

6TL0D5DZ59

26-02827

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 26-02827	Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 03/22/2026		Crash Time 99:99	Date Arrived 03/22/2026	Time Arrived 10:16 AM	
Date Notified 03/22/2026		Time Notified 09:57 AM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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>	Reconstruction By
	Photos By DEPUTY HUNTER
	Additional Information PHOTOS

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

UNIT 1 WAS E/B ON HILLSIDE DR. IT APPEARS UNIT 1 CROSSED THE W/B LANE AND STRUCK A MAILBOX ON THE LEFT-HAND SIDE OF THE ROAD AND CONTINUED WITHOUT STOPPING OR NOTIFYING THE HOMEOWNER.

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Location

ON E11340 HILLSIDE DR 466 FT S OF POCAHONTAS LN (FIRE E11340) IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.603112317	Longitude -89.755968782
	X Coordinate 277570.78125	Y Coordinate 4831483.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MAILBOX	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition UNKNOWN	
Road Surface Condition(s) UNKNOWN	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	Unit Status HIT AND RUN	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? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2
	Most Harmful Event: Collision With MAILBOX	Special Function UNKNOWN		Emergency Motor Vehicle Use UNKNOWN	
	Traffic Way UNKNOWN	Traffic Control UNKNOWN		Traffic Control Inoperative/Missing UNKNOWN	
	Surface Type UNKNOWN	Road Curvature UNKNOWN		Road Grade UNKNOWN	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number	Plate Type	St	Country of Issuance
		Vehicle Identification Number	Make	Year	Model
		Color	Body Style		Bus Use
	VEHICLE	Initial Contact Point 99 - UNKNOWN	Vehicle Damage		
		Extent Of Damage VEHICLE NOT AT SCENE	16 - VEHICLE NOT AT SCENE		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing		Vehicle Factors		
	Driver Prior Action Other		UNKNOWN		
	Driver Actions UNKNOWN				
	Owner Name		Owner Address		
01	01				
Sequence Of Events					
UNIT INDIVIDUAL	01	Event MAILBOX			
	02	Event			
	03	Event			
	04	Event			
Individual					
UNIT INDIVIDUAL	DRIVER UNKNOWN UNKNOWN		Citations Issued 0	Sex	
			Date of Birth	Race	
	Address UNKNOWN		Driver License Number		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 99 - UNKNOWN	Seat Position	RESTRAINT USE UNKNOWN		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
			Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
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	INDIVIDUAL	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				
		NOT OBSERVED				

Property Owner	
PROP OWNER 01	INDIVIDUAL JOHN GRAVES (708) 602-0916
	Address E11340 HILLSIDE DR WISCONSIN DELLS, WI 53965 , US

Fixed Objects Struck				
01	Striking Unit 01	Struck Object MAILBOX	Structure Number	Damage Tag Number