

6TL0FV1GGW

26-00218

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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 style="text-align: center;">NOT TO SCALE</p>		
		Photos By
		Additional Information NONE
<p><input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.</p> <p>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.</p>		

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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	

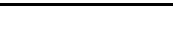
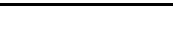
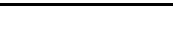
Crash Scene

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)
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
Within Interchange Area NO	Special Study
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						

Vehicle

01	01	UNIT VEHICLE	<table border="1"> <tr> <td>License Plate Number UC6227</td><td>Plate Type LTK</td><td>St WI</td><td>Country of Issuance UNITED STATES</td></tr> <tr> <td>Vehicle Identification Number 1GCHK24K47E595789</td><td>Make CHEV</td><td>Year 2007</td><td>Model SILVERADO</td></tr> <tr> <td>Color BLU - BLUE</td><td>Body Style PK - PICKUP</td><td colspan="2">Bus Use</td></tr> <tr> <td>Initial Contact Point 12 - FRONT</td><td colspan="2">Vehicle Damage</td><td rowspan="2">  </td></tr> <tr> <td>Extent Of Damage MINOR DAMAGE</td><td colspan="3">01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</td></tr> </table>	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			Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
License Plate Number UC6227	Plate Type LTK	St WI	Country of Issuance UNITED STATES																				
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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 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		
02	Event		
03	Event		
04	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL AUSTIN KENT	
Individual			
	DRIVER AUSTIN KENT (608) 415-7306	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address N2038 BROCKMAN RD ELROY, WI 53929 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		Safety Equipment	
01 001	On Duty Crash Row 01 - FRONT ROW Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury 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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			

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UNIT INDIVIDUAL	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 AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire 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					
	Vehicle					
	License Plate Number AGE4455		Plate Type AUT	St WI	Country of Issuance UNITED STATES	

UNIT 02 VEHICLE	Vehicle Identification Number 2C4RC1BG6HR782045		Make CHRY	Year 2017	Model PACIFICA
	Color GRY - GRAY		Body Style VN - VAN		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		

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UNIT 02	VEHICLE 02	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors NOT APPLICABLE
		Driver Prior Action Other	
Driver Actions NO CONTRIBUTING ACTION			
UNIT 02	Owner Name JINITTA LARSON	Owner Address 413 N PEARL ST RICHLAND CENTER, WI 53581 , US	
	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT INDIVIDUAL 04	Policy Holder		
	Insurance Company LIBERTY-MUTUAL-INS-CO	INDIVIDUAL JINITTA LARSON	
	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		Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 07 - LEFT		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
Injury 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 NOT APPLICABLE (NOT DISTRACTED)		Time of Death	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	
		Location	

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UNIT INDIVIDUAL	Prior Action			
	Action			
02 002	Action Other			
	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			
	Individual			
	UNIT INDIVIDUAL	PASSENGER MATTHEW HENDERSON		Citations Issued 0 Sex MALE
				Date of Birth
Address 413 N PEARL ST RICHLAND CENTER, WI 53581 , US		Driver License Number		
02 003	Safety Equipment	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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		
Hospital		Date of Death		
Distracted By	Distracted By Source			
Distracted By Action				
Non Motorist	Striking Unit #	Location		
Prior Action				

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UNIT INDIVIDUAL 02 003	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		