

6TL0FW8HKL
25-13071

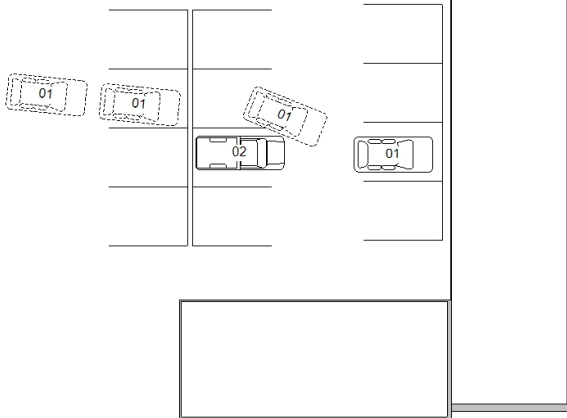
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-13071		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 12/20/2025		Crash Time 04:55 PM		Date Arrived 12/20/2025		Time Arrived 05:04 PM	
Date Notified 12/20/2025		Time Notified 04:57 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 type="checkbox"/> Active School Zone		School Bus Related NO		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By
<p>Not to scale</p> <p>Parking lot of the AmericInn.</p> 		
		Photos By A. WILCOX
		Additional Information PHOTOS

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

ON 12/20/2025, I RESPONDED TO 630 W PINE STREET IN THE VILLAGE OF WEST BARABOO FOR TWO VEHICLE PARKING LOT TRAFFIC ACCIDENT. UNIT 2 OWNER STATED UNIT 2 WAS PARKED IN A PARKING STALL UNOCCUPIED, AND WHEN HE CAME OUT TO GO GET FOOD, UNIT 1 OPERATOR APPROACHED HIM AND STATED SHE RAN INTO HIS VEHICLE. UNIT 2 OPERATOR STATED HE DID NOT WITNESS THE ACCIDENT. THE OWNER OF UNIT 2 STATED UNIT 1 OPERATOR WAS IN HER ROOM SOME IN THE HOTEL. I WAS ABLE TO LOCATE UNIT 1 OPERATOR. UNIT 1 OPERATOR STATED SHE ENTERED THE PARKING LOT AND CUT THROUGH THE STALL TO PARK AND ACCIDENTALLY SIDE SWIPED UNIT 2. UNIT 1 OPERATOR STARTED TO SEARCH FOR THE OWNER FOR A WHILE BEFORE LOCATING HIM. UNIT 1 OPERATOR DID NOT HAVE INSURANCE FOR UNIT 1. BOTH UNIT 1 AND 2 WERE DRIVABLE.

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Location

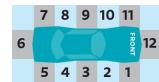
PARKING LOT BERKLEY BLVD LOT 630 (HOUSE/BUILDING 630) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.476583442	Longitude -89.76775239
	X Coordinate 276151.6875	Y Coordinate 4817462.5
	Structure Type HOUSE/BUILDING	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION		Light Condition DUSK	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY		Crash Classification - Jurisdiction PRIVATE PROPERTY	
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 PASSENGER CAR				Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 05	Total Lanes 0		
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE		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 01 VEHICLE 01	Vehicle					
		License Plate Number APC8438		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 4T1BE32K45U049028		Make TOYT	Year 2005	Model CAMRY			
Color BLK - BLACK		Body Style SD - SEDAN		Bus Use			
Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR					
Extent Of Damage MINOR DAMAGE							



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing OTHER		Vehicle Factors	
	Driver Prior Action Other GOING TO PARK		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01 01	Owner Name COURTNEY STEINHORST (262) 772-0003		Owner Address 1119 WASHINGTON AVE BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event PARKED MOTOR VEHICLE			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	DRIVER COURTNEY STEINHORST (262) 772-0003		Citations Issued 0	Sex FEMALE
	Address 1119 WASHINGTON AVE BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number			
01 001	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		
01 001	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 APPEARED NORMAL			
	Individual			
	PASSENGER AMIYA LEGGETT (262) 772-0003		Citations Issued 0	Sex FEMALE
Address 1119 WASHINGTON AVE BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
UNIT INDIVIDUAL	On Duty Crash		Driver License Number	
	Safety Equipment		Safety Equipment	
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING	
	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	
Distracted By Action				
UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location
	Prior Action			

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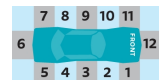
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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			

Unit Summary

UNIT	02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
		Total Occs 0		Train/Bus # Recorded		Total # Citations Issued 0	
		Insurance? YES		Direction Of Travel NOT ON ROADWAY		Total Trailers 0	
				<input type="checkbox"/> Pre CrashTire Mark		Speed Limit N/A	
						Total HazMat Types 0	
		Most Harmful Event: Collision With PARKED MOTOR VEHICLE		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	Vehicle				
		License Plate Number TK6050TY		Plate Type LTK	St IN	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GC1KTEY1KF250474		Make CHEV	Year 2019	Model SIL
		Color GRY - GRAY		Body Style 4D - 4DR		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage		
		Extent Of Damage MINOR DAMAGE		11 - LEFT FRONT CORNER		
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing LEGALLY PARKED				



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UNIT	VEHICLE	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE
		Driver Actions NO CONTRIBUTING ACTION	
		Owner Name CALEB BYLER	Owner Address 4670 S COFFING BROTHERS RD KINGMAN, IN 47952 8329, US
UNIT	02 02 01 02 03 04	Sequence Of Events	
		Event PARKED MOTOR VEHICLE	
		Event	
		Event	
		Event	
UNIT	04	Policy Holder	
		Insurance Company MENNOITE MOTORIST AID OF INDIANA	INDIVIDUAL CALEB BYLER