6TL0D2XVT0 25-02017

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash [Document #	Agency 25-020	Crash Number 17	Investigating Officer/Deput DEPUTY B. GOODRE			
Crash Date 03/04/2025	Crash Time 07:27 PM		Date Ar 03/04/2		Time Arrived 07:32 PM			
Date Notified 03/04/2025	Time Notified 07:27 PM			nits	Total Injured 00	Total Kille	ed	
On Emergency	Hit and Run	Lane Closu	ıre	Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amended		Secondary Crash	
Description								
Diagram		HWY 12 NB		W <	Pi	notos By	n By	
				▽ 5		dditional Info HOTOS	rmation	
HWY 136 WB		-						
Objects not to scale. Aprox. sequence of events								
BG9113		HWY 12 SB						
✓ I, a sworn law enforc	ement officer, agre	ee that I have no	ot added	any CJIS data in tl	his report.			

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Location

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Crash Date 03/04/2025

Crash Time 07:27 PM

•	217 FT W OF STH136 WB					3 72686	Longitude -89.776891936 Y Coordinate		8891936	
	IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY				275406			481729		
						Structure Type NO STRUCTURE				
	Cra	sh Scene								
		Harmful Event				mful Event l	Location			
		AFFIC SIGN POST				ADWAY				
		· NO COLLISION W/VEH	IICI F IN TRANSPORT		Light Cor					
		d Surface Condition(s)	IICEL IN TRANSPORT			DARK/LIGHTED Roadway Factor(s)				
	WE	. ,			, , , , , , , , , , , , , , , , , , , ,	,(-)				
	Envi	ironment Factor(s)								
		` ,	/ISUAL OBSTRUCTION	(S)	NONE					
	Wea	ather Condition(s)								
	RAI	N								
	Anin	nal Type			Relation	Relation To Trafficway				
					TRAFFI	TRAFFICWAY - ON ROAD				
		sh Classification - Location				Crash Classification - Jurisdiction				
		BLIC PROPERTY al Land				NO SPECIAL JURISDICTION Access Control Special Study			Special Study	
					NO CO			oposiai otaay		
		J .	Junction Location		Intersection Type					
	NO		NON-JUNCTION	NC	T AN INTERSI	ECTION				
	uni	t Summary								
		Status		Vehicle Operatin	g As Classificatio	n	Unit Type			
	Unit	Status FRANSIT		Vehicle Operatin D CLASS	g As Classificatio	n	Unit Type AUTOMO	BILE		
	Unit IN T Vehi	TRANSIT icle Type		•	g As Classificatio	on	AUTOMO	DBILE As Endorse	ments	
10	Unit IN 1 Vehi	TRANSIT icle Type ORT) UTILITY VEHICLE		D CLASS			AUTOMO Operating	As Endorse		
	Unit IN 1 Vehi	TRANSIT icle Type	Train/Bus # Recorded	D CLASS Total # Citations		Total Tra	AUTOMO Operating	As Endorse	ments zMat Types	
	Unit IN 1 Vehi (SP Tota 1	TRANSIT icle Type ORT) UTILITY VEHICLE		D CLASS	Issued	Total Tra	AUTOMO Operating A	As Endorse	Mat Types	
10	Unit IN T Vehi (SP Tota 1 Insu YES	TRANSIT icle Type ORT) UTILITY VEHICLE al Occs rance?	Train/Bus # Recorded Direction Of Travel WESTBOUND	Total # Citations 1 Pre Cras Mar	Issued shTire k	Total Tra	AUTOMO Operating A	As Endorsed Total Haz 0 Total Lan 2	Mat Types	
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		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED		OPERATOR						
		What Driver Was Doing		Vehicle Factors						
	NEGOTIATING CURVE									
		Driver Prior Action Other		NOT APPLICABLE						
LIND	VEHICLE	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, LOOKED BUT DID NOT SEE								
		Owner Name		Owner Address						
0	01	BETHANY ZELINSKI		506 PHILLIPS BL' SAUK CITY, WI 53						
		Sequence Of Events								
	01	Event TRAFFIC SIGN POST								
	02	Event								
	03	Event								
	04	Event								
_		Policy Holder								
LNO		Insurance Company		INDIVIDUAL						
\supset		PROGRESSIVE-CLASSIC-	JOHN RIES							
	ı	Individual								
		DRIVER		Citations Issued Sex						
	7	JOHN RIES		1 MALE						
⊨	INDIVIDUAL			Date of Birth Race WHITE						
	<u>≥</u>	Address 506 PHILLIPS BLVD		Driver License Number						
	Ĭ	SAUK CITY, WI 53583, US	3	STATE: WISCONSIN COUNTRY: UNITED STATES						
	_ !	On Duty	Crash	Safety Equipment						
	Saf	fety Equipment		,						
		Row	Seat Position	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT	Halmad Canadian as						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
7	001	Injury Se	•	Airbag						
0	ŏ		PARENT INJURY	NON DEPLOYED						
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP		I ICARI F		Trapped/Extricated NOT TRAPPED				
		Medical Transport	NOT ESECTED/NOT ALL	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								
		Hospital		Date of Death	Date of Death Time of Death					
		Distracte	d By Source	L		l				
		Distracted By OTHER Distracted By Action	DISTRACTION (ANIMAL	, FOOD, GROOMING)						
	OTHER ACTION (LOOKING AWAY FROM TASK ETC)									

Crash Date 03/04/2025

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Crash Date 03/04/2025

Crash Time 07:27 PM

		Non Motorist	Striking Unit#	Location				
		Prior Action						
LIND	INDIVIDUAL	Action						
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alco NO	hol Use	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		
2	001	Drug Type						
		Individual Condition APPEARED NORM	441					
			MAL					
		Violations UTC Number	Issue To?	Statute Number	Description			
	2	BG024858	001	346.57(3)	DRIVING TOO FAST	FOR CONDITIO	NS	