### WISCONSIN MOTOR VEHICLE **CRASH REPORT**

	Document Number Override	Primary Crash Document # Crash Time 07:54 PM		· ·g - · · · · · · · · · · · · · · · · ·			estigating Officer/Deputy EPUTY T. MOSLEY				
03	Crash Date 02/22/2025			Date Arrived 02/22/2025		Time Arrived					
BO	Date Notified 02/22/2025	Time Notified 08:00 PM		Total U <b>02</b>	nits	Total Injured	Total Injured Total Killed 00 00				
1C3B003		t and Run	Lane Close	l	Work Zone		or Towed	Reporting Threshold			
6TL	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags					
•	✓ Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH) [				Amended Secondary Crash				
	Description Diagram						_				
Image: constraint of the structure of the											
	APPEARED TO BE USING A CELL PHONE. UNIT 1 REPORTED THAT UNIT 2 THEN QUICKLY SPED OFF TAKING EVASIVE MEASURES TO AVOID UNIT 1. LICENSE PLATE OF UNIT 2 WAS OBTAINED BY UNIT 1.										

### WISCONSIN MOTOR VEHICLE **CRASH REPORT**

#### SAUK COUNTY SHERIFFS DEPARTMEN **1300 LANGE COURT** BARABOO WI 53913

5-01670		C	RASH RE	EPOR	Γ				BARABOO, WI 53913 (608) 356-4895	
Location										
ON USH12 EB 0.34 MI N					Latitude 43.42864	15663		Longitud -89.773	de 3203033	
OF LEHMAN RD IN THE TOWN O IN SAUK COUNT	F BARAB	00			X Coordin 275533.4			Y Coord 481215		
					Structure NO STR	Type <b>UCTURE</b>		1		
Crash Scene										
First Harmful Event					First Harm	nful Event Lo	ocation			
MOTOR VEH IN	TRANSPO	DRT			ON ROA	DWAY	Joalon			
Manner of Collision		DECTION			Light Con					
07 - SIDESWIPE		RECTION			DARK/U					
Road Surface Cond	ition(s)				Roadway	Factor(s)				
Environment Factor	(s)				_					
NONE	(0)				NONE					
Weather Condition(	s)									
CLEAR										
Animal Type	Animal Type Crash Classification - Location				Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b> Crash Classification - Jurisdiction					
Crash Classification										
PUBLIC PROPE	RTY				NO SPECIAL JURISDICTION					
Tribal Land				Access Control Special Study NO CONTROL on Type			Special Study			
Within Interchange	Area	Junction Location								
NO		NON-JUNCTION		N INTERSECTION						
Unit Summa	ry 💻									
Unit Status				Vehicle Operating As Classification						
			D CLASS	D CLASS			AUTOMOBILE Operating As Endorsements			
	Vehicle Type (SPORT) UTILITY VEHICLE						Operating /	As Endorsei	ments	
Total Occs		Train/Bus # Recorded		tions Issued	1	Total Trail	ers		Mat Types	
2		Direction Of Travel	0			0	-:4	0 Tatal I an		
Insurance? YES		Direction Of Travel SOUTHBOUND	Pre	CrashTire Mark	)	Speed Lin 65	lit	Total Lan <b>4</b>	es	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Fur NO SPEC	nction	TION			rcy Motor Vehicle Use		
Traffic Way			Traffic Cont	trol			Traffic Con	trol Inopera	tive/Missing	
DIVIDED HWY M	DIVIDED HWY MEDIAN W/BARRIER			NO CONTROL		NO			eporativo/moonly	
Surface Type			Road Curva	ature			Road Grad	е		
BLACKTOP (BIT		S)	CURVE R	IGHT			UPHILL			
Truck Bus or HazMa	at									
Vehicle										
License Plate	Number		Plate Type	;		St	Country of Is	ssuance		

