

6TL0F2KRFS

26-01868

# 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 <b>6TL0F2KRFS</b>		Primary Crash Document #	Agency Crash Number <b>26-01868</b>	Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>02/22/2026</b>		Crash Time <b>02:42 PM</b>	Date Arrived <b>02/22/2026</b>	Time Arrived <b>02:53 PM</b>	
Date Notified <b>02/22/2026</b>		Time Notified <b>02:45 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram	Reconstruction By
	Photos By <b>I GALVAN</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS TRAVELING EASTBOUND ON CTH U JUST EAST OF CTH A IN BARABOO, WI. UNIT 1 STATED HIS FLOOR MAT CAUSED THE THROTTLE TO GET STUCK AND WAS UNABLE TO MANIPULATE THE BRAKE OR THE THROTTLE. UNIT 1 OPERATOR STATED HE OBSERVED UNIT 2 AHEAD OF HIM SO HE SWERVED LEFT TO MISS UNIT 2. UNIT 1 THEN SLID ON A PORTION OF THE ROADWAY THAT WAS ICE COVERED WHICH CAUSED HIM TO FISHTAIL INTO THE DITCH. NO INJURIES REPORTED. OPERATOR OF UNIT 2 REPORTED SOME MINOR DAMAGE ON HIS HOOD FROM GRAVEL AND DEBRIS BEING KICKED UP DURING THE EVENT. UNIT 1 REMOVED BY BLYSTONES TOWING. I DID VERIFY AND PHOTOGRAPH THE FLOOR MAT THAT WAS STUCK IN BETWEEN THE CONTROLS.

MISSING UNIT/INFORMING. OWNER OF UNIT 2 FOLLOWED UP DUE TO MINOR DAMAGE LOCATED ON THE HOOD OF HIS VEHICLE STEMMING FROM THE EVENT UNIT 1 CREATED.

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## Location

ON CTHU EB 0.28 MI E OF REEDSBURG RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude <b>43.532396179</b>	Longitude <b>-89.733349398</b>
	X Coordinate <b>279137.96875</b>	Y Coordinate <b>4823569</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>ICE</b>	Roadway Factor(s) <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</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>55</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>DITCH</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>NO CONTROL</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>						
<b>01</b>	<b>01</b>	<b>Vehicle</b>					
		License Plate Number <b>BCN1614</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>JT8BD68S9Y0108648</b>	Make <b>LEXS</b>	Year <b>2000</b>	Model <b>GS</b>		
		Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>		Bus Use		

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UNIT VEHICLE	Initial Contact Point <b>00 - NON-COLLISION</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 06 - REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BLYSTONES TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.</b>				
	Owner Name <b>ROBERT KINSMAN (608) 697-7210</b>		Owner Address <b>530 W CONANT ST PORTAGE, WI 53901 , US</b>		
UNIT 01	<b>Sequence Of Events</b>				
	01	Event <b>DITCH</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		INDIVIDUAL <b>CHARLES KINSMAN</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	DRIVER <b>CHARLES KINSMAN (608) 617-0341</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>530 W CONANT ST PORTAGE, WI 53901 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 01	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death		

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <b>NOT DISTRACTED</b>		
		<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		
		Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
Individual Condition <b>APPEARED NORMAL</b>				

**Unit Summary**

UNIT	02	Unit Status <b>NON-CONTACT</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>2</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>OTHER NON-COLLISION</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>NO CONTROL</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>				

**Vehicle**

UNIT	02	License Plate Number <b>BBP1411</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>7FARS6H96PE015397</b>	Make <b>HOND</b>	Year <b>2023</b>	Model <b>CR-V</b>	
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use		
		Initial Contact Point <b>00 - NON-COLLISION</b>				

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage	12 - FRONT	
	Towed Due To Damage	Vehicle Removed By	
	What Driver Was Doing	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions		
	NO CONTRIBUTING ACTION		
	Owner Name	Owner Address	
02	02	MAYNARD MITTELSTADT (608) 393-3522	S3650 N BENT TREE DR BARABOO, WI 53913 , US
<b>Sequence Of Events</b>			
UNIT VEHICLE	Event	OTHER NON-COLLISION	
	Event		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company	INDIVIDUAL	
02	02	PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	MAYNARD MITTELSTADT
UNIT INDIVIDUAL	<b>Individual</b>		
	DRIVER	Citations Issued	Sex
	MAYNARD MITTELSTADT (608) 393-3522	0	MALE
		Date of Birth	Race
		WHITE	
Address	Driver License Number		
S3650 N BENT TREE DR BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT VEHICLE	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment
	Row	Seat Position	RESTRAINT USE UNKNOWN
	01 - FRONT ROW	07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
02	002	<b>Injury</b>	Injury Severity
			NO APPARENT INJURY
		Airbag	
		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

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<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 <b>TEST NOT GIVEN</b>	Alcohol Test Type Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type Drug Test Results
	Drug Type	
UNIT INDIVIDUAL	Individual Condition <b>NOT OBSERVED</b>	
	<b>Individual</b>	
	PASSENGER <b>PAMELA MITTELSTEADT</b> (608) 617-0341	Citations Issued <b>0</b> Sex <b>FEMALE</b>
		Date of Birth Race <b>WHITE</b>
	Address <b>S3650 N BENT TREE DR</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>RESTRAINT USE UNKNOWN</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	UNIT INDIVIDUAL	<b>Injury</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 EMS Run #
Hospital		Date of Death Time of Death
<b>Distracted By</b>		Distracted By Source

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	Distracted By Action				
	<b>INDIVIDUAL</b>	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			
	Action				
	Action Other		To/From School		
	<b>02</b>	<b>003</b>	<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					
Individual Condition					
<b>NOT OBSERVED</b>					

**Witness**

<b>WITN 01</b>	Individual	Address	Date of Birth
	<b>ESS</b> MAYNARD MITTELSTEADT (608) 393-3522	S3650 N BENT TREE DR BARABOO, WI 53913 , US	

**Witness**

<b>WITN 02</b>	Individual	Address	Date of Birth
	<b>ESS</b> PAMELA MITTELSTEADT (608) 393-3522	S3650 N BENT TREE DR BARABOO, WI 53913 , US	