

6TL0F3SSKJ

26-01041


WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number 26-01041		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 01/30/2026		Crash Time 02:55 PM		Date Arrived 01/30/2026		Time Arrived 03:00 PM	
Date Notified 01/30/2026		Time Notified 02:56 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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
	Additional Information NONE

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

U1 OPERATOR, MARCOS CASTRO WAS SWERVING RIGHT TO AVOIDING COLLIDING WITH U2 ON THE RIGHT WHEN U2 WAS STOPPED AT THE INTERSECTION. OPERATOR OF U1 STATED HE WAS UNABLE TO STOP AND SIDESWIPE U2. OPERATOR OF U2 SPOKE WITH MARCOS AND MARCOS REQUESTED TO MEET AT SUBWAY IN WEST BARABOO. U2 OPERATOR STATED HE WENT THERE BUT MARCOS NEVER SHOWED UP NOR CONTACTED LAW ENFORCEMENT ABOUT THE CRASH. MARCOS WAS LOCATED ON 2-5-26 AND MARCOS WAS CITED FOR FAILURE TO NOTIFY LAW ENFORCEMENT OF A CRASH. BOTH VEHICLES WERE REMOVED FROM THE SCENE.

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Location

ON WILLOW ST 51 FT S OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474670124	Longitude -89.761624872
	X Coordinate 276640.25	Y Coordinate 4817233.5
	Structure Type NO STRUCTURE	

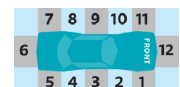
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION		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 NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	Unit Status HIT AND RUN		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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH TRAN OTHER RDWY		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP 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 ADH5330		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5TDJZR6H6KS574355		Make TOYT	Year 2019	Model HIGHLANDER
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage 10 - LEFT SIDE FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing	Vehicle Factors	
		Driver Prior Action Other	UNKNOWN	
		Driver Actions IMPROPER OVERTAKING / PASSING RIGHT		
01	01	Owner Name LENA ROSAS (414) 550-1032	Owner Address 1103 CONNIE RD # 4 BARABOO, WI 53913 , US	
		Sequence Of Events		
01	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
01	02	Event		
		Event		
		Event		
		Event		
01	03	Event		
		Event		
		Event		
		Event		
01	04	Event		
		Event		
		Event		
		Event		
UNIT	INDIVIDUAL	Individual		
		DRIVER MARCOS CASTRO (414) 550-1032	Citations Issued 1	Sex MALE
			Date of Birth	Race HISPANIC
		Address 1103 CONNIE RD # 4 BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	001	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED		
		Non Motorist	Striking Unit #	Location

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol		
	Suspected Alcohol Use		Suspected Drug Use
	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		
	UNIT INDIVIDUAL	Individual	
PASSENGER ETHAN POMERANKE		Citations Issued 0	
		Sex MALE	
		Date of Birth	
		Race	
Address 1103 CONNIE RD APT 4 BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment			
On Duty Crash		Safety Equipment	
Row 01 - FRONT ROW		Seat Position 09 - RIGHT	RESTRAINT USE UNKNOWN
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury		
	Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	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	
Prior Action			

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UNIT 01	INDIVIDUAL	Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use	
		Suspected Drug Use			
		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			
UNIT 01	INDIVIDUAL	Individual			
		PASSENGER LEI'LANA POMERANKE		Citations Issued 0	Sex FEMALE
		Date of Birth		Race BLACK/AFRICAN AMERICAN	
		Address 1103 CONNIE RD #4 BARABOO, WI 53913 , US		Driver License Number	
		Safety Equipment		On Duty Crash	
		Safety Equipment			
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	RESTRAINT USE UNKNOWN	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		UNIT 01	003	Injury	
Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT APPLICABLE	
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
Prior Action					

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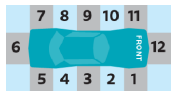
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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
		Suspected Alcohol Use		Suspected Drug Use	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition NOT OBSERVED			
		Violations			
		UTC Number BK261694	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT

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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	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	VEHICLE	Vehicle					
				License Plate Number AUP7562		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 5TDJZRFB0KS708888				Make TOYT	Year 2019	Model HIGHLANDER			
Color GRN - GREEN				Body Style UT - SPORT UTILITY VEHICLE		Bus Use			
Initial Contact Point 05 - RIGHT REAR CORNER				Vehicle Damage 05 - RIGHT REAR CORNER					
Extent Of Damage MINOR DAMAGE									
Towed Due To Damage NOT TOWED				Vehicle Removed By OPERATOR					

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UNIT VEHICLE	What Driver Was Doing LEFT TURN	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name DANIEL FULLER	Owner Address S7927 STONES POCKET RD NORTH FREEDOM, WI 53951 , US	
UNIT INDIVIDUAL	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
	Policy Holder		
	Insurance Company WEST-BEND-MUTUAL-INS-CO	INDIVIDUAL DANIEL FULLER	
	Individual		
	DRIVER DANIEL FULLER	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
Address S7927 STONES POCKET RD NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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 NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location

UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
		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				
02	004	Individual Condition				
		APPEARED NORMAL				