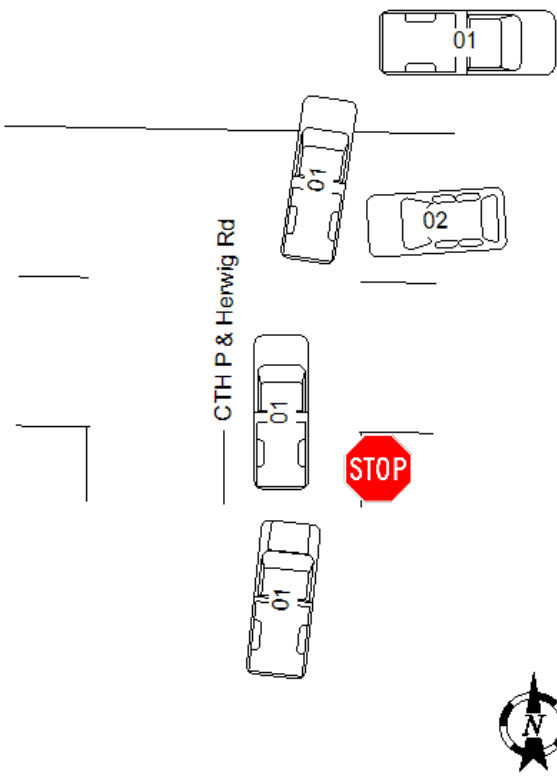**6TL0CX0QFW**

26-01109

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CX0QFW

Document Number Override	Primary Crash Document #	Agency Crash Number **26-01109**	Investigating Officer/Deputy **DEPUTY K. MCCARTY**
Crash Date **02/01/2026**	Crash Time **08:20 PM**	Date Arrived **02/01/2026**	Time Arrived **08:35 PM**
Date Notified **02/01/2026**	Time Notified **08:23 PM**	Total Units **02**	Total Injured **00** / Total Killed **00**

☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold
☐ Government Property	☐ Active School Zone	School Bus Related **NO**	Tags		
☑ Reportable	Crash Type **DT4000 (STANDARD CRASH)**			☐ Amended	☐ 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.**

UNIT 1 WAS TRAVELING NB ON HERWIG RD APPROACHING CTH P. UNIT 1 STARTED TO SLIDE ON SNOW COVERED ROADWAY AND SLID THOUGH T INTERSECTION WITH CTH P. UNIT 2 STRUCK THE REAR PASSENGER SIDE OF UNIT 1 AS IT SLIDE THROUGH THE WB LANE OF CTH P. DISABLING DAMAGE DONE TO BOTH VEHICLES. INDICATORS OF IMPAIRMENT OBSERVED FROM DRIVER 1 OF UNIT 1. SFST COMPLETED AND THE DRIVER WAS ARRESTED FOR OWI 3. UNIT 1 REMOVED BY CRAIGS. UNIT 2 REMOVED BY AUTO MEDIC.

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.

1 of 7

Crash Date **02/01/2026**
Crash Time **08:20 PM**

6TL0CX0QFW

26-01109

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON HERWIG RD
59 FT S
OF CTHP NB
IN THE TOWN OF DELTON
IN SAUK COUNTY

Latitude	Longitude
43.590381749	**-89.837370376**

X Coordinate	Y Coordinate
270952.40625	**4830291**

Structure Type
NO STRUCTURE

Crash Scene

First Harmful Event	First Harmful Event Location
MOTOR VEH IN TRANSPORT	**ON ROADWAY**

Manner of Collision	Light Condition
01 - ANGLE	**DARK/UNLIT**

Road Surface Condition(s)	Roadway Factor(s)
SNOW, ICE	

Environment Factor(s)	
WEATHER CONDITIONS	**ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)**

Weather Condition(s)	
SNOW	

Animal Type	Relation To Trafficway
	TRAFFICWAY - ON ROAD

Crash Classification - Location	Crash Classification - Jurisdiction
PUBLIC PROPERTY	**NO SPECIAL JURISDICTION**

Tribal Land	Access Control	Special Study
	PARTIAL CONTROL	

Within Interchange Area	Junction Location	Intersection Type
YES	**INTERSECTION**	**T-INTERSECTION**

