

6TL0FQBC44
25-12584

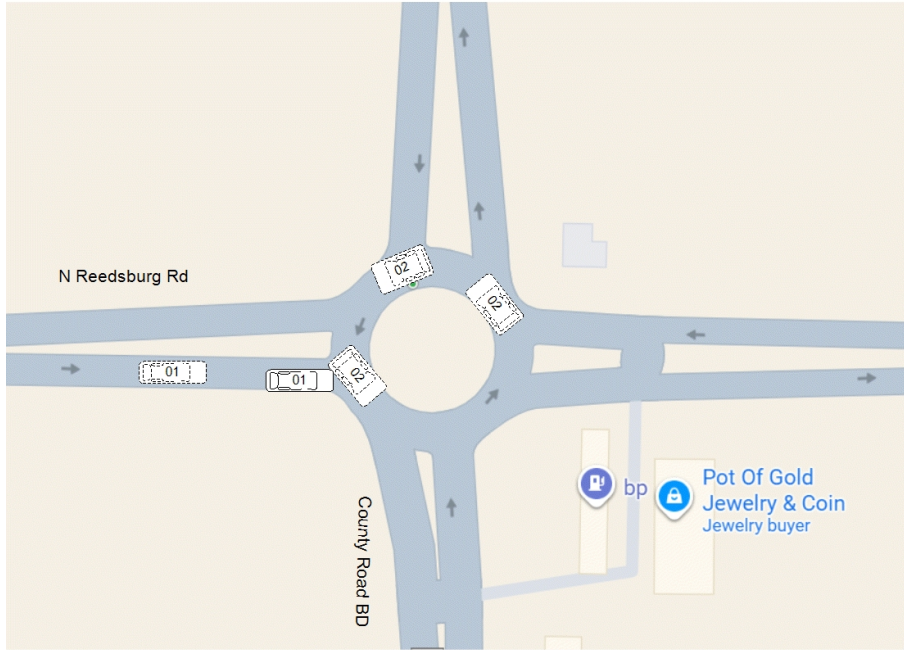
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 25-12584		Investigating Officer/Deputy DEPUTY J. MACASKILL	
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 00
<input type="checkbox"/> On Emergency	<input 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 NO		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram 	Reconstruction By Photos By Additional Information NONE
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 12/6/25 AT APPROXIMATELY 1310, UNIT 2 WAS DRIVING AROUND THE ROUNDABOUT LOCATED ON CTH BD AND N REEDSBURG RD. AS UNIT 2 WAS NEGOTIATED THE ROUNDABOUT, UNIT 1 WAS DRIVING EASTBOUND ON N REEDSBURG RD. UNIT 1 DID NOT YIELD TO UNIT 2 DRIVING AROUND THE ROUNDABOUT. UNIT 1 ENTERED THE ROUNDABOUT AND STRUCK UNIT 2. UNIT 1 STATED THEY DID NOT SEE UNIT 2 DUE TO PILED UP SNOW IN THE MIDDLE OF THE ROUNDABOUT.

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Location

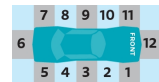
INTERSECTION ON N REEDSBURG RD AT CTHBD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.532415272	Longitude -89.777864259
	X Coordinate 275540.96875	Y Coordinate 4823690.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) VISUAL OBSTRUCTION (S)		
Weather Condition(s) CLOUDY		
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 INTERSECTION	Intersection Type ROUNDBOUT

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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 15	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 ONE-WAY TRAFFIC		Traffic Control YIELD SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO					
	UNIT 01 VEHICLE 01	Vehicle				
		License Plate Number ADP1185	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 5GAEVAKW5MJ223358		Make BUIC	Year 2021	Model ENCLAVE		
Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage				
Extent Of Damage MINOR DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT				



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		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 JULIE REGNIER (262) 206-8966		Owner Address 29190 106TH ST TREVOR, WI 53179 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company WEST-BEND-MUTUAL-INS-CO		INDIVIDUAL JULIE REGNIER		
UNIT	INDIVIDUAL	DRIVER JULIE REGNIER (262) 206-8966		Citations Issued 1	Sex FEMALE	
		Address 29190 106TH ST TREVOR, WI 53179 , US		Date of Birth	Race WHITE	
01	001	On Duty Crash		Safety Equipment		
		Safety Equipment		SHOULDER & LAP BELT		
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use		
		Helmet Compliance		Eye Protection		
01	001	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED		
		Injury		NOT TRAPPED		
01	001	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
01	001	Hospital		Date of Death	Time of Death	
		Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
01	001	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 RICHARD REGNIER (262) 206-8966		Citations Issued 0	Sex MALE
		Date of Birth -----		Race WHITE	
		Address 29190 106TH ST TREVOR, WI 53179 , US		Driver License Number	
		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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		
UNIT 01	INDIVIDUAL	Distracted By	Distracted By Source		
		Distracted By Action			
		Non Motorist	Striking Unit #	Location	

Wisconsin Motor Vehicle Crash
Form DT4000

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Crash Date **12/06/2025**
Crash Time **01:10 PM**

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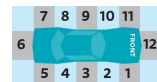
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Violations			
		01	002	UTC Number BM655072	Issue To? 001

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR				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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 15	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 ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
		Truck Bus or HazMat NO					

UNIT	02	Vehicle				
		License Plate Number 833URJ		Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G8ZG52872Z223826		Make STRN	Year 2002	Model SL1
		Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
		Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR		
		Extent Of Damage FUNCTIONAL DAMAGE				



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		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION			
02	02	Owner Name JOAN OTT BAKER (920) 763-2237		Owner Address N2520 COUNTY ROAD N FORT ATKINSON, WI 53538 , US	
		Sequence Of Events			
UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
02	003	Policy Holder			
		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		INDIVIDUAL WYATT BAKER	
		Individual			
		DRIVER WYATT BAKER (920) 763-2237		Citations Issued 0	Sex MALE
Address E12902 COUNTY ROAD U 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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		Prior Action				
		Action				
		Action Other				To/From School
02	003	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				