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 25-12584	Investigating Of DEPUTY J. N		-
Crash Date 12/06/2025	Crash Time 01:10 PM	Date Arrived 12/06/2025	Time Arrived 01:12 PM		
Date Notified 12/06/2025	Time Notified 01:11 PM	Total Units 02	Total Injured 00	Total Killed	d
On Emergency Hit	t and Run Lane Closu		Trailer or	Towed	Reporting Threshold
Government Property	Active School Zone	School Bus Related NO	Tags		
▼ Reportable	Crash Type DT4000 (STANDARD CRASH	1)	Amended	I	Secondary Crash
Diagram					
\$			P	hotos By	
	(102)		AN	dditional Infor ONE	mation
N Reedsburg Rd		*	→		
	County Road BD	Pot Of Go Jewelry & Jewelry buy	Coin		
		Not Drawn	n to Scale		
ON 12/6/25 AT APPROXIMATELY 13 NEGOTIATED THE ROUNDABOUT,	nt officer, agree that I have no 310, UNIT 2 WAS DRIVING AROUND UNIT 1 WAS DRIVING EASTBOUND THE ROUNDABOUT AND STRUCK U	THE ROUNDABOUT LOCATED ON ON N REEDSBURG RD. UNIT 1 DID	CTH BD AND N RE NOT YIELD TO UI	NIT 2 DRIVING	AROUND THE

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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		ation								
Ī		ERSECTION			Latitude			Longitud	de	
		N REEDSBURG RD			43.5324	15272		_	864259	
	AT	CTHBD			X Coordin			Y Coordinate		
		HE TOWN OF DELTO	N .		_	275540.96875 4823690.5				
	IN S	SAUK COUNTY								
					Structure	Гуре				
(Cra	sh Scene			I					
ī		Harmful Event			Firet Harn	nful Event L	ocation			
		TOR VEH IN TRANSP	ORT		ON ROA		ocation			
ŀ	_	ner of Collision	OK!		Light Con					
		FRONT TO REAR		DAYLIG						
ļ										
	Road	d Surface Condition(s)	Roadway	Factor(s)						
	WE	Т								
ł	Envii	ronment Factor(s)								
	VISI	UAL OBSTRUCTION	(S)		NONE					
ł	Wea	ther Condition(s)								
		DUDY								
ł	Anim	nal Type			Relation 1	To Trafficwa	У			
					TRAFFIC	CWAY - O	N ROAD			
		th Classification - Location	1			ssification -	Jurisdiction ISDICTION			
ļ		al Land			Access C		ISDICTION	Special Study		
						NO CONTROL			Special Study	
Î		in Interchange Area	Junction Location		Intersection Type					
	NO		INTERSECTION	RO	UNDABOUT					
Į		t Summary \blacksquare								
	-	Status		Vehicle Operating	As Classification	1	Unit Type			
		RANSIT		D CLASS				AUTOMOBILE		
-		cle Type						Operating As Endorsements		
'	(SP									
Ī	,							T-4-111	Mat Types	
	•	ORT) UTILITY VEHICI I Occs	Train/Bus # Recorded	Total # Citations I	ssued	Total Trail	lers		iviat Types	
	•	·		Total # Citations I	ssued	Total Trail	lers	0	iviat Types	
	Total	·		** *						
	Total 2 Insur	I Occs	Train/Bus # Recorded Direction Of Travel EASTBOUND	1	hTire	0		0		
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;	Total 2 Insur YES Most	rance? B Harmful Event: Collision TOR VEH IN TRANSP	Train/Bus # Recorded Direction Of Travel EASTBOUND With	Pre Cras Mari Special Function NO SPECIAL F	hTire (0 Speed Lin	Emergency I	Total Land 1 Motor Vehi	es icle Use	
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1		Toward Due To Domone		Vehicle Removed By						
		Towed Due To Damage NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		ENTERING TRAFFIC LAN	JE	venicle Factors						
		Driver Prior Action Other	<u> </u>	NOT APPLICABLE						
		Driver Prior Action Other								
		Driver Actions								
	ш	FAILED TO YIELD RIGHT	-OF-WAY							
⊢	긎									
N N	¥									
>	VEHICLE									
	>									
		Owner Name		Owner Address						
_		JULIE REGNIER		29190 106TH ST						
2	2	(262) 206-8966		TREVOR, WI 531	79 , US					
	;	Sequence Of Events								
		Event								
	2	MOTOR VEH IN TRANSP	ORT							
	05	Event								
	_									
	03	Event								
		Event								
	9	Lvoin								
١.		Policy Holder								
NS NS		Insurance Company		INDIVIDUAL						
5		WEST-BEND-MUTUAL-IN	IS-CO	JULIE REGNIER						
		Individual								
		DRIVER		Citations Issued	Sex					
		JULIE REGNIER		1 FEMALE						
	₹	(262) 206-8966		Date of Birth	Race					
 	INDIVIDUAL			WHITE						
F	Σ	Address		Driver License Number						
-	₽	29190 106TH ST								
	=	TREVOR, WI 53179 , US								
	Sat	On Duty fety Equipment	y Crash	Safety Equipment						
	Ou.			SHOULDER & LAP	DELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	DELI					
		Helmet Use	07 - LEF1	Helmet Compliance						
		Tremet osc		Heilitet Compilance						
		Eye Protection		Tint Compliance						
_	00	Injury S	everity	Airbag						
٦	0		PARENT INJURY	NON DEPLOYED						
		Ejected	Ejection Path	DI ICADI E		Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AP	EMS Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORTED		LIVIS Agency Identifier		EWS Rull #				
		Hospital		Date of Death		Time of Death				
							ļ			
		Distracted But Distract	ed By Source			•	,			
			PPLICABLE (NOT DISTR	ACTED)						
		Distracted By Action NOT DISTRACTED								

