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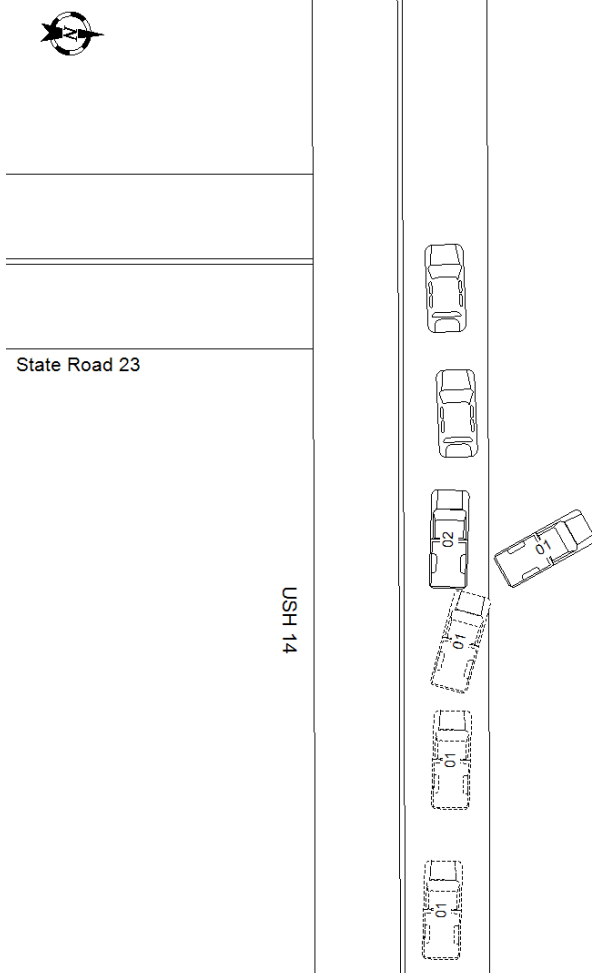
25-13055

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK 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 <b>25-13055</b>		Investigating Officer/Deputy <b>DEPUTY J. MACASKILL</b>	
Crash Date <b>12/20/2025</b>		Crash Time <b>09:55 AM</b>		Date Arrived <b>12/20/2025</b>		Time Arrived <b>10:17 AM</b>	
Date Notified <b>12/20/2025</b>		Time Notified <b>09:57 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

## Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information <b>NONE</b>	

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 12/20/25 AT APPROXIMATELY 0955, UNIT 2 WAS STOPPED IN TRAFFIC ON USH 14 NEAR STH 23. UNIT 1 WAS DRIVING WESTBOUND ON USH 14 BEHIND UNIT 2. UNIT 1 DID NOT NOTICE THAT UNIT 2 WAS STOPPED IN TRAFFIC AND SLAMMED ON TIER BREAKS TO TRY AND AVOID A CRASH. UNIT 1 STRUCK THE REAR PASSENGER SIDE OF UNIT 2 WITH THE FRONT DRIVER SIDE OF UNIT 1. UNIT 1 CAME TO REST IN THE NORTH SIDE DITCH OF USH 14.

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## Location

ON USH14 WB 676 FT E OF STH23 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.18438559</b>	Longitude <b>-90.062374023</b>
	X Coordinate <b>251130.9375</b>	Y Coordinate <b>4785844.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		<b>BACKUP DUE TO REGULAR CONGESTION</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>T-INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>VJ4545</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTNX21F5XEF01883</b>		Make <b>FORD</b>	Year <b>1999</b>	Model <b>F250</b>
	Color <b>DBL - BLUE, DARK</b>		Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	01	Owner Name <b>JONADA KOHLMAYER (608) 739-1470</b>	Owner Address <b>19037 OTTER TRL MUSCODA, WI 53573 , US</b>		
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event <b>DITCH</b>			
		Event			
		Event			
01	01	<b>Individual</b>			
		DRIVER <b>CHRIA KOHLMAYER (608) 739-1470</b>		Citations Issued <b>2</b>	Sex <b>FEMALE</b>
		Address <b>19037 OTTER TRL MUSCODA, WI 53573 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Safety Equipment</b>		On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
		Helmet Use	Helmet Compliance		
01	001	Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
01	001	Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>			
		Distracted By Source <b>UNKNOWN</b>			
		Distracted By Action <b>UNKNOWN</b>			
01	001	<b>Non Motorist</b>			
		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Violations</b>					
		01	001	UTC Number <b>BM655073</b>		Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>
02	01	UTC Number <b>BM655074</b>		Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>	

## Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>							
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements							
		Total Occs <b>2</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>			
		Insurance? <b>YES</b>		Direction Of Travel <b>WESTBOUND</b>		<input type="checkbox"/> <b>Pre CrashTire Mark</b>		Speed Limit <b>55</b>		Total Lanes <b>2</b>			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>NO CONTROL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>				Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											
		<b>Vehicle</b>											
		02	02	License Plate Number <b>BCD2423</b>		Plate Type <b>AUT</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>			
Vehicle Identification Number <b>1GNSKTKT6RR139075</b>				Make <b>CHEV</b>		Year <b>2024</b>		Model <b>TAHOE</b>					
Color <b>BGE - BEIGE</b>				Body Style <b>UT - SPORT UTILITY VEHICLE</b>				Bus Use					
Initial Contact Point <b>05 - RIGHT REAR CORNER</b>													

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UNIT	VEHICLE	Vehicle Damage			
		Extent Of Damage	04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR		
		FUNCTIONAL DAMAGE			
		Towed Due To Damage	Vehicle Removed By		
UNIT	VEHICLE	NOT TOWED		OPERATOR	
		What Driver Was Doing	Vehicle Factors		
		STOP IN TRAFFIC	NOT APPLICABLE		
		Driver Prior Action Other			
UNIT	VEHICLE	Driver Actions			
		NO CONTRIBUTING ACTION			
		Owner Name	Owner Address		
		YAN NEWENHOUSE (262) 853-9982	W72N355 FOXPOINTE AVE CEDARBURG, WI 53012 , US		
UNIT	VEHICLE	Sequence Of Events			
		Event	MOTOR VEH IN TRANSPORT		
		Event			
		Event			
UNIT	VEHICLE	Event			
		Event			
		Event			
		Event			
UNIT	VEHICLE	Policy Holder			
		Insurance Company	INDIVIDUAL		
		ACUITY,-A-MUTUAL-INSURANCE-CO	YAN NEWENHOUSE		
		Individual			
UNIT	INDIVIDUAL	DRIVER	Citations Issued	Sex	
		YAN PETER NEWENHOUSE (262) 853-9982	0	MALE	
		Date of Birth	Race		
			WHITE		
UNIT	INDIVIDUAL	Address	Driver License Number		
		W72N355 FOXPOINTE AVE CEDARBURG, WI 53012 , US	STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment			
		On Duty Crash	SHOULDER & LAP BELT		
UNIT	INDIVIDUAL	Row	Seat Position		
		01 - FRONT ROW	07 - LEFT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
UNIT	INDIVIDUAL	Injury	Injury Severity	Airbag	
		NO APPARENT INJURY	NON DEPLOYED		
		Ejected	Ejection Path	Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
UNIT	INDIVIDUAL	Medical Transport	EMS Agency Identifier	EMS Run #	
		NOT TRANSPORTED			
		Hospital	Date of Death	Time of Death	

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <b>NOT DISTRACTED</b>				
		<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				
		Action				
		Action Other				
		To/From School				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
02	002	Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		PASSENGER <b>MARY NEUENHOUSE</b> (262) 853-9982		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
		Address <b>W72N355 FOXPOINTE AVE</b> <b>CEDARBURG, WI 53012 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	003	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		<b>Distracted By</b>		Distracted By Source		

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action	
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		