

6TL0D7W184

26-00267

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 26-00267		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 01/08/2026		Crash Time 03:38 PM		Date Arrived 01/08/2026		Time Arrived 03:43 PM	
Date Notified 01/08/2026		Time Notified 03:38 PM		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 KMUELLER
		Additional Information PHOTOS

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

UNIT 1 WAS DRIVING NORTH (WEST) ON HWY 12. UNIT 1 WAS DRIVING IN THE LANE CLOSEST TO THE MEDIAN AND BEGAN LOSING CONTROL. UNIT 1 SWERVED AND WENT IN TO THE DITCH ROLLING. THIS WAS CONFIRMED BY AN UNIDENTIFIED WITNESS AS WELL. THERE WAS RAIN AND SLICK ROADS AT THE TIME.

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Location

ON USH12 WB 0.73 MI S OF SKIHI RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.409638084	Longitude -89.771977854
	X Coordinate 275562.40625	Y Coordinate 4810038.5
	Structure Type	

Crash Scene

First Harmful Event TRAFFIC SIGN POST		First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) RAIN			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL 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 55	Total Lanes 4	
	Most Harmful Event: Collision With DITCH		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 LEFT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AYT3903		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2G4WD532551324030		Make BUIC	Year 2005	Model LACROSSE
	Color SIL - SILVER (ALUMINUM)		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		15 - ALL AREAS		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	Owner Name TIMOTHY BAUER (608) 548-0557		Owner Address 429 W PEARL ST NEW LISBON, WI 53950 , US	
	Sequence Of Events			
01	Event	TRAFFIC SIGN POST		
	Event	DITCH		
	Event	OVERTURN/ROLLOVER		
	Event			
04	Policy Holder			
	Insurance Company MT-MORRIS-MUTUAL-INS-CO		INDIVIDUAL TIMOTHY BAUER	
UNIT INDIVIDUAL	Individual			
	DRIVER TIMOTHY BAUER (608) 548-0557		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address 429 W PEARL ST NEW LISBON, WI 53950 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
001	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		
Hospital		EMS Run #		
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 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					