

6TL0DRXHM6

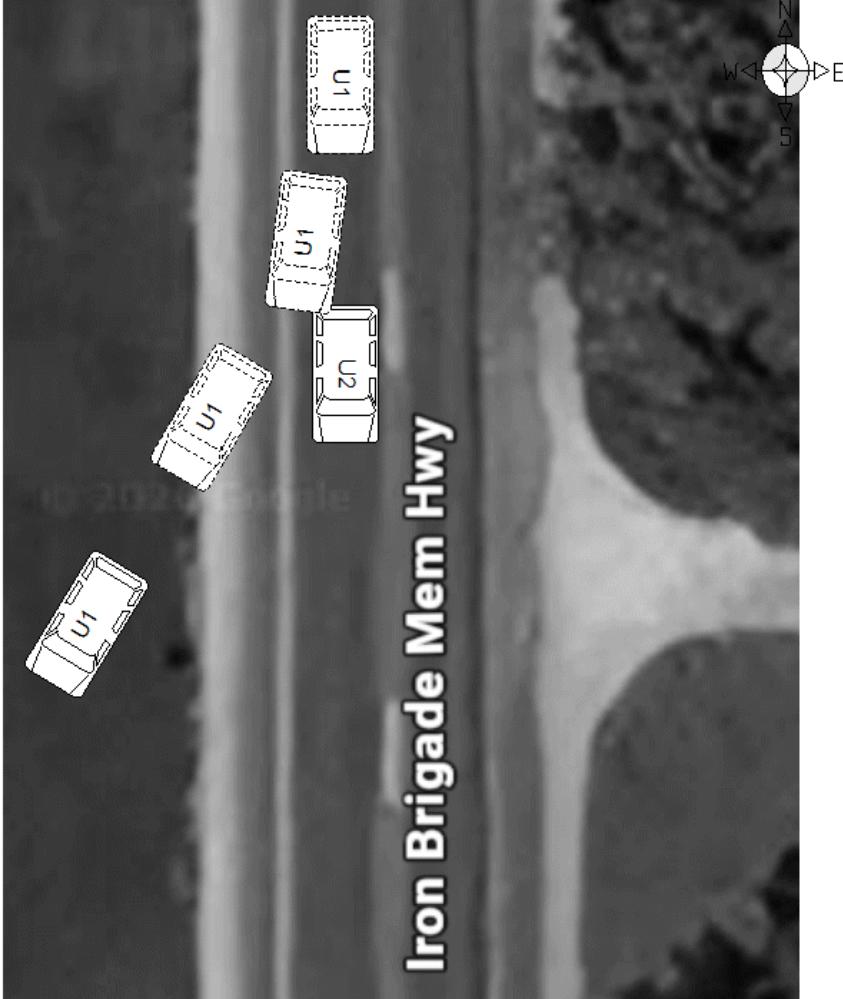
26-00229

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 26-00229 | Investigating Officer/Deputy DEPUTY S. ELLICKSON | |
| Crash Date 01/07/2026 | | Crash Time 05:11 PM | Date Arrived 01/07/2026 | Time Arrived 05:19 PM | |
| Date Notified 01/07/2026 | | Time Notified 05:11 PM | Total Units 02 | Total Injured 01 | Total Killed 00 |
| <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 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

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 43.309981646 | Longitude -89.759182827 |
| | X Coordinate 276232.1875 | Y Coordinate 4798936 |
| | Structure Type | |
| | | |

Crash Scene

| | | | |
|---|--|---|---------------------------------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 03 - FRONT TO REAR | | Light Condition DARK/UNLIT | |
| 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 | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |
| Closure Type FULL CLOSURE | | Reasons for Closure LAW ENFORCEMENT, TOW TRUCK | |
| Date Initial Lane/Rd Closed 01/07/2026 | Time Initial Lane/Rd Closed 05:20 PM | | |
| Date All Lanes Open 01/07/2026 | Time All Lanes Open 05:58 PM | Date Scene Cleared 01/07/2026 | Time Scene Cleared 05:58 PM |

