WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Doc	ument # Agend 25-12	y Crash Number 344	Investigating C		
Crash Date 11/29/2025	Crash Time 02:35 PM		rrived /2025	Time Arrived 02:51 PM		
Date Notified 11/29/2025	Time Notified 02:37 PM	Total l	Jnits	Total Injured 00	Total Kille	ed
On Emergency	Hit and Run	Lane Closure	Work Zone	Trailer o	r Towed	Reporting Threshold
Government Property	Active School		Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STAND	ARD CRASH)		Amende	d	Secondary Crash
escription ==	•					•
Diagram	County R	d			Reconstructio	
NOT TO SCALE		NG PASSAN POWER		v E10170	Additional Info	ormation
			Drivewa County	y for E10170 Rd C		
I, a sworn law enford DRIVER OF UNIT ONE MOVAND VEHICLE PULLED INTO SIGN WAS CLIPPED AND KINJURIES. VEHICLE REMOVINJURIES.	O THE NORTH SIDE DITCH NOCKED OVER. SIGN TAGO	FOR A SUV PASSING IN IN BETWEEN THE TWO GED AND PROPPED UF	THE OTHER LANE, PA DRIVEWAYS FOR E101 D. DISABLING DAMAGE	SSENGER SIDE TIRE 170 COUNTY RD C IN TO VEHICLE DUE TO	NORTH FREE	EDOM. NO PASSING ZO

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L	oca	tion ===									
		THC WB				Latitude			Longitue	de	
-	0.83 MI W						43.358279092		-89.814993085		
		ONES POCKET RD E TOWN OF SUMP				X Coordin	ate		Y Coord	linate	
		UK COUNTY	IER			271886.78125			48044	51	
						Structure	Туре				
C	rasi	n Scene									
_		armful Event				First Harm	nful Event L	ocation			
	ITCH	I				ROADSI					
N	lanne	r of Collision			Light Condition						
0	0 - N	O COLLISION W/VE	EHICLE IN TRANSPORT			DAYLIG	HT				
R	Road S	Surface Condition(s)				Roadway	Factor(s)				
s	NOV	, SLUSH, ICE									
Е	nviror	nment Factor(s)				1					
٧	VEAT	HER CONDITIONS				NONE					
٧	Veath	er Condition(s)				1					
s	NOV	ı									
Α	nimal	Туре				Relation T	To Trafficwa	у			
						TRAFFIC	CWAY - O	N ROAD			
		Classification - Location	1			Crash Classification - Jurisdiction					
		JBLIC PROPERTY						ISDICTION		To	
'	ribal L	.and				Access Control Special Study NO CONTROL		Special Study			
٧	Within Interchange Area Junction Location				Intersection Type					l	_
Ν	10		NON-JUNCTION		NOT AN	INTERSE	CTION				
		Summary 💻									
	Init Sta			I	_	s Classification Unit Type					
	IN TRANSIT			D CLASS	D CLASS			AUTOMOBILE			
-		Type ENGER CAR					Operating As Endorsements				
	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trail	ers	rs Total HazMat Types			
2	!			0 Pre CrashTir			0	0			
lr	nsurar	ice?	Direction Of Travel			hTire Speed Li		imit Total Lan		es	
Y	ΈS		WESTBOUND	_	Mark 55			2			
•	Most Harmful Event: Collision With			1 '	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
	DITCH Traffic Way			Traffic Control			Traffic Control Inoperative/Missing				
		WAY, NOT DIVIDED)	NO CONTROL				NO			
S	Surface Type			Road Curvature				Road Grade			
Е	BLAC	KTOP (BITUMINOU	IS)	STRAIGHT				LEVEL			
	ruck E IO	Bus or HazMat									
		ehicle									
	License Plate Number			Plate Type	Plate Type St		St	Country of Issuance			
		LB6717	AUT	31		wı	UNITED STATES				
	Vehicle Identification Number			Make			Year	Model			_
2	JTDEBRBE9LJ028052			TOYT	TOYT 2020 COROLLA						
	Color			, ,	Body Style Bus Use						
	WHI - WHITE Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE				SD - SEDAN						
					Vehicle Damage 01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 11 -				7 8 9 10 11		
									6 Rg 12		
) [LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCAR						

