WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	2: Crash Time D		25-12345		Investigating Officer/Deputy DEPUTY I. GALVAN				
ΓØ	Crash Date 11/29/2025						Time Arrived 02:41 PM			
OILUFZRKFÖ	Date Notified 11/29/2025	Time Notified 02:26 PM		Total Units 01					Total Killed 00	
-0L,	On Emergency Hit	and Run	Lane Closu	ıre	Work Zone	•	Trailer	or Towed	Reporting Threshold	
0 I L	Government Property	Active Sc	hool Zone	School NO	Bus Related	Т	īags -			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)			Amend	ed	Secondary Crash	
	Description									
	Diagram							Photos By I GALVAN	ПБУ	
	STH 33 APPROXIMATELY 1 MILE WEST OF TWIN PINE ROAD 01 01								ormation	
					01					
	•									
						NOT TO S	SCALE			
	I, a sworn law enforceme	nt officer, agre	ee that I have no	ot added	l any CJIS data	in this re	port.			
	UNIT 1 TRAVELING WESTBOUND OR ROADWAY THEN LOST CONTROL. TREE ON HER REAR DRIVER SIDE	UNIT 1 SPUN OL	JT AND ENTERED A	A WOODE	D AREA REAR EN	D FIRST. UI	NIT 1 CRASH	I ENDED WITH		

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Crash Time 02:24 PM

Lo	oca	ntion ====									
_		STH33 WB					Latitude 43.554546092		Longitu	de	
_		MI W							-90.06	3878355	
_	OF TWIN PINE RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY					X Coordin			Y Coord		
						252519.796875			48269	61	
							Type UCTURE				
Cı	ras	h Scene				1					
_		larmful Event				First Harm	nful Event Lo	ocation			
D	ITC	Н				ON ROA					
М	lanne	er of Collision				Light Con	dition				
0	0 - N	NO COLLISION W/VE			DAYLIG	НТ					
R	Road Surface Condition(s)				Roadway	Factor(s)					
W	WET, SNOW, SLUSH										
Е	nviro	nment Factor(s)									
W	VEA	THER CONDITIONS				ROAD S	URFACE	CONDITION	(WET, IC	CY, SNOW, SLUSH,	
W	Veath	ner Condition(s)				,					
	NON	. ,									
Α	nima	nimal Type				Relation T	o Trafficwa	v			
	, aminar 1 ypo						CWAY - O	•			
С	rash	Classification - Location	1			Crash Cla	ssification -	Jurisdiction			
						NO SPECIAL JURISDICTION					
								Access Control Special Study NO CONTROL			
					ction Type AN INTERSECTION						
		<u> </u>	NON-SONOTION		NOT AN	INTERSE	CHON				
		Summary -		L Vohicle One	orating As C	laccification		Linit Tuna			
1	Unit Status Vehicle Operating As (IN TRANSIT D CLASS				•	Classification Unit Type AUTOMOBILE					
V	Vehicle Type				Operating As Endorsements						
'	PASSENGER CAR										
T	Total Occs Train/Bus # Recorded			Total # Citations Issued		d Total Trail		ers	Total Haz	zMat Types	
1				0		0			0		
In	nsura	ince?	Direction Of Travel	Pre	Pre CrashTire		Speed Lim		Total Lar	anes	
Υ	YES WESTBOUND				Mark		55		2		
	Most Harmful Event: Collision With				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
1	TREE NO SPECIAL Traffic Way Traffic Control					Traffic Control Inoperative/Missing					
	TWO-WAY, NOT DIVIDED NO C								iuve/iviissiiiy		
		ce Type	•		Road Curvature STRAIGHT				Road Grade LEVEL		
		CKTOP (BITUMINOU	IS)	_							
		Bus or HazMat	•					1			
N	10										
	Vehicle						St	Country of I-	nuanac		
	License Plate Number AUA7955		Plate Type AUT Make PONT Body Style				Country of Issuance UNITED STATES				
	Vehicle Identification Number					Year	Model				
5	5 2G2WS542051196776				2005		GRAND PRIX Bus Use				
	Color GLD - GOLD Initial Contact Point										
				I	SD - SEDAN						
				Vehicle Damage				7 0 0 10 11			
<u> </u>	<mark>전</mark> 06 - REAR				REAR, 06 - REAR, 08 - LEFT SIDE SIDE MIDDLE, 10 - LEFT SIDE		7 8 9 10 11				
	06 - REAR Extent Of Damage DISABLING DAMAGE			REAR, 0			9 - LEFT S	EFT SIDE		9 12	
	5		_	EDONT			ODNED 4	12 EDONT		5 4 3 2 1	

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		Towed Due To Damage TOWED DUE TO DISABLIN	G DAMAGE	Vehicle Removed By STEVES AUTO SER	VICE				
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NOT APPLICABLE	NOT APPLICABLE				
		Driver Actions							
.	쁘	NO CONTRIBUTING ACTIO	N						
UNIT	≌								
n	VEHICLE								
		Owner Name VITALY SAUNDERS		Owner Address N2197 SHAMRO	Owner Address N2197 SHAMROCK RD				
2	2	(608) 605-2183		LODI, WI 53555 , US					
	;	Sequence Of Events Event		·					
	6	DITCH							
	02	Event TREE							
	03	Event							
	Front								
	04								
╘	I	Policy Holder							
UNIT		Insurance Company LIBERTY-MUTUAL-INS-CO	INDIVIDUAL ADELINE SAUNDI	INDIVIDUAL ADELINE SAUNDERS					
	1	Individual							
		DRIVER		Citations Issued					
	A L	ADELINE SAUNDERS (608) 495-2444		0 Date of Birth	0 FEMALE Date of Birth Race				
⊨	INDIVIDUAL			Date of Birth	WHITE				
UNIT	\geq	Address 311 E FLINT ST # 1/2		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Ξ	LYNDON STATION, WI 5394	4 , US						
	Sai	On Duty Crash ety Equipment		Safety Equipment					
		Row	Seat Position	SHOULDER & LAI	BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection	Tint Compliance						
_	Σ	Injury Severity		Airbag					
01	90		ARENT INJURY	NON DEPLOYED					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AI		PPI ICABI F		Trapped/Extricated NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
	NOT TRANSPORTED								
		Hospital		Date of Death	Date of Death Time of Death				
		Distracted By Distracted NOT APP	By Source PLICABLE (NOT DISTR	RACTED)		•			
		Distracted By Action	, -	, , , , , , , , , , , , , , , , , , ,					
		NOT DISTRACTED							

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		Non Motorist Strikii	ng Unit#	Location				
		Prior Action						
LIND	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Orug & Alcohol NO	ected Alcohol U	Jse	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		
٤	001	Drug Type						
		Individual Condition						
		APPEARED NORMAL						