### 6TL0FW8HKK

25-13025

# 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 <b>25-13025</b>  | DEPUTY A. WILCOX                                    | ty  |
|-----------|---|---|--|---|---|
|           | Crash Date 12/19/2025                                     | Crash Time<br>12:31 PM                                    | Date Arrived <b>12/19/2025</b>   | Time Arrived 12:42 PM                               |   |
| Ĕ         | Date Notified   | Time Notified   | Total Units  | Total Injured Total K                               | illed                                     |
| Ž         | 12/19/2025  | 12:33 PM  | 01   | 00 00   |   |
|           | On Emergency Hi   | t and Run Lane Clo  | osure Work Zone  | Trailer or Towed                                    | Reporting Threshold                       |
| DILUTWORK | Government Property                                       | Active School Zone  | School Bus Related NO  | Tags  |   |
|           | <b>▼</b> Reportable                                       | Crash Type DT4000 (STANDARD CRA                           | SH)  | Amended   | Secondary Crash                           |
|           | Description   |   |  |   |   |
|           | Diagram   |   | not to scale   | Reconstruct  Photos By                              | ion By                                    |
|           | Peak Hill   | Road  |  | Additional In NONE                                  | formation                                 |
|           |   |   | 01   |   |   |
|           |   |   | not added any CJIS data in th  |   |   |
|           | MADE A LEFT TURN ONTO PEAK<br>ATTENTION AND RAN OFF THE R | HILL ROAD FROM THE PARKING<br>OADWAY AND STRIKING A TRAFF | E VILLAGE OF LOGANVILLE FOR A<br>LOT OF DOLLAR GENERAL. AFTER<br>FIC SIGN BREAKING THE WOODEN<br>THE DOWN SIGN. NO CAMERA OUT: | THE TURN UNIT 1 OPERATOR POLE. UNIT 1 HAD MINOR DAM | ADMITTED NOT PAYING<br>IAGE AND WAS STILL |

