6TL0FZQKRN 25-11681

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash [| Document # | Agency (| Crash Number 31 | | Officer/Deputy 5. MESSNER | | | |
|------------|--|--|--|---|---|--|--|---|--|--|
| Z | Crash Date 11/09/2025 | Crash Time 08:47 AM Time Notified 08:47 AM | | Date Arrived 11/09/2025 Total Units 01 | | Time Arrived 08:57 AM | | | | |
| 4 | Date Notified 11/09/2025 | | | | | Total Injured Total Killed 00 00 | | ed | | |
| LUFZGKKN | | and Run | ✓ Lane Close | | Work Zone | | or Towed | Reporting Threshold | | |
| 0 | Government Property | Active Sc | hool Zone | School E | us Related | Tags | | | | |
| . | Reportable | Crash Type DT4000 (STA | NDARD CRASH | l) | | Amende | ed | Secondary Crash | | |
| | Description | | | | | | | • | | |
| | Diagram | | | | | Ø | Reconstructio Photos By | | | |
| | N. reedsburg Road | 48 | | :::::::::::::::::::::::::::::::::::::: | | - | Additional Info | ormation | | |
| | | J. J | Unit | | | | | | | |
| | Junit 1 | | ice | | ic | 9 | | | | |
| | ✓ I, a sworn law enforceme | nt officer, agre | e that I have no | ot added | any CJIS data in thi | s report. | | | | |
| | ON 11/9/2025, AT APPROXIMATELY N. REEDSBURG ROAD, TOWNSHIF HILL TOP THAT HAD ICE AND COF THE ROAD AT ANOTHER LOCATIC DITCH LINE. THE DRIVER REQUES TIRE TREAD. LAW ENFORCEMENT | 7 8:47, UNIT 1, BE P OF EXCELSIOR, RRECTED TO GET IN COVERED WIT STED CRAIG'S TO | ARING WI# ATA95 SAUK COUNTY, W INTO THE WESTE H ICE AND CAME WING. THE DRIVE | 12, WAS BI VISCONSIN BOUND LAN TO REST II R BELIEVE | EING DRIVEN BY THE M . UNIT 1 HAD NO TREAI NE, ENTERING THE NOF N THE SOUTHSIDE DITC D THERE WAS NO DAM | IALE REGISTEREI D ON THE PASSE RTHSIDE DITCH. L CH. UNIT 1 WAS U IAGE TO THE VEH | NGER SIDE TII JNIT 1 OVER C NABLE TO REI IICLE. HE DRI\ | RES. UNIT 1 CRESTED A CORRECTED, CROSSED MOVE ITSELF FROM THE /ER WAS WARNED FOR | | |

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Crash Date 11/09/2025

Crash Time 08:47 AM

| LOC | ation | | | | | | | | | | |
|--|---------------------------------|------------------------------|-----------|--|---------------------|---|-------------------------------------|---------------|--------------------------------------|---------------|--|
| ON N REEDSBURG RD | | | | | | | Latitude | | Longitude | | |
| 0.31 MI E | | | | | | 43.540306243 | | | -89.930528326 | | |
| OF BRIAR BLUFF RD IN THE TOWN OF EXCELSIOR | | | | | | X Coordinate | | Y Coordinate | | | |
| IN SAUK COUNTY | | | | | | 263235.65625 4824990.5 | | | 0.5 | | |
| | 7.0.1. | | | | | Structure Type | | | | | |
| | | | | | | NO STRI | UCTURE | | | | |
| Cras | sh Scene | | | | | | | | | | |
| First | Harmful Event | | | | | First Harm | ıful Event | Location | | | |
| DITO | СН | | | | | SHOULD | ER LEF | т | | | |
| Manr | ner of Collision | | | | | Light Condition | | | | | |
| 00 - | NO COLLISION W/VE | HICLE IN TRANSPORT | | | | DAYLIGHT | | | | | |
| Road | d Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| ICE | | | | | | | | | | | |
| Envir | ronment Factor(s) | | | | | | | | | | |
| NON | NE | | | | | NONE | | | | | |
| Weat | ther Condition(s) | | | | | | | | | | |
| CLC | OUDY | | | | | | | | | | |
| Anim | nal Type | | | | | Relation To Trafficway | | | | | |
| | | | | | | TRAFFIC | WAY - I | NOT ON ROAI |) | | |
| | h Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | |
| | BLIC PROPERTY | | | | | NO SPECIAL JURISDICTION | | | | | |
| Triba | al Land | | | | | Access Control Special Study NO CONTROL | | | | Special Study | |
| Withi | in Interchange Area | Junction Location | | | Intersection | on Type | | | | | |
| NO NON-JUNCTION NOT | | | | | NOT AN | INTERSE | CTION | | | | |
| Closure Type | | | | | Reasons for Closure | | | | | | |
| | IE CLOSURE | | | | | | | | | | |
| | | | | | TRUCK | | | | | | |
| 11/09/2025 09:20 AM | | | | | | | | | | | |
| | All Lanes Open | Time All Lanes Open 09:49 AM | | | | | ime Scene Cleared | | | | |
| | 9/2025 | 09:49 AW | | 11/08 | 9/2025 | | | 19:49 AIVI | | | |
| | t Summary = | | I \/- -: | -1- 0 | | :6:+: | | I | | | |
| | Status | | | Vehicle Operating As Classifica D CLASS | | | | Unit Type | PII E | | |
| | RANSIT | | DС | D CLASS | | | | | AUTOMOBILE Operating As Endorsements | | |
| | cle Type ORT) UTILITY VEHICI | _ | | | | | Operating As Endorsements | | | Hents | |
| • | Occs | Train/Bus # Recorded | Tota | I # Cita | tions Issued | | Total Tra | ailers | Total Haz | :Mat Types | |
| 1 | 10003 | Train/Bao // Traderada | 0 | ıı m Oita | lions issued | | 0 | alloro | 0 | mat Typoo | |
| | rance? | Direction Of Travel | | Dua | CbTi | | Speed L | imit | Total Lan | es | |
| YES | | WESTBOUND | | Pre | CrashTire Mark | | 45 | | 2 | | |
| | : Harmful Event: Collision | | Spec | Special Function | | | | Emergency I | Emergency Motor Vehicle Use | | |
| DIT | | | | NO SPECIAL FUNCTION | | | | | NOT APPLICABLE | | |
| | ic Way | | Traff | Fraffic Control | | | Traffic Control Inoperative/Missing | | tive/Missing | | |
| | | | | IO CONTROL | | | NO | | | | |
| | | | | Road Curvature | | | Road Grade | | | | |
| | | | | TRAIGHT | | | HILLCREST | | | | |
| Trucl | k Bus or HazMat | | ı | | | | | I . | | | |
| NO | | | | | | | | | | | |
| 1 | Vehicle | | | | | | | | | | |
| | License Plate Number | | Pla | te Type St | | St Country of Issuance | | | | | |
| | ATA9512 | | AU | | | | WI | UNITED STATES | | | |
| | Vehicle Identification Nu | mber | Mal | ke | | | Year | Model | | | |
| 6 | 1C4RJFBG5JC28724 | 1 1 | JE | EP | | | 2018 | GRAND CH | ER | | |

