

6TL0F1BQ8W
25-00759

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 25-00759		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 01/26/2025		Crash Time 12:16 PM		Date Arrived 01/26/2025		Time Arrived 12:36 PM	
Date Notified 01/26/2025		Time Notified 12:16 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
		Photos By
		Additional Information NONE
<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 IN THE ROUNDABOUT WHEN UNIT 1 ENTERED THE ROUNDABOUT FROM MOON RD, COLLIDING WITH UNIT 2.		

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Location

INTERSECTION ON MOON RD AT FERN DELL RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.560664601	Longitude -89.783030727
	X Coordinate 275228.5625	Y Coordinate 4826842
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN 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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 15	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 YIELD SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE	Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 221WYY	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JHMGE88689S012856	Make HOND	Year 2009	Model FIT
		Color BLK - BLACK	Body Style HB - HATCHBACK		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE			
01	Owner Name GAIL STOLL (608) 434-2752		Owner Address 115 13TH ST BARABOO, WI 53913 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL GAIL STOLL	
UNIT INDIVIDUAL	Individual			
	DRIVER GAIL STOLL (608) 434-2752		Citations Issued 01	Sex FEMALE
	Address 115 13TH ST BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment SHOULDER & LAP BELT		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
001	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
	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					
	01	001	Violations			
UTC Number BK745361			Issue To? 001	Statute Number 346.18(8)(a)	Description FAIL TO YIELD RIGHT-OF-WAY IN ROUNDABOUT	

Unit Summary

UNIT	02	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? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 15		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 CONCRETE				Road Curvature CURVE LEFT				Road Grade LEVEL			
		Truck Bus or HazMat NO											

02	02	Vehicle							
		License Plate Number AHR6596		Plate Type AUT		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1C3CCCBG8FN653188		Make CHRY		Year 2015		Model 200 S	
		Color WHI - WHITE		Body Style 4D - 4DR				Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER							



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	01 - RIGHT FRONT CORNER	
	Towed Due To Damage NOT TOWED	Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name WILLIAM NEUMANN (608) 350-6908	Owner Address 800 XANADU RD # 5 WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO	INDIVIDUAL WILLIAM NEUMANN	
	Individual		
	DRIVER WILLIAM NEUMANN (608) 350-6908	Citations Issued 0	Sex MALE
UNIT INDIVIDUAL	Date of Birth	Race WHITE	
	Address 800 XANADU RD # 5 WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
UNIT INDIVIDUAL	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
UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		Date of Death
UNIT INDIVIDUAL	EMS Run #		Time of Death
	Date of Death		Time of Death

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Form with sections: Distracted By, Non Motorist, Drug & Alcohol, Individual (02 002), Individual (02 003), Injury, and another Distracted By section. Includes fields for suspecting alcohol/drug use, test results, individual details (Kristine Neumann), and injury severity.

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UNIT 02	INDIVIDUAL 003	Distracted By Action				
		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				