

6TL0DQPGHM

25-06153

# 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>25-06153</b>		Investigating Officer/Deputy <b>DEPUTY B. SONN</b>	
Crash Date <b>06/18/2025</b>		Crash Time <b>08:29 PM</b>		Date Arrived <b>06/18/2025</b>		Time Arrived <b>08:42 PM</b>	
Date Notified <b>06/18/2025</b>		Time Notified <b>08:29 PM</b>		Total Units <b>01</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

<p>Diagram</p>	<p>Reconstruction By</p>  <p>Photos By <b>9104</b></p>  <p>Additional Information <b>PHOTOS, WITNESS STATEMENTS, DASH CAMERA VIDEO, BODY CAMERA VIDEO</b></p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

DRIVER OF UNIT 1 WAS TRAVELING WB ON XANADU RD BY KOSSUTH RD WHEN THE VEHICLE EXITED THE ROADWAY, STRIKING A MAILBOX ON THE NORTH SIDE OF THE ROADWAY TO E10445 XANADU RD. THE VEHICLE CONTINUED WB, RE-ENTERING THE ROADWAY, AND LEFT THE SCENE. VEHICLE WAS LOCATED AT 130 COMMERCE ST, WISCONSIN DELLS, WI (LAKE DELTON WALMART). CONTACT WAS MADE WITH DRIVER OF UNIT 1 IN THE PARKING LOT. DRIVER ADVISED THAT HE WAS ON HIS WAY TO WALMART, AND HE WAS ON HIS PHONE'S GPS SYSTEM TRYING TO NAVIGATE HIS ROUTE. DRIVER SAID HE LOOKED DOWN AND "BOOM. HIT THE MAILBOX". DRIVER OF UNIT 1 ALSO ADVISED HE WAS TRAVELING 38 MPH (IN A 25 MPH ZONE). DRIVER 1 SAID HE HAD A LOT GOING ON AND DID NOT HAVE A REASON FOR LEAVING THE SCENE. I VISUALLY EXAMINED THE UNIT AND OBSERVED DAMAGE FRONT THE PASSENGER FRONT HEADLIGHT TO THE PASSENGER REAR QUARTER PANEL, WITH THE RIGHT REAR WINDOW SHATTERED. THE MAILBOX ON SCENE SHOWED SIMILAR PAINT TRANSFER AND METAL ON METAL DAMAGE AS UNIT 1. DRIVER WAS CITED FOR FAILING TO MAINTAIN CONTROL OF VEHICLE AND VERBALLY WARNED FOR LEAVING THE SCENE OF AN CRASH WITH PROPERTY ADJACENT TO HIGHWAY. PROPERTY OWNER WAS CONTACTED AND PROVIDED THE CASE NUMBER.

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## Location

ON E10445 XANADU RD 236 FT E OF WHITE BIRCH RD (FIRE E10445)  IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.585231321</b>	Longitude <b>-89.801396799</b>
	X Coordinate <b>273837.21875</b>	Y Coordinate <b>4829620.5</b>
	Structure Type <b>FIRE</b>	

## Crash Scene

First Harmful Event <b>OTHER FIXED OBJECT</b>		First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OTHER FIXED OBJECT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>3DF143</b>		Plate Type <b>AUT</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3GKFK16Z56G102645</b>		Make <b>GMC</b>	Year <b>2006</b>	Model <b>YUKON XL</b>
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR</b>		
Extent Of Damage <b>FUNCTIONAL 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>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>EXCEED SPEED LIMIT, FAILURE TO CONTROL, OTHER CONTRIBUTING ACTION</b>			
01	Owner Name <b>JAMAICA GARNER (224) 508-3732</b>		Owner Address <b>3731 EMERSON AVE N MINNEAPOLIS, MN 55412 2009, US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>OTHER FIXED OBJECT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>JAMAICA GARNER (224) 508-3732</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>3731 EMERSON AVE N MINNEAPOLIS, MN 55412 2009, US</b>		Date of Birth	Race <b>BLACK/AFRICAN AMERICAN</b>
	Driver License Number		<b>STATE: MINNESOTA COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	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	
01 001	<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
01 001	<b>Distracted By</b>			
	Distracted By Source			
	Distracted By Action			
01 001	<b>Non Motorist</b>			
	Striking Unit #		Location	

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UNIT INDIVIDUAL	Prior Action					
	Action					
	Action Other			To/From School		
	Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
	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					
	Violations					
	01	UTC Number BJ679126	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	
Property Owner						
PROP OWNER 01	INDIVIDUAL JOSEPH LEUTE (608) 393-6008			Address E10423 XANADU RD WISCONSIN DELLS, WI 53965 , US		
Fixed Objects Struck						
01	Striking Unit 01	Struck Object OTHER FIXED OBJECT		Structure Number	Damage Tag Number	
Witness						
WITN ESS 01	Individual DAVIS MEARS (608) 415-7311			Address 411 HARRISON ST LAVALLE, WI 53941 , US	Date of Birth	