

6TL0F68VPQ
26-00659

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 26-00659	Investigating Officer/Deputy SERGEANT T. CLAUER	
Crash Date 01/19/2026		Crash Time 11:45 AM	Date Arrived 01/19/2026	Time Arrived 12:00 PM	
Date Notified 01/19/2026		Time Notified 11:49 AM	Total Units 01	Total Injured 01	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

<p>Diagram</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information DASH CAMERA VIDEO

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

ON 1/19/2026 I WAS REQUESTED TO RESPOND TO A ONE VEHICLE ACCIDENT ON TERRYTOWN RD. I ARRIVED ON SCENE AND SPOKE TO THE OPERATOR WHO WAS IDENTIFIED BY WI DL. OPERATOR STATED HE LOST CONTROL ON THE ICE COVERED ROADWAY AND STRUCK A TREE ON THE SOUTHSIDE OF THE ROADWAY. OPERATOR COMPLAINING OF MINOR INJURIES. OPERATOR DIDN'T BELIEVE REAR PASSENGER HAD ANY INJURIES. VEHICLE WAS REMOVED BY CRAIGS TOWING.

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Location

ON TERRYTOWN RD 0.41 MI S OF HOGSBACK RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.505086479	Longitude -89.901649647
	X Coordinate 265432.40625	Y Coordinate 4820997
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event TREE	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) ICE	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 02	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 45	Total Lanes 02
	Most Harmful Event: Collision With TREE	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				

UNIT	Vehicle				
	VEHICLE	License Plate Number AYJ2650	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4S4BSBFC2G3233754	Make SUBA	Year 2016	Model OUTBACK
		Color GRY - GRAY	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE					



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL			
01	Owner Name KYLE MARTIN (608) 963-1306		Owner Address S3749 SCHNEIDER RD ROCK SPRINGS, WI 53961 , US	
	Sequence Of Events			
01	01	Event TREE		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		INDIVIDUAL KYLE MARTIN	
UNIT INDIVIDUAL	Individual			
	DRIVER KYLE MARTIN (608) 963-1306		Citations Issued 0	Sex MALE
	Address S3749 SCHNEIDER RD ROCK SPRINGS, WI 53961 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-COMBINATION
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				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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					
		Individual					
		PASSENGER VIOLET MARTIN (608) 963-1306			Citations Issued 0	Sex FEMALE	
		Date of Birth			Race WHITE		
Address S3749 SCHNEIDER RD ROCK SPRINGS, WI 53961 , US			Driver License Number				
01	002	Safety Equipment		On Duty Crash			
		Safety Equipment		CHILD RESTRAINT SYSTEM - REAR FACING			
		Row 06 - UNKNOWN ROW	Seat Position 09 - RIGHT	Helmet Compliance			
		Helmet Use		Tint Compliance			
		Eye Protection		Airbag DEPLOYED-COMBINATION			
		Injury		Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-COMBINATION	
		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				

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UNIT	INDIVIDUAL			
	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			
	01	002		