

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL0BFKDKW

Document Number Override		Primary Crash Document #	Agency Crash Number 25-01025	Investigating Officer/Deputy DEPUTY B. FISH	
Crash Date 02/03/2025		Crash Time 06:41 PM	Date Arrived 02/03/2025	Time Arrived 06:47 PM	
Date Notified 02/03/2025		Time Notified 06:41 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
		Deputy Fish Not to Scale 2/4/25 Sauk County SO
		Photos By DEPUTY FISH
		Additional Information PHOTOS

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

UNIT 1 AND UNIT 2 WERE TRAVELING EAST BOUND ON HWY 136 ABOUT TO ENTER THE INTERSECTION OF HWY 136 AND HWY BD. UNIT 2 BEGAN TO TRAVEL AS THE LIGHT HAD TURNED GREEN. UNIT 1 WAS APPROACHING UNIT 2 FROM THE REAR. UNIT 1 STRUCK UNIT 2 AS THEY WERE ACCELERATING FROM A STOPPED POSITION AS THE LIGHT WAS PREVIOUSLY RED AND NOW TURNED GREEN. UNIT 1 REAR ENDED UNIT 2. THE OPERATOR OF UNIT 1 STATED THEY SAW THE LIGHT AND COULD NOT BREAK FAST ENOUGH TO PREVENT STRIKING UNIT 2. BOTH OPERATORS WERE VALID, HAD INSURANCE, AND WERE NOT INJURED. A PASSENGER OF UNIT 2 STATED THEY WERE NOT INJURED. THE OPERATOR ON UNIT 1 WAS ISSUED A CITATION FOR FOLLOWING TO CLOSE, A PARENT WAS NOTIFIED. BOTH VEHICLES LEFT THE SCENE UNDER THEIR OWN POWER.

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SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Location

ON STH33 EB 390 FT W OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474658172	Longitude -89.770378631
	X Coordinate 275932.15625	Y Coordinate 4817255.5
	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 DARK/LIGHTED	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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	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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 5	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number 747YKE	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5FN9YF6H98GB104450	Make HOND	Year 2016	Model PILOT
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name JACQUES HEINER		Owner Address S5765 SEELEY LN NORTH FREEDOM, WI 53951 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company USAA-GENERAL-INDEMNITY-CO		INDIVIDUAL JACQUES HEINER	
UNIT INDIVIDUAL	Individual			
	DRIVER JOSEPHINE HEINER		Citations Issued 1	Sex FEMALE
			Date of Birth	Race WHITE
	Address S5765 SEELEY LN NORTH FREEDOM, WI 53951 , US		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	RESTRAINT USE UNKNOWN	
	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 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 BD759322			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 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 25		Total Lanes 5			
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER				Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			
		Surface Type CONCRETE				Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO											

02	02	Vehicle							
		License Plate Number ATD2044		Plate Type AUT		St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number KL79MUSL1SB058486		Make CHEV		Year 2025	Model TRAILBLAZE		
		Color RED - RED		Body Style UT - SPORT UTILITY VEHICLE			Bus Use		
		Initial Contact Point 06 - REAR							



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	06 - REAR
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE
UNIT VEHICLE	Driver Prior Action Other	
	Driver Actions NO CONTRIBUTING ACTION	
02 02	Owner Name PATRICIA DEUBIG	Owner Address 500 8TH AVE BARABOO, WI 53913 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company WISCONSIN-MUTUAL-INS-CO	INDIVIDUAL PATRICIA DEUBIG
UNIT INDIVIDUAL	Individual	
	DRIVER PATRICIA DEUBIG	Citations Issued 0
		Sex FEMALE
		Date of Birth WHITE
	Address 500 8TH AVE BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 002	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	RESTRAINT USE UNKNOWN	
	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
	Hospital	EMS Run #
	Date of Death	Time of Death

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UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	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 DIANE HOUSLEY		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 809 5TH ST BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	RESTRAINT USE UNKNOWN	
	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			

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UNIT	Distracted By Action			
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	INDIVIDUAL	Action		
		Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
			NO	NO
			Alcohol Test Given	Alcohol Test Type
		TEST NOT GIVEN		
	Drug Test Given	Drug Test Type	Drug Test Results	
	TEST NOT GIVEN			
02	003	Drug Type		
		Individual Condition		
		APPEARED NORMAL		