6TL0F68VPL 25-12790

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/12/2025 Date Notified 12/12/2025 On Emergency	Crash Time 02:00 PM Time Notified 02:05 PM	Date Arrived 12/12/2025 Total Units	Time Arrived 02:19 PM	
12/12/2025		Total Units	Total Injured Tata	
On Emergency	02.03 F W	01	Total Injured Total 00	al Killed
	Hit and Run Lan	e Closure Work Zone	Trailer or Towe	Reporting Threshold
Government Property	Active School Zor	School Bus Related NO	Tags	
Reportable	Crash Type DT4000 (STANDARD	CRASH)	Amended	Secondary Crash
escription			1 _	
Diagram			Reconstr	ruction By
			Photos B	3у
No	damage- slide off only			
			Additiona NONE	al Information

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Crash Time 02:00 PM

L	_oc	ation									
·	ON MAN MOUND RD								Longitue	Longitude	
	0.36 MI E					43.488820589			-89.688	-89.688034931	
	OF ROCKY POINT RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY					X Coordin	ate		Y Coordinate		
						282643.21875		481861	4818610		
							Structure Type NO STRUCTURE				
L						110 0111					
(-	sh Scene									
		Harmful Event					nful Event L	ocation.			
ļ	DITO	ner of Collision				ROADSI					
			EHICLE IN TRANSPORT			Light Condition DAYLIGHT					
ŀ		d Surface Condition(s)	ENICLE IN TRANSPORT								
	SNC				Roadway Factor(s)						
-	Envir	ronment Factor(s)				-					
	NON	NE				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLC	OUDY									
ŀ	Anim	nal Type				Relation T	o Trafficwa	ıy			
	_					TRAFFICWAY - ON ROAD					
		h Classification - Location BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Triba	l Land			Access Control NO CONTROL			Special Study			
						ection Type AN INTERSECTION					
L	Init	t Summary									
Ť		Unit Summary Unit Status Vehicle Operating As Classification Unit Type									
	IN T	IN TRANSIT D CLASS			•	AUTOMOBILE					
_		/ehicle Type				Operating As Endorsements			ments		
5	(SP	ORT) UTILITY VEHICI	LE								
ı		otal Occs Train/Bus # Recorded		Total # Citations Issue				lers		Mat Types	
	01			0		0		0			
	Insur	rance?	Direction Of Travel WESTBOUND	Pre	CrashTire Mark	•	Speed Lir	mit	Total Lan	es	
		: Harmful Event: Collision		Special Fun	pecial Function		1	Emergency Motor		Vehicle Use	
1	DIT					CTION		NOT APPLICABLE			
ŀ	Traff	ic Way		Traffic Cont	Traffic Control NO CONTROL Road Curvature STRAIGHT			Traffic Cont			
		D-WAY, NOT DIVIDED		NO CONT				NO			
ſ		асе Туре						Road Grade LEVEL			
ļ		CKTOP (BITUMINOU	S)	STRAIGH							
	NO	k Bus or HazMat									
Ī	,	Vehicle									
		License Plate Number		Plate Type		St	Country of Issuance				
1		AZK5068		AUT		WI	UNITED STATES				
;	01	Vehicle Identification Nu		Make		Year	Model				
	0	1FMCU9NZ2SUA259	FORD Pody Style	FORD 2 Body Style		2025	ECP Bug Has				
		Color GRY - GRAY	I	4D - 4DR			Bus Use				
		Initial Contact Point		Vehicle Damage			L				
	Щ										
ا		12 - FRONT			9-					7 8 9 10 11	
	/EHICLE	12 - FRONT Extent Of Damage NO DAMAGE		00 - NO	DAMAGE					7 8 9 10 11 6 2 7 12 5 4 3 2 1	

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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		CRAIGS TOWING						
		GOING STRAIGHT		Vehicle Factors						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	щ	SPEED TOO FAST/COND)							
Ì	VEHICLE									
LNO	표									
	7									
		Owner Name		Owner Address						
		CAROL MILES		410 GLEN BECKER CT						
2	01	(715) 891-0767		WISCONSIN DEI	LLS, WI 53965 , U	JS				
	Ş	Sequence Of Events Event								
	01	DITCH								
	02	Event								
		Event								
	E VERT									
	04	Event								
_	Ì	Policy Holder								
LNO		Insurance Company		INDIVIDUAL	INDIVIDUAL					
_		COUNTRY-CASUALTY-IN	NSURANCE-CO	CAROL MILES	CAROL MILES					
	1	ndividual								
		DRIVER		Citations Issued						
	1	CAROL MILES (715) 891-0767		0	FEMALE					
_	INDIVIDUAL	(1,11 1 1		Date of Birth	Date of Birth Race WHITE					
	Σ	Address		Driver License Number	er					
_	N	410 GLEN BECKER CT WISCONSIN DELLS, WI	53965 119	STATE: WISCONS	STATE: WISCONSIN COUNTRY: UNITED					
		WIGOONGIN BELLO, WI	, 00	STATES						
		On Dut	v Crash	Safety Equipment						
	Sat	fety Equipment	y Oldsii	Salety Equipment	Safety Equipment					
		Row	Seat Position	SHOULDER & LAI	PBELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eve Protection								
		Eye Protection		Tint Compliance						
2	001	Injury S	•	Airbag						
J	0	Injury NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AF		NON DEPLOYED						
				DDI ICARI E		Trapped/Extricated NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death Time of Death						
		Distracted By NOT A	ted By Source APPLICABLE (NOT DIST	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						