

6TL0DKRB3G

26-00031

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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		Investigating Officer/Deputy DEPUTY M. DUNSE	
Crash Date 01/02/2026		Crash Time 03:15 AM		Date Arrived 01/02/2026		Time Arrived 03:38 AM	
Date Notified 01/02/2026		Time Notified 03:31 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

Diagram			Reconstruction By
			Photos By M. DUNSE
			Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING WB ON USH 12. UNIT 1 WAS EMOTIONAL AND CRYING WHILE DRIVING. UNIT 1 LOST CONTROL INTO THE DITCH. VEHICLE WAS REMOVED AND TOWED BY CRAIG'S. VEHICLE SUSTAINED FUNCTIONAL DAMAGES.

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Location

ON USH12 WB 0.40 MI S OF USH12 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.553950368	Longitude -89.785663321
	X Coordinate 274990.9375	Y Coordinate 4826103.5
	Structure Type	

Crash Scene

First Harmful Event OTHER NON-COLLISION		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY, ICE		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
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 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 PASSENGER CAR				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 65	Total Lanes 2	
	Most Harmful Event: Collision With OTHER NON-COLLISION		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number 952WLB		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1HGCP36879A025557		Make HOND	Year 2009	Model ACCORD EX
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 00 - NON-COLLISION		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		12 - FRONT		



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNKNOWN			
01	Owner Name KATHRYN STONE		Owner Address 106 TREMONT ST MAUSTON, WI 53948 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		INDIVIDUAL KATHRYN STONE	
UNIT	Individual			
	DRIVER MAGDALEN STONE		Citations Issued 0	Sex FEMALE
UNIT	Date of Birth		Race WHITE	
	Address 218 S BASSETT ST MADISON, WI 53703 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
001	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
001	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED	
001	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death	
001	Time of Death		Distracted By Source	
	Distracted By		Distracted By Action UNKNOWN	

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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, EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)					