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25-11744

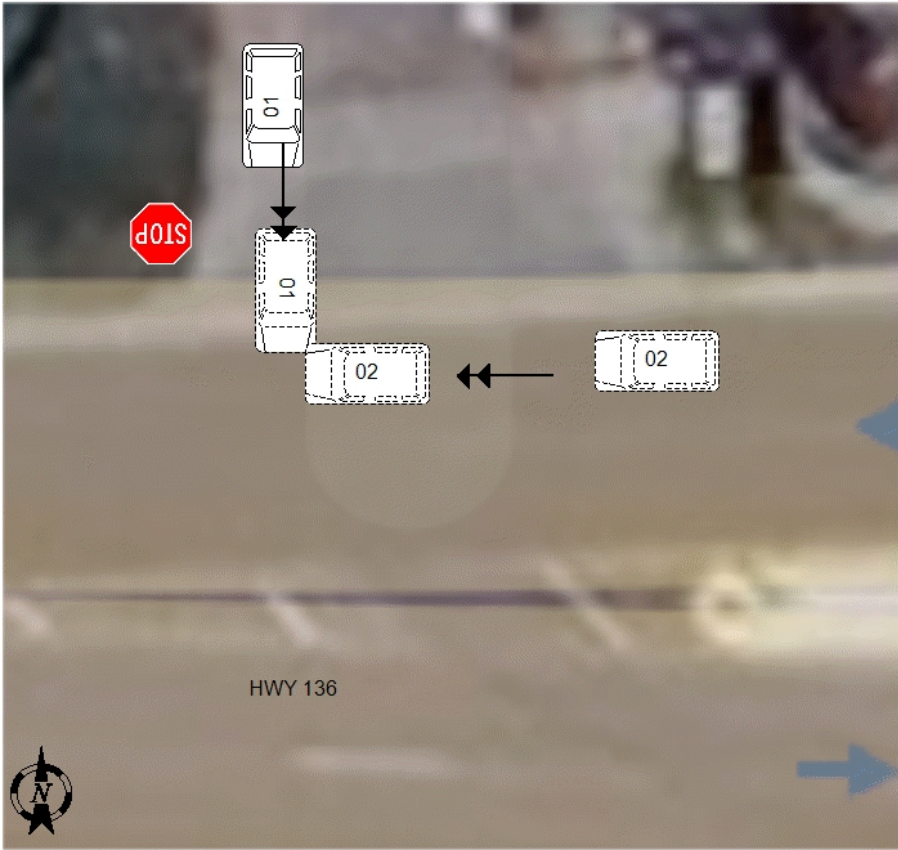
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 25-11744		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 11/11/2025		Crash Time 04:51 PM		Date Arrived 11/11/2025		Time Arrived 04:59 PM	
Date Notified 11/11/2025		Time Notified 04:51 PM		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
	Additional Information NONE

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

UNIT 2 WAS DRIVING WEST ON HWY 136. THE OPERATOR OF UNIT 1 WAS PREPARING TO ENTER ONTO HWY 136 FROM THE NORTH. THE OPERATOR OF UNIT 1 REPORTED SEEING THE RIGHT TURN SIGNAL ACTIVATED ON UNIT 2, SO ESTIMATED UNIT 2 WAS TURNING INTO THE DRIVE SO IT WOULD BE SAFE FOR UNIT 1 TO PROCEED. UNIT 2 DID NOT TURN IN, RESULTING IN A COLLISION. THE OPERATOR OF UNIT 2 SAID HIS SIGNAL WAS NOT ON AS HE WAS INTENDING ON CONTINUING WEST.

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Location

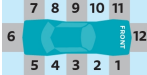
ON STH33 WB 199 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474830271	Longitude -89.769651619
	X Coordinate 275991.625	Y Coordinate 4817273
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY	NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN 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 SOUTHBOUND	☐ Pre CrashTire Mark	Speed Limit N/A	Total Lanes 1	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		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 01 VEHICLE 01	Vehicle				
		License Plate Number ANY6212	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1C4RJFBG5FC166071		Make JEEP	Year 2015	Model GRAND CHER		
Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
Initial Contact Point 11 - LEFT FRONT CORNER		11 - LEFT FRONT CORNER				
Extent Of Damage FUNCTIONAL DAMAGE						



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
		What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name BLAKE HOFFMAN (608) 548-0968		Owner Address 503 7TH ST APT 6 BARABOO, WI 53913 , US	
		Sequence Of Events			
UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
01	001	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO		INDIVIDUAL BLAKE HOFFMAN	
		Individual			
		DRIVER BLAKE HOFFMAN (608) 548-0968		Citations Issued 0	Sex MALE
Address 503 7TH ST APT 6 BARABOO, WI 53913 , US		Date of Birth	Race WHITE		
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					

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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 KAREN		ORDONEZ CADENA		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race HISPANIC					
		Address 503 7TH ST APT 6 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		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					
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 **11/11/2025**
Crash Time **04:51 PM**

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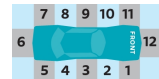
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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
		Drug & Alcohol		Suspected Alcohol Use NO		
				Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
		Drug Test Given TEST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

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE				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 WESTBOUND	☐ Pre CrashTire Mark	Speed Limit 35	Total Lanes 4	
		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 NO CONTROL		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 WF6175		Plate Type LTK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNDT13S782184808		Make CHEV	Year 2008	Model TRAILBLAZE
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER		02 - RIGHT SIDE FRONT		
		Extent Of Damage DISABLING DAMAGE				
		Towed Due To Damage NOT TOWED		Vehicle Removed By		
		What Driver Was Doing GOING STRAIGHT				



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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name THOMAS FELLER (608) 584-4429	Owner Address 1145 COUNTY RD A GRAND MARSH, WI 53936 , US	
UNIT INDIVIDUAL	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
	Policy Holder		
	Insurance Company HARTFORD-FIRE-INS-CO		INDIVIDUAL THOMAS FELLER
	Individual		
	DRIVER THOMAS FELLER (608) 584-4429		Citations Issued 0
			Sex MALE
	Date of Birth		Race WHITE
	Address 1145 COUNTY RD A GRAND MARSH, WI 53936 , US		Driver License Number
UNIT 003	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 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			
02	003	Individual Condition APPEARED NORMAL			