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25-11609

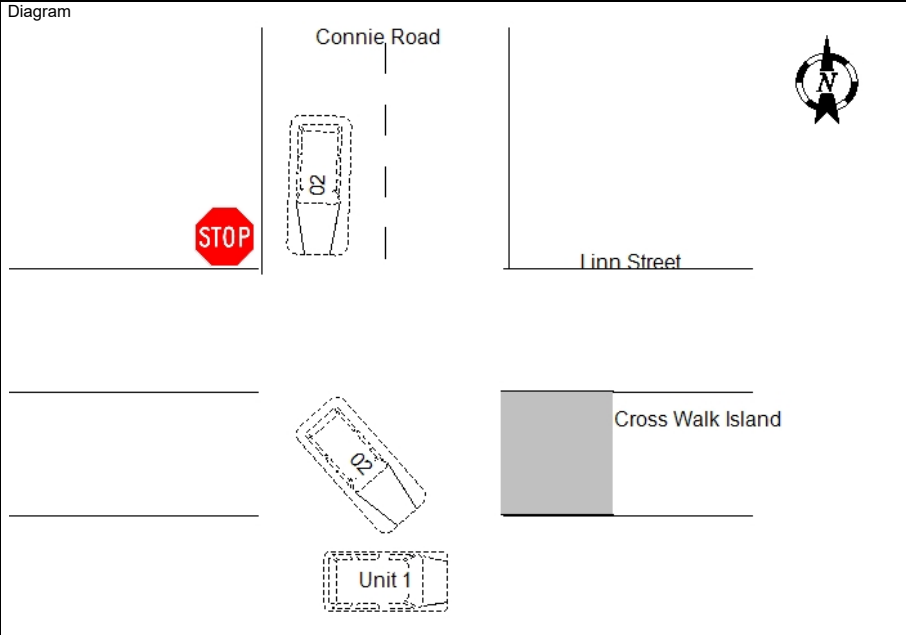
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-11690		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 11/07/2025		Crash Time 09:15 AM		Date Arrived 11/07/2025		Time Arrived 09:28 AM	
Date Notified 11/07/2025		Time Notified 09:15 AM		Total Units 02		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold		
☐ Government Property	☐ Active School Zone		School Bus Related NO		Tags		
☒ Reportable		Crash Type DT4000 (STANDARD CRASH)			☐ Amended	☐ Secondary Crash	

Description

Diagram		Reconstruction By
		Photos By DEP. S. MESSNER #9134
Unit 1 was eastbound on Linn Street when Unit 2 turned out and struck Unit 1 from a stop sign. Unit 2 failed to yield right-away.		Additional Information PHOTOS

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

ON 11/7/2025, AT APPROXIMATELY 9:15 AM, UNIT 1, WI# AEM5899, WAS EASTBOUND ON LINN STREET WITHOUT ANY TRAFFIC CONTROL. UNIT 2, WI MUNICIPAL# C23176, WAS STOPPED AT THE STOP SIGN OF CONNIE ROAD. UNIT 2 PROCEEDED INTO THE INTERSECTION AND STRUCK UNIT 1 DUE TO FAILING TO YIELD TO UNIT 1. BOTH UNITS WERE REMOVED TO CEDAR STREET. THE OPERATOR OF UNIT 2 ADMITTED, "IT WAS MY FAULT," AND "I WAS RUSHING." NO INJURIES OCCURRED AND BOTH OPERATORS REMOVED THEIR VEHICLES.

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Location

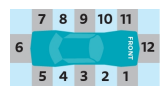
INTERSECTION ON LINN ST/ STH33 EB AT CONNIE RD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474809139	Longitude -89.763845282
	X Coordinate 276461.15625	Y Coordinate 4817255
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTIO		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel EASTBOUND	☐ Pre CrashTire Mark	Speed Limit 25	Total Lanes 3		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED, WITH A CONTINUOUS L		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number AEM5899		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3C4PDCBG4JT508376		Make DODG	Year 2018	Model JOURNEY			
Color ONG - ORANGE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use			
Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE					
Extent Of Damage FUNCTIONAL DAMAGE							



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name ROBERT GREENWOOD (608) 356-5640		Owner Address 1515 15TH ST BARABOO, WI 53913 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		INDIVIDUAL ROBERT GREENWOOD	
01	001	DRIVER ROBERT GREENWOOD (608) 356-5640		Citations Issued 0	Sex MALE
		Address 1515 15TH ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
01	001	On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
01	001	Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
01	001	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
01	001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
		Hospital		EMS Run #	
01	001	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Date of Death	
		Distracted By Action NOT DISTRACTED		Time of Death	

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UNIT 01	INDIVIDUAL	Non Motorist	Striking Unit #	Location	
		Prior Action			
		Action			
		Action Other			
		To/From School			
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			
UNIT 01	INDIVIDUAL	Individual			
		PASSENGER SANDRA GREENWOOD (608) 356-5640		Citations Issued 0	Sex FEMALE
		Date of Birth		Race WHITE	
		Address 1515 15TH ST BARABOO, WI 53913 , US		Driver License Number	
		Safety Equipment			
		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		UNIT 01	002	Injury	Injury Severity NO APPARENT INJURY
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED				EMS Agency Identifier	EMS Run #
Hospital				Date of Death	Time of Death
Distracted By					
Distracted By Source					
Distracted By Action					
Non Motorist					
Striking Unit #				Location	

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **11/07/2025**
Crash Time **09:15 AM**

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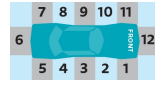
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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other			To/From School		
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition APPEARED NORMAL					
		01	002				

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER VAN				Operating As Endorsements	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel EASTBOUND	☐ Pre CrashTire Mark	Speed Limit 25	Total Lanes 2	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle					
		License Plate Number C23176		Plate Type MUN	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2C4RC1CG8NR224434		Make CHRY	Year 2022	Model VOYAGER	
		Color WHI - WHITE		Body Style VN - VAN		Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER			
		Extent Of Damage MINOR DAMAGE					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
		What Driver Was Doing LEFT TURN					

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UNIT VEHICLE	Vehicle Factors			
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE			
	Owner Name ABBY VANS	Owner Address 1115 W 4TH STREET NEILSVILLE, WI 54456 , US		
UNIT 02	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
	Policy Holder			
	Insurance Company GRINNELL-MUTUAL-REINSURANCE-CO		ORGANIZATION/COMPANY ABBY VANS	
	Individual			
	DRIVER JOHN PAULY		Citations Issued 0	
			Sex MALE	
			Date of Birth	
			Race WHITE	
UNIT INDIVIDUAL	Address 1440 WALNUT ST # 2 BARABOO, WI 53913 , US		Driver License Number	
	Safety Equipment			
	On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use YES	
				Suspected Drug Use YES	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	
				Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	
				Drug Test Results	
		02	003	Drug Type	
Individual Condition APPEARED NORMAL					