# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash	Primary Crash Document # Age 25-				Investigating Officer/Deputy DEPUTY J. MACASKILL		
Crash Date         Crash Time           02/06/2025         01:00 PM           Date Notified         Time Notified           02/06/2025         01:01 PM		Date Arriv 02/06/20			Arrived 3 PM			
			Total Units 02			Injured	Total Kille	d
On Emergency	Hit and Run	Lane Closu		Work Zone	00 •	Frailer or		Reporting
Government				is Related	Tags			Threshold
Property	Crash Type	chool Zone	NO					0
Reportable		NDARD CRASH	)			Amended		Secondary Crash
Description							econstruction	2
¢	H 136		W. Pine St	L	inn St	Pt	iotos By Iditional Infor ONE	
Unit 1	Unit 1	Unit 2		nit 1	Unit			
I, a sworn law enfort ON 2/6/25 AT APPROXIMAT AS THE LIGHT TURNED GR HONKED THEIR HORN, UNI WHILE IN THE INTERSECTI	ELY 1300, UNIT 2 WAS / EEN, UNIT 2 DID NOT IN T 2 APPLIED THEIR BR/	AT THE STOP LIGHT IMEDIATELY START AKES. UNIT 2 WAS II	AT STH 13 DRIVING. N THE MIDI	AND W PINE S ONIT 1 HONKED DLE OF THE INT	ST. UNIT 1 WAS THEIR HORN A ERSECTION AT	t. DIRECTLY AS UNIT 2 E THIS TIME	EGAN TO M . UNIT 1 THE	OVE FORWARD. AS UNIT

This report does not include any CJIS data. 1 of 6 
 Crash Date
 02/06/2025

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 01:00 PM

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l	Loc	ation									
Ī		ERSECTION				Latitude			Longitu	Ide	
		STH33 EB		43.474752493			-89.768751939				
		STH136 EB HE VILLAGE OF WES				X Coordinate			Y Coordinate		
		AUK COUNTY	JI BARABOO			276064.09375 4817261.5					
						Structure	Туре				
(	Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event L	ocation			
		TOR VEH IN TRANSPO	ORT			ON ROA	DWAY				
Ĩ		ner of Collision				Light Con					
ļ	-	SIDESWIPE/SAME DI	RECTION			DAYLIG					
		d Surface Condition(s)			Roadway	Factor(s)					
	DR۱	(									
t	Envi	ronment Factor(s)									
	NON	NE				NONE					
ļ	Waa	ther Condition(s)				4					
	CLE	AR									
Ì	Anim	nal Type					o Trafficwa				-
ļ						CWAY - O					
		h Classification - Location					Jurisdiction				
ļ	PUBLIC PROPERTY									Special Study	
	mbe				Access Control NO CONTROL				Special Study		
Î	With	in Interchange Area	Junction Location		Intersection Type						
	-				FOUD M	DUR-WAY INTERSECTION					
1					FOUR-W		SECTIO	N			
ļ	Uni	t Summary			FOUR-W		KSECTIO	N			
	Unit	Status		Vehicle Ope	erating As C			Unit Type			
	Unit IN T	Status RANSIT		Vehicle Ope	erating As C			Unit Type TRUCK			
-	Unit IN T Vehi	Status RANSIT cle Type	E		erating As C			Unit Type	s Endorse	ements	
-	Unit IN T Vehi (SP	Status RANSIT cle Type ORT) UTILITY VEHICL		D CLASS	erating As C	lassification		Unit Type TRUCK Operating A			
-	Unit IN T Vehi (SP	Status RANSIT cle Type	.E Train/Bus # Recorded		erating As C	lassification		Unit Type TRUCK Operating A		ements zMat Types	
-	Unit IN T Vehi (SP) Tota 1	Status RANSIT cle Type ORT) UTILITY VEHICL		D CLASS Total # Cita 0	erating As C	lassification	Total Trai	Unit Type TRUCK Operating A	Total Ha	zMat Types	
5	Unit IN T Vehi (SP) Tota 1	Status <b>RANSIT</b> cle Type ORT) UTILITY VEHICL I Occs rance?	Train/Bus # Recorded	D CLASS Total # Cita 0	erating As C	lassification	Total Trai	Unit Type TRUCK Operating A lers mit	Total Ha 0 Total Lar 1	zMat Types	
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	Unit IN T Vehi (SPU Tota 1 Insuu YES Most MO Traff DIVI Surfa BLA NO	Status RANSIT cle Type ORT) UTILITY VEHICL I Occs rance? S t Harmful Event: Collision N TOR VEH IN TRANSPO ic Way DED HWY MEDIAN W ace Type CKTOP (BITUMINOU k Bus or HazMat Vehicle License Plate Number D7737XE Vehicle Identification Nur 5GTDN136468324573 Color BLU - BLUE Initial Contact Point 10 - LEFT SIDE FROM	Train/Bus # Recorded Direction Of Travel EASTBOUND With ORT //BARRIER S) mber 8	D CLASS Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont TRAFFIC Road Curva STRAIGH Plate Type TMP Make HUMM Body Style UT - SPC Vehicle Da	tions Issued CrashTire Mark Iction IAL FUNC rol SIGNAL ature T DRT UTILI mage	CTION	Total Trai 0 Speed Lin 25 St WI Year 2006	Unit Type TRUCK Operating A ilers mit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED S1 Model H3	Total Ha 0 Total Lar 1 Motor Vet LICABLE rol Inopera	zMat Types nes nicle Use ative/Missing	2