Unit Summary

01 | UNIT

Unit Status	Vehicle Operating As Classification	Unit Type
IN TRANSIT	**D CLASS**	**TRUCK**

Vehicle Type	Operating As Endorsements
UTILITY TRUCK/PICKUP TRUCK	

Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
2		**2**	**0**	**0**

Insurance?	Direction Of Travel	☐ Pre CrashTire Mark	Speed Limit	Total Lanes
UNKNOWN	**NORTHBOUND**		**45**	**2**

Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT	**NO SPECIAL FUNCTION**	**NOT APPLICABLE**

Traffic Way	Traffic Control	Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED	**STOP SIGN**	**NO**

Surface Type	Road Curvature	Road Grade
BLACKTOP (BITUMINOUS)	**STRAIGHT**	**LEVEL**

Truck Bus or HazMat
NO

01 | 01 | VEHICLE

Vehicle

License Plate Number	Plate Type	St	Country of Issuance
WC8501	**LTK**	**WI**	**UNITED STATES**

Vehicle Identification Number	Make	Year	Model
2GTEK19J081305192	**GMC**	**2008**	**SIERRA**

Color	Body Style	Bus Use
GRY - GRAY	**PK - PICKUP**	

Initial Contact Point	Vehicle Damage	
03 - RIGHT SIDE MIDDLE		
Extent Of Damage	**03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR**	
DISABLING DAMAGE		

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.

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Crash Date **02/01/2026**
Crash Time **08:20 PM**

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT 01

VEHICLE 01

Towed Due To Damage	Vehicle Removed By
TOWED DUE TO DISABLING DAMAGE	**CRAIGS TOWING**

What Driver Was Doing	Vehicle Factors
GOING STRAIGHT	
Driver Prior Action Other	**NOT APPLICABLE**

Driver Actions
SPEED TOO FAST/COND, FAILED TO YIELD RIGHT-OF-WAY, DISREGARDED STOP SIGN

Owner Name	Owner Address
ARTHUR LEGGETT	**S829 BIRCHWOOD RD** **WISCONSIN DELLS, WI 53965 , US**

Sequence Of Events

	Event
01	**MOTOR VEH IN TRANSPORT**
02	
03	
04	

Individual

UNT 01 / INDIVIDUAL / 001

DRIVER	Citations Issued	Sex
ARTHUR LEGGETT	**2**	**MALE**
	Date of Birth	Race
		WHITE

Address	Driver License Number
S829 BIRCHWOOD RD **WISCONSIN DELLS, WI 53965 , US**	**STATE: WISCONSIN COUNTRY: UNITED STATES**

Safety Equipment

On Duty Crash	Safety Equipment
	RESTRAINT USE UNKNOWN

Row	Seat Position
01 - FRONT ROW	**07 - LEFT**

Helmet Use	Helmet Compliance

Eye Protection	Tint Compliance

Injury

Injury Severity	Airbag
NO APPARENT INJURY	**NON DEPLOYED**

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	**NOT EJECTED/NOT APPLICABLE**	**NOT TRAPPED**

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		

Hospital	Date of Death	Time of Death

Distracted By

Distracted By Source
UNKNOWN

Distracted By Action
UNKNOWN

Non Motorist

Striking Unit #	Location

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.

3 of 7

Crash Date **02/01/2026**
Crash Time **08:20 PM**

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT

INDIVIDUAL

01

001

Prior Action

Action

Action Other

To/From School

Drug & Alcohol

Suspected Alcohol Use	Suspected Drug Use
YES	NO

Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST GIVEN	BLOOD	PENDING

Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		

Drug Type

Individual Condition

UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL

Individual

UNIT

INDIVIDUAL

01

002

PASSENGER	Citations Issued	Sex
ARTHUR LEGGETT	**0**	**MALE**

	Date of Birth	Race
		WHITE

Address	Driver License Number
S829 BIRCHWOOD RD **WISCONSIN DELLS, WI 53965 , US**	**STATE: WISCONSIN COUNTRY: UNITED STATES**

