6TL0FSSFB4

25-03533

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Crash Date 04/14/2025		Crash Time 11:05 AM		Agency Crash Number 25-03533			Investigating Officer/Deputy DEPUTY Z. DRILL			
01LUF33FB4					Date Ar 04/14/ 2			Time Arrived 11:55 AM			
	Date Notified 04/14/2025		Time Notified 11:34 AM		Total Units 01		Total Injure	Total Injured Total Kill 00 00		led	
Ľ	On Emergency	Hit	and Run	Lane Clos	ure	Work Zone	Traile	r or ⁻	Towed	Reporting Threshold	
_ _	Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags				
	▼ Reportable		Crash Type DT4000 (STA	NDARD CRASH	1)		Amen	ded		Secondary Crash	
	Description 						'				
	Diagram					OT TO CALE	E A D D D D	Pho DE	otos By PUTY DR	RILL	
			Meadow	Dr Dr	Unit 1	Crest Dr	_				
	I, a sworn law enfo							/AY A	ND DRIVER	OF UNIT ONE OVER	
	CORRECTED TO THE NOR FUNCTIONAL DAMAGE TO	RTH, ENT	TERING THE NOR	TH SIDE DITCH AN	ID STRIKI	NG A TREE WITH THE R	IGHT SIDE OF L	JNIT C	NE, SCRAF		

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Crash Date 04/14/2025

Crash Time 11:05 AM

L	.oc	ation									
Ŧ	ON	MEADOW DR	Latitude		Longitude						
		FT E	43.402216201		-90.091485411						
		CREST RD	X Coordinate 249661.015625		Y Coord	inate					
		HE TOWN OF WASHI			4810124.5						
		ACK COCKII	Structure 7	Туре		1					
				NO STR	UCTURE						
C	ra	sh Scene									
Τ	First	Harmful Event		First Harm	ıful Event Lo	cation					
	DIT	СН				ROADSI	DE				
r	Manı	ner of Collision				Light Cond	dition				
							HT				
f	Road	d Surface Condition(s)				Roadway Factor(s)					
	DR۱	1									
F	Envi	ronment Factor(s)									
	NON	NE				NONE					
f	Wea	ther Condition(s)									
	CLE	AR									
-	Anim	nal Type				Relation T	o Trafficway	,			
	DEE	ER .				TRAFFIC	WAY - ON	I ROAD			
	Cras	h Classification - Location	1				ssification				
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
ľ	Triba	al Land				Access Control Special Study					
H	\/\/ith	/ithin Interchange Area Junction Location Intersection					NO CONTROL on Type				
	NO	in interchange Area	NON-JUNCTION		N INTERSECTION						
L	Ini	t Summary =			l .						
		Status —		Vehicle Ope	erating As C	Classification Unit Type					
	IN TRANSIT D CLASS					AUTOMOBILE					
. F	Vehicle Type					Operating As Endorsements					
	(SP	ORT) UTILITY VEHICI									
r	•		Train/Bus # Recorded	Total # Cita	tions Issued	d Total Trai		illers Total HazMat Types		Mat Types	
	1			0			0		0		
r	Insu	rance?	e? Direction Of Travel		CrashTire					anes	
	YES		EASTBOUND		Mark		55		2		
		t Harmful Event: Collision	Special Fur		TION		Emergency N		icle Use		
	INEE								NOT APPLICABLE		
		ic Way		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED ace Type	•	Road Curva				NO Road Grade LEVEL			
		ACKTOP (BITUMINOU	(S)	STRAIGH							
L		k Bus or HazMat	- ,	311011							
	NO										
	1	Vehicle									
	AVT6266 Vehicle Identification Number JTJHY00W984016411 Color SIL - SILVER (ALUMINUM) Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage			, ,	Plate Type AUT Make		St		Country of Issuance		
							WI	UNITED STATES			
							Year	Model			
					LEXS		2008	LX			
				, ,	Body Style Bus Use						
					Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 -						
										6 12	
					FT FRONT CORNER, 12 - FRONT				5 4 3 2 1		
			1								

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Crash Date **04/14/2025**

Crash Time 11:05 AM

		Towed Due To Damage		Vel	nicle Removed By						
		NOT TOWED What Driver Was Doing GOING STRAIGHT			Vehicle Factors						
					Verificie Factors						
		Driver Prior Action Other		NC	T APPLICABLE						
		Driver Actions NO CONTRIBUTING ACTION									
⊨	S.E.	NO CONTRIBUTING ACTION									
LIND	VEHICLE										
	VE										
		Owner Name			Owner Address						
		JON KELLER			Owner Address S8128 KANEY RD						
6	01				HILLPOINT, WI 539	937 , US					
	Sequence Of Events										
	0	MOTOR VEH IN TRANSPO	ORT								
	02	Event NON DOMESTICATED AN	IIMAL (ALIVE)								
	_	Event									
	03	DITCH									
	04	Event TREE									
⊨	i	Policy Holder									
LIND		Insurance Company GEICO-ADVANTAGE-INSURANCE-CO			INDIVIDUAL JON KELLER						
	ľ	ndividual									
		DRIVER DENISE MIDDLEBROOKS-CROCCO			Citations Issued	Sex					
	إ)	FEMALE					
	INDIVIDUAL				Date of Birth	Race					
	Σ	Address 6917 S OGLESBY AVE APT 2 CHICAGO, IL 60649 , US			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES Safety Equipment						
ر	N N										
	_										
	Sa	fety Equipment			Surety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT		Halmat Camplian as						
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
	_	Injury Se	everity	-	Airbag						
5	9	Injury NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP			NON DEPLOYED						
				1			Trapped/Extricated				
							NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #				
		Hospital			Date of Death Time of Death		Time of Death				
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTF	RACT	ED)						
		Distracted By Action NOT DISTRACTED									

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		Non Motorist	Striking Unit #	Location						
		Prior Action								
LIND	INDIVIDUAL	Action								
		Action Other						To/From School		
	L	Orug & Alcohol	Suspected Alcohol U NO	Jse	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	//AL							