

6TL0BJ1GQ7
25-01116

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 25-01116 | | Investigating Officer/Deputy DEPUTY J. MACASKILL | |
| Crash Date 02/06/2025 | | Crash Time 01:00 PM | | Date Arrived 02/06/2025 | | Time Arrived 01:13 PM | |
| Date Notified 02/06/2025 | | Time Notified 01:01 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 |
| <p>STH 136</p> <p>W. Pine St</p> <p>Linn St</p> <p>Unit 1</p> <p>Unit 1</p> <p>Unit 2</p> <p>Unit 1</p> <p>Unit 1</p> <p>Unit 1</p> | | Additional Information NONE |
| <p>Not Drawn to Scale</p> | | |

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

ON 2/6/25 AT APPROXIMATELY 1300, UNIT 2 WAS AT THE STOP LIGHT AT STH 136 AND W PINE ST. UNIT 1 WAS DIRECTLY BEHIND UNIT 2 AT THE STOP LIGHT. AS THE LIGHT TURNED GREEN, UNIT 2 DID NOT IMMEDIATELY START DRIVING. UNIT 1 HONKED THEIR HORN AS UNIT 2 BEGAN TO MOVE FORWARD. AS UNIT 1 HONKED THEIR HORN, UNIT 2 APPLIED THEIR BRAKES. UNIT 2 WAS IN THE MIDDLE OF THE INTERSECTION AT THIS TIME. UNIT 1 THEN WENT AROUND UNIT 2 WHILE IN THE INTERSECTION AND PASSED UNIT 2. AS UNIT 1 WAS PASSING UNIT 2, UNIT 1 STRUCK THE PASSENGER SIDE MIRROR OF UNIT 2 CAUSING DAMAGE TO THE MIRROR AND POSSIBLY THE SIDE PANEL OF UNIT 2. UNIT 1 CONTINUED ON AND CLAIMED TO NOT HAVE KNOWN HE MADE CONTACT WITH UNIT 2. THERE WAS NO VISIBLE DAMAGE TO UNIT 1 WHEN SPOKEN TO.

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Location

| | | |
|---|-------------------------------------|-----------------------------------|
| INTERSECTION ON STH33 EB AT STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY | Latitude 43.474752493 | Longitude -89.768751939 |
| | X Coordinate 276064.09375 | Y Coordinate 4817261.5 |
| | Structure Type | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 07 - SIDESWIPE/SAME DIRECTION | 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 NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location INTERSECTION | Intersection Type FOUR-WAY INTERSECTION |

Unit Summary

| | | | | | | |
|----------------|---|---|--|--|--------------------------------|--|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type TRUCK | | | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | Operating As Endorsements | | | | |
| | Total Occs 1 | 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 1 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way DIVIDED HWY MEDIAN W/BARRIER | | Traffic Control TRAFFIC SIGNAL | Traffic Control Inoperative/Missing NO | | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | Road Grade LEVEL | | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|----------------|-------------------|---|---|---------------------|---|
| UNIT 01 | VEHICLE 01 | Vehicle | | | |
| | | License Plate Number D7737XE | Plate Type TMP | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 5GTDN136468324578 | Make HUMM | Year 2006 | Model H3 |
| | | Color BLU - BLUE | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | Initial Contact Point 10 - LEFT SIDE FRONT | Vehicle Damage | | |
| | | Extent Of Damage NO DAMAGE | 00 - NO DAMAGE | | |



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| | | | | | | |
|---|------------|---|--|--|--|--|
| UNIT | VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |
| | | What Driver Was Doing OVERTAKE RIGHT | | Vehicle Factors | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | |
| | | Driver Actions IMPROPER OVERTAKING / PASSING RIGHT, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER | | | | |
| 01 | 01 | Owner Name JUSTIN JACOBS (608) 340-2382 | | Owner Address 71 FOREST DR # 1110 LAKE DELTON, WI 53965 , US | | |
| | | Sequence Of Events | | | | |
| UNIT | INDIVIDUAL | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | | 02 | Event | | | |
| | | 03 | Event | | | |
| | | 04 | Event | | | |
| 01 | 001 | Policy Holder | | | | |
| | | Insurance Company STATE-FARM-CLASSIC-INS-CO | | INDIVIDUAL JUSTIN JACOBS | | |
| 01 | 001 | Individual | | Citations Issued 0 | Sex MALE | |
| | | DRIVER JUSTIN JACOBS (608) 340-2382 | | Date of Birth | Race WHITE | |
| 01 | 001 | Address 71 FOREST DR # 1110 LAKE DELTON, WI 53965 , US | | Driver License Number | | |
| | | Safety Equipment | | Safety Equipment SHOULDER & LAP BELT | | |
| 01 | 001 | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Helmet Use | | |
| | | Helmet Compliance | | Tint Compliance | | |
| 01 | 001 | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| | | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| 01 | 001 | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | |
| | | Hospital | | Date of Death | Time of Death | |
| 01 | 001 | Distracted By | | | | |
| | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | |
| Distracted By Action NOT DISTRACTED | | | | | | |

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|---|---|--|-----------------------------|--------------------------|--|
| UNIT INDIVIDUAL 01 001 | 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 NOT OBSERVED | | | | |

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 1 | 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 1 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY MEDIAN W/BARRIER | | Traffic Control TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | | |
|-----------------------------|---|---------------------------------------|--|---------------------|---|--|
| UNIT VEHICLE 02 02 | Vehicle | | | | | |
| | License Plate Number 473RJW | | Plate Type AUT | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number JTDKN3DU1A0037990 | | Make TOYT | Year 2010 | Model PRIUS | |
| | Color GRN - GREEN | | Body Style 4H - HATCHBACK 4 DOOR | | Bus Use | |
| | Initial Contact Point 02 - RIGHT SIDE FRONT | | Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR | | | |
| | Extent Of Damage MINOR DAMAGE | | Towed Due To Damage NOT TOWED | | | |
| | | Vehicle Removed By OPERATOR | | | | |

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|--|---|--|---|----------------------|
| UNIT VEHICLE | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Owner Name TRACY DAVIDSON (715) 419-0345 | | Owner Address 114 11TH AVE BARABOO, WI 53913 , US | |
| UNIT 02 | Sequence Of Events | | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event | | |
| | 03 | Event | | |
| 04 | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company COUNTRY FINANCIAL INSURANCE | | INDIVIDUAL TRACY DAVIDSON | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER TRACY DAVIDSON (715) 419-0345 | | Citations Issued 0 | Sex FEMALE |
| | Address 114 11TH AVE BARABOO, WI 53913 , US | | Date of Birth | Race |
| | On Duty Crash | | Driver License Number | |
| UNIT 002 | Safety Equipment | | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | 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 | | | | |
| Non Motorist | | Striking Unit # | Location | |

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any C.JIS data.
5 of 6

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

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| | | | | | | | |
|------|------------|---|-----|------------------------------------|---------------------------------|----------------------|--|
| UNIT | INDIVIDUAL | 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 | | | |
| | | 02 | 002 | | | | |