

6TL0DJJ902

26-02074

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 26-02074		Investigating Officer/Deputy DEPUTY J. TROTH	
Crash Date 02/28/2026		Crash Time 04:23 PM		Date Arrived 02/28/2026		Time Arrived 04:54 PM	
Date Notified 02/28/2026		Time Notified 04:25 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 TROTH
	Additional Information PHOTOS

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

UNIT 1 BEING DRIVEN BY SAMYAK RANA WAS SOUTHBOUND ON HWY 78. HE SLOWED DOWN TO MAKE A RIGHT TURN ONTO CTH DL. AS HE DID SO HE SLID THROUGH THE INTERSECTION AND STRUCK THE STOP SIGN. UNIT 2 DRIVEN BY RONNIE WU WAS EASTBOUND ON CTH DL AND TRIED TO STOP. RONNIE SLIDE INTO THE PASSENGER SIDE OF UNIT 1.

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Location

INTERSECTION ON STH78 SB AT CTHDL EB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude 43.418476531	Longitude -89.600828141
	X Coordinate 289451	Y Coordinate 4810573.5
	Structure Type	

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) SNOW, SLUSH, ICE		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) SNOW			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 02/28/2026	Time Initial Lane/Rd Closed 04:23 PM		
Date All Lanes Open 02/28/2026	Time All Lanes Open 05:45 PM	Date Scene Cleared 02/28/2026	Time Scene Cleared 05:45 PM

Unit Summary

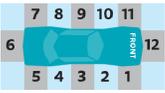
UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 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					
	Vehicle					
	01	License Plate Number FZ75163	Plate Type AUT	St IL	Country of Issuance UNITED STATES	
Vehicle Identification Number 2HGFG3B54DH527221		Make HOND	Year 2013	Model SEDAN		

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UNIT VEHICLE	Color BLU - BLUE	Body Style 2D - 2DR	Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 12 - FRONT	
	Extent Of Damage DISABLING DAMAGE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING
	What Driver Was Doing RIGHT TURN	Driver Prior Action Other	Vehicle Factors NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	Owner Name SAMYAK RANA (929) 471-3120	Owner Address 1349 N WELLS ST APT 401 CHICAGO, IL 60610 , US
UNIT VEHICLE	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
UNIT VEHICLE	04	Event	
	Policy Holder		
	Insurance Company GEICO-CASUALTY-CO	INDIVIDUAL SAMYAK RANA	
UNIT INDIVIDUAL	Individual		
	DRIVER SAMYAK RANA (929) 471-3120	Citations Issued 0	Sex MALE
		Date of Birth	Race
	Address 1349 N WELLS ST APT 401 CHICAGO, IL 60610 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	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 DEPLOYED-SIDE
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier EMS Run #

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UNIT INDIVIDUAL	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	
	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	
01 001 UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	PASSENGER RIVA KANSAKAR		Citations Issued 0		Sex FEMALE	
			Date of Birth		Race	
	Address 1349 N WELLS ST APT 401 CHICAGO, IL 60610 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 002	Injury		Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-SIDE	
	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 01 002
Distracted By Source
Distracted By Action
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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 AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE Operating As Endorsements
Total Occs 4 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel EASTBOUND 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 STOP SIGN Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

Vehicle

UNIT 02 02
License Plate Number AH15563 Plate Type AUT St IL Country of Issuance UNITED STATES
Vehicle Identification Number 5XYP3DGC2RG460667 Make KIA Year 2024 Model SUV
Color BLK - BLACK Body Style 4D - 4DR Bus Use
Initial Contact Point 10 - LEFT SIDE FRONT

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		
	Vehicle Removed By EVERETTS TOWING		
UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE
	Driver Prior Action Other		
	Driver Actions NO CONTRIBUTING ACTION		
02 02	Owner Name RONNIE WU (630) 788-1868	Owner Address 2831 FOREST CREEK LN NAPERVILLE, IL 60565 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company COUNTRY-CASUALTY-INSURANCE-CO	INDIVIDUAL RONNIE WU	
02 003	Individual		
	DRIVER RONNIE WU (630) 788-1868	Citations Issued 0	Sex FEMALE
	Date of Birth		Race
	Address 2831 FOREST CREEK LN NAPERVILLE, IL 60565 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
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 DEPLOYED-FRONT
02 003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
	Hospital		EMS Run #
	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	003	Individual Condition APPEARED NORMAL		
		Individual		
		PASSENGER SPENCER C WU	Citations Issued 0 Sex MALE	
			Date of Birth Race	
		Address 2831 FOREST CREEK LN NAPERVILLE, IL 60565 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		02	004	Injury
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			

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UNIT	INDIVIDUAL	Distracted By Action		
		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	INDIVIDUAL	Individual		
		PASSENGER ETHAN WU	Citations Issued 0	Sex MALE
		Date of Birth	Race	
		Address 2831 FOREST CREEK LN NAPERVILLE, IL 60565 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 06 -UNKNOWN ROW	Seat Position 07 - LEFT	Helmet Compliance
		Helmet Use	Tint Compliance	
		Eye Protection	Airbag NON DEPLOYED	
		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		
UNIT	INDIVIDUAL	Distracted By	Distracted By Source	
		Distracted By Action		

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
02	005	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					
		Individual					
		PASSENGER CADEN WU (630) 788-1868			Citations Issued 0	Sex MALE	
		Address 2831 FOREST CREEK LN NAPERVILLE, IL 60565 , US			Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
		Driver License Number					
02	006	Safety Equipment		On Duty Crash	Safety Equipment		
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	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			
		Distracted By Action					
Non Motorist		Striking Unit #	Location				

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UNIT	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	006			