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|            | Loc   | ation   |                      |                 |                          |                             |  |                                   |                          |               |  |
|------------|---|---|----------------------|-----------------|--------------------------|-----------------------------|--|-----------------------------------|--------------------------|---------------|--|
| į          |   | ERSECTION   |                      |                 |                          | Latitude                    |  |                                   | Longitud                 | de            |  |
|            |   | ON PEAK HILL RD<br>AT EAST ST<br>N THE VILLAGE OF LOGANVILLE        |                      |                 |                          | 43.43481234                 |  |                                   |                          | 5459791       |  |
|            |   |   |                      |                 |                          | X Coordinate                |  |                                   | Y Coord                  | linato        |  |
|            |   |   |                      |                 |                          | 254330                      |  |                                   | 481357                   |               |  |
|            | IN SAUK COUNTY  |   |                      |                 |                          |                             |  |                                   | 10.00.                   |               |  |
|            |   |   |                      |                 |                          | Structure Type NO STRUCTURE |  |                                   |                          |               |  |
| (          | Cra   | sh Scene  |                      |                 |                          |                             |  |                                   |                          |               |  |
| 1          |   | Harmful Event   |                      |                 |                          | First Harm                  | nful Event Lo  | ncation                           |                          |               |  |
|            |   |   |                      |                 |                          |                             | DE   | , cation                          |                          |               |  |
|            |   | Manner of Collision   |                      |                 |                          |                             |  |                                   |                          |               |  |
|            |   | 00 - NO COLLISION W/VEHICLE IN TRANSPORT                            |                      |                 |                          | Light Condition  DAYLIGHT   |  |                                   |                          |               |  |
|            | •   | Road Surface Condition(s)   |                      |                 |                          | Roadway                     |  |                                   |                          |               |  |
|            | DRY   |   |                      |                 | Roadway                  | r actor(s)                  |  |                                   |                          |               |  |
|            | Environment Factor(s)                                 |   |                      |                 |                          | 1                           |  |                                   |                          |               |  |
|            | NON   | 1E  |                      |                 |                          | NONE                        |  |                                   |                          |               |  |
|            | Weather Condition(s)                                  |   |                      |                 | 1                        |                             |  |                                   |                          |               |  |
|            | CLE   | CLEAR   |                      |                 |                          |                             |  |                                   |                          |               |  |
|            | Anim  | al Type   |                      |                 |                          | Relation T                  | o Trafficway   | /                                 |                          |               |  |
|            |   |   |                      |                 |                          |                             | TRAFFICWAY - ON ROAD   |                                   |                          |               |  |
|            |   | h Classification - Location   | 1                    |                 |                          |                             | Crash Classification - Jurisdiction                                |                                   |                          |               |  |
|            |   | BLIC PROPERTY   |                      |                 |                          |                             | NO SPECIAL JURISDICTION  Access Control  NO CONTROL  Special Study |                                   |                          | O             |  |
|            | TIDA  | ii Laiiu  |                      |                 |                          |                             |  |                                   |                          | Special Study |  |
|            | With  | in Interchange Area   | Junction Location    |                 | Intersection             | ection Type                 |  |                                   |                          |               |  |
|            | NO  |   | NON-JUNCTION         |                 | NOT AN                   | AN INTERSECTION             |  |                                   |                          |               |  |
| į          | Unit  | Summary =   |                      |                 |                          |                             |  |                                   |                          |               |  |
|            |   | Unit Status Vehicle Operating As Cl                                 |                      |                 |                          | Classification Unit Type    |  |                                   |                          |               |  |
|            | IN T  | RANSIT  |                      | D CLASS         |                          | TRUCK                       |  |                                   |                          |               |  |
| _          | Vehicle Type  |   |                      |                 |                          | Operating As Endorsements   |  |                                   |                          | ments         |  |
| 01         | UTII  | LITY TRUCK/PICKUP   | TRUCK                |                 |                          |                             |  |                                   |                          |               |  |
|            | Total   | Occs  | Train/Bus # Recorded |                 | Total # Citations Issued |                             | d Total Traile   |                                   | ilers Total HazMat Types |               |  |
|            | 1   |   |                      | 0               |                          | 0                           |  | 0                                 |                          |               |  |
|            | Insur   | ance?   | Direction Of Travel  | Pre CrashTir    |                          | Speed Lin                   |  | imit Total L                      |                          | es            |  |
| _          | YES   | }   | WESTBOUND            |                 | Mark                     |                             | 05   |                                   | 2                        |               |  |
| _<br> <br> | Most  | Harmful Event: Collision  | With                 |                 | Special Function         |                             |  | Emergency I                       |                          |               |  |
| د          |   | TRAFFIC SIGN POST NO SPECI  |                      |                 | IAL FUNC                 | FUNCTION N                  |  |                                   | NOT APPLICABLE           |               |  |
|            | Traffic Way Traffic Control                           |   |                      |                 |                          |                             | Traffic Control Inoperative/Missing                                |                                   |                          |               |  |
|            |   |   |                      |                 | CONTROL                  |                             |  | NO                                |                          |               |  |
|            | **  |   |                      | Road Curva      | Road Curvature           |                             |  | Road Grade                        |                          |               |  |
|            | BLACKTOP (BITUMINOUS) STRAIGHT                        |   |                      | LEVEL           |                          |                             |  |                                   |                          |               |  |
|            | Truck Bus or HazMat NO                                |   |                      |                 |                          |                             |  |                                   |                          |               |  |
| $\neg$     |   | Vehicle   |                      |                 |                          |                             |  |                                   |                          |               |  |
|            |   |   |                      |                 | Plate Type LTK           |                             | St   | Country of Issuance UNITED STATES |                          |               |  |
|            | UV2030  |   | LTK                  | WI              |                          |                             |  |                                   |                          |               |  |
| 5          | _   | Vehicle Identification Number  1C6RR7LM2FS717637  Color  GRY - GRAY |                      | Make            |                          |                             | Year   | Model                             |                          |               |  |
| > │        | 0   |   |                      |                 |                          |                             | 2015   |                                   |                          |               |  |
|            |   |   |                      |                 |                          |                             | Bus Use  |                                   |                          |               |  |
|            | Initial Contact Point                                 |   |                      |                 | Vehicle Damage           |                             |  |                                   | <del></del>              |               |  |
| _          | 11 - LEFT FRONT CORNER  Extent Of Damage MINOR DAMAGE |   |                      |                 |                          |                             |  | 7 8 9 10 11                       |                          |               |  |
| _          |   |   |                      | 11 - LEFT FRONT |                          | CORNER                      |  |                                   | 6 FRONT                  |               |  |
| Z          | ᆍ   | Extent Of Damage  |                      | 11 - LEF        | T FRONT                  | CORNER                      |  |                                   |                          | 6 8 12        |  |
|            | /EHI  | Extent Of Damage  MINOR DAMAGE                                      |                      | 11 - LEF        | T FRONT                  | CORNER                      |  |                                   |                          | 5 4 3 2 1     |  |