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		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABL	ING DAMAGE	EVERETTS TOWN	NG						
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE	E						
		Driver Actions									
	щ	NO CONTRIBUTING ACT	ION								
\vdash	딩										
LNO	Ī										
_	VEHICLE										
		Owner Name		Owner Address							
_	_	HAILY RINGSTAD			HWAY 12 # M-14						
2	0	(608) 477-5622		NORTH FREE	DOM, WI 53951 , l	JS					
		Sequence Of Events									
	01	Event MOTOR VEH IN TRANSP	ORT								
	02	Event DITCH									
	0										
	03	Event									
	4	Event									
	04										
—	ı	Policy Holder									
LNO		Insurance Company		INDIVIDUAL							
\supset		GEICO-ADVANTAGE-INS	HAILY RINGST	AD							
	i	Individual									
		DRIVER		Citations Issued	Sex						
		HAILY RINGSTAD		0 FEMALE							
	A	(608) 477-5622		Date of Birth	Race						
⊨	INDIVIDUAL			WHITE							
	\geq	Address		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
_		S7559 US HIGHWAY 12 # NORTH FREEDOM, WI 53									
	_	NORTH I KLEDOM, WI 3	331 , 03								
	Saf	On Duty fety Equipment	y Crash	Safety Equipment							
	Ou.			SHOULDER & L	AD DELT						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & L	AP DELI						
		Helmet Use	07 - LEFT	Helmet Compliance							
		Heimer Ose		Heimet Compilance							
		Eye Protection		Tint Compliance							
				Till Compilance							
_	Ξ,	Injury S	Severity	Airbag							
5 8 Injury NO APPARENT INJURY NON DEPLOYED											
		Ejected	Ejection Path			Trapped/Extricated					
	NOT EJECTED NOT EJECTED/NOT AP					NOT TRAPPED					
		Medical Transport		EMS Agency Identifier EMS Run #		EMS Run #					
		NOT TRANSPORTED				Time of Dooth					
		Hospital		Date of Death		Time of Death					
		Distract	ted By Source								
		Distracted By NOT A	DDI ICADI E (NOT DICTI	DACTED\							
		Distracted by NOT A	APPLICABLE (NOT DISTI	RACIED)							
		Distracted By Action NOT DISTRACTED	APPLICABLE (NOT DISTI	RACTED)							

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		_								
		Non Motorist	Striking U	Jnit#	Location					
		Prior Action								
		Action								
	AL.									
UNIT	INDIVIDUAL									
ר										
	=									
		Action Other							To/From School	
	L	Drug & Alcohol	Suspecte NO	ed Alcohol U	lse	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	<u> </u>		
01	001	Drug Type								
0	ŏ									
		Individual Condition								
		APPEARED NORM	IAL							
	1	Individual								
		PASSENGER MAXWELL DODD	WILSON	1		Citations Issued 0	Sex MALE			
	UAL					Date of Birth				
UNT	INDIMIDUAL	Address				Driver License Number				
)	N	S7559 US HIGHWAN	AY 12 # I I, WI 539	N-21 951 , US		STATE: WISCONS	IN COUNTRY: UNI	ITED STATES		
	Sat	fety Equipment	On Duty	Crash		Safety Equipment				
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAF	PBELT			
		Helmet Use	V 09 - RIGHT		О П1	Helmet Compliance				
		Eye Protection				Tint Compliance				
0	~		Injury Se	verity		Airbag				
01	005	Injury	NO APP	PARENT II	NJURY	NON DEPLOYED				
		Ejected NOT EJECTED		Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier	r	EMS Run #		
		Hospital	<u> </u>			Date of Death		Time of Death		
		5. 4	Distracte	d By Source	9					
		Distracted By Distracted By Action								
		Non Motorist	Striking U	Jnit #	Location					

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ı		[B: A:					
		Prior Action					
		Action					
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١.	٨						
I≒	<u> </u>						
LNO	≥						
-	INDIVIDUAL						
	Z						
		Action Other					To/From School
İ		Suspected Alcohol	Use	Suspected Drug Use			•
	L	Drug & Alcohol NO		NO			
ĺ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
ĺ		Drug Test Given	Drug Test Type		Drug Test Results	S	
		TEŠT NOT GIVEN					
_	2	Drug Type	•				
2	002						
		Individual Condition					
		APPEARED NORMAL					