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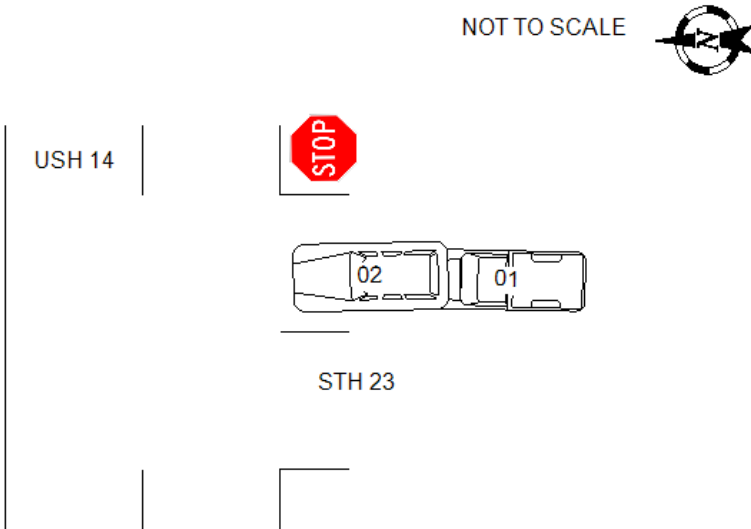
26-00218

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 26-00218		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 01/07/2026		Crash Time 01:15 PM		Date Arrived 01/07/2026		Time Arrived 01:25 PM	
Date Notified 01/07/2026		Time Notified 01:21 PM		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>NOT TO SCALE</p> 		
		Photos By
		Additional Information NONE

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 2 WAS STOPPED AT THE STOP SIGN. THE OPERATOR OF UNIT 2 PULLED FORWARD AND STOPPED AGAIN. THE OPERATOR OF UNIT 1 ASSUMED UNIT 2 WAS LEAVING THE INTERSECTION. THE OPERATOR OF UNIT 1 LOOKED RIGHT AND REAR-ENDED UNIT 2. NO REPORTED INJURIES.

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Location

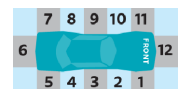
INTERSECTION ON STH23 WB AT USH14 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.185639555	Longitude -90.064192053
	X Coordinate 250988.28125	Y Coordinate 4785989.5
	Structure Type NO STRUCTURE	

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 NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 01 VEHICLE 01	Vehicle					
		License Plate Number UC6227		Plate Type LTK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GCHK24K47E595789		Make CHEV	Year 2007	Model SILVERADO			
Color BLU - BLUE		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 MINOR DAMAGE							



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name AUSTIN KENT (608) 415-7306		Owner Address N2038 BROCKMAN RD ELROY, WI 53929 , 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 PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL AUSTIN KENT	
UNIT	Individual			
	DRIVER AUSTIN KENT (608) 415-7306		Citations Issued 0	Sex MALE
01	Date of Birth		Race WHITE	
	Address N2038 BROCKMAN RD ELROY, WI 53929 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
01	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	
01	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED	
01	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death	
01	Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By		Distracted By Action NOT DISTRACTED	

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UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name JINITTA LARSON	Owner Address 413 N PEARL ST RICHLAND CENTER, WI 53581 , US	
UNIT 02	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
	Policy Holder		
	Insurance Company LIBERTY-MUTUAL-INS-CO	INDIVIDUAL JINITTA LARSON	
	Individual		
UNIT INDIVIDUAL	DRIVER THOMAS LARSON (608) 475-3546	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 413 N PEARL ST RICHLAND CENTER, WI 53581 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	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	
	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	
UNIT 02	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
UNIT 02	Non Motorist		
	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO		
02	002	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
Drug Type				
Individual Condition				
APPEARED NORMAL				
UNIT	INDIVIDUAL	Individual		
		PASSENGER MATTHEW HENDERSON	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 413 N PEARL ST RICHLAND CENTER, WI 53581 , US	Driver License Number	
02	003	Safety Equipment		
		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
Eye Protection		Tint Compliance		
02	003	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				
Distracted By Action				
Non Motorist				
Striking Unit #		Location		
Prior Action				

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UNIT	INDIVIDUAL				
		Action			
		Action Other			To/From School
		Drug & Alcohol			
		Suspected Alcohol Use NO		Suspected Drug Use NO	
02	003	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			