

6TL0D5DZ3H
25-03043

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 25-03043		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 04/01/2025		Crash Time 12:54 PM		Date Arrived 04/01/2025		Time Arrived 01:03 PM	
Date Notified 04/01/2025		Time Notified 12:54 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	
<p style="text-align: center;">not to scale.</p> <p style="text-align: center;">Roundabout near US HY 12 W/b lanes HY 136 to the West, Linn St. to the East</p> 		Photos By DEPUTY J. HUNTER	
		Additional Information PHOTOS	

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

UNITS 1 AND 2 WERE BOTH E/B ON HY 136 TOWARD BARABOO. UNIT 1 WAS IN FRONT OF UNIT 2. WHEN ENTERING THE ROUNDABOUT ON THE E SIDE OF US HY 12, UNIT 1 TOOK THE RIGHT-HAND LANE. UNIT 2 TRAVELED IN THE LEFT-HAND LANE AND ACCELERATED AND WAS NEXT TO UNIT 1. UNIT 2 WAS INTENDING TO TRAVEL STRAIGHT AND PROCEED EASTBOUND ONTO LINN ST. UNIT 1 INTENDED TO CONTINUE ON THE ROUNDABOUT AND USE THE ON-RAMP TO US HY 12 W/B. OPERATOR OF UNIT 1 BELIEVED SHE WAS IN THE APPROPRIATE LANE TO CONTINUE ON THE ROUNDABOUT PAST THE LINN ST. EXIT AND CONTINUE ONTO HY 12. UNIT 2 DROVE STRAIGHT ONTO LINN ST., WHICH, PER SIGNAGE AND MARKINGS ON THE ROAD, A LEGAL PATH OF TRAVEL. UNIT 1 WAS IN A LANE WHICH IS DESIGNATED FOR EXITING THE ROUNDABOUT ONTO LINN ST. OPERATOR OF UNIT 1 TURNED LEFT TO STAY IN THE ROUNDABOUT, AND TURNED INTO UNIT 2. UNIT 1 CONTACTED UNIT 2, CAUSING DAMAGE TO THE FRONT DRIVER'S SIDE OF UNIT 1 AND THE FRONT PASSENGER'S SIDE OF UNIT 2. NO PARTIES WERE INJURED.

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Location

INTERSECTION ON STH33 EB AT RAMP USH12 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474734109	Longitude -89.773901696
	X Coordinate 275647.5	Y Coordinate 4817273.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		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 ROUNDBOUT	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 6	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number ATL3278	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5FNRL5H65FB053632	Make HOND	Year 2015	Model ODYSSEY
		Color BLK - BLACK	Body Style VN - VAN		Bus Use
		Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing MERGING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, IMPROPER TURN, DISREGARDED OTHER ROAD MARKINGS, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name BRANNON GASPER (608) 604-5647		Owner Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL BRANNON GASPER	
UNIT INDIVIDUAL	Individual			
	DRIVER PAIGE POLENSKY (608) 604-5647		Citations Issued 1	Sex FEMALE
	Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US		Date of Birth	Race WHITE
	Driver License Number			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		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 UNKNOWN		
Distracted By Action UNKNOWN				

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UNIT	INDIVIDUAL	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 APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		PASSENGER WYATT DOBSON (608) 604-5647		Citations Issued 0	Sex MALE		
		Date of Birth		Race WHITE			
		Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US		Driver License Number			
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 02 - SECOND 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					
Distracted By Action							
Non Motorist		Striking Unit #		Location			

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **04/01/2025**
Crash Time **12:54 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			
		Individual			
		PASSENGER BRAYDEN GASPER (608) 604-5647	Citations Issued 0	Sex MALE	
Address 21104 WITTS LN RICHLAND CENTER, WI 53581 , US	Date of Birth	Race			
Driver License Number					
Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT			
Row 02 - SECOND ROW	Seat Position 09 - RIGHT				
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				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	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			
UNIT	INDIVIDUAL	Individual	
		PASSENGER KHAMANI GULLENS	
		Citations Issued 0	
		Sex MALE	
		Date of Birth	
		Race	
		Address 1600 W SEMINARY ST #19 RICHLAND CENTER, WI 53581 , US	
		Driver License Number	
		Safety Equipment	
		On Duty Crash	
Safety Equipment SHOULDER & LAP BELT			
Row 01 - FRONT ROW			
Seat Position 09 - RIGHT			
Helmet Use			
Helmet Compliance			
Eye Protection			
Tint Compliance			
UNIT	INDIVIDUAL	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			
Distracted By Action			
Non Motorist			
Striking Unit #			
Location			
Prior Action			

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UNIT	INDIVIDUAL	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				
		Individual				
		PASSENGER JAQUAN GULLENS	Citations Issued 0	Sex MALE		
		Address 1600 W SEMINARY ST #19 RICHLAND CENTER, WI 53581 , US	Date of Birth			
Driver License Number	Race					
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment		
		Row 06 - UNKNOWN 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			
		Distracted By Action				
Non Motorist	Striking Unit #	Location				
Prior Action						

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		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			
		Individual			
		PASSENGER BAXTON MILLER	Citations Issued 0	Sex MALE	
		Address 370 SOUTH CAIRNS AVE RICHLAND CENTER, WI 53581 , US	Date of Birth Race		
UNIT	INDIVIDUAL	Driver License Number			
		Safety Equipment	On Duty Crash	Safety Equipment	
		Row 06 - UNKNOWN ROW	Seat Position 09 - RIGHT	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		
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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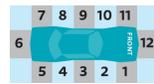
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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	007	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	Violations				
		UTC Number BG110362	Issue To? 001	Statute Number 346.13(3)	Description DEVIATION FROM DESIGNATED LANE	

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 <input type="checkbox"/> Tire Mark	Speed Limit 35	Total Lanes 2		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL		
		Truck Bus or HazMat NO						

UNIT	VEHICLE	Vehicle					
		License Plate Number 542NBR		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1FMCU9J97KUB50911		Make FORD	Year 2019	Model ESCAPE	
		Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage			
		Extent Of Damage DISABLING DAMAGE		02 - RIGHT SIDE FRONT			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE			



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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 MARI-MARGARET STURTZ (608) 415-2687	Owner Address S4996 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US		
UNIT	02	Sequence Of Events			
		01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
UNIT	02	Policy Holder			
		Insurance Company STATE-FARM-GENERAL-INS-CO	INDIVIDUAL MARI-MARGARET STURTZ		
		Individual			
		DRIVER MARI-MARGARET STURTZ (608) 415-2687	Citations Issued 0	Sex FEMALE	
UNIT	INDIVIDUAL	Date of Birth	Race WHITE		
		Address S4996 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
UNIT	002	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	
UNIT	002	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		Distacted By	Distacted By Source UNKNOWN		
		Distacted By Action UNKNOWN			
UNIT	002	Non Motorist	Striking Unit #	Location	

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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		