

6TL0F2KRFH

25-12941

# 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 <b>25-12941</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>12/17/2025</b>		Crash Time <b>07:22 AM</b>		Date Arrived <b>12/17/2025</b>		Time Arrived <b>07:48 AM</b>	
Date Notified <b>12/17/2025</b>		Time Notified <b>07:24 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>YES, SCHOOL BUS INDIRE</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  
**I GALVAN**

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

UNIT 1 AND 2 WERE HEADING WESTBOUND ON STH 60 APPROACHING BAUM ROAD. UNIT 2 SLOWED TO STOP FOR A STOPPED SCHOOL BUS WITH FLASHING RED LIGHTS. UNIT 1 BEGAN TO SLIDE DUE TO ICE COVERED ROAD AND STRUCK UNIT 2 AND GUARDRAIL FACE. NO INJURIES REPORTED. BOTH UNITS REMOVED BY OPERATORS.

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Location

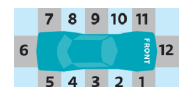
ON STH60 WB 156 FT E OF BAUM RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.259334321</b>	Longitude <b>-89.805630335</b>
	X Coordinate <b>272276.125</b>	Y Coordinate <b>4793436.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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>ICE</b>		Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>CLOUDY</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>1</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"/> Pre CrashTire Mark	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>ASG2665</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>JF2SJAEC5JH443814</b>		Make <b>SUBA</b>	Year <b>2018</b>	Model <b>FORESTER</b>			
Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use			
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage  <b>02 - RIGHT SIDE FRONT, 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>OWNER</b>	
		What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
01	01	Owner Name <b>TERESA WILSON (608) 617-6626</b>	Owner Address <b>307 CRESTVIEW CT PORTAGE, WI 53901 , US</b>	
		<b>Sequence Of Events</b>		
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>GUARDRAIL FACE</b>		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>GEICO-GENERAL-INS-CO</b>	INDIVIDUAL <b>TERESA WILSON</b>	
01	001	<b>Individual</b>		
		DRIVER <b>TERESA WILSON (608) 617-6626</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>307 CRESTVIEW CT PORTAGE, WI 53901 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>	On Duty Crash	
			Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use	Helmet Compliance	
	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 #
	Hospital	Date of Death		Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</b>			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
		Suspected Alcohol Use		Suspected Drug Use		
01	001	Drug & Alcohol		NO	NO	
		Alcohol Test Given		Alcohol Test Type	Alcohol Test Results	
		TEST NOT GIVEN				
		Drug Test Given		Drug Test Type	Drug Test Results	
		TEST NOT GIVEN				
Drug Type						
Individual Condition		APPEARED NORMAL				

## Unit Summary

02	UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
UNIT		Total Occs <b>1</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>				
UNIT	VEHICLE	<b>Vehicle</b>				
		License Plate Number <b>KCIG35</b>		Plate Type <b>AUT</b>	St <b>FL</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KMHL64JA2SA469187</b>		Make <b>HYUN</b>	Year <b>2025</b>	Model <b>SONATA</b>
		Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		

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UNIT VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>THE HERTZ CORPORATION (800) 654-4174</b>	Owner Address <b>PO BOX 24130 OKLAHOMA CITY, OK 73134 , US</b>	
UNIT 02	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>HERTZ-CORPORATION-(ATTN:INSURANCE-COO</b>	INDIVIDUAL <b>CAROLINE EMERSON</b>	
	<b>Individual</b>		
	DRIVER <b>CAROLINE EMERSON (207) 590-9991</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race
	Address <b>334 MAST ROAD LYMAN, ME 04002 , US</b>	Driver License Number <b>STATE: MAINE 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>07 - LEFT</b>	
	Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance		
UNIT 002	<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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>	Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		<b>Drug &amp; Alcohol</b>			
02	002	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>			