

6TL0FKD6P6  
25-11962

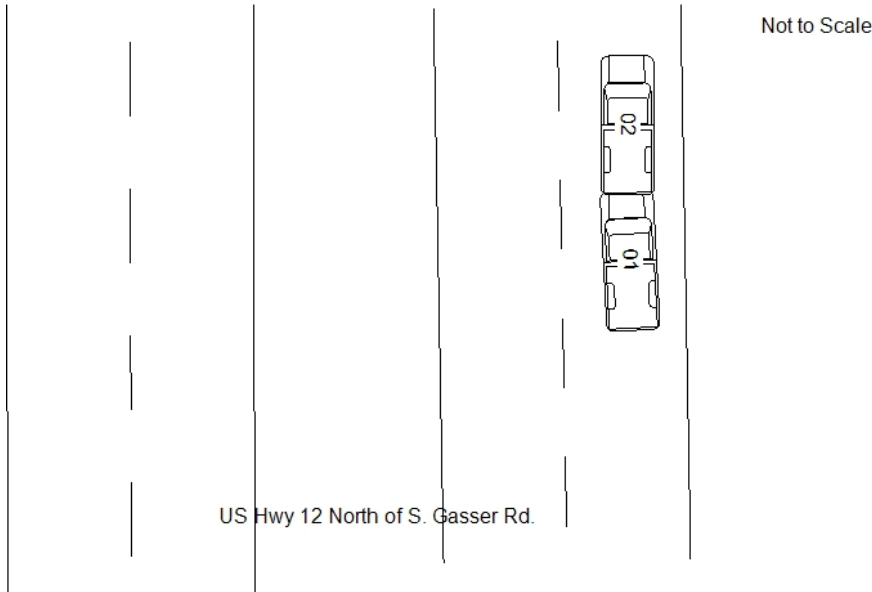
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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 <b>25-11962</b>	Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>11/17/2025</b>	Crash Time <b>03:34 PM</b>	Date Arrived <b>11/17/2025</b>	Time Arrived <b>04:11 PM</b>	
Date Notified <b>11/17/2025</b>	Time Notified <b>03:35 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed
<input type="checkbox"/> Reporting Threshold				
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON NOVEMBER 17, 2025 AT APPROXIMATELY 3:44PM UNIT 2 WAS DRIVING NORTH ON USH 12 JUST NORTH OF S. GASSER RD. THE OPERATOR NOTICED UNIT 1 APPROACHING AT A HIGH RATE OF SPEED AND REAR ENDED UNIT 2 BEFORE TAKING OFF FROM THE SCENE. NO INJURIES WERE REPORTED. THE OPERATOR OF UNIT 2 WAS UNABLE TO GET AN ACCURATE REGISTRATION OF THE SUSPECT VEHICLE.

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Location

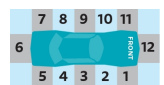
ON USH12 WB 830 FT N OF S GASSER RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.447767964</b>	Longitude <b>-89.777845704</b>
	X Coordinate <b>275228.53125</b>	Y Coordinate <b>4814289</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

UNIT	01	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements		
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
		Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
		Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>						
		UNIT	01	VEHICLE	Vehicle			
					License Plate Number		Plate Type	St
Vehicle Identification Number					Make	Year	Model	
Color					Body Style		Bus Use <b>NOT A BUS</b>	
Initial Contact Point <b>12 - FRONT</b>					Vehicle Damage  <b>16 - VEHICLE NOT AT SCENE</b>			
Extent Of Damage <b>VEHICLE NOT AT SCENE</b>								



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UNIT	01	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
			What Driver Was Doing		Vehicle Factors			
			Driver Prior Action Other		<b>UNKNOWN</b>			
			Driver Actions <b>FOLLOWING TOO CLOSE</b>					
UNIT	01	01	Owner Name		Owner Address			
<b>Sequence Of Events</b>								
UNIT	01	01	Event <b>MOTOR VEH IN TRANSPORT</b>					
			Event					
			Event					
			Event					
UNIT	01	01	<b>Individual</b>					
			DRIVER		Citations Issued <b>0</b>	Sex		
			Date of Birth		Race			
			Address		Driver License Number			
UNIT	01	01	Address					
UNIT	01	01	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
			Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		<b>RESTRAINT USE UNKNOWN</b>	
			Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
UNIT	01	01	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>	
			Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>	
			Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
			Hospital		Date of Death		Time of Death	
UNIT	01	01	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
			Distracted By Action <b>UNKNOWN</b>					
			<b>Non Motorist</b>					
			Striking Unit #		Location			

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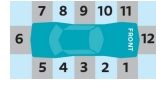
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>			
		Suspected Alcohol Use		Suspected Drug Use	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition <b>NOT OBSERVED</b>			

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
		Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>					

UNIT	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>VE8272</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1C6RR7NT2HS852947</b>		Make <b>RAM</b>	Year <b>2017</b>	Model <b>1500</b>	
		Color <b>GRY - GRAY</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
		Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>06 - REAR</b>			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JOHN POSTER (608) 577-9104</b>		Owner Address <b>514 LYNN ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
UNIT 01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		INDIVIDUAL <b>JOHN POSTER</b>	
	<b>Individual</b>			
	DRIVER <b>JOHN POSTER (608) 577-9104</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT 03	Date of Birth		Race <b>WHITE</b>	
	Address <b>514 LYNN ST BARABOO, WI 53913 , US</b>		Driver License Number	
	On Duty Crash		Safety Equipment	
	<b>SHOULDER &amp; LAP BELT</b>			
UNIT 04	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use	
	Helmet Compliance		Eye Protection	
	Tint Compliance		Injury <b>NO APPARENT INJURY</b>	
	Airbag <b>NON DEPLOYED</b>			
UNIT 05	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
UNIT 06	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b> Striking Unit # Location			

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UNIT INDIVIDUAL          02 002	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>Witness</b>				
	WITN ESS 01	Individual <b>MICHEAL LONG</b> (608) 209-1408		Address <b>516 1/2 S CENTER ST BARABOO, WI 53913 , US</b>	