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| | | Color | | Body Style | | Bus Use | | | | |
|----------|----------|--|--|--|---------------|---------------------------------|--|--|--|--|
| | | WHI - WHITE | UT - SPORT UTILITY VEHICLE | | | | | | | |
| | щ | Initial Contact Point | Vehicle Damage 7 8 9 10 11 | | | | | | | |
| LIND | <u>כ</u> | 00 - NON-COLLISION | | | | 6 2 2 12 | | | | |
| 5 | VEHICLE | Extent Of Damage | 00 - NO DAMAGE | | | 5 4 3 2 1 | | | | |
| | > | NO DAMAGE | | Vahiala Damayad Dy | | | | | | |
| | | Towed Due To Damage TOWED BUT NOT DUE TO D | Vehicle Removed By CRAIGS TOWING | | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | | |
| | | GOING STRAIGHT | | | | | | | | |
| | | Driver Prior Action Other | | TIRES | | | | | | |
| | | | | | | | | | | |
| | Е | Driver Actions SPEED TOO FAST/COND | | | | | | | | |
| — | | 0. 225 100 17.01700115 | | | | | | | | |
| UNIT | VEHICL | | | | | | | | | |
| _ | VE | | | | | | | | | |
| | | | | | | | | | | |
| | | Owner Name PETER CLARKE | | Owner Address 112 RIVER ST | Owner Address | | | | | |
| | 01 | FEIER GLARRE | LA VALLE, WI 53941, US | | | | | | | |
| | | | | | | | | | | |
| | | Sequence Of Events | | | | | | | | |
| | | Event | | | | | | | | |
| | 01 | DITCH | | | | | | | | |
| | 02 | Event | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | 04 | Event | | | | | | | | |
| | | | | | | | | | | |
| UNIT | | Policy Holder Insurance Company INDIVIDUAL | | | | | | | | |
| 5 | | PROGRESSIVE-CLASSIC-IN | PETER CLARKE | | | | | | | |
| | | Individual | | 1 2 1 2 1 1 1 1 1 1 | | | | | | |
| | | DRIVER | | Citations Issued | Sex | | | | | |
| | Ļ | PETER CLARKE | | 0 | MALE | | | | | |
| _ | DUAL | | Date of Birth | Race BLACK/AFRICA | AN AMERICAN | | | | | |
| | M | Address | Driver License Number | | | | | | | |
| _ | INDIN | 112 RIVER ST | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | LA VALLE, WI 53941 , US | | J. W. Z. MOSSION SCONTINI. SHITED STATES | | | | | | |
| | | On Duty Cr | aah | Cafab. Faulinment | | | | | | |
| | Saf | On Duty Cra fety Equipment | Safety Equipment | | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP BELT | | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | |
| | | Core Double of the second | | | | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | | |
| _ | _ | Injury Seve | Airbag | | | | | | | |
| 5 | 001 | Injury _{NO APPA} | NON DEPLOYED | | | | | | | |
| | | ⁻ | ection Path OT EJECTED/NOT APF | DUCABLE | | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport | EMS Agency Identifier EMS Run # | | | | | | | |
| | | NOT TRANSPORTED | J, | | | | | | | |

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| | | Hospital | | | Date of Death | | Time of Death | |
|------|------------|-----------------------------------|------------------------------|-------------------|------------------------------|-------------------|----------------------|----------------|
| | ļ | Distracted By | Distracted By Source UNKNOWN |) | | | | |
| | | Distracted By Action UNKNOWN | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| _ | UAL | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| | IND | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | L | Orug & Alcohol | Suspected Alcohol U NO | se | 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 | | |
| 01 | 001 | Drug Type | | , | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORM | MAL | | | | | |