

6TL0FSSFC6
26-01465

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 26-01465		Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 02/11/2026		Crash Time 99:99		Date Arrived 02/11/2026		Time Arrived 01:17 PM	
Date Notified 02/11/2026		Time Notified 11:15 AM		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
<p>W Broadway</p> <p>1st Street</p> <p>203 W Broadway</p>		Photos By DEPUTY DRILL
		Additional Information PHOTOS

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

VEHICLE LEGALLY PARKED IN FRONT OF 203 W BROADWAY ST IN ROCK SPRINGS, WAS STRUCK SOME TIME BETWEEN 8:30AM AND 10:30AM TODAY 02/11/2026 WHILE PARKED IN FRONT OF RESIDENCE. NO IDENTIFYING PAINT TRANSFER OR PARTS LEFT AT THE SCENE TO ASSIST WITH IDENTIFYING OFFENDING VEHICLE. INFORMATION DOCUMENTED AND REPORT NUMBER PROVIDED TO VEHICLE OWNER FOR INSURANCE PURPOSES.

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Location

ON W BROADWAY/ STH154 EB 149 FT W OF 1ST ST IN THE VILLAGE OF ROCK SPRINGS IN SAUK COUNTY	Latitude 43.477891218	Longitude -89.918492304
	X Coordinate 263964.8125	Y Coordinate 4818024
	Structure Type	

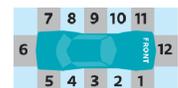
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ROADSIDE	
Manner of Collision 03 - FRONT TO REAR	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 - NOT 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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status LEGALLY PARKED	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 0	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<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 APT5717	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GNKVGKD6FJ138672	Make CHEV	Year 2015	Model TRAVERSE
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	01	Towed Due To Damage NOT TOWED	Vehicle Removed By
	01	What Driver Was Doing LEGALLY PARKED	Vehicle Factors
		Driver Prior Action Other	NOT APPLICABLE
	01	Driver Actions NO CONTRIBUTING ACTION	
UNIT	01	Owner Name LISA FERREIRA (641) 451-5675	Owner Address 203 W BROADWAY ROCK SPRINGS, WI 53961 , US
	Sequence Of Events		
UNIT	01	Event PARKED MOTOR VEHICLE	
	02	Event MOTOR VEH IN TRANSPORT	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	INDIVIDUAL LISA FERREIRA	

Unit Summary

UNIT	02	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
	02	Vehicle Type PASSENGER CAR	Operating As Endorsements	
UNIT	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0
	02	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	Total Trailers 0
UNIT	02	Most Harmful Event: Collision With PARKED MOTOR VEHICLE	Special Function UNKNOWN	Total HazMat Types 0
	02	Traffic Way TWO-WAY, NOT DIVIDED	Speed Limit 25	Total Lanes 2
UNIT	02	Surface Type BLACKTOP (BITUMINOUS)	Pre CrashTire Mark <input type="checkbox"/>	Emergency Motor Vehicle Use UNKNOWN
	02	Truck Bus or HazMat NO	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO
UNIT	02	Vehicle	Road Curvature STRAIGHT	Road Grade LEVEL
	02	License Plate Number	Plate Type	St
UNIT	02	Vehicle Identification Number	Make	Year
	02	Color	Body Style	Model
UNIT	02	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage	
	02	Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER	



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing UNKNOWN		Vehicle Factors		
	Driver Prior Action Other		UNKNOWN		
	Driver Actions UNKNOWN				
02	Owner Name		Owner Address		
			, ,		
Sequence Of Events					
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event PARKED MOTOR VEHICLE				
	Event				
	Event				
UNIT INDIVIDUAL	DRIVER		Citations Issued 0	Sex	
			Date of Birth	Race	
	Address		Driver License Number		
	, ,				
02 001	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		
	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					
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		
		02	001	Individual Condition	
				NOT OBSERVED	