

26-00012

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

| | | | | | | | |
|--|--------------------------------------|--|--|--|--|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 26-00012 | | Investigating Officer/Deputy DEPUTY W. VERTEIN | |
| Crash Date 01/01/2026 | | Crash Time 11:16 AM | | Date Arrived 01/01/2026 | | Time Arrived 11:35 AM | |
| Date Notified 01/01/2026 | | Time Notified 11:17 AM | | Total Units 01 | | 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 type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

| | |
|---------|---------------------------------------|
| Diagram | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING WESTBOUND. DUE TO SPEED AND SLIPPERY ROAD CONDITIONS, THE OPERATOR LOST CONTROL OF UNIT 1. UNIT 1 ENTERED THE SOUTHERNMOST DITCH LINE WHERE IT CAME TO REST. NO REPORTED INJURIES.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON STH136 WB 872 FT W OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY | Latitude 43.491311922 | Longitude -89.926842496 |
| | X Coordinate 263341.875 | Y Coordinate 4819538.5 |
| | Structure Type NO STRUCTURE | |

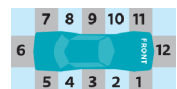
Crash Scene

| | | | |
|--|--|---|---------------|
| First Harmful Event DITCH | | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) SNOW | | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | | |
| Weather Condition(s) SNOW | | | |
| 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 NO | Junction Location NON-JUNCTION | Intersection Type NOT AN 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 WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 35 | Total Lanes 2 | |
| | Most Harmful Event: Collision With DITCH | | 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 CURVE LEFT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|-----------------------------|---|--|---|---------------------|---|
| UNIT 01 VEHICLE 01 | Vehicle | | | | |
| | License Plate Number AYW3668 | | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number WBXPC93419WJ26003 | | Make BMW | Year 2009 | Model X3 |
| | Color BLK - BLACK | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | Initial Contact Point 11 - LEFT FRONT CORNER | | Vehicle Damage | | |
| | Extent Of Damage NO DAMAGE | | 00 - NO DAMAGE | | |



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| | | | | |
|-----------------|--|-----------------------------|---|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND | | | |
| 01 | Owner Name TOREN NESTHUS | | Owner Address 406 HILL ST ROCK SPRINGS, WI 53961 , US | |
| | Sequence Of Events | | | |
| 01 | Event | CROSS CENTERLINE | | |
| | Event | RUN OFF ROADWAY LEFT | | |
| | Event | DITCH | | |
| | Event | | | |
| 01 | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | INDIVIDUAL TOREN NESTHUS | |
| 01 | Individual | | | |
| | DRIVER OLIVIA NESTHUS (608) 393-9856 | | Citations Issued 0 | Sex FEMALE |
| | Address 406 HILL ST ROCK SPRINGS, WI 53961 , US | | Date of Birth | Race WHITE |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| 01 | Injury NO APPARENT INJURY | | Airbag NON DEPLOYED | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | |
| | Hospital | | EMS Agency Identifier | EMS Run # |
| 01 | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | Date of Death | |
| | Distracted By Action NOT DISTRACTED | | Time of Death | |

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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 | | | | | |