Safety Equipment

On Duty Crash	Safety Equipment
	RESTRAINT USE UNKNOWN

Row	Seat Position
01 - FRONT ROW	**09 - RIGHT**

Helmet Use	Helmet Compliance

Eye Protection	Tint Compliance

Injury

Injury Severity	Airbag
NO APPARENT INJURY	**NON DEPLOYED**

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	**NOT EJECTED/NOT APPLICABLE**	**NOT TRAPPED**

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		

Hospital	Date of Death	Time of Death

Distracted By

Distracted By Source

Distracted By Action

Non Motorist

Striking Unit #	Location

Prior Action

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
4 of 7

Crash Date **02/01/2026**
Crash Time **08:20 PM**

6TL0CX0QFW

26-01109

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT

INDIVIDUAL

Action

Action Other

To/From School

01 **002**

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		

Drug Type

Individual Condition

APPEARED NORMAL

Violations

	UTC Number	Issue To?	Statute Number	Description
01	**BK742417**	**001**	**346.63(1)(a)**	**OPERATING WHILE UNDER THE INFLUENCE(3RD)**
02	**BK742418**	**001**	**346.57(3)**	**DRIVING TOO FAST FOR CONDITIONS**

Unit Summary

02 **UNIT**

Unit Status	Vehicle Operating As Classification	Unit Type
IN TRANSIT	**D CLASS**	**AUTOMOBILE**

Vehicle Type	Operating As Endorsements
PASSENGER CAR	

Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
1		**0**	**0**	**0**

Insurance?	Direction Of Travel	**Pre CrashTire Mark** ☐	Speed Limit	Total Lanes
YES	**WESTBOUND**		**45**	**2**

Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT	**NO SPECIAL FUNCTION**	**NOT APPLICABLE**

Traffic Way	Traffic Control	Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED	**NO CONTROL**	**NO**

Surface Type	Road Curvature	Road Grade
BLACKTOP (BITUMINOUS)	**STRAIGHT**	**LEVEL**

Truck Bus or HazMat
NO

Vehicle

02 **02**

License Plate Number	Plate Type	St	Country of Issuance
BBH7197	**AUT**	**WI**	**UNITED STATES**

Vehicle Identification Number	Make	Year	Model
3G5DB03E54S579883	**BUIC**	**2004**	**RENDEZVOUS**

Color	Body Style	Bus Use
WHI - WHITE	**UT - SPORT UTILITY VEHICLE**	

Initial Contact Point
12 - FRONT
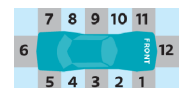
Crash Date **02/01/2026**

Crash Time **08:20 PM**

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT | **VEHICLE**

Vehicle Damage
12 - FRONT

Extent Of Damage
DISABLING DAMAGE

Towed Due To Damage
TOWED DUE TO DISABLING DAMAGE

Vehicle Removed By
AUTO MEDIC

What Driver Was Doing
GOING STRAIGHT

Vehicle Factors

Driver Prior Action Other

NOT APPLICABLE

Driver Actions
NO CONTRIBUTING ACTION

Owner Name
COREENA STRUTZ

Owner Address
**503 S PARK ST
REEDSBURG, WI 53959 , US**

Sequence Of Events

	Event
01	**MOTOR VEH IN TRANSPORT**
02	Event
03	Event
04	Event

Policy Holder

Insurance Company
STATE-WIDE-INS-CO

INDIVIDUAL
CARTER STRUTZ

Individual

DRIVER
CARTER STRUTZ

Citations Issued
0

Sex
MALE

Date of Birth

Race
WHITE

Address
**503 S PARK ST
REEDSBURG, WI 53959 , US**

Driver License Number

STATE: WISCONSIN COUNTRY: UNITED STATES

Safety Equipment

On Duty Crash

Safety Equipment

SHOULDER & LAP BELT

Row
01 - FRONT ROW

Seat Position
07 - LEFT

Helmet Use

Helmet Compliance

Eye Protection

Tint Compliance

02 | 003

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

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.

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Crash Date **02/01/2026**
Crash Time **08:20 PM**

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT

INDIVIDUAL

Distracted By

Distracted By Source
NOT APPLICABLE (NOT DISTRACTED)

Distracted By Action
NOT DISTRACTED

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

02

003

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **02/01/2026**
Crash Time **08:20 PM**