AUR1653

**BLU - BLUE** 

Initial Contact Point

Extent Of Damage

MINOR DAMAGE

Color

Vehicle Identification Number

1C4BJWDG5FL521867

**10 - LEFT SIDE FRONT** 

2 3

ш

VEHICL UNIT

**10 - LEFT SIDE FRONT** 

**UT - SPORT UTILITY VEHICLE** 

WI

Year

2015

UNITED STATES

WRANGLER U

Model

Bus Use

AUT

Make

JEEP

Body Style

Vehicle Damage

6

7 8 9 10 11

54321

12

# 6TL1C3B003

25-01670

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Ve	hicle Removed By				
		NOT TOWED		0	VNER				
		What Driver Was Doing		Ve	hicle Factors				
		NEGOTIATING CURVE							
		Driver Prior Action Other			OT APPLICABLE				
		Driver Actions							
	щ	NO CONTRIBUTING ACTIO	<b>DN</b>						
F	CL								
UNIT	VEHICLE								
_	Ν								
		Owner Name			Owner Address				
01	01	AMANDA KAYDUS (608) 426-0424			105 S GALENA ST SOUTH WAYNE, W				
0	0	(000) 420-0424			SCOTH WAINE, W	133307 , 03			
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPO	RT						
	~	Event							
	02								
	03	Event							
		Event							
	04								
⊢⊢	l	Policy Holder							
UNIT		Insurance Company		INDIVIDUAL					
		PROGRESSIVE-CASUALT	Y-INS-CO		AMANDA KAYDUS				
	I	Individual							
	1	DRIVER AMANDA KAYDUS (608) 426-0424			Citations Issued Sex				
	_				D	FEMALE			
	INDIVIDUAL				Date of Birth				
E	<u>Ī</u>				WHITE				
UNIT		Address 105 S GALENA ST		Driver License Number					
	IN	SOUTH WAYNE, WI 53587	, US	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty 0	Crash		Safety Equipment				
	Saf	fety Equipment							
	1	Row	Seat Position		SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use			Helmet Compliance				
		Eye Protection		Tint Compliance					
1	Σ	Injury Sev	verity		Airbag				
0	001	Injury NO APP	ARENT INJURY		NON DEPLOYED				
			Ejection Path				Trapped/Extricated		
			NOT EJECTED/NOT AF	PPLIC	CABLE		NOT TRAPPED		
		Medical Transport		T	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Distracted Bu use							
		Distracted By NOT AP	PLICABLE (NOT DIST	KAC	ED)				
		Distracted By Action NOT DISTRACTED							

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Striking Non Motorist	Unit #	Location						
		Prior Action								
		Action								
	Ļ									
⊢	INDIVIDUAL									
UNIT	IVIC									
	IND									
		Action Other						To/From School		
		Suspec	ted Alcohol L	Jse	Suspected Drug Use					
	L	Drug & Alcohol NO			NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	3		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type			Drug Test Results				
2	001	Drug Type								
P	00									
		Individual Condition								
		APPEARED NORMAL								
	ļ	Individual								
		PASSENGER PATRICK KAYDUS (608) 426-2225 Address 105 SOUTH GALENA ST			Citations Issued Sex					
	IAL				0 MALE Date of Birth Race					
Ę	IDU				WHITE					
UNIT	INDIVIDUAL				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	=	SOUTH WAYNE, WI 5358	7,05		STATE. WISCONSIN COUNTRY. UNITED STATES					
	Sat	On Duty	/ Crash		Safety Equipment					
	Sai	Row	Seat Po	sition	SHOULDER & LAP	BELT				
		01 - FRONT ROW	09 - R							
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
0	002	Injury S	everity		Airbag					
	ō	Injury NO AP	PARENT I	NJURY	NON DEPLOYED		Trapped/Extricated			
		NOT EJECTED		CTED/NOT APPI	ICABLE		NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #			
	Hospital				Date of Death		Time of Death	ïme of Death		
		Distract	ed By Source	e						
		Distracted By								
		Distracted By Action								
		Non Motorist	Unit #	Location						
	/isconsin Motor Vehicle Crash Date 02/22/2025									