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 2 of 6

Crash Date 02/06/2025 Crash Time 01:00 PM

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		OVERTAKE RIGHT							
		Driver Prior Action Other		NOT APPLICABLE					
UNIT	VEHICLE	Driver Actions IMPROPER OVERTAKING / AGGRESSIVE/RECKLESS M		d to keep in desig	NATED LANE, O	PPERATED MOTOR VEHICLE IN			
0	01	Owner Name JUSTIN JACOBS (608) 340-2382		Owner Address 71 FOREST DR # LAKE DELTON, W					
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPOR	RT						
	02	Event							
	03	Event							
	04	Event							
		Policy Holder							
INU	Ĩ	Insurance Company		INDIVIDUAL					
2		STATE-FARM-CLASSIC-INS	S-CO	JUSTIN JACOBS					
		ndividual							
	Ļ	DRIVER JUSTIN JACOBS (608) 340-2382		Citations Issued Sex 0 MALE					
⊢	DUA	(000) 040-2002		Date of Birth	Race WHITE				
UNIT	INDIVIDUAI	Address 71 FOREST DR # 1110 LAKE DELTON, WI 53965 ,	US	Driver License Number					
	Saf	On Duty Co	rash	Safety Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
2	<u></u>	Injury Seve	erity ARENT INJURY	Airbag NON DEPLOYED					
		Ejected Ej	ection Path			Trapped/Extricated			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			
		Distracted By Distracted	By Source PLICABLE (NOT DISTRA	CTED)		1			
		Distracted By Action							
		NOT DISTRACTED							

Wisconsin Motor Vehicle Crash Form DT4000 This report does not include any CJIS data. 3 of 6 
 Crash Date
 02/06/2025

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 01:00 PM

# WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

		Non Motorist	iking Unit #	Location				
		Prior Action						
		Action						
	AL							
UNIT	/IDU							
	INDIVIDUAL							
	-							
		Action Other						To/From School
	L	Drug & Alcohol No	spected Alcohol L D	Jse	Suspected Drug Use			I
		Alcohol Test Given		Alcohol Test Type			Alcohol Test F	Results
		TEST NOT GIVEN Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	s	
2	Ξ	Drug Type						
°	001							
		Individual Condition						
		NOT OBSERVED						
,		t Summary		V	ehicle Operating As Classi	fication	Unit Type	
		RANSIT				lication		ILE
N		cle Type					Operating As	Endorsements
02	-	SENGER CAR	Train/Bus # Re		otal # Citations Issued	Total Trai	lers	Total HazMat Types
	1			0		0	0	0
⊨	Insul YES	rance?	Direction Of Tr EASTBOUN		Pre CrashTire Mark	Speed Lir 25		Total Lanes 1
UNIT		t Harmful Event: Collision V TOR VEH IN TRANSPO			pecial Function	N	Emergency M NOT APPLI	lotor Vehicle Use
		ic Way I <b>DED HWY MEDIAN W</b>			raffic Control RAFFIC SIGNAL		Traffic Contro	I Inoperative/Missing
		ace Type	DARRIER		oad Curvature		Road Grade	
	BLA	ACKTOP (BITUMINOUS	S)	S	TRAIGHT			
	Truc NO	k Bus or HazMat						
	,	Vehicle						
		License Plate Number			Plate Type	St	Country of Issu	
		473RJW Vehicle Identification Nun	her		AUT Make	WI Year	UNITED STA Model	ATES
6	02	JTDKN3DU1A003799			гоүт	2010	PRIUS	
		Color GRN - GREEN			Body Style IH - HATCHBACK 4 D	OOR	Bus Use	
1.	щ	Initial Contact Point		1	/ehicle Damage		1	7 8 9 10 11
UNIT	VEHICLE	02 - RIGHT SIDE FRO	DNT		02 - RIGHT SIDE FRO 04 - RIGHT SIDE REA		SIDE MIDDLE	
	>	MINOR DAMAGE			/ehicle Removed By			
		NOT TOWED			OPERATOR			

