

6TL0FZQKRQ
25-12165

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 25-12165		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 11/23/2025		Crash Time 11:35 AM		Date Arrived 11/23/2025		Time Arrived 11:37 AM	
Date Notified 11/23/2025		Time Notified 11:36 AM		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>US 12 eastbound</p> <p>Cross over intersection</p> <p>CTH C</p> <p>Unit 1</p> <p>Unit 2</p> <p>STOP</p> <p>Unit 1 stopped at stop sign, proceeded forward and stopped. Unit 2 proceeded forward when Unit 1 started to move and rear-ended unit 1 when it stopped.</p> <p>eastbound lanes</p>		Photos By DEP. S. MESSNER
		Additional Information PHOTOS

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

ON 11/23/2025, AT APPROXIMATELY 11:35 AM, UNIT 1, A 2019 CHEVROLET EQUINOX, BEARING WI# AMG9420, WAS EASTBOUND ON CTH C AND WAS STOPPED AT THE INTERSECTION OF CTH C AT US 12 TO MAKE A RIGHT HAND TURN. UNIT 1 PROCEEDED FORWARD FROM STOP SIGN AND STOPPED AGAIN DUE TO ON-COMING TRAFFIC. UNIT 2, A FORD F150, BEARING WI# MM9624, WAS STOPPED AND WHEN UNIT 1 PROCEEDED FORWARD, UNIT 2 PROCEEDED FORWARD STRIKING UNIT 1 WHEN IT STOPPED A SECOND TIME. FUNCTIONAL DAMAGE OCCURRED TO BOTH. NO INJURIES. BOTH OPERATORS REMOVED THEIR VEHICLES.

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Location

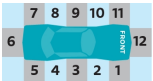
ON CTHC EB 86 FT S OF USH12 EB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.352620254	Longitude -89.764166506
	X Coordinate 275984.875	Y Coordinate 4803685
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		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 YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				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 CrashTire Mark	Speed Limit 55	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 TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	UNIT VEHICLE 01	Vehicle				
		License Plate Number AMG9420		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 2GNAXUEV1K6234631		Make CHEV	Year 2019	Model EQUINOX		
Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
Initial Contact Point 06 - REAR		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR				
Extent Of Damage FUNCTIONAL DAMAGE						



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
		What Driver Was Doing RIGHT TURN		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name CASSANDRA RARDIN		Owner Address 342 N TAYLOR ST LANCASTER, WI 53813 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		INDIVIDUAL CASSANDRA RARDIN	
01	001	DRIVER CASSANDRA RARDIN		Citations Issued 0	Sex FEMALE
		Address 342 N TAYLOR ST LANCASTER, WI 53813 , US		Date of Birth	Race WHITE
01	001	On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
01	001	Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
01	001	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
01	001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
		Hospital		EMS Run #	
01	001	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Date of Death	
		Distracted By Action NOT DISTRACTED		Time of Death	

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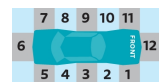
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UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type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

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 Tire Mark	Speed Limit 55	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 TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle					
	License Plate Number MM9624		Plate Type LTK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FTEW1EP1HFC00393		Make FORD	Year 2017	Model F150	
	Color SIL - SILVER (ALUMINUM)		Body Style PK - PICKUP		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage FUNCTIONAL DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			



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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION		
02	Owner Name GRANT ROBERTSON	Owner Address 114 W MAIN ST DANE, WI 53529 , US	
	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
02	Policy Holder		
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		
03	INDIVIDUAL GRANT ROBERTSON		
	Individual		
04	DRIVER GRANT ROBERTSON		Citations Issued 0
	Sex MALE		Date of Birth
002	Address 114 W MAIN ST DANE, WI 53529 , US		Race WHITE
	Driver License Number		
002	Safety Equipment		On Duty Crash
	Safety Equipment SHOULDER & LAP BELT		
002	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
002	Eye Protection		Tint Compliance
	Injury		Airbag
002	Injury Severity NO APPARENT INJURY		NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
002	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		EMS Run #
002	Date of Death		Time of Death
	Distracted By		
002	Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)		
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)		
002	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 **11/23/2025**
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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			
		02	002				