

6TL0FRKD6R  
25-00612

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>25-00612</b>	Investigating Officer/Deputy <b>DEPUTY A. KULAS</b>	
Crash Date <b>01/21/2025</b>		Crash Time <b>05:44 PM</b>	Date Arrived <b>01/21/2025</b>	Time Arrived <b>05:47 PM</b>	
Date Notified <b>01/21/2025</b>		Time Notified <b>05:44 PM</b>	Total Units <b>01</b>	Total Injured <b>01</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

<p>Diagram</p>	Reconstruction By
	Photos By <b>A KULAS</b>
	Additional Information <b>DRIVER BEHAVIOR AND CONDITION, PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO</b>

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

UNIT 1 WAS SB ON THE SAUK PRAIRIE AIRPORT RUNWAY. UNIT 1 CONTINUED SOUTH INTO A CORNFIELD. UNIT 1 WENT THROUGH A FENCE, STRUCK A DITCH AND WENT AIRBORNE OVER CTH PF. UNIT 1 LANDED DOWN A DITCH CONTINUED INTO ANOTHER FIELD BEFORE COMING TO A REST. THE OPERATOR OF UNIT 1 ADVISED SHE WAS IN NEW YORK AND HER HUSBAND WAS RYAN REYNOLDS.

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Location

ON PRAIRIE ST/ CTHPF SB 878 FT E OF USH12 EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.29301129</b>	Longitude <b>-89.755661892</b>
	X Coordinate <b>276455.53125</b>	Y Coordinate <b>4797042</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>FENCE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	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>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>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>DITCH</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>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>221PMA</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GKKRRKDXGJ110405</b>	Make <b>GMC</b>	Year <b>2016</b>	Model <b>ACADIA</b>
		Color <b>BGE - BEIGE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>				

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	Owner Name <b>MARK ROBERS (920) 470-3551</b>		Owner Address <b>3673 GRAHAM PAIGE RD COTTAGE GROVE, WI 53527 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>FENCE</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>DITCH</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		INDIVIDUAL <b>BARBARA ROBERS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>BARBARA ROBERS (920) 470-3551</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>3673 GRAHAM PAIGE RD COTTAGE GROVE, WI 53527 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>DEPLOYED-COMBINATION</b>	
	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>EMS AIR</b>		
EMS Agency Identifier <b>6001285</b>		EMS Run #		
Hospital <b>UW HEALTH-AMERICAN CENTER</b>		Date of Death		
Time of Death		<b>Distracted By</b>		
Distracted By Source		Distracted By Action <b>UNKNOWN</b>		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>01</b>	<b>001</b>	<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>EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC), CONFUSED OR DISORIENTED (NON LUCID)</b>			