

6TL0F3SSKT
26-02515

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 26-02515 | Investigating Officer/Deputy DEPUTY A. KING | |
| Crash Date 03/14/2026 | | Crash Time 12:03 PM | Date Arrived 03/14/2026 | Time Arrived 12:20 PM | |
| Date Notified 03/14/2026 | | Time Notified 12:04 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 |
| | Additional Information NONE |

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

U2 WAS TRAVELING ON GOLDFINCH CT WHEN U1 WAS BACKING OUT OF A DRIVEWAY AS U2 APPROACHED THE DRIVEWAY AREA, U1 CONTINUED TO BACK OUT OF THE DRIVEWAY RESULTING IN U1 STRIKING U2. BOTH OPERATORS DENIED INJURIES. SHIELDS TOWING RECOVERED U2 FROM THE SCENE. U1 OPERATOR REMOVED U1 FROM THE SCENE.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON GOLDFINCH CT 897 FT S OF W REDSTONE DR IN THE TOWN OF LA VALLE IN SAUK COUNTY | Latitude 43.615481333 | Longitude -90.092337579 |
| | X Coordinate 250473 | Y Coordinate 4833814 |
| | Structure Type NO STRUCTURE | |

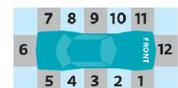
Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH TRAN OTHER RDWY | First Harmful Event Location ROADSIDE | |
| Manner of Collision 05 - REAR TO SIDE | 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 TRUCK | | |
| | Vehicle Type STRAIGHT TRUCK (INSERT TRUCK) | 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 EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit N/A | 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 EC83521 | Plate Type HTK | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1FDWE3FK9MDC14923 | Make FORD | Year 2021 | Model ECONOLINE |
| | Color WHI - WHITE | Body Style VN - VAN | Bus Use | |
| | Initial Contact Point 05 - RIGHT REAR CORNER | Vehicle Damage 05 - RIGHT REAR CORNER | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | | | |



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| | | | | |
|---|--|--|---|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing BACKING | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions LOOKED BUT DID NOT SEE | | | |
| 01 01 | Owner Name KUKLA LOGISTICS | | Owner Address 7000 74TH PL KENOSHA, WI 53142 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company SECURA-INS-CO | | ORGANIZATION/COMPANY KUKLA LOGISTICS | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER BRANDON MEDINA | | Citations Issued 0 | Sex MALE |
| | | | Date of Birth | Race HISPANIC |
| | Address 1256 CABELA DR # 2112 SUN PRAIRIE, WI 53590 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | 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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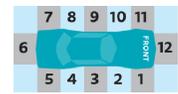
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| | | | | | | |
|-------------|--|---------------------|------------------------------------|---------------------------------|----------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | 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 25 | 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 BCH1477 | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1GNEVHKW1JJ157773 | Make CHEV | Year 2018 | Model TRAVERSE |
| | | Color BRO - BROWN | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage 01 - RIGHT FRONT CORNER | | |
| | | Extent Of Damage DISABLING DAMAGE | | | |
| Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By SHIELDS TOWING | | | |



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|--------------------|---|--|---|--|
| UNIT VEHICLE | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Owner Name TERRY SIMONSON | | Owner Address S818 GOLDFINCH CT LA VALLE, WI 53941 , US | |
| UNIT 02 | Sequence Of Events | | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event | | |
| | 03 | Event | | |
| UNIT 04 | Event | | | |
| | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | INDIVIDUAL TERRY SIMONSON | |
| | Individual | | | |
| UNIT INDIVIDUAL | DRIVER TERRY SIMONSON | | Citations Issued 0 | Sex MALE |
| | Date of Birth | | Race WHITE | |
| | Address S818 GOLDFINCH CT LA VALLE, WI 53941 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | Safety Equipment | | | |
| UNIT 02 | On Duty Crash | | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| UNIT 002 | 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 002 | Distracted By | | | |
| | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| | Distracted By Action NOT DISTRACTED | | | |
| UNIT 002 | Non Motorist | | | |
| | Striking Unit # | | Location | |

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| | | | |
|---|--|------------------------------------|---------------------------------|
| UNIT INDIVIDUAL 02 002 | 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 | | |