

6TL0D5DZ34
25-00582

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 25-00582		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 01/20/2025		Crash Time 08:27 AM		Date Arrived 01/20/2025		Time Arrived 08:35 AM	
Date Notified 01/20/2025		Time Notified 08:27 AM		Total Units 02		Total Injured 02	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	
		Photos By DEPUTY HUNTER	
		Additional Information PHOTOS	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	

UNIT 2 WAS E/B ON HY 33. OPERATOR OF UNIT 2 OBSERVED THAT THE VEHICLE 2 VEHICLES IN FRONT OF IT WAS STOPPED TO MAKE A LEFT TURN ACROSS TRAFFIC ONTO AULT RD. UPON OBSERVING THIS, AND THE VEHICLE IN FRONT OF UNIT 2 SUDDENLY BRAKING, OPERATOR OF UNIT 2 APPLIED THE BRAKES HARD TO STOP AND AVOID A COLLISION WHILE WAITING FOR THE VEHICLE TO MAKE ITS TURN. UNIT 1 WAS BEHIND UNIT 2, ALSO E/B. OPERATOR OF UNIT 1 ADVISED SHE WAS TRAVELING NEAR THE POSTED SPEED LIMIT OF 55MPH, AND WAS APPROXIMATELY 1.5 TO 2 CAR LENGTHS BEHIND UNIT 2. SHE SAW THE BRAKE LIGHTS IN FRONT OF HER AND APPLIED HER OWN BRAKES, BUT DID NOT BRAKE QUICKLY ENOUGH TO AVOID A COLLISION. THE FRONT OF UNIT 1 STRUCK THE REAR OF UNIT 2, CAUSING DAMAGE TO BOTH VEHICLES. ALL INVOLVED REFUSED EMS. OPERATORS OF BOTH VEHICLES EVENTUALLY SELF-TRANSPORTED TO RAMC.

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Location

ON STH23 EB 38 FT W OF AULTS RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.533061951	Longitude -89.935600778
	X Coordinate 262797.40625	Y Coordinate 4824200.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	BACKUP DUE TO REGULAR CONGESTION	
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	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	Vehicle				
	01	License Plate Number AKG9875	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2G1WT58K579235247	Make CHEV	Year 2007	Model IMPALA
	VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	12 - FRONT		



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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		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01	01	Owner Name BRADLEY HANSEN (608) 495-7779		Owner Address 142 4TH ST REEDSBURG, WI 53959 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		INDIVIDUAL BRADLEY HANSEN	
UNIT INDIVIDUAL	Individual			
	DRIVER RILEY HANSEN (608) 495-7779		Citations Issued 1	Sex FEMALE
	Address 142 4TH ST REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
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	
	Injury		Injury Severity POSSIBLE 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 UNKNOWN		
Distracted By Action UNKNOWN				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		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					
	Violations					
01	UTC Number BG110336	Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY		

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					Operating As Endorsements		
		Total Occs 3		Train/Bus # Recorded		Total # Citations Issued 1		Total Trailers 0	Total HazMat Types 0
		Insurance? NO		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			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							

Vehicle

02	02	License Plate Number AGP6969		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 5XYKTD A28DG338687		Make KIA	Year 2013	Model SORENTO	
		Color MAR - MAROON (BURGUNDY)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 06 - REAR					



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	06 - REAR	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name EMILY GILLIS (608) 548-6199	Owner Address 1209 ZAJAK RD #17 BARABOO, WI 53913 , US	
	Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Individual		
	DRIVER EMILY GILLIS (608) 548-6199	Citations Issued 1	Sex FEMALE
		Date of Birth	Race WHITE
	Address 1209 ZAJAK RD #17 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT VEHICLE	Safety Equipment		
	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
UNIT VEHICLE	Eye Protection	Tint Compliance	
	Injury	Injury Severity POSSIBLE 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 #
UNIT VEHICLE	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source UNKNOWN	

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UNIT	Distracted By Action UNKNOWN		
	Non Motorist	Striking Unit #	Location
	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		
UNIT	Individual		
	PASSENGER CHASE GILLIS (608) 415-2335	Citations Issued 0	Sex MALE
	Date of Birth	Race WHITE	
	Address 1209 ZAJAK DR #17 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	Helmet Compliance
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag NON DEPLOYED	
	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			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
02	003	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 TOBIAS GILLIS			Citations Issued 0	Sex MALE	
		Date of Birth			Race WHITE		
Address 1209 ZAJAK RD #17 BARABOO, WI 53913 , US			Driver License Number				
02	004	Safety Equipment		On Duty Crash			
				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							
Non Motorist		Striking Unit #	Location				

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UNIT	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			
	Violations			
	02	UTC Number BG110335	Issue To? 002	Statute Number 344.62(1)