

6TL0FGX4FR
26-01906

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 26-01906	Investigating Officer/Deputy SERGEANT B. FISH	
Crash Date 02/23/2026		Crash Time 07:52 PM	Date Arrived 02/23/2026	Time Arrived 08:11 PM	
Date Notified 02/23/2026		Time Notified 07:52 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

Diagram		Reconstruction By
		Photos By SGT. FISH #11
<p>Sgt. Fish #11 Sauk County Sheriff's Office 02/23/26 Not to Scale</p>		Additional Information PHOTOS

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

UNIT 2 TURNED OFF OF LYNDON RD. AND BEGAN TO TRAVEL WEST ON HWY P. UNIT 1 WAS TRAVELING WEST ON HWY P. UNIT 1 APPROACHED UNIT 2 AS IT TURNED OFF OF LYNDON RD. UNIT 2 WAS TRAVELING SLOW AS THEY WERE TURNING INTO THE DRIVEWAY OF E9473 HWY P. UNIT 1 DID NOT SEE THE ATTEMPTED TURN OF UNIT 2 AND WENT TO PASS ON THE LEFT, IN A PASSING ZONE. UNIT 1 STRUCK THE FRONT BUMPER OF UNIT 2. UNIT 1 HAD DAMAGE ALONG THE PASSENGER SIDE OF THE VEHICLE. UNIT 2 HAD DAMAGE TO THE DRIVERS SIDE FRONT BUMPER. BOTH UNITS WERE REMOVED MY THE OPERATORS. NO INJURIES WERE REPORTED.

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Location

ON CTHP WB 179 FT W OF LYNDON RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.590727298	Longitude -89.848021446
	X Coordinate 270093.875	Y Coordinate 4830359
	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 DARK/UNLIT	
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 (SPORT) UTILITY VEHICLE				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 55	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 01 VEHICLE	Vehicle					
	License Plate Number APN6526		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1C4RJFAG9KC669680		Make JEEP	Year 2019	Model GRAND CHER	
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE		Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR			
Extent Of Damage MINOR DAMAGE						



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing OVERTAKE LEFT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name COURTNEY HEINE		Owner Address S1121 SMITH RD LA VALLE, WI 53941 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		INDIVIDUAL COURTNEY HEINE	
UNIT INDIVIDUAL	Individual			
	DRIVER COURTNEY HEINE		Citations Issued 0	Sex FEMALE
	Address S1121 SMITH RD LA VALLE, WI 53941 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		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				

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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				

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE			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 55	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 ARM7610	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2CNBJ13C216915051	Make CHEV	Year 2001	Model TRACKER
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
		Extent Of Damage MINOR DAMAGE			
Towed Due To Damage NOT TOWED		Vehicle Removed By			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	VEHICLE	What Driver Was Doing LEFT TURN	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
02	02	Driver Actions		
		Owner Name CARLA LAACK	Owner Address W7928 NORWAY RD ELROY, WI 53929 , US	
Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT	
		02	Event MOTOR VEH IN TRANSPORT	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company AMERICAN-FAMILY-INS-CO	INDIVIDUAL CARLA LAACK	
		Individual		
UNIT	INDIVIDUAL	DRIVER CARLA LAACK	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
02	002	Address W7928 NORWAY RD ELROY, WI 53929 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
02	002	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use	Helmet Compliance	
02	002	Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
02	002	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
02	002	Hospital	Date of Death	Time of Death
		Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
02	002	Distracted By Action NOT DISTRACTED		
		Non Motorist	Striking Unit #	Location

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UNIT	INDIVIDUAL			
	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			
	02	002		