

6TL0F3SSKH
26-00769

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0F3SSKH

| | | | | |
|--|--|--|---|---|
| Document Number Override | Primary Crash Document # | Agency Crash Number 26-00769 | Investigating Officer/Deputy DEPUTY A. KING | |
| Crash Date 01/22/2026 | Crash Time 11:22 AM | Date Arrived 01/22/2026 | Time Arrived 11:50 AM | |
| Date Notified 01/22/2026 | Time Notified 11:50 AM | 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"/> 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 |
|  Not to scale | 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) | Latitude 43.45355146 | Longitude -89.722276334 |
| | X Coordinate 279746.15625 | Y Coordinate 4814783 |
| | Structure Type HOUSE/BUILDING | |

IN THE TOWN OF BARABOO
IN SAUK COUNTY

Crash Scene

| | |
|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ROADSIDE |
| Manner of Collision 01 - ANGLE | Light Condition DAYLIGHT |
| Road Surface Condition(s) SNOW, ICE | Roadway Factor(s) |
| Environment Factor(s) WEATHER CONDITIONS | ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) |
| Weather Condition(s) CLOUDY | |
| 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 |
| Within Interchange Area NO | Special Study |
| Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | |
|-----------------------------|---|---|--|--|
| 01 UNIT 01 VEHICLE | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | Operating As Endorsements | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 35 |
| | 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 CURVE LEFT | | Road Grade DOWNHILL |
| | Truck Bus or HazMat | | | |
| | NO | | | |

Vehicle

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

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| | | | |
|--|---|---|--|
| UNIT | VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By OWNER |
| | | What Driver Was Doing NEGOTIATING CURVE | Vehicle Factors NOT APPLICABLE |
| 01 | 01 | Driver Prior Action Other | |
| | | Driver Actions SPEED TOO FAST/COND | |
| 01 | 01 | Owner Name SAMANTHA SMET (608) 963-3924 | Owner Address 825 12TH ST # 6 BARABOO, WI 53913 , US |
| | | Sequence Of Events | |
| 01 | Event DITCH | | |
| | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| | Event | | |
| Policy Holder | | | |
| UNIT | INDIVIDUAL | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | INDIVIDUAL SAMANTHA SMET |
| | | DRIVER SAMANTHA SMET (608) 963-3924 | Citations Issued 1 |
| 01 | 01 | Address 825 12TH ST # 6 BARABOO, WI 53913 , US | Date of Birth |
| | | | Race |
| Safety Equipment | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | |
| | Helmet Use | | |
| | Eye Protection | | |
| 001 | Injury NO APPARENT INJURY | Tint Compliance | |
| | | Airbag NON DEPLOYED | |
| 01 | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier |
| | Hospital | | Date of Death |
| Distracted By NOT APPLICABLE (NOT DISTRACTED) | | Time of Death | |
| Distracted By Action NOT DISTRACTED | | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

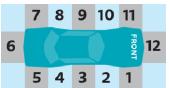
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| | | | | | |
|---|--|--|----------|---|----------------------|
| UNIT INDIVIDUAL | | Non Motorist Striking Unit # Location | | | |
| | | Prior Action | | | |
| | | Action | | | |
| | | Action Other | | To/From School | |
| 01 001 | | Drug & Alcohol Suspected Alcohol Use Suspected Drug Use NO 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 | | | |
| 01 002 | | Individual Condition APPEARED NORMAL | | | |
| | | Individual PASSENGER BELLA GARSKE (608) 809-3105 | | Citations Issued 0 | Sex FEMALE |
| UNIT INDIVIDUAL | | Date of Birth | | Race WHITE | |
| | | Address 527 GROVE ST BARABOO, WI 53913 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | | Safety Equipment | | Safety Equipment SHOULDER & LAP BELT | |
| | | Row 01 - FRONT ROW | | Seat Position 09 - RIGHT | |
| Helmet Use | | Helmet Compliance | | | |
| Eye Protection | | Tint Compliance | | | |
| Injury | | Injury Severity NO APPARENT INJURY | | | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | | |
| Hospital | | Date 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 | | | | |
| | Violations | | | | |
| 01 | UTC Number BK261692 | Issue To? 001 | Statute Number 346.57(3) | Description DRIVING TOO FAST FOR CONDITIONS | |
| 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 NOT ON ROADWAY | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit N/A | Total Lanes 1 |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE |
| | Traffic Way PARKING LOT OR PRIVATE PROPERTY | | 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 | | | | |
| | UNIT 02 VEHICLE | License Plate Number ST2037 | | Plate Type LTK | St WI Country of Issuance UNITED STATES |
| Vehicle Identification Number 4S4WMAMD2L3427227 | | Make SUBA | Year 2020 Model ASCENT | | |
| Color WHI - WHITE | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use | |
| Initial Contact Point 11 - LEFT FRONT CORNER | | Vehicle Damage | |  | |
| Extent Of Damage FUNCTIONAL DAMAGE | | 11 - LEFT FRONT CORNER | | | |

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

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| | | | |
|---|--|------------------------------------|---------------------------------|
| UNIT INDIVIDUAL 02 003 | 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 | | |