

6TL0D5DZ4W  
26-01489

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 <b>26-01489</b>		Investigating Officer/Deputy <b>DEPUTY J. HUNTER</b>	
Crash Date <b>02/10/2026</b>		Crash Time <b>99:99</b>		Date Arrived <b>02/12/2026</b>		Time Arrived <b>09:07 AM</b>	
Date Notified <b>02/12/2026</b>		Time Notified <b>09:07 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
<p>Not to Scale</p>		Photos By <b>DEPUTY HUNTER AND OPERATOR OF UNIT 1</b>	
		Additional Information <b>PHOTOS</b>	

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

WHILE ON ROUTINE PATROL ON 2/12, I OBSERVED A STOP SIGN THAT WAS SNAPPED OFF AT THE POST AND LEANED UP AGAINST AN ELECTRICAL BOX AT MAPLE CT. I CANVASSED THE AREA AND DID NOT LEARN ANYTHING. LATER, OPERATOR OF UNIT 1 CALLED IN AND ADVISED HE WAS OPERATING THE VEHICLE THAT STRUCK THE SIGN. HE ADVISED THE DATE OF THE CRASH. TWO DAYS PRIOR, UNIT 1 WAS LEGALLY PARKED IN FRONT OF E4512 MAPLE CT. MULTIPLE VEHICLES WERE ALSO PARKED AT THIS LOCATION. OPERATOR OF UNIT 1 ATTEMPTED TO EXIT THE CUL-DE-SAC BY REVERSING AT AN ANGLE AND DRIVING OUT FORWARDS. UNIT 1 STRUCK THE STOP SIGN, DAMAGING IT. OPERATOR DID CALL THE TOWN HALL, WHO ADVISED HE CONTACT LAW ENFORCEMENT. HE DELAYED DOING THIS FOR APPROXIMATELY 2 DAYS.

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Location

ON MAPLE CT 40 FT N OF SHERWOOD DR IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.170708877</b>	Longitude <b>-90.091788768</b>
	X Coordinate <b>248684.203125</b>	Y Coordinate <b>4784413.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>TRAFFIC SIGN POST</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>UNKNOWN</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>UNKNOWN</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>TRAFFIC SIGN POST</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>BCK9693</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>JF1GH75638G812883</b>	Make <b>SUBA</b>	Year <b>2008</b>	Model <b>IMPREZA</b>	
	Color <b>BLK - BLACK</b>	Body Style <b>SW - STATIONWAGON</b>		Bus Use	
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>08 - LEFT SIDE REAR</b>			



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>BACKING</b>	Vehicle Factors	
		Driver Prior Action Other	<b>UNKNOWN</b>	
		Driver Actions <b>UNSAFE BACKING</b>		
01	01	Owner Name <b>JESSE SANFTLEBEN</b> (608) 459-5646	Owner Address <b>7481 LOY RD</b> <b>ARENA, WI 53503 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	INDIVIDUAL	01	Event <b>TRAFFIC SIGN POST</b>	
		02	Event	
		03	Event	
		04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	INDIVIDUAL <b>JESSE SANFTLEBEN</b>	
01	001	<b>Individual</b>		
		DRIVER <b>JESSE SANFTLEBEN</b> (608) 459-5646	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>7481 LOY RD</b> <b>ARENA, WI 53503 , US</b>	Date of Birth	Race <b>WHITE</b>
		Driver License Number		
01	001	<b>Safety Equipment</b>		On Duty Crash
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>RESTRAINT USE UNKNOWN</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
		Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
		Hospital		Date of Death
01	001	<b>Distracted By</b>		
		Distracted By Source		
Distracted By Action				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results
		<b>TEST NOT GIVEN</b>				
		Drug Test Given		Drug Test Type		Drug Test Results
		<b>TEST NOT GIVEN</b>				
		Drug Type				
01	001	Individual Condition				
		<b>NOT OBSERVED</b>				