

6TL0DWMLXV
26-00939

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Agency Crash Number 26-00939	Investigating Officer/Deputy DEPUTY G. AKERS		
Crash Date 01/27/2026	Crash Time 04:36 PM	Date Arrived 01/27/2026	Time Arrived 04:58 PM		
Date Notified 01/27/2026	Time Notified 04:37 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 GA	
Additional Information PHOTOS	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
V1 TRAVELING WEST AT THE EAST ROUNDABOUT AT HWY 12 & HWY 33. V1 ENTERED THE ROUNDABOUT AND DID NOT SEE V2. V2 HAD ENTERED ROUNDABOUT FROM HWY 12 ON TO HWY 33, WHILE IN THE ROUNDABOUT V1 STRUCK THE RIGHT FRONT. V1 HAD DAMAGE ON THE LEFT FRONT. V1 DRIVER STATED THEY DID NOT SEE V2. COSMETIC DAMAGE TO BOTH VEHICLES. NO INJURIES. BOTH VEHICLES REMOVED BY THE OPERATORS. V1 RECEIVED A CITATION.	

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Location

INTERSECTION ON PIT RD AT STH33 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.514366292	Longitude -89.78279118
	X Coordinate 275075.75	Y Coordinate 4821699.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT
Road Surface Condition(s) DRY	Roadway Factor(s)
Environment Factor(s) NONE	NONE
Weather Condition(s) CLEAR	
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 YES	Junction Location INTERSECTION
	Intersection Type ROUNABOUT

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
	Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1
	Insurance? YES	Direction Of Travel WESTBOUND	Total Trailers 0
		<input type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types 0
			Speed Limit 55
	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 YIELD SIGN	Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL
	Truck Bus or HazMat NO		

Vehicle

01 01 UNIT VEHICLE	License Plate Number ATU1649	Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5GAEVBKW1PJ141248	Make BUIC	Year 2023	Model ENCLAVE
	Color RED - RED	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, 11 - LEFT FRONT CORNER		

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UNIT 01 01 01	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR
	What Driver Was Doing RIGHT TURN		Vehicle Factors
	Driver Prior Action Other		NOT APPLICABLE
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
UNIT 01 01 01	Owner Name JEANETTE KADERAVEK		Owner Address 775 GALENA ST PRAIRIE DU SAC, WI 53578 , US
	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT INDIVIDUAL 01 01	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL JEANETTE KADERAVEK
	Individual		
	DRIVER JEANETTE KADERAVEK		Citations Issued 1 Sex FEMALE
			Date of Birth Race WHITE
UNIT INDIVIDUAL 01 01	Address 775 GALENA ST PRAIRIE DU SAC, WI 53578 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment		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
	Distracted By NOT DISTRACTED	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			

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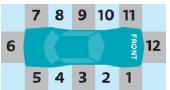
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UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition				
	APPEARED NORMAL				
UNIT INDIVIDUAL	Individual				
	PASSENGER GLENDY LINS		Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
	Address 1400 W SEMINARY ST #408 RICHLAND CENTER, WI 53581 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		Safety Equipment		
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	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					
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 BJ677864	Issue To? 001	Statute Number 346.06	Description FAILURE TO YIELD RIGHT OF WAY	
Unit Summary					
UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR			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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	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 STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				
	Vehicle				
	UNIT 02 VEHICLE	License Plate Number PAZ717		Plate Type AUT	St IA
Vehicle Identification Number 1C3CCCAB0FN569744		Make CHRY	Year 2015		
Color WHI - WHITE		Body Style 4D - 4DR	Bus Use		
Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage			
Extent Of Damage MINOR DAMAGE		02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE			
					

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR
VEHICLE	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors
	Driver Prior Action Other		NOT APPLICABLE
UNIT	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name NOAH TIBER		Owner Address E9815 WHITETAIL LN REEDSBURG, WI 53959 , US
Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
Policy Holder			
UNIT	Insurance Company STATE-FARM-GENERAL-INS-CO		INDIVIDUAL TROY TIBER
Individual			
INDIVIDUAL	DRIVER TROY TIBER		Citations Issued 0 Sex MALE
			Date of Birth Race WHITE
UNIT	Address E9815 WHITETAIL LN REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
Safety Equipment			
02	On Duty Crash		Safety Equipment
	Row 01 - FRONT ROW		Seat Position 07 - LEFT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
003	Injury NO APPARENT INJURY		Airbag NON DEPLOYED
UNIT	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		Date of Death
Distracted By			
02	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		