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25-03370

# 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 <b>25-03370</b>		Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>04/10/2025</b>		Crash Time <b>11:45 AM</b>		Date Arrived <b>04/10/2025</b>		Time Arrived <b>11:55 AM</b>	
Date Notified <b>04/10/2025</b>		Time Notified <b>11:52 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram



Reconstruction By

Photos By  
**DEPUTY GREENWOOD**

Additional Information  
**PHOTOS**

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

UNIT 1 WAS WB ON LINN ST AT THE WB USH 12 ROUND ABOUT. UNIT 1 WAS IN THE INSIDE LANE SLOWING DOWN TO LET THE UNIT 2 GO AROUND HIM SO HE CAN CHANGE LANES TO CONTINUE WEST ON LINN ST. AS UNIT 2 WENT AROUND HIM THE TRAILER CLIPPED UNIT 1. UNIT 2 CONTINUED ON SB USH 12. UNIT 1 WAS ONLY ABLE TO PROVIDE ME A DESCRIPTION OF A RED SEMI WITH A WHITE/GRAY TRAILER.

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## Location

INTERSECTION ON STH136 WB AT STH33 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474958054</b>	Longitude <b>-89.775972537</b>
	X Coordinate <b>275480.84375</b>	Y Coordinate <b>4817304</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>ROUNDBOUT</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>ONE-WAY TRAFFIC</b>		Traffic Control <b>YIELD SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>AYU3279</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JTMBFREXV5FD159520</b>		Make <b>TOYT</b>	Year <b>2015</b>	Model <b>RAV4</b>
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>MERGING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>			
01	Owner Name <b>THOMAS TOBIN</b>		Owner Address <b>S4303 EXCELSIOR DR ROCK SPRINGS, WI 53961 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
	Event			
	Event			
01	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		INDIVIDUAL <b>THOMAS TOBIN</b>	
01	<b>Individual</b>			
	DRIVER <b>THOMAS TOBIN</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>S4303 EXCELSIOR DR ROCK SPRINGS, WI 53961 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01	Injury <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Hospital		EMS Agency Identifier	EMS Run #
01	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Date of Death	
	Distracted By Action <b>NOT DISTRACTED</b>		Time of Death	

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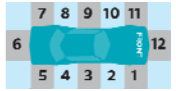
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UNIT 01 001	<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action				
		Action				
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				

## Unit Summary

UNIT 02	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>UNKNOWN</b>		Emergency Motor Vehicle Use <b>UNKNOWN</b>	
	Traffic Way <b>UNKNOWN</b>		Traffic Control <b>UNKNOWN</b>		Traffic Control Inoperative/Missing <b>UNKNOWN</b>	
	Surface Type <b>UNKNOWN</b>		Road Curvature <b>UNKNOWN</b>		Road Grade <b>UNKNOWN</b>	
	Truck Bus or HazMat <b>NO</b>					
	UNIT 02 VEHICLE	<b>Vehicle</b>				
		License Plate Number		Plate Type	St	Country of Issuance
Vehicle Identification Number		Make	Year	Model		
Color		Body Style		Bus Use		
Initial Contact Point <b>99 - UNKNOWN</b>		<b>16 - VEHICLE NOT AT SCENE</b> 				
Extent Of Damage <b>VEHICLE NOT AT SCENE</b>						
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>				

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UNIT 02	VEHICLE	What Driver Was Doing <b>UNKNOWN</b>		Vehicle Factors			
		Driver Prior Action Other		<b>UNKNOWN</b>			
		Driver Actions <b>UNKNOWN</b>					
		Owner Name		Owner Address , ,			
<b>Sequence Of Events</b>							
UNIT 02	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		02	Event				
		03	Event				
		04	Event				
<b>Individual</b>							
UNIT 02	INDIVIDUAL	DRIVER		Citations Issued <b>0</b>	Sex		
				Date of Birth	Race		
		Address , ,		Driver License Number			
		<b>Safety Equipment</b>		On Duty Crash			
				Safety Equipment			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>		
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
<b>Distracted By</b>		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				
Prior Action							

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
		Suspected Alcohol Use		Suspected Drug Use		
		<b>Drug &amp; Alcohol</b>				
		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				