

6TL0DRXHM6

26-00229

# WISCONSIN MOTOR VEHICLE CRASH REPORT

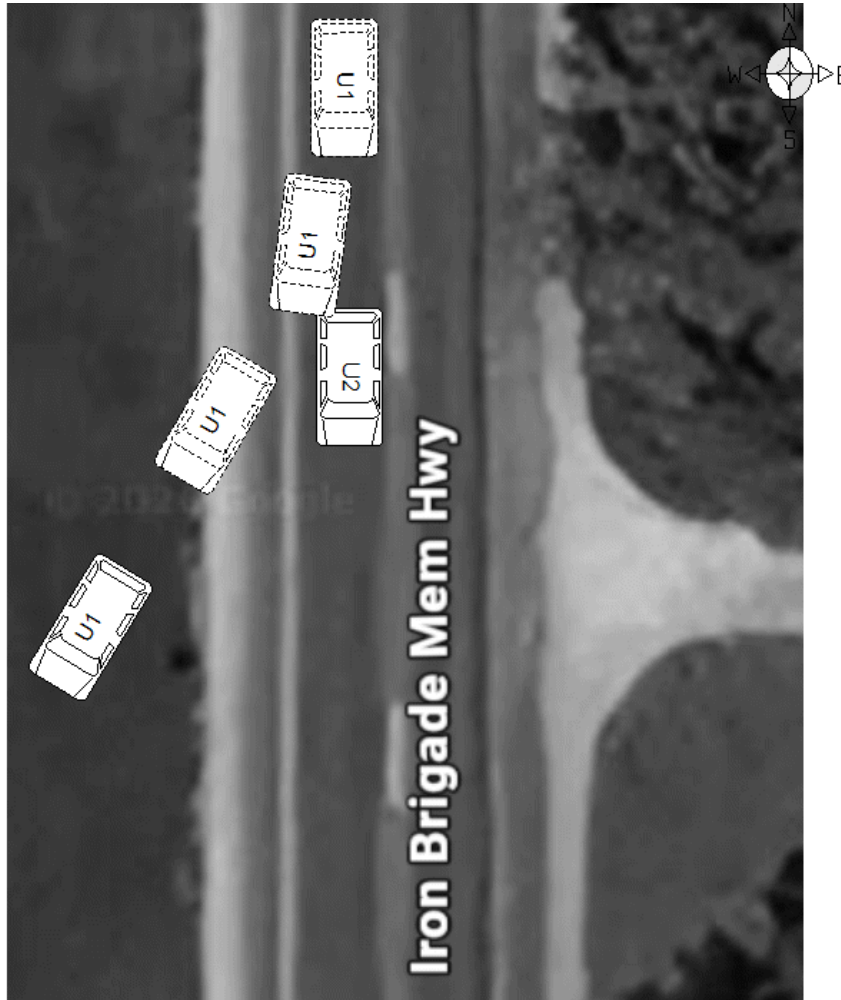
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>26-00229</b>		Investigating Officer/Deputy <b>DEPUTY S. ELLICKSON</b>	
Crash Date <b>01/07/2026</b>		Crash Time <b>05:11 PM</b>		Date Arrived <b>01/07/2026</b>		Time Arrived <b>05:19 PM</b>	
Date Notified <b>01/07/2026</b>		Time Notified <b>05:11 PM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram



Reconstruction By

Photos By

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

UNIT 1 AND 2 WERE TRAVELING SOUTHBOUND ON USH 12 JUST SOUTH OF CTH Z. UNIT 2 WAS COMING TO A STOP DUE TO A VEHICLE IN FRONT OF HER TURNING LEFT INTO A DRIVE WAY. UNIT 1 WAS BEHIND UNIT 2 WHEN THIS HAPPENED. UNIT 1 DID NOT SEE UNIT 2 STOPPING AND SWERVED TO MISS UNIT 2. HOWEVER IT WAS UNSUCCESSFUL AND STRUCK THE BACK PASSENGER QUARTER PANEL WITH THEIR FRONT DRIVER QUARTER PANEL. UNIT 1 CONTINUED INTO THE WEST SIDE DITCH.

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## Location

ON USH12 SB 0.33 MI S OF PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.309981646</b>	Longitude <b>-89.759182827</b>
	X Coordinate <b>276232.1875</b>	Y Coordinate <b>4798936</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>01/07/2026</b>	Time Initial Lane/Rd Closed <b>05:20 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK</b>	
Date All Lanes Open <b>01/07/2026</b>	Time All Lanes Open <b>05:58 PM</b>	Date Scene Cleared <b>01/07/2026</b>	Time Scene Cleared <b>05:58 PM</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	01	License Plate Number <b>AEX1328</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>3GNAXKEV7KS591575</b>		Make <b>CHEV</b>	Year <b>2019</b>	Model <b>EQUINOX</b>		

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UNIT	VEHICLE	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>11 - LEFT FRONT CORNER</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>		
01	01	Owner Name <b>AMBER EDWARDS (608) 644-6068</b>	Owner Address <b>611 SPRUCE ST SAUK CITY, WI 53583 , US</b>	
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>DITCH</b>		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>AMBER EDWARDS</b>	
		<b>Individual</b>		
		DRIVER <b>STEVIE EDWARDS (608) 644-6068</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>611 SPRUCE ST SAUK CITY, WI 53583 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		On Duty Crash
				Safety Equipment
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)			
	Distracted By Action		OTHER ACTION (LOOKING AWAY FROM TASK ETC)			
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<b>Drug &amp; Alcohol</b>		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				
<b>Violations</b>						
01	UTC Number BJ679465	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING		

## Unit Summary

UNIT 02	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 SOUTHBOUND	<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					
	<b>Vehicle</b>					
	License Plate Number BBP9688		Plate Type AUT	St WI	Country of Issuance UNITED STATES	

02

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02	UNIT VEHICLE	Vehicle Identification Number <b>5J8TB3H36GL001316</b>		Make <b>ACUR</b>	Year <b>2016</b>	Model <b>RDX</b>	
		Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage			
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>05 - RIGHT REAR CORNER</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>			
		What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors			
02	UNIT VEHICLE	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>					
		Owner Name <b>CAROLYN HAMMOND (706) 466-1034</b>		Owner Address <b>4801 SHEBOYGAN AVE # 214 MADISON, WI 53705 , US</b>			
<b>Sequence Of Events</b>							
01	UNIT	Event <b>MOTOR VEH IN TRANSPORT</b>					
		Event					
		Event					
		Event					
04	UNIT	Event					
		Event					
<b>Policy Holder</b>							
02	UNIT	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		INDIVIDUAL <b>CAROLYN HAMMOND</b>			
		<b>Individual</b>					
02	UNIT INDIVIDUAL	DRIVER <b>CAROLYN HAMMOND (706) 466-1034</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>4801 SHEBOYGAN AVE # 214 MADISON, WI 53705 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
02	002	<b>Safety Equipment</b>		On Duty Crash			
				Safety Equipment			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
02	002	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT INDIVIDUAL 02 002	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run #	
	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	
	<b><i>Distracted By</i></b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b><i>Non Motorist</i></b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<b><i>Drug &amp; Alcohol</i></b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Witness</b>					
WITN ESS 01	Individual <b>BENJAMIN WANKERL</b> <b>(608) 393-0409</b>		Address <b>417 FRANKLIN ST</b> <b>SAUK CITY, WI 53583 , US</b>		Date of Birth	