

25-12994

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

Document Number Override		Primary Crash Document #		Agency Crash Number 25-12994		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 12/18/2025		Crash Time 03:30 PM		Date Arrived 12/18/2025		Time Arrived 04:03 PM	
Date Notified 12/18/2025		Time Notified 03:39 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 checked="" type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1 AND 2 WERE IN A SCHOOL PARKING LOT. THE OPERATOR OF UNIT 2 WAS BACKING OUT OF A PARKING STALL AND STOPPED BECAUSE SHE OBSERVED HE OPERATOR OF UNIT 2 BACKING TOWARD HER. SHE HONKED THE HORN. UNIT 1 BACKED INTO UNIT 2 CAUSING MINOR DAMAGE TO BOTH UNITS. NO REPORTED INJURIES.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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Location

PRIVATE PROPERTY 660 VARSITY AVE (HOUSE/BUILDING 660) IN THE VILLAGE OF SPRING GREEN IN SAUK COUNTY	Latitude 43.180651359	Longitude -90.074698284
	X Coordinate 250114.078125	Y Coordinate 4785466.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 04 - REAR TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 01	Vehicle				
	License Plate Number AZB8546		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMCU03G19KC19637		Make FORD	Year 2009	Model ESCAPE
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage 07 - LEFT REAR CORNER		
	Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNSAFE BACKING			
01	Owner Name RAMON CAMACHO (608) 459-5456		Owner Address 6885 JOLES RD ARENA, WI 53503 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company WISCONSIN-MUTUAL-INS-CO		INDIVIDUAL RAMON CAMACHO	
UNIT INDIVIDUAL	Individual			
	DRIVER COLE CAMACHO (608) 459-5758		Citations Issued 0	Sex MALE
	Date of Birth		Race WHITE	
	Address 6885 JOLES RD ARENA, WI 53503 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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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Unit Summary

UNIT VEHICLE	Vehicle				
	License Plate Number BBZ4429	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number JTHCK262282023886	Make LEXS	Year 2008	Model IS	
	Color WHI - WHITE	Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 05 - RIGHT REAR CORNER			
	Extent Of Damage MINOR DAMAGE				
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			

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UNIT VEHICLE	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name LYDIA SACKETT (608) 438-3345		Owner Address 421 WASHINGTON ST ARENA, WI 53503 , US	
UNIT INDIVIDUAL	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL LYDIA SACKETT	
	Individual			
	DRIVER REAGAN SACKETT (608) 720-0026		Citations Issued 0	Sex FEMALE
	Address 421 WASHINGTON ST ARENA, WI 53503 , US		Date of Birth WHITE	
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
02 002	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				
Non Motorist		Striking Unit #	Location	

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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				