

6TL0CX0QG0
26-01705

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 SC26-01705		Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 02/18/2026		Crash Time 04:36 PM		Date Arrived 02/18/2026		Time Arrived 04:54 PM	
Date Notified 02/18/2026		Time Notified 04:39 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> <p>NOT TO SCALE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">LINN ST WEST OF W PINE ST</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.

UNIT 1 WAS WB ON LINN ST WEST OF W PINE ST. UNIT 1 WAS ON THE INSIDE LANE OF LINN ST, WHICH IS 4 LANES. UNIT 2 WAS WB IN THE OUTSIDE LANE JUST BEHIND UNIT 1. UNIT 1 ATTEMPTED TO MERGE INTO THE OUTSIDE LANE AND IN DOING SO SIDE SWIPED UNIT 2. UNIT 1 FRONT PASSENGER DOOR MADE CONTACT WITH UNIT 2 FRONT DRIVER QUARTER PANEL. FUNCTIONAL DAMAGE DONE TO BOTH VEHICLES AND THEY WERE BOTH REMOVED BY OPERATOR. NO INJURIES. DRIVER OF UNIT 1 CITED FOR UNSAFE LANE DEVIATION.

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Location

ON STH33 WB 362 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.47481933	Longitude -89.770267938
	X Coordinate 275941.71875	Y Coordinate 4817273
	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 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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<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 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 01 VEHICLE	Vehicle				
	License Plate Number 30839D	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number KL4MMCSL3PB130684	Make BUIC	Year 2023	Model ENCORE GX	
	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage			
Extent Of Damage FUNCTIONAL DAMAGE	03 - RIGHT SIDE MIDDLE				



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing CHANGING LANES		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions LOOKED BUT DID NOT SEE				
01	01	Owner Name PATRICIA MC FADDEN		Owner Address 218 E HIAWATHA DR LAKE DELTON, WI 53940 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company TRI CORE INSURANCE		INDIVIDUAL PATRICIA MC FADDEN		
01	001	Individual				
		DRIVER PATRICIA MC FADDEN		Citations Issued 1	Sex FEMALE	
		Address 218 E HIAWATHA DR LAKE DELTON, WI 53940 , US		Date of Birth	Race WHITE	
		Driver License Number				
01	001	Safety Equipment		On Duty Crash		
		Row 01 - FRONT ROW		Seat Position 07 - LEFT		
		Safety Equipment SHOULDER & LAP BELT		Helmet Use		
		Helmet Compliance		Eye Protection		
Tint Compliance		Injury 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						

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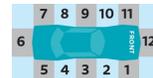
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
01	001	Violations					
		UTC Number BK742434	Issue To? 001	Statute Number 346.13(1)	Description UNSAFE LANE DEVIATION		

Unit Summary

UNIT	02	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 WESTBOUND		<input type="checkbox"/> Pre Crash Tire 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 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							
		02	02	Vehicle					
				License Plate Number 9VUV844		Plate Type AUT		St CA	Country of Issuance UNITED STATES
Vehicle Identification Number 2C4RC1L76PR632515				Make CHRY		Year 2023	Model SV		
Color BLK - BLACK				Body Style 4D - 4DR			Bus Use		
Initial Contact Point 10 - LEFT SIDE FRONT									



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UNIT VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 10 - LEFT SIDE FRONT	
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name SAMUEL GARCIA		Owner Address 303 1/2 S MAPLE ST NORTH FREEDOM, WI 53951 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT VEHICLE	Policy Holder			
	Insurance Company DAIRYLAND-INS-CO		INDIVIDUAL SAMUEL GARCIA	
UNIT INDIVIDUAL	Individual			
	DRIVER SAMUEL GARCIA		Citations Issued 0	Sex MALE
	Address 303 1/2 S MAPLE ST NORTH FREEDOM, WI 53951 , US		Date of Birth	Race WHITE
	Driver License Number			
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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	

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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 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	002	Individual Condition		APPEARED NORMAL				