WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overri		Primary Crash Document # 6TLDKRB2S Crash Time 04:44 PM Time Notified 04:44 PM		/ Crash Number 615	Investigating Officer/Deputy DEPUTY R. BARNES			
Crash Date 03/19/2025	04:44 PM			rrived 2025	Time Arrived 05:13 PM			
Date Notified 03/19/2025				nits	Total Injured 00	Total Kille	al Killed	
On Emergency	Hit and Run	Lane Clos	sure	Work Zone	Trailer o	r Towed	Reporting Threshold	
Government Property	Active S	chool Zone	School NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (ST	ANDARD CRAS	H)		Amende	t	Secondary Crash	
Description ■ Diagram	•				•		•	
					F	Photos By		
						dditional Info NONE	rmation	
✓ I, a sworn law enf	orcement officer, ag	ree that I have n	ot adde	d any CJIS data in th	nis report.			
UNIT 1 WAS TRAVELING I OTHER VEHICLE, WITH N BY OPERATOR.	EAST ON HWY 33 NEAR O COLLISION OCCURRIN	WIKLINSON ROAD IG, AND WENT TO	WHEN AN THE SHOU	OTHER VEHICLE CROSS JLDER, WHERE SLUSH (SED THE CENTER L CAUSED UNIT 1 TO	INE. UNIT 1 M ENTER THE D	OVED TO AVOID THE DITCH. UNIT 1 REMOVED	

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	_oc	ation 									
ſ		STH33 WB				Latitude			Longitu	ide	
		TW				43.617843813			-90.14	7840822	
		WILKINSON RD HE TOWN OF LA VAI				X Coordin	ate		Y Coordinate		
	IN SAUK COUNTY						246004.078125		4834245		
							Туре		•		
Į		<u> </u>									
(sh Scene									
		Harmful Event		nful Event Lo	cation						
ļ	DIT		ROADSIDE								
		ner of Collision	Light Cond								
I			EHICLE IN TRANSPORT			DARK/LIGHTED					
	Road	Surface Condition(s)				Roadway	Factor(s)				
	SNC	OW, SLUSH, ICE									
İ	Envir	onment Factor(s)				DO 4 D 6		CANDITION	0A/ET 16	2V 2NOW 21 11211	
	WE	ATHER CONDITIONS				ETC)	URFACE	CONDITION	(WEI, IC	CY, SNOW, SLUSH,	
ŀ	Wea	ther Condition(s)				† ′					
	SNC	W, SLEET/HAIL									
ŀ	Anim	al Type				Relation T	o Trafficway	/			
							•	OT ON ROA	כ		
ľ	Cras	h Classification - Location	n			Crash Clas	ssification	Jurisdiction			
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Triba	I Land				Access Control Special Study					
	\A/i+h					NO CONTROL section Type					
	NO	n Interchange Area	Junction Location NON-JUNCTION			N INTERSECTION					
l		· Cumana am.			1						
_		Status		I Vehicle On	erating Δs C	lassification		Unit Type			
		· · · · · · · · · · · · · · · · · · ·					AUTOMOBILE				
ŀ		N TRANSIT D CLA /ehicle Type				Operating As				ements	
		SENGER CAR					operating the Endorsonionic				
ŀ	Total	Occs	Train/Bus # Recorded	Total # Citations Issue 0 Pre CrashTire		0		0		zMat Types	
	2		Direction Of Travel								
ŀ	Insur	ance?									
	YES	1	EASTBOUND		Mark		55	2			
ľ	Most	Harmful Event: Collision	With		Special Function				Emergency Motor Vehicle Use		
		TOR VEH IN TRANSP	PORT		NO SPECIAL FUNCTI		TION		NOT APPLICABLE		
ſ		ic Way		Traffic Con					Traffic Control Inoperative/Missing		
		WO-WAY, NOT DIVIDED			ROL			NO			
		cktop (BITUMINO)	ie)		Road Curvature			Road Grade			
ļ		CKTOP (BITUMINOL Bus or HazMat	၂၁၂	STRAIGH				LEVEL			
	NO	V Dus OI I Idzividi									
1	,	/ehicle									
		License Plate Number	Plate Type	Plate Type		St	Country of Issuance				
		AXV7257		AUT			WI	UNITED STATES			
	01	Vehicle Identification Number		Make			Year	Model			
	0	1HGCP2F36CA062895			HOND Body Style		2012	ACCORD Bus Use			
		Color GRY - GRAY		, ,	SD - SEDAN			บนจ ปจช			
	ш	Initial Contact Point			Vehicle Damage						
					-					7 8 9 10 11	
	VEHICL	Extent Of Damage		00 - NO	00 - NO DAMAGE				6 5 4 3 2 1		
2 1	ш	NO DAMAGE									
	>										

