

26-00712

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

| | | | | | | | |
|--|--------------------------------------|--|--|--|--|---|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 26-00712 | | Investigating Officer/Deputy SERGEANT M. TATE | |
| Crash Date 01/21/2026 | | Crash Time 99:99 | | Date Arrived 01/21/2026 | | Time Arrived 02:11 AM | |
| Date Notified 01/21/2026 | | Time Notified 01:52 AM | | 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 type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

| | |
|---------|------------------------|
| Diagram | Reconstruction By |
| | Photos By |
| | Additional Information |

LOCATED UNIT 1 IN THE DITCH ON TROUT RD, ACROSS FROM E10039 TROUT RD. IT APPEARED THE VEHICLE WAS ATTEMPTING TO BACK OUT OF THE DRIVEWAY OF E10039 TROUT RD AND SLID INTO THE DITCH. NO ONE WAS AROUND WHEN I ARRIVED ON SCENE. VEHICLE REMOVED BY PLATTS TOWING. THE FOLLOWING DAY THE OWNER CALLED AND STATED HIS WIFE WAS BACKING OUT OF THE DRIVEWAY OF E10039 TROUT RD AND SLID INTO THE DITCH. NO INJURIES AND NO DAMAGE. NON-REPORTABLE CRASH.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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Location

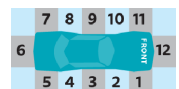
| | | |
|--|-----------------------------------|-----------------------------------|
| ON E10039 TROUT RD 0.37 MI E OF BIRCHWOOD RD (FIRE E10039) IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.612241456 | Longitude -89.820530317 |
| | X Coordinate 272394.375 | Y Coordinate 4832672.5 |
| | Structure Type FIRE | |

Crash Scene

| | | | |
|--|--|---|---------------|
| First Harmful Event DITCH | | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) SNOW | | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | | |
| Weather Condition(s) SNOW | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - NOT 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 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements | | |
| | Total Occs 3 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 25 | Total Lanes 2 | | |
| | Most Harmful Event: Collision With DITCH | | 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 01 VEHICLE 01 | Vehicle | | | | | |
| | | License Plate Number ARW1914 | | Plate Type AUT | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 5NMP4DGL8RH019841 | | Make HYUN | Year 2024 | Model SANTA FE | | | |
| Color BRO - BROWN | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use | | | |
| Initial Contact Point 00 - NON-COLLISION | | Vehicle Damage | | | | | |
| Extent Of Damage NO DAMAGE | | 00 - NO DAMAGE | | | | | |



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| | | | | |
|--|--|---|---|--|
| UNIT VEHICLE | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG | | Vehicle Removed By PLATTS WRECKER | |
| | What Driver Was Doing BACKING | | Vehicle Factors NOT APPLICABLE | |
| | Driver Prior Action Other | | | |
| | Driver Actions UNKNOWN | | | |
| 01 | 01 | Owner Name STEFAN KUVELJIC (608) 350-6260 | | Owner Address 1625 BROADWAY WISCONSIN DELLS, WI 53965 , US |
| | | Sequence Of Events | | |
| 01 | 01 | Event DITCH | | |
| | | Event | | |
| | | Event | | |
| | | Event | | |
| 04 | 03 | Event | | |
| | | Event | | |
| | | Event | | |
| | | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company STATE-FARM-CLASSIC-INS-CO | | INDIVIDUAL SHANTAL SIMMONDS | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER SHANTAL SIMMONDS | | Citations Issued 0 | Sex FEMALE |
| | Address 1625 BROADWAY WISCONSIN DELLS, WI 53965 , US | | Date of Birth | Race BLACK/AFRICAN AMERICAN |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 001 | On Duty Crash | | Safety Equipment |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT |
| | | Helmet Use | | Helmet Compliance |
| | | Eye Protection | | Tint Compliance |
| 01 | 001 | Injury 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 | Time of Death | |
| Distracted By UNKNOWN | | Distracted By Source UNKNOWN | | |
| Distracted By Action UNKNOWN | | | | |

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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 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 NOT OBSERVED | | | | | |
| | | Individual | | | | | |
| | | PASSENGER STEFAN KUVELJIC (608) 350-6260 | | | Citations Issued 0 | Sex MALE | |
| | | | | | Date of Birth | Race WHITE | |
| | | Address 1625 BROADWAY WISCONSIN DELLS, WI 53965 , US | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | 01 | 002 | Safety Equipment | | On Duty Crash | |
| Row 01 - FRONT ROW | Seat Position 09 - RIGHT | | | | | | |
| Helmet Use | | | | Helmet Compliance | | | |
| Eye Protection | | | | Tint Compliance | | | |
| 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 | | EMS Run # | |
| Hospital | | | | Date of Death | | Time of Death | |
| Distracted By | | | | Distracted By Source | | | |
| Distracted By Action | | | | | | | |
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |

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|------|------------|---|-------------------|---|
| UNIT | INDIVIDUAL | Prior Action | | |
| | | Action | | |
| 01 | 002 | Action Other | | To/From School |
| | | Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO | | |
| 01 | 002 | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| 01 | 002 | Drug Type | | |
| | | Individual Condition NOT OBSERVED | | |
| UNIT | INDIVIDUAL | Individual | | |
| | | PASSENGER SAVANNAH KUVELJIC Citations Issued 0 Sex FEMALE Date of Birth Race WHITE Address 1625 BROADWAY WISCONSIN DELLS, WI 53965 , US Driver License Number | | |
| 01 | 003 | Safety Equipment | | On Duty Crash |
| | | Row 02 - SECOND ROW Seat Position 09 - RIGHT Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING | | |
| 01 | 003 | Helmet Use | | Helmet Compliance |
| | | Eye Protection | | Tint Compliance |
| 01 | 003 | Injury | | Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED |
| | | Ejected NOT EJECTED Ejection Path NOT EJECTED/NOT APPLICABLE Trapped/Extricated NOT TRAPPED | | |
| 01 | 003 | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier |
| | | Hospital | | EMS Run # |
| 01 | 003 | Date of Death | | Time of Death |
| | | Distracted By Distracted By Source Distracted By Action | | |
| 01 | 003 | Non Motorist Striking Unit # Location | | |
| | | Prior Action | | |

| | | | | | | | |
|------|------------|--------------------------------------|--|-----------------------------|----------------|--------------------------|--|
| UNIT | INDIVIDUAL | | | | | | |
| | | 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 | | | | | |
| 01 | 003 | NOT OBSERVED | | | | | |