Wisconsin Motor Vehicle Crash Form DT4000

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		What Driver Was Doin	g		1	/ehicle	e Factors			
		GOING STRAIGHT								
		Driver Prior Action Oth	ner		1	NOT /	APPLICABLE			
		Driver Actions			ľ					
	щ	NO CONTRIBUTIN	G ACTIO	N						
E	VEHICLE									
UNIT	Ĭ									
2	μ									
	>									
		Owner Name					wner Address			
			IDSON				4 11TH AVE			
02	02	(715) 419-0345	DOON				ARABOO, WI 539	13.US		
0	2	()				-		,		
		Sequence Of Ev	/ents							
	-	Event		-						
	5	MOTOR VEH IN TR	KANSPOR	1						
	~	Event								
	02									
		Event								
	03									
		Event								
	64	Event								
F		Policy Holder								
UNIT		Insurance Company				IND	IVIDUAL			
2		COUNTRY FINANC	CIAL INSU	RANCE		TR/	ACY DAVIDSON			
	i i	ndividual				-				
		DRIVER				Cite	tions loousd	Cov		
			IDSON				tions Issued	Sex		
	F	(715) 419-0345	Doon			0		FEMALE		
	NDIVIDUAL	(,				Date	e of Birth	Race		
UNIT	ē									
S	<u> </u>	Address				Driv	er License Number			
-	z	114 11TH AVE BARABOO, WI 539	13 115							
	-	BARABOO, 111 353	,00							
	Saf	ioty Equipmont	On Duty Cr	ash		Safe	ety Equipment			
	Sai	ety Equipment								
		Row		Seat Po	osition	SHO	OULDER & LAP B	ELT		
		01 - FRONT ROW		07 - LE	EFT					
		Helmet Use				Helr	net Compliance			
		Eye Protection				Tint	Compliance			
						1	-			
~	2		Injury Seve	rity		Airb	ag			
02	8	Injury	NO APPA	RENT I	NJURY		NDEPLOYED			
		Ejected		ection Pa					Trapped/Extricated	
		NOT EJECTED			CTED/NOT APPL	ICAR	BLE		NOT TRAPPED	
		Medical Transport					Agency Identifier		EMS Run #	
		NOT TRANSPORT	FD			2.000	s rigonoy idonalion			
		Hospital	20			Date	e of Death		Time of Death	
		Hospital				Date	e of Deau		Time of Death	
			Distracted	Du Couro	-					
		Distracted By	Distracted I			OTER				
			NOT APP		LE (NOT DISTRA		<i>'</i>			
		Distracted By Action								
		NOT DISTRACTED								
		Non Motorist	Striking Uni	t #	Location					
		Non motorist								
Nicos	nein 1	Notor Vehicle Crash			This report	each t	not include any CJIS	data	Crash Date	02/06/2025
VISCO	usin N	Notor venicie Grash			rnis iepoli	. 0003	not moluue any ould	Gold.	oradir Date	

Form DT4000

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

		Prior Action					
		Action					
		Action					
	Ļ						
E	Ď						
UNIT	INDIVIDUAL						
<b> </b>	DN						
	=						
		Action Other					To/From School
		Suspected Alcohol	Use	Suspected Drug Use			
		Drug & Alcohol NO		NO			
1		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
			Drug Test Type				
		Drug Test Given TEST NOT GIVEN	Drug rest type		Drug Test Results	i	
02	002	Drug Type					
<b>°</b>	õ						
		Individual Condition					
		APPEARED NORMAL					

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