# WISCONSIN MOTOR VEHICLE CRASH REPORT

1											
		Prior Action									
ĺ		Action									
	_										
Ι.	INDIVIDUAL										
UNIT	JŪ,										
>											
	Z										
Ì		Action Other							To/From School		
		Sust	pected Alcohol L	lse	Suspected Drug Use						
		Drug & Alcohol NO			NO						
1		Alcohol Test Given		Alcohol Test Typ	e		Alcohol T	est Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test R	esults				
		TEST NOT GIVEN		Diag root type		Didg restric	coulto				
2	002	Drug Type									
	0										
1		Individual Condition	Individual Condition								
		APPEARED NORMAL									
I											
<u> </u>		t Summary			Vehicle Operating As Class	ification	Unit Type				
	_	AND RUN			D CLASS		AUTOMOBILE				
02		icle Type			Operating	As Endors	ements				
0		SSENGER CAR al Occs	Train/Bus # Re		Total # Citations Issued	l Trailers	ailers Total HazMat Types				
	1				0			0			
		Insurance? Direction Of Travel			Pre CrashTire	Spee 65	ed Limit	Total La	anes		
UNIT		<b>KNOWN</b> t Harmful Event: Collision Wi			Special Function	Emergen	4 cy Motor Ve	hicle Use			
∣⋽		TOR VEH IN TRANSPOR					PLICABL				
		fic Way			Traffic Control		Traffic Control Inoperative/Missing				
		IDED HWY MEDIAN W/E		NO CONTROL Road Curvature		NO Road Grade					
		ACKTOP (BITUMINOUS)			CURVE RIGHT		UPHILL				
	Truck Bus or HazMat										
	NO										
		Vehicle License Plate Number		I	Plate Type	St	Country of	lesuance			
		ATH4852			AUT	wi		Country of Issuance UNITED STATES			
6	N	Vehicle Identification Numb			Make	Year	Model				
0	02	1HGCV3F97LA006044 Color			HOND Body Style	2020	Bus Use	ACCORD			
		GRY - GRAY			SD - SEDAN		Bus Use				
	щ	Initial Contact Point			Vehicle Damage				7 8 9 10 11		
		99 - UNKNOWN				COENE			6		
5	VEHICLE	Extent Of Damage	NE		16 - VEHICLE NOT AT	JUENE			54321		
		Towed Due To Damage			Vehicle Removed By						
1	the second se										
I .		NOT TOWED What Driver Was Doing			OPERATOR						

# WISCONSIN MOTOR VEHICLE CRASH REPORT

				Vehicle Factors					
		Driver Prior Action Other		UNKNOWN					
		Driver Actions							
	Щ	OPERATED MOTOR VEH	IICLE IN INATTENTIVE, C	ARELESS OR ERRATIO	CMANNER				
UNIT	VEHICLE								
5	Π̈́Η								
	>								
		Owner Name		Owner Address					
02	02	NIYAZI SOYLU (608) 847-8619		85D GRAND CAN BARABOO, WI 533					
	0			2,44,200,11100	,				
		Sequence Of Events							
		Event							
	6	MOTOR VEH IN TRANSP	ORT						
	02	Event							
	0	Firent							
	03	e Event							
	4	Event							
	04								
	l	Individual							
		DRIVER		Citations Issued	Sex				
	INDIVIDUAL			0 Date of Birth Race					
┝┍				Date of Dirti					
UNIT	Σ	Address		Driver License Number	1				
	Z	<b>,</b> ,							
		, ,							
		On Dut	y Crash	Safety Equipment					
	Sat	fety Equipment							
			Seat Position 07 - LEFT	RESTRAINT USE U	NKNOWN				
		01 - FRONT ROW Helmet Use	07 - LEF I	Helmet Compliance					
				Tint Compliance					
		Eye Protection							
	~	Injury S	everity	Airbag					
8	003			NOT APPLICABLE					
		Ejected	Ejection Path			Trapped/Extricated			
			NOT EJECTED/NOT API						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			
		Distracted By	ted By Source						
		Distracted By Action							
		,							
		Non Motorist	Unit # Location						
		Prior Action							

# WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action					
	L	Action Other Drug & Alcohol	Icohol Use	Suspected Drug Use			To/From School
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
02	003	Drug Type					
		Individual Condition NOT OBSERVED					