Unit Summary

| | | | | | | | | | | |
|----------------|---|--|---|---|--|--|--|--|--|--|
| 01 UNIT | 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 1 | 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 | | | | | | | | | |
| | Vehicle | | | | | | | | | |
| | License Plate Number AEX1328 | Plate Type AUT | St WI | Country of Issuance UNITED STATES | | | | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | | |
|--|--|---|--|-------------------|---|
| UNIT VEHICLE | Color GRY - GRAY | | Body Style UT - SPORT UTILITY VEHICLE | Bus Use | |
| | Initial Contact Point 11 - LEFT FRONT CORNER | | Vehicle Damage 11 - LEFT FRONT CORNER | | |
| | Extent Of Damage DISABLING DAMAGE | | | |  |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By EVERETTS TOWING | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | |
| UNIT VEHICLE | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | | |
| | Owner Name AMBER EDWARDS (608) 644-6068 | | Owner Address 611 SPRUCE ST SAUK CITY, WI 53583 , US | | |
| Sequence Of Events | | | | | |
| 01 | Event MOTOR VEH IN TRANSPORT | | | | |
| 02 | Event DITCH | | | | |
| 03 | Event | | | | |
| 04 | Event | | | | |
| UNIT INDIVIDUAL | Policy Holder | | | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | INDIVIDUAL AMBER EDWARDS | | |
| | Individual | | | | |
| DRIVER STEVIE EDWARDS (608) 644-6068 | | Citations Issued 1 | Sex FEMALE | | |
| | | Date of Birth | Race WHITE | | |
| Address 611 SPRUCE ST SAUK CITY, WI 53583 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | | | | |
| 01 001 | Safety Equipment | | On Duty Crash | | |
| | | | Safety Equipment SHOULDER & LAP BELT | | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | | |
| | 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 # |

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| | | | | | |
|------------------------|--|--|---|--|---|
| UNIT INDIVIDUAL | Hospital | Date of Death | Time of Death | | |
| | Distracted By Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING) | | | | |
| | Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | |
| | 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 | | | | | |
| Violations | | | | | |
| 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 | | | | |
| | Vehicle | | | | |
| | License Plate Number BBP9688 | | Plate Type AUT | St WI | Country of Issuance UNITED STATES |

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| | | | | | |
|---|---|---|--|---|--|
| 02 UNIT VEHICLE | Vehicle Identification Number 5J8TB3H36GL001316 | Make ACUR | Year 2016 | Model RDX | |
| | Color GRY - GRAY | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use | |
| | Initial Contact Point 05 - RIGHT REAR CORNER | Vehicle Damage | |  | |
| | Extent Of Damage DISABLING DAMAGE | 05 - RIGHT REAR CORNER | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By EVERETTS TOWING | | | |
| | What Driver Was Doing SLOW/STOPPING | Vehicle Factors | | | |
| | Driver Prior Action Other | NOT APPLICABLE | | | |
| | Driver Actions NO CONTRIBUTING ACTION | | | | |
| | Owner Name CAROLYN HAMMOND (706) 466-1034 | Owner Address 4801 SHEBOYGAN AVE # 214 MADISON, WI 53705 , US | | | |
| | Sequence Of Events | | | | |
| 02 02 01 | Event MOTOR VEH IN TRANSPORT | | | | |
| 03 02 | Event | | | | |
| 04 03 | Event | | | | |
| 04 02 | Event | | | | |
| Policy Holder | | | | | |
| Insurance Company GEICO-GENERAL-INS-CO | | INDIVIDUAL CAROLYN HAMMOND | | | |
| Individual | | | | | |
| DRIVER CAROLYN HAMMOND (706) 466-1034 | | Citations Issued 0 | Sex FEMALE | | |
| | | Date of Birth | Race WHITE | | |
| Address 4801 SHEBOYGAN AVE # 214 MADISON, WI 53705 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| | | | | | |
| Safety Equipment | | On Duty Crash | | | |
| Row 01 - FRONT ROW | | Safety Equipment SHOULDER & LAP BELT | | | |
| | | Seat Position 07 - LEFT | | | |
| Helmet Use | | Helmet Compliance | | | |
| Eye Protection | | Tint Compliance | | | |
| 02 002 | Injury | Injury Severity POSSIBLE INJURY | Airbag NON DEPLOYED | | |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | | |

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|--|---|--|--|----------------------|----------------|
| UNIT INDIVIDUAL 02 002 | Medical Transport EMS GROUND | | EMS Agency Identifier 6000555 | EMS Run # | |
| | Hospital SAUK PRAIRIE HOSP | | Date of Death | Time of Death | |
| | Distracted By | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| | Distracted By Action NOT DISTRACTED | | | | |
| | 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 | | | | | |
| Witness [REDACTED] | | | | | |
| WITNESS 01 | Individual BENJAMIN WANKERL (608) 393-0409 | | Address 417 FRANKLIN ST SAUK CITY, WI 53583 , US | Date of Birth | |