

6TL0F3SSKH

26-00769

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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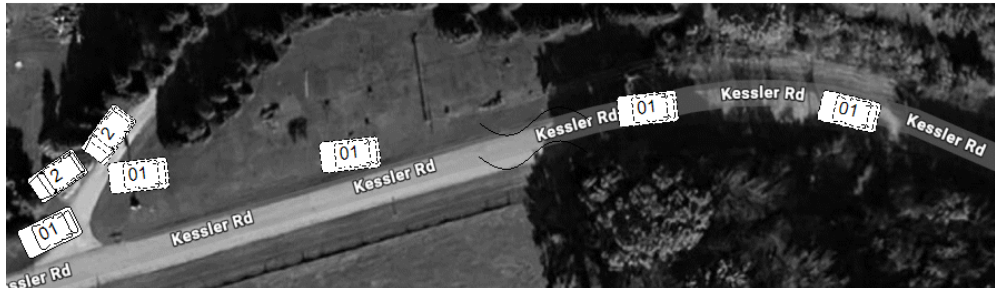
Document Number Override		Primary Crash Document #		Agency Crash Number <b>26-00769</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>01/22/2026</b>		Crash Time <b>11:22 AM</b>		Date Arrived <b>01/22/2026</b>		Time Arrived <b>11:50 AM</b>	
Date Notified <b>01/22/2026</b>		Time Notified <b>11:50 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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



Not to scale



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.

I RESPONDED TO THE AREA OF E12016 KESSLER RD., FOR A REPORT OF A 2 VEHICLE CRASH. I RESPONDED TO THE SCENE AND OBSERVED TIRE TRACKS LEAVING THE ROADWAY ON THE WESTBOUND SIDE. I PULLED INTO THE DRIVEWAY AND SAW U1 PARKED NEXT TO U2. I SPOKE WITH THE OPERATOR OF U1 AND SHE STATED SHE WAS HEADED WESTBOUND AND DURING THE CORNER LOST CONTROL OF HER VEHICLE DUE TO THE SNOW COVERED ROADWAY AND ENTERED THE DITCH AND THEN STRUCK U2 AS THEY WERE DRIVING OUT OF THEIR DRIVEWAY. BOTH OPERATORS STATED THEY DID NOT HAVE ANY INJURIES. I INFORMED U1 OPERATOR, THAT SHE WOULD BE RECEIVING A CITATION FOR DRIVING TOO FAST FOR CONDITIONS. I RETURNED TO MY SQUAD AND BEGAN COMPLETING THE CITATION. WHILE COMPLETING THE CITATION THERE WAS TWO MANDATORY BOXES THAT NEEDED TO BE FILLED, OPERATOR SPEED AND POSTED SPEED LIMIT. OPERATOR CLAIMED SHE WAS GOING APPROXIMATELY 25MPH IN A POSTED 35MPH. THE CITATION WAS UNABLE TO BE VALIDATED AND COMPLETED DUE TO THE OPERATOR TRAVELING BELOW THE SPEED LIMIT. I CONTACTED SGT. KNULL ABOUT THE ISSUE AND HE INFORMED ME THERE IS AN INTERNAL ERROR WITH A RECENT "TRACS" UPDATE AND WAS ADVISED TO MARK HER SPEED TO BE FASTER THAN THE POSTED SPEED LIMIT TO VALIDATE THE FORM. I COMPLETED THE FORM AS INSTRUCTED AND ISSUED THE CITATION TO SAM. U1 WAS REMOVED BY THEIR OWN RESCUE PARTY.

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## Location

ON 12016 KESSLER RD 0.36 MI E OF OLD LAKE RD (HOUSE/BUILDING 12016)  IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.45355146</b>	Longitude <b>-89.722276334</b>
	X Coordinate <b>279746.15625</b>	Y Coordinate <b>4814783</b>
	Structure Type <b>HOUSE/BUILDING</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>		ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>CLOUDY</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>	

## 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>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>2</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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>35</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>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>AZR5666</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>WBA3D5C51EKX97230</b>		Make <b>BMW</b>	Year <b>2014</b>	Model <b>328</b>
	Color <b>DBL - BLUE, DARK</b>		Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				



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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>SPEED TOO FAST/COND</b>				
01	01	Owner Name <b>SAMANTHA SMET (608) 963-3924</b>		Owner Address <b>825 12TH ST # 6 BARABOO, WI 53913 , US</b>		
<b>Sequence Of Events</b>						
UNIT	VEHICLE	01	Event <b>DITCH</b>			
		02	Event <b>MOTOR VEH IN TRANSPORT</b>			
		03	Event			
		04	Event			
UNIT	VEHICLE	<b>Policy Holder</b>				
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		INDIVIDUAL <b>SAMANTHA SMET</b>		
UNIT	INDIVIDUAL	<b>Individual</b>				
		DRIVER <b>SAMANTHA SMET (608) 963-3924</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race		
		Address <b>825 12TH ST # 6 BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT	INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
		Helmet Use		Helmet Compliance		
UNIT	INDIVIDUAL	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>		
UNIT	INDIVIDUAL	Trapped/Extricated <b>NOT TRAPPED</b>				
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		
		EMS Run #				
		Hospital		Date of Death		
UNIT	INDIVIDUAL	Time of Death				
		<b>Distracted By</b>				
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>						
Distracted By Action <b>NOT DISTRACTED</b>						

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	<b>Drug &amp; Alcohol</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>Individual</b>					
		PASSENGER <b>BELLA GARSKE</b> (608) 809-3105			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
					Date of Birth	Race <b>WHITE</b>	
		Address <b>527 GROVE ST</b> <b>BARABOO, WI 53913 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		01	002	<b>Safety Equipment</b>		On Duty Crash	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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 #	
Hospital				Date of Death		Time of Death	
<b>Distracted By</b>				Distracted By Source			
Distracted By Action							
01	002	<b>Non Motorist</b>		Striking Unit #	Location		

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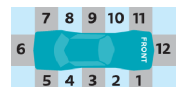
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	01	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition <b>APPEARED NORMAL</b>		
	01	<b>Violations</b>			
		UTC Number <b>BK261692</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>

## Unit Summary

UNIT	02	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>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>1</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>PARKING LOT OR PRIVATE PROPERTY</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>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>ST2037</b>	Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>4S4WMAMD2L3427227</b>	Make <b>SUBA</b>	Year <b>2020</b>	Model <b>ASCENT</b>
		Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>VICKY BINDER-DEVINE</b>		Owner Address <b>E12016 KESSLER RD BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
02	<b>Policy Holder</b>			
	Insurance Company <b>OWNERS-INS-CO</b>		INDIVIDUAL <b>VICKY BINDER-DEVINE</b>	
	<b>Individual</b>			
	DRIVER <b>VICKY BINDER-DEVINE</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
03	Date of Birth		Race <b>WHITE</b>	
	Address <b>E12016 KESSLER RD BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
04	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
003	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 #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
02	Distracted By Action <b>NOT DISTRACTED</b>			

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #		Location	
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
				NO		NO	
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given		Drug Test Type		Drug Test Results	
TEST NOT GIVEN							
02	003	Drug Type					
		Individual Condition					
		APPEARED NORMAL					