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		_							` ,	
		Non Motorist	Striking U	nit#	Location					
		Prior Action								
LINIT	INDIVIDUAL	Action								
5	INDIN									
		Action Other							To/From School	
	L	Orug & Alcohol	Suspecte NO	d 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			
2	001	Drug Type								
		Individual Condition								
		APPEARED NORM	IAL							
	ı	ndividual								
		PASSENGER RICHARD	REGNIE	R		Citations Issued 0	Sex MALE			
 	DUA	(262) 206-8966	2) 206-8966			Date of Birth Race WHITE				
TINO	INDIVIDUAL	Address 29190 106TH ST TREVOR, WI 53179	9 , US			Driver License Number				
	Saf	ety Equipment	On Duty (Crash		Safety Equipment				
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAP BELT				
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
2	005		NO APP	ARENT II	NJURY	Airbag NON DEPLOYED				
		NOT EJECTED		Ejection Pa	th CTED/NOT APPL	Trapped/Extricated PLICABLE NOT TRAPPED				
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #		
		Hospital				Date of Death Time of Death				
		Distracted By	Distracted	By Source	•			1		
		Distracted By Action								
		Non Motorist	Striking U	nit#	Location					

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		Prior Action									
		I HOI ACIIOII									
l		Action									
	7										
_	INDIVIDUAL										
LIND	₽										
>	á										
	Z										
ŀ		A -4: O4b								ı	T-/ O-b
		Action Other									To/From School
ŀ			Suspected Ale	cohol U	lse	Suspected Drug U	lse				
	L	Drug & Alcohol	NO	001.01 0		NO					
ł		Alcohol Test Given			Alcohol Test Ty	/pe			Alcohol Test	t Results	
		TEST NOT GIVEN			1	,,					
Ì		Drug Test Given			Drug Test Type	9	Drug	Test Results	3		
		TEST NOT GIVEN									
2	002	Drug Type					•				
0	0										
ŀ		Individual Condition									
		APPEARED NORM	IAL								
	١,	Violetiene									
		Violations UTC Number Issue To? Statute Number				Description					
	2	BM655072	001	346	5.06	FAILURE TO Y	IELD RIGH	T OF WAY	′		
1	l Ini	t Summary ■		- 1							
Unit Summary											
		Status				Vehicle Operating As	Classification	1	Unit Type		
	Unit					Vehicle Operating As D CLASS	Classification	1	Unit Type AUTOMOI	BILE	
	Unit IN T	Status					Classification	1	AUTOMOI	BILE s Endorsem	ents
02	Unit IN T Vehi	Status RANSIT					Classification	I	AUTOMOI		ents
	Unit IN T Vehi PAS Tota	Status RANSIT cle Type	Train/Bu	ıs # Re	corded	D CLASS Total # Citations Issue		Total Trail	AUTOMOI Operating A	s Endorsem	
	Unit IN T Vehi PAS Tota 1	Status FRANSIT cle Type SSENGER CAR I Occs				D CLASS		Total Trail	AUTOMOI Operating A ers	s Endorsem Total HazM 0	lat Types
02	Unit IN T Vehi PAS Tota 1	Status 'RANSIT cle Type SSENGER CAR I Occs rance?	Direction	n Of Tra	avel	Total # Citations Issue O Pre CrashTin	ed	Total Trail 0 Speed Lin	AUTOMOI Operating A ers	s Endorsem Total HazM 0 Total Lanes	lat Types
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UNIT 02	Unit IN T Vehi PAS Tota 1 Insur YES Most MO ONE Surfa BLA Truc NO	Status TRANSIT Cle Type SSENGER CAR I Occs Tance? St Harmful Event: Collision TOR VEH IN TRANS TIC Way E-WAY TRAFFIC TOR TRANS TOR WENT	Direction NORTH IN With PORT	n Of Tra	avel	Total # Citations Issue 0 Pre CrashTime Mark Special Function NO SPECIAL FUN Traffic Control NO CONTROL Road Curvature CURVE LEFT Plate Type AUT Make STRN Body Style	ed re	Total Trail 0 Speed Lin 15 St WI Year	AUTOMOI Operating A ers Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST	Total HazM 0 Total Lanes 1 Motor Vehici LICABLE rol Inoperativ	lat Types
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02 UNIT 02	Unit IN T Vehi PAS Tota 1 Insur YES MOST Traff ONE Surfa BLA Truc NO	Status RANSIT cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way E-WAY TRAFFIC ace Type ACKTOP (BITUMING ik Bus or HazMat Vehicle License Plate Number 833URJ Vehicle Identification I 1G8ZG52872Z223i Color BLK - BLACK	Direction NORTH	n Of Tra	avel	Total # Citations Issue Pre CrashTil Mark Special Function NO SPECIAL FUN Traffic Control NO CONTROL Road Curvature CURVE LEFT Plate Type AUT Make STRN Body Style 4D - 4DR Vehicle Damage	re CTION	St WI Year 2002	AUTOMOI Operating A ers Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST Model SL1 Bus Use	Total HazM 0 Total Lanes 1 Motor Vehicl LICABLE rol Inoperativ	lat Types s le Use /e/Missing
02 UNIT 02	Unit IN T Vehi PAS Tota 1 Insur YES MOST Traff ONE Surfa BLA Truc NO	Status RANSIT cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way E-WAY TRAFFIC ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Number 833URJ Vehicle Identification In 1G8ZG52872Z223i Color BLK - BLACK Initial Contact Point	Direction NORTH	n Of Tra	avel	Total # Citations Issue Pre CrashTil Mark Special Function NO SPECIAL FUN Traffic Control NO CONTROL Road Curvature CURVE LEFT Plate Type AUT Make STRN Body Style 4D - 4DR Vehicle Damage 04 - RIGHT SIDE	re CTION	St WI Year 2002	AUTOMOI Operating A ers Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST Model SL1 Bus Use	Total HazM 0 Total Lanes 1 Motor Vehicl LICABLE rol Inoperativ	Idat Types Sile Use Ve/Missing 7 8 9 10 11 6 12 12
UNIT 02	Unit IN T Vehi PAS Tota 1 Insur YES Most MO ONE Surfa BLA Truc NO	Status RANSIT cle Type SSENGER CAR I Occs rance? S t Harmful Event: Collision TOR VEH IN TRANS fic Way E-WAY TRAFFIC ace Type ACKTOP (BITUMING k Bus or HazMat Vehicle License Plate Number 833URJ Vehicle Identification N 1G8ZG52872Z223i Color BLK - BLACK Initial Contact Point 05 - RIGHT REAR	Direction NORTH	n Of Tra	avel	Total # Citations Issue Pre CrashTil Mark Special Function NO SPECIAL FUN Traffic Control NO CONTROL Road Curvature CURVE LEFT Plate Type AUT Make STRN Body Style 4D - 4DR Vehicle Damage	re CTION	St WI Year 2002	AUTOMOI Operating A ers Emergency NOT APPI Traffic Contr NO Road Grade LEVEL Country of Is: UNITED ST Model SL1 Bus Use	Total HazM 0 Total Lanes 1 Motor Vehicl LICABLE rol Inoperativ	lat Types s le Use /e/Missing

