

6TL0F3SSKB

26-00630

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 26-00630	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 01/18/2026		Crash Time 01:27 PM	Date Arrived 01/18/2026	Time Arrived 01:48 PM	
Date Notified 01/18/2026		Time Notified 01:28 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
		Photos By
		Additional Information NONE

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

U1 WAS EASTBOUND ON HY12 IN THE MIDDLE LANE WHEN THE OPERATOR STATED HER LEFT BLINKER WAS ON TO CHANGE LANES. OPERATOR OF U1 STATED HER "BLIND SPOT" LIGHT WAS NOT ON AND SHE LOOKED BUT DID NOT SEE U2. U1 OPERATOR STATED SHE CHANGED LANES TO THE LEFT AND SIDE SWIPE U2. U1 OPERATOR DENIED ANY INJURIES. U2 OPERATOR STATED SHE WAS DRIVING IN THE FAR LEFT LANE WHEN SHE WAS STRUCK FROM THE PASSENGER SIDE BY U1. OPERATOR OF U2 STATED HER DRIVING PATTERN DID NOT CHANGE, LANES OR SPEED. OPERATOR OF U2 DENIED INJURIES. OPERATOR OF U2 ALSO ELECTED NO CITATIONS TO BE ISSUED, BOTH OPERATORS EXCHANGED INFORMATION AND THEY REMOVED THEIR VEHICLE FROM THE SCENE.

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Location

ON USH12 EB 1276 FT N OF MOON RD IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.56478948	Longitude -89.778558065
	X Coordinate 275605.15625	Y Coordinate 4827288
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH TRAN OTHER RDWY		First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION		Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, SNOW			
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 (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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 CONCRETE		Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

UNIT	Vehicle						
	01	License Plate Number AVR9084		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 5TDEBRCH2PS130066		Make TOYT	Year 2023	Model HIGHLANDER	
	VEHICLE	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage			
		Extent Of Damage MINOR DAMAGE		10 - LEFT SIDE FRONT			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing CHANGING LANES		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions LOOKED BUT DID NOT SEE				
01	Owner Name LINDA DREW (608) 404-1114		Owner Address N3400 5TH DR OXFORD, WI 53952 , US		
	Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL LINDA DREW		
UNIT INDIVIDUAL	Individual				
	DRIVER LINDA DREW (608) 404-1114		Citations Issued 0	Sex FEMALE	
	Address N3400 5TH DR OXFORD, WI 53952 , US		Date of Birth	Race WHITE	
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES		
01	Safety Equipment		On Duty Crash		
	Safety Equipment		SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance		
	Helmet Use		Tint Compliance		
	Eye Protection		Airbag NON DEPLOYED		
	Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		EMS Agency Identifier	
Medical Transport NOT TRANSPORTED		EMS Run #		Date of Death	
Hospital		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					
	01	001				

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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 CONCRETE		Road Curvature STRAIGHT	Road Grade UPHILL		
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number ATD2933	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5NMJE3AE7NH126882	Make HYUN	Year 2022	Model TUCSON
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		
		Extent Of Damage MINOR DAMAGE			
Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR				

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name BONNIE RAAB (608) 393-7918		Owner Address 920 K ST REEDSBURG, WI 53959 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WEST-BEND-MUTUAL-INS-CO		INDIVIDUAL BONNIE RAAB	
UNIT INDIVIDUAL	Individual			
	DRIVER BONNIE RAAB (608) 393-7918		Citations Issued 0	Sex FEMALE
	Address 920 K ST REEDSBURG, WI 53959 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 02	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
	Hospital		EMS Agency Identifier	
	Date of Death		EMS Run #	
	Time of Death			
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #		
Location				

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UNIT INDIVIDUAL 02 002	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		