

6TL0F3SSKN
26-01419

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 26-01419		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 02/10/2026		Crash Time 12:24 PM		Date Arrived 02/10/2026		Time Arrived 12:32 PM	
Date Notified 02/10/2026		Time Notified 12:25 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

<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.

OPERATOR OF U2 WAS WESTBOUND THROUGH THE LINN ST/W. PINE INTERSECTION IN LANE 1. OPERATOR OF U2 SAID U1 WAS SOUTHBOUND ON W PINE ST AND WAS TURNING WESTBOUND ON LINN ST. U2 OPERATOR STATED U1 FAILED TO TURN INTO LANE 2 AND STRUCK U2. U2 DENIED ANY INJURIES. OPERATOR OF U1 STATED SHE WAS TURNING WESTBOUND AND TURNED INTO LANE 2 AND WENT TO CHANGE LANES INTO LANE 1 AND DID NOT SEE U2 AND STRUCK U2. U1 OPERATOR ALSO DENIED ANY INJURIES. U2 OPERATOR REQUESTED U1 OPERATOR TO NOT BE CITED FOR THE TRAFFIC VIOLATION. BOTH OPERATORS REMOVED THE VEHICLE FROM THE SCENE.

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Location

ON STH33 WB 37 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474842746	Longitude -89.76903825
	X Coordinate 276041.28125	Y Coordinate 4817272.5
	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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number 243PWL	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3FADP4BJ3KM157800	Make FORD	Year 2019	Model FIESTA	
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE	11 - LEFT FRONT CORNER			



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing RIGHT TURN	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
	Driver Actions IMPROPER TURN		
01 01	Owner Name GAIL LAMBERTY (608) 393-1974	Owner Address 7216 SAINT DOMINIC STREET SAUK CITY, WI 53583 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company ERIE-INS-CO	INDIVIDUAL GAIL LAMBERTY	
UNIT INDIVIDUAL	Individual		
	DRIVER GAIL LAMBERTY (608) 393-1974	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 7216 SAINT DOMINIC STREET SAUK CITY, WI 53583 , US	Driver License Number	
01 001	Safety Equipment		Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
01 001	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
01 001	Distracted By		
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			

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UNIT INDIVIDUAL 01 001	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 Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK			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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number 0311D		Plate Type MLG	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FT8W2BN0SEE00359		Make FORD	Year 2025	Model F250
	Color GRY - GRAY		Body Style PK - PICKUP		Bus Use
	Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage 04 - RIGHT SIDE REAR		
	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 GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
02	02	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name TRAVIS POTTER (608) 643-8017	Owner Address E7710 STATE ROAD 154 ROCK SPRINGS, WI 53961 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
Policy Holder				
UNIT	Insurance Company CINCINNATI-INS-CO,-THE		INDIVIDUAL TRAVIS POTTER	
	Individual			
UNIT	INDIVIDUAL	DRIVER TRAVIS POTTER (608) 643-8017	Citations Issued 0	Sex MALE
		Address E7710 STATE ROAD 154 ROCK SPRINGS, WI 53961 , US		Date of Birth
02	002	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		
		Non Motorist	Striking Unit #	Location

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UNIT INDIVIDUAL 02 002	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		