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

5 of 7

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Toward Due To Domone		Vahiala Damawad Dv						
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CURVE		NOT APPLICABLE						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
		NO CONTRIBUTING ACT	ION							
_	۳									
N N	≌									
⊃	VEHICLE									
	>									
		Owner Name		Owner Address						
		JOAN OTT BAKE	₹	N2520 COUNTY	ROAD N		l			
02	02	(920) 763-2237		FORT ATKINSO	ON, WI 53538 , US					
	:	Sequence Of Events								
	Event									
	2	MOTOR VEH IN TRANSP	ORT							
	05	Event					,			
	0									
	03	Event								
	_									
	9	Event								
		Daliau Haldau								
NN N		Policy Holder								
15		Insurance Company STATE-FARM-MUTUAL-A	ALITOMORII ELINS.CO	INDIVIDUAL WYATT BAKER						
			4010MOBILE-INS-CO	THAT BAKEN						
		Individual								
		DRIVER WYATT BAKER		Citations Issued 0	Sex					
	甘	(920) 763-2237			MALE Race					
L	NDIVIDUAL			Date of Birth Race WHITE						
F	₹	Address		Driver License Numb	her					
>	₫	E12902 COUNTY ROAD		TANKA LAMBAN. WINNAN						
	=	BARABOO, WI 53913 , U	IS							
	C-4	On Duty	y Crash	Safety Equipment						
	Sai	fety Equipment								
		Row	Seat Position	SHOULDER & LA	AP BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
				Till Compilance						
2	33	Injury S	everity	Airbag						
05	8	Injury NO AF	PPARENT INJURY	NON DEPLOYED)					
		Ejected	Ejection Path			Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT API			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifi	er	EMS Run #				
		Hospital		Date of Death		Time of Death				
		Distracted But	ed By Source							
			PPLICABLE (NOT DISTR	ACTED)						
		Distracted By Action NOT DISTRACTED								
		HOT DISTRACTED								

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $6 \quad \text{of} \quad 7$

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	Striking Unit #	Location				
		Prior Action		1				
TINU	INDIVIDUAL	Action Other						To/From School
			Suspected Alcohol U	Jse	Suspected Drug Use			Ton Toni School
	L	Orug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
05	003	Drug Type		•				
		Individual Condition						
		APPEARED NOR	MAL					