

6TL0DWMLXV

26-00939

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0DWMLXV

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|--|---------------------------|
| 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 |

☒ 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 | |

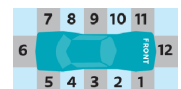
Crash Scene

| | | | |
|---|--|---|---------------|
| 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) NONE | |
| Environment Factor(s) 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 ROUNDBOUT | |

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 2 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel WESTBOUND | <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 YIELD SIGN | | 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 ATU1649 | | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 5GAEBKW1PJ141248 | | 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 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER | | |
| | Extent Of Damage MINOR DAMAGE | | | | |



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|-----------------|---|-----------------------------------|---|----------------------|
| UNIT VEHICLE | 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 | | | |
| 01 | Owner Name JEANETTE KADERAVEK | | Owner Address 775 GALENA ST PRAIRIE DU SAC, WI 53578 , US | |
| | Sequence Of Events | | | |
| 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| 02 | Event | | | |
| | Event | | | |
| 03 | Event | | | |
| | Event | | | |
| 04 | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | INDIVIDUAL JEANETTE KADERAVEK | |
| UNIT | Individual | | | |
| | DRIVER JEANETTE KADERAVEK | | Citations Issued 1 | Sex FEMALE |
| INDIVIDUAL | Date of Birth | | Race WHITE | |
| | Address 775 GALENA ST PRAIRIE DU SAC, WI 53578 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Safety Equipment | | SHOULDER & LAP BELT | |
| 001 | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Helmet Compliance | |
| | Helmet Use | | Tint Compliance | |
| 001 | Eye Protection | | Airbag NON DEPLOYED | |
| | Injury | | Injury Severity NO APPARENT INJURY | |
| 001 | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | Trapped/Extricated NOT TRAPPED | | Medical Transport NOT TRANSPORTED | |
| 001 | EMS Agency Identifier | | EMS Run # | |
| | Hospital | | Date of Death | |
| 001 | Time of Death | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | |
| | Distracted By | | Distracted By Action NOT DISTRACTED | |

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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 APPEARED NORMAL | | | | | |
| | | Individual | | | | | |
| | | PASSENGER GLEND A 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 | | |
| | | 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 | | | | | | | |
| 01 | 002 | Non Motorist | | Striking Unit # | Location | | |

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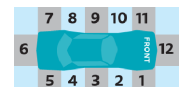
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| | | | | | | |
|------|------------|-------------------------------|--|---------------------------------|---|---------------------------------|
| UNIT | INDIVIDUAL | Prior Action | | | | |
| | | Action | | | | |
| | | Action Other | | | To/From School | |
| | 01 | 002 | 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 | | | |
| | 01 | Violations | | | | |
| | | 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 | | | | | | |

| | | | | | | |
|------|----|---|--|--|---------------------|---|
| UNIT | 02 | Vehicle | | | | |
| | | License Plate Number PAZ717 | | Plate Type AUT | St IA | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1C3CCCAB0FN569744 | | Make CHRY | Year 2015 | Model 200 |
| | | Color WHI - WHITE | | Body Style 4D - 4DR | | Bus Use |
| | | Initial Contact Point 02 - RIGHT SIDE FRONT | | Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE | | |
| | | Extent Of Damage MINOR DAMAGE | | | | |



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

| | | | | | | | |
|----------------|------------|----------------------|--|-----------------------|----------|----------------------|--|
| 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 | | | | | |