

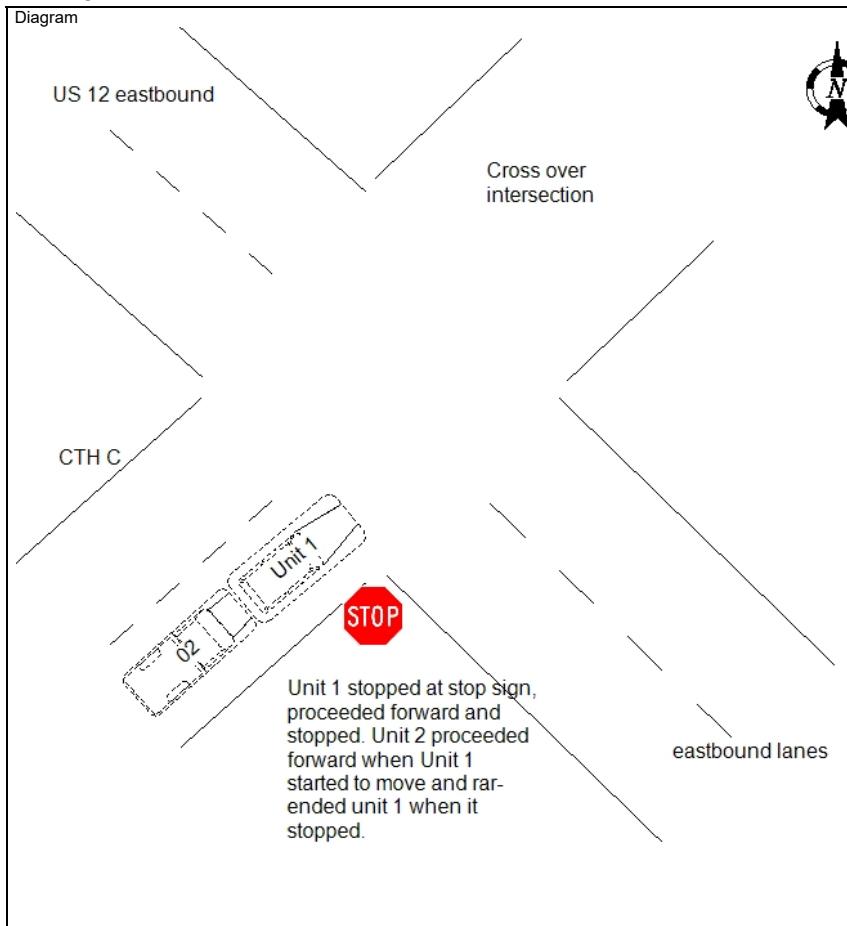
6TL0FZQKRQ
25-12165

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related NO		Reporting Threshold
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended

Description

Diagram	Reconstruction By  N
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	Photos By DEP. S. MESSNER
Additional Information PHOTOS	

<input checked="" type="checkbox"/> 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)
Environment Factor(s) NONE	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

01 UNIT	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
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55
	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			

01 01 UNIT VEHICLE	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 NOT APPLICABLE	
01 01	Driver Prior Action Other		
	Driver Actions NO CONTRIBUTING ACTION		
UNIT 01 02 03 04	Owner Name CASSANDRA RARDIN	Owner Address 342 N TAYLOR ST LANCASTER, WI 53813 , US	
	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
Event			
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	INDIVIDUAL CASSANDRA RARDIN	
UNIT 01 001	Individual		
	DRIVER CASSANDRA RARDIN	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 342 N TAYLOR ST LANCASTER, WI 53813 , US	Driver License Number	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 07 - LEFT		
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	
Hospital		Date of Death	
Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			

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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 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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 02 02 UNIT VEHICLE	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
02	02	Driver Actions OTHER CONTRIBUTING ACTION	
		Owner Name GRANT ROBERTSON	Owner Address 114 W MAIN ST DANE, WI 53529 , US
Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
Policy Holder			
UNIT	INDIVIDUAL	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	INDIVIDUAL GRANT ROBERTSON
Individual			
UNIT	INDIVIDUAL	DRIVER GRANT ROBERTSON	Citations Issued 0 Sex MALE
			Date of Birth Race WHITE
Address 114 W MAIN ST DANE, WI 53529 , US	Driver License Number		
Safety Equipment	On Duty Crash	Safety Equipment	
Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
02	002	Injury 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 OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)			
Non Motorist	Striking Unit #	Location	

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UNIT INDIVIDUAL 02 002	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		