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		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER					
		What Driver Was Doing OTHER		Vehicle Factors					
				NOT APPLICABLE					
				NOT AFFLICABLE					
		Driver Actions							
_	LE	NO CONTRIBUTING ACTIO	ON						
LIND	VEHICLE								
ر	VE								
		Owner Name		Owner Address					
_	_	TAYLOR HILLMAN		S1179 SUMMIT POINT DR					
0	01	(402) 599-9328		LA VALLE, WI 53941 , US					
		Sequence Of Events							
		Event							
	01	DITCH							
	02	Event							
	03	Event							
		Event							
	04	2.0							
⊨	ı	Policy Holder							
LIND		Insurance Company ROCKFORD-MUTUAL-INS-CO		INDIVIDUAL TAYLOR HILLMAN					
	ì	Individual							
		DRIVER TAYLOR HILLMAN (402) 599-9328		Citations Issued Sex					
	٩L			0 Date of Birth	FEMALE Race				
⊨	INDIVIDUAL			Bate of Birti	WHITE				
		Address S1179 SUMMIT POINT DR		Driver License Number					
	Z	LA VALLE, WI 53941 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Saf	On Duty (Crash	Safety Equipment					
		Row	Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW Helmet Use	07 - LEFT						
		Heimet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
_	_	Injury Severity		Airbag					
5	00		PARENT INJURY	NON DEPLOYED					
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A		PPI ICABI F		Trapped/Extricated NOT TRAPPED			
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED Hospital		Date of Death Time of Death					
		η ισοριίαι		Date of Death		Time of Death			
		Distracted By NOT AP	d By Source PLICABLE (NOT DISTRA	CTED)					
		Distracted By Action	(5.6.10	<i>,</i>					
		NOT DISTRACTED							

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		Non Motorist Strikii	ng Unit#	Location				
		Prior Action		•				
		Action						
	IAL							
L N	INDIVIDUAL							
>	NDI							
	=							
		Action Other						To/From School
		Suspo Drug & Alcohol NO	ected Alcohol (Jse	Suspected Drug Use			<u> </u>
		Alcohol Test Given		Alcohol Test Type) }		Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results		
_	1	TEŠT NOT GIVEN Drug Type						
2	001							
		Individual Condition						
		APPEARED NORMAL						
	i	Individual						
		PASSENGER SARAH HOELZEL			Citations Issued 0	Sex FEMALE		
	UAL	,			Date of Birth	Race		
L N N	INDIVIDUAL	Address			Driver License Number	WHITE		
>	IND	203 E MAIN ST LA VALLE, WI 53941 , I	US		STATE: WISCONSIN	N COUNTRY: UN	ITED STATES	
	Sat	fety Equipment	uty Crash		Safety Equipment			
		Row 01 - FRONT ROW	Seat Po 09 - R		SHOULDER & LAP	BELT		
		Helmet Use			Helmet Compliance			
		Eye Protection		Tint Compliance				
2	005	Injury	Severity		Airbag			
	0	Injury NO A	Ejection Pa	NJURY ath	NON DEPLOYED		Trapped/Extricated	
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED	
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #	
		Hospital			Date of Death		Time of Death	
		Distracted By Distra	acted By Sourc	е			ı	
		Distracted By Action						
		Non Motorist	ng Unit#	Location				
		IAOH MOTOLIST						

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		Prior Action					
		Action					
	M						
I≡	ח						
LIND	Σ						
	INDIVIDUAL						
		Action Other					To/From School
	,	Drug & Alcohol NO	ol Use	Suspected Drug Use NO			
		Alcohol Test Given	Alb-I T4 T			Alaskal Task Dassika	
		TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u>	
		TEST NOT GIVEN	Diag root type		Drug Test Nesults	,	
10	005	Drug Type					
0	0						
		Individual Condition					
		individual Condition					
		APPEARED NORMAL					