTION					
į	Jnit	Summary =	•								
П		Status		Vehicle Ope	erating As C	Classification Unit Type					
	IN T	IN TRANSIT D CLASS				AUTOMOBILE					
5	Vehicle Type					Operating As Endorsements					
,	(SP	ORT) UTILITY VEHICI	LE								
ľ	Total	Occs	Train/Bus # Recorded	Total # Citations Issue 1 Pre CrashTire		0		ilers Total HazMat Type		Mat Types	
	1								0		
ľ	Insur	ance?	Direction Of Travel					mit Total		Lanes	
	YES		NORTHBOUND		Mark	55		2			
ŀ	Most	Harmful Event: Collision	With	Special Fur			<u> </u>	Emergency Motor Vehicle Use			
;	GUARDRAIL END				NO SPECIAL FUNCTION			NOT APPLICABLE			
ſ	Traffic Way				Traffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED		NO CONTROL			NO				
ĺ		асе Туре		Road Curvature			Road Grade				
		CKTOP (BITUMINOU	STRAIGH	STRAIGHT DOWNHILL							
	Trucl	k Bus or HazMat									
_	١	/ehicle									
	License Plate Number			Plate Type	Plate Type		St		Country of Issuance		
		APW5957	AUT			WI	UNITED STATES				
	Vehicle Identification Number 1GNKRJED5CJ278575			Make			Year	Model			
	0	1GNKRJED5CJ2785 Color	CHEV Body Style	Body Style		2012	TRAVERSE Bus Use				
		GRY - GRAY	1 ' '	UT - SPORT UTILITY VEHICLE			Dus Use				
	щ	Initial Contact Point		Vehicle Da	Vehicle Damage					7 0 6 10 11	
			ORNER			RONT, 11 - LEFT FRO				7 8 9 10 11	
	VEHICL	Extent Of Damage		10 - LEFT SIDE FI				ONT CORNI	ER	6 gg 12	
- 1	Щ	DISABLING DAMAG			5 4 3 2 1						
	>										

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Crash Date 10/25/2025

Crash Time 11:42 PM

		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OWNER							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	щ	OPERATED MOTOR VEHI	CLE IN INATTENTIVE, CA	ARELESS OR ERRATI	C MANNER						
╘	VEHICL										
LIND	포										
	VE										
		Owner Name DANIEL HAHN		Owner Address	D W						
5	01	DANIEL HARIN			E6028 COUNTY RD W LOGANVILLE, WI 53943 , US						
٥	_			,							
		Sequence Of Events Event									
	01	DITCH									
	02	Event GUARDRAIL END									
		Event									
	03	DITCH									
	04	Event FENCE									
╘	İ	Policy Holder									
LIND		Insurance Company RURAL-MUTUAL-INS-CO-	(ATTN:-CLAIMS-DEPT)	INDIVIDUAL DANIEL HAHN							
		Individual DRIVER		Citations Issued	Sex						
		SAWYER HAHN		1	FEMALE						
	A.			Date of Birth	Race	<u>.</u>					
╘	INDIVIDUAL			WHITE							
L N	≥	Address		Driver License Number H STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	E6028 COUNTY ROAD W LOGANVILLE, WI 53943,	us								
		, , , , , , , , , , , , , , , , , , , ,									
		On Duty	Crach								
	Saf	fety Equipment	Clasii	Safety Equipment							
		Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT	0110025211 012711	5						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
	_	Injury Se	everity	Airbag							
2	90	1 !	PARENT INJURY	DEPLOYED-SIDE							
		Ejected Ejection Path				Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT APP		LICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED									
		Hospital		Date of Death Time of Death							
		Distracte	ed By Source			l					
		Distracted By Action	PPLICABLE (NOT DISTRA	ACTED)							
	NOT DISTRACTED										

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		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	_									
_	A									
UNIT	INDIVIDUAL									
_										
	=									
		Action Other						To/From School		
	,	Suspected Alcohol Use Prug & Alcohol YES		se	Suspected Drug Use					
	L		YES		NO		TALLET OF H			
		Alcohol Test Given TEST REFUSED E	BUT OBTAINED	Alcohol Test Type BLOOD	•		Alcohol Test Results PENDING			
		Drug Test Given	301 021/41122	Drug Test Type	Drug Test Results					
		TEŠT REFUSED								
10	00	Drug Type								
		Individual Condition								
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL								
	,	/iolations								
		UTC Number	Issue To? State 346	ute Number Description 6.63(1)(a) OPERATING WHILE UNDER THE IN			FLUENCE			
	2	BG022170	FLUENCE							
		roperty Owner								
01	GOVERNMENT TOWNSHIP OF WESTFIELD (608) 727-4924				Address E5269 SANDHILL RD REEDSBURG, WI 53959 , US					
PROP OWNER										
		1 01:1101	-1-							
	FIXE	ed Objects Stru								
	2		ruck Object UARDRAIL END				Structure Number	Damage Tag Number 338316		
l								-		