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|      |            | Towed Due To Damage  |                                       | Vehicle Removed By                                       |               |               |  |  |
|------|------------|--|---------------------------------------|--|---------------|---------------|--|--|
|      |            | NOT TOWED  |                                       | OWNER  |               |               |  |  |
|      |            | LEFT TURN  |                                       | Vehicle Factors  |               |               |  |  |
|      |            |  |                                       |  |               |               |  |  |
|      |            | Driver Prior Action Other                                  |                                       | NOT APPLICABLE   |               |               |  |  |
| LINO | VEHICLE    | Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY         |                                       |  |               |               |  |  |
| 10   | 01         | Owner Name<br>BRADY BLOEDOW<br>(608) 588-5238              |                                       | Owner Address 556 W RICHLAND ST LONE ROCK, WI 53556 , US |               |               |  |  |
|      |            | Sequence Of Events   |                                       |  |               |               |  |  |
|      | 01         | Event TRAFFIC SIGN POST                                    |                                       |  |               |               |  |  |
|      | 02         | Event  |                                       |  |               |               |  |  |
|      | 03         | Event  |                                       |  |               |               |  |  |
|      | 04         | Event  |                                       |  |               |               |  |  |
| _    | Ì          | Policy Holder  |                                       |  |               |               |  |  |
| LNO  |            | Insurance Company  |                                       | INDIVIDUAL   |               |               |  |  |
| _    |            | STATE-FARM-CLASSIC-INS-CO                                  |                                       | BRADY BLOEDOW  |               |               |  |  |
|      | ļ          | Individual   |                                       |  |               |               |  |  |
|      | INDIVIDUAL | DRIVER BRADY BLOEDOW                                       |                                       | Citations Issued  0                                      | Sex<br>MALE   |               |  |  |
| _    |            |  |                                       | Date of Birth  | Race<br>WHITE |               |  |  |
|      | <u> </u>   | Address  |                                       | Driver License Number                                    |               |               |  |  |
| _    | IND        | 556 W RICHLAND ST<br>LONE ROCK, WI 53556 , US              |                                       | STATE: WISCONSIN COUNTRY: UNITED STATES                  |               |               |  |  |
|      | Sat        | On Duty Crash  fety Equipment                              |                                       | Safety Equipment   |               |               |  |  |
|      |            | Row<br>01 - FRONT ROW                                      | Seat Position <b>07 - LEFT</b>        | SHOULDER & LAF   | BELT          |               |  |  |
|      |            | Helmet Use   |                                       | Helmet Compliance  |               |               |  |  |
|      |            | Eye Protection   |                                       | Tint Compliance  |               |               |  |  |
| 2    |            | Injury Severity NO APPARENT INJURY                         |                                       | Airbag   |               |               |  |  |
| 0    |            |  |                                       | NON DEPLOYED Trapped/Extricated                          |               |               |  |  |
|      |            | Ejected   Ejection Path   NOT EJECTED   NOT EJECTED/NOT AP |                                       |  |               | NOT TRAPPED   |  |  |
|      |            | Medical Transport NOT TRANSPORTED                          |                                       | EMS Agency Identifier                                    |               | EMS Run #     |  |  |
|      |            | Hospital   |                                       | Date of Death  |               | Time of Death |  |  |
|      |            | Distracted By EXTER  | ed By Source<br>RNAL (TO VEHICLE/NON- | MOTORIST AREA)   |               | I             |  |  |
|      |            | Distracted By Action                                       |                                       |  |               |               |  |  |
|      |            | OTHER ACTION (LOOKIN                                       | NG AWAY FROM TASK ET                  | rc)  |               |               |  |  |

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|      |            | Non Motorist Striking Unit #      | Location          |                       |                   |                      |                |  |
|------|------------|-----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|--|
|      |            | Prior Action                      |                   |                       |                   |                      |                |  |
| TIND | INDIVIDUAL | Action                            |                   |                       |                   |                      |                |  |
|      |            | Action Other                      |                   |                       |                   |                      | To/From School |  |
|      | L          | Suspected Alcohol NO              | Use               | Suspected Drug Use NO |                   |                      |                |  |
|      |            | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | е                     |                   | Alcohol Test Results |                |  |
|      |            | Drug Test Given TEST NOT GIVEN    | Drug Test Type    |                       | Drug Test Results |                      |                |  |
| ٤    | 001        | Drug Type                         | 1                 |                       | •                 |                      |                |  |
|      |            | Individual Condition              |                   |                       |                   |                      |                |  |
|      |            | APPEARED NORMAL                   |                   |                       |                   |                      |                |  |