

6TL0F3SSKL
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 6TL0F3SSKJ		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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	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.

INSURANCE CORRECTION

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Location

Table with location details: ON WILLOW ST, 51 FT S, OF LINN ST/ STH33 EB, IN THE VILLAGE OF WEST BARABOO, IN SAUK COUNTY. Includes Latitude (43.474670124), Longitude (-89.761624872), X Coordinate (276640.25), Y Coordinate (4817233.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (07 - SIDESWIPE/SAME DIRECTION), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Relation To Trafficway (TRAFFICWAY - ON ROAD), Crash Classification - Location (PUBLIC PROPERTY), Crash Classification - Jurisdiction (NO SPECIAL JURISDICTION), Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (INTERSECTION), Intersection Type (T-INTERSECTION).

Unit Summary

Table with unit summary details: 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? (YES), Direction Of Travel (NORTHBOUND), Pre Crash Tire 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).

Vehicle

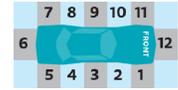
Table with vehicle details: License Plate Number (ADH5330), Plate Type (AUT), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (5TDJZRFH6KS574355), Make (TOYT), Year (2019), Model (HIGHLANDER), Color (BLK - BLACK), Body Style (UT - SPORT UTILITY VEHICLE), Bus Use, Initial Contact Point (10 - LEFT SIDE FRONT).

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UNIT VEHICLE	Vehicle Damage				
	Extent Of Damage FUNCTIONAL DAMAGE		10 - LEFT SIDE FRONT		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing		Vehicle Factors		
UNIT VEHICLE	Driver Prior Action Other		UNKNOWN		
	Driver Actions IMPROPER OVERTAKING / PASSING RIGHT				
	Owner Name LENA ROSAS (414) 550-1032		Owner Address 1103 CONNIE RD # 4 BARABOO, WI 53913 , US		
	Sequence Of Events				
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT VEHICLE	Policy Holder				
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		INDIVIDUAL LENA ROSAS		
UNIT INDIVIDUAL	Individual				
	DRIVER MARCOS CASTRO (414) 550-1032		Citations Issued 1	Sex MALE	
	Address 1103 CONNIE RD # 4 BARABOO, WI 53913 , US		Date of Birth	Race HISPANIC	
			Driver License Number		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	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	

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 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
		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		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Distracted By Action		
		Non Motorist	Striking Unit #	Location
		Prior Action		
		Action		
		Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
01	002	Drug Type		
		Individual Condition		
		NOT OBSERVED		
		Individual		
		PASSENGER	Citations Issued	Sex
		LEI'LANA POMERANKE	0	FEMALE
		Date of Birth	Race	
			BLACK/AFRICAN AMERICAN	
		Address	Driver License Number	
		1103 CONNIE RD #4		
BARABOO, WI 53913 , US				
01	003	Safety Equipment	On Duty Crash	Safety Equipment
		Row	Seat Position	RESTRAINT USE UNKNOWN
		02 - SECOND ROW	09 - RIGHT	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity	Airbag
			NO APPARENT INJURY	NOT APPLICABLE
		Ejected	Ejection Path	Trapped/Extricated
		NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE	NOT APPLICABLE
		Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		
Distracted By	Distracted By Source			
	Distracted By Action			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	01	003	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use	
			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							
NOT OBSERVED							
Violations							
01	UTC Number		Issue To?	Statute Number	Description		
	BK261694		001	346.70(1)	FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT		

Unit Summary

UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type				
		IN TRANSIT		D CLASS		AUTOMOBILE				
		Vehicle Type				Operating As Endorsements				
		(SPORT) UTILITY VEHICLE								
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types				
		1		0	0	0				
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes				
		YES	NORTHBOUND		25	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
		AUP7562		AUT	WI	UNITED STATES
		Vehicle Identification Number		Make	Year	Model
		5TDJZRFH0KS708888		TOYT	2019	HIGHLANDER
Color		Body Style		Bus Use		
GRN - GREEN		UT - SPORT UTILITY VEHICLE				
Initial Contact Point						
05 - RIGHT REAR CORNER						



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	05 - RIGHT REAR CORNER	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02 02	Owner Name DANIEL FULLER	Owner Address S7927 STONES POCKET RD NORTH FREEDOM, WI 53951 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company WEST-BEND-MUTUAL-INS-CO	INDIVIDUAL DANIEL FULLER	
02 004	Individual		
	DRIVER DANIEL FULLER	Citations Issued 0	
		Sex MALE	
		Date of Birth 10/04/1956	
	Race WHITE		
Address S7927 STONES POCKET RD NORTH FREEDOM, WI 53951 , US		Driver License Number F4601625636400 STATE: WISCONSIN COUNTRY: UNITED STATES	
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	
Hospital		Date of Death	
		EMS Run #	
		Time of Death	

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UNIT	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					
02	004	Individual Condition				
		APPEARED NORMAL				