

6TL0FRKD6P
25-00491

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 25-00491 | | Investigating Officer/Deputy DEPUTY A. KULAS | |
| Crash Date 01/16/2025 | | Crash Time 06:25 PM | | Date Arrived 01/16/2025 | | Time Arrived 06:40 PM | |
| Date Notified 01/16/2025 | | Time Notified 06:26 PM | | Total Units 01 | | 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 checked="" 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> | | | |
| | | Photos By M TATE | |
| | | Additional Information NONE, PHOTOS | |

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

UNIT 1 WAS NORTH BOUND ON STH 23. THE OPERATOR OF UNIT 2 STATED SHE RECEIVED AN ERROR MESSAGE AND HER AUTOMATIC LIGHTS TURN OFF. UNIT 1 ENTERED THE EAST DITCH AND STRUCK A GUARD RAIL END. UNIT 1 THEN CROSSED THE CENTER LINE AND CAME TO A STOP.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON STH23 EB 0.49 MI N OF CTHS NB IN THE TOWN OF REEDSBURG IN SAUK COUNTY | Latitude 43.507791001 | Longitude -90.018607247 |
| | X Coordinate 255988.0625 | Y Coordinate 4821634 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event GUARDRAIL END | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| 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 NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With GUARDRAIL END | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | 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 | Vehicle | | | |
| | License Plate Number AYZ2617 | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 3GNAXUEV3KS583713 | Make CHEV | Year 2019 | Model EQUINOX |
| | Color GRY - GRAY | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| Extent Of Damage DISABLING DAMAGE | | | | |



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|---|---|--|--|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By STEVES AUTO SERVICE | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | HEAD LAMPS | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name CHEYENNE TEMPLIN (608) 415-8664 | | Owner Address 1038 3RD ST REEDSBURG, WI 53959 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event GUARDRAIL END | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | INDIVIDUAL CHEYENNE TEMPLIN | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER CHEYENNE TEMPLIN (608) 415-8664 | | Citations Issued 0 | Sex FEMALE |
| | Address 1038 3RD ST REEDSBURG, WI 53959 , US | | Date of Birth | Race WHITE |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Safety Equipment | | NONE USED - VEHICLE OCCUPANT | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag DEPLOYED-FRONT |
| 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 | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | Action | | | | | |
| | Action Other | | | | To/From School | |
| | 01 | 001 | 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 | | | |
| | Property Owner | | | | | |
| PROP OWNER | 01 | GOVERNMENT SAUK COUNTY HWY DEPT (608) 356-3855 | | | Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US | |
| | | Fixed Objects Struck | | | | |
| 01 | 01 | Striking Unit | Struck Object | Structure Number | Damage Tag Number | |
| | | 01 | GUARDRAIL END | | 238086 | |