

6TL0DRXHML
26-03201

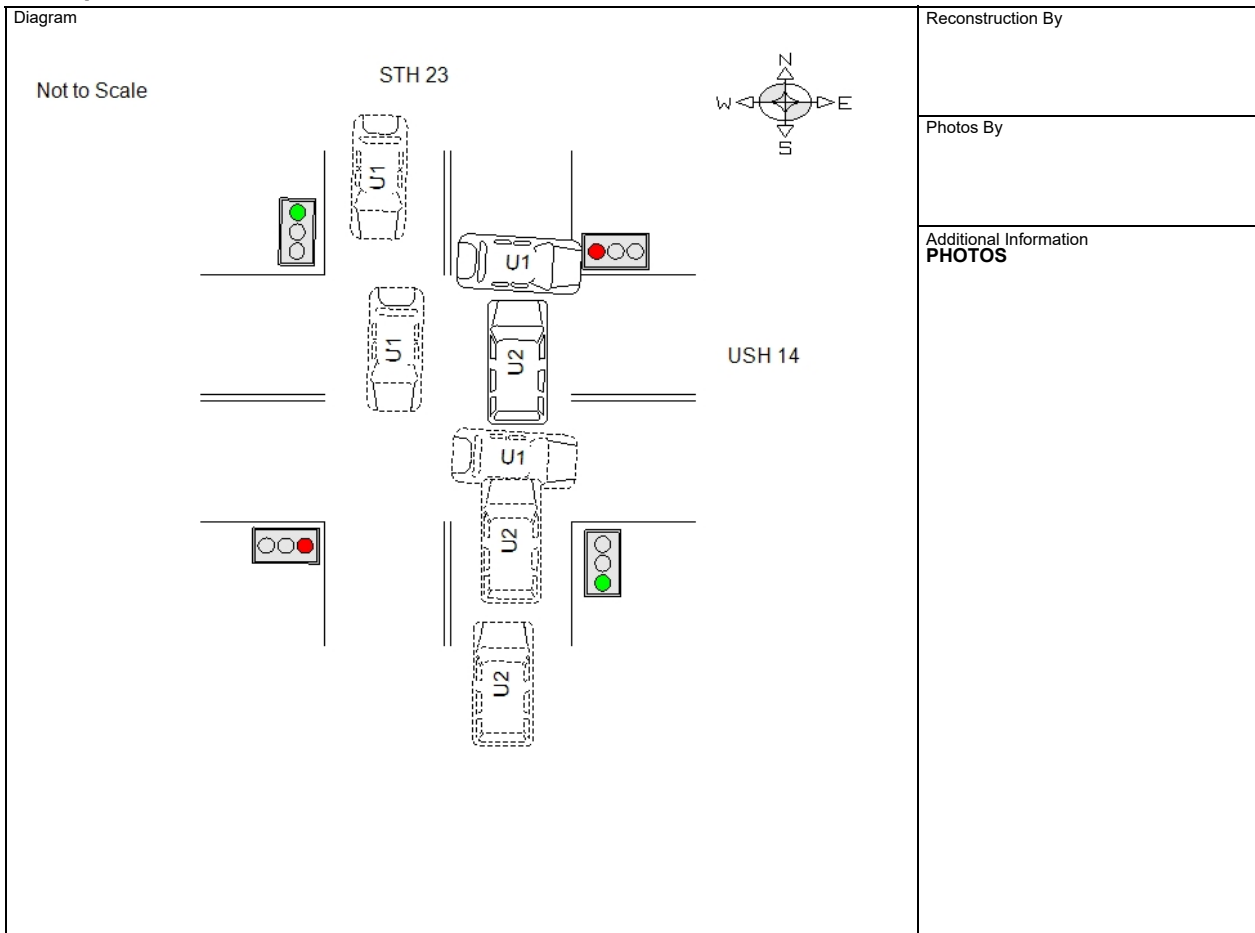
WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0DRXHML

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|--|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 26-03201 | | Investigating Officer/Deputy DEPUTY S. ELLICKSON | |
| Crash Date 04/02/2026 | | Crash Time 12:27 PM | | Date Arrived 04/02/2026 | | Time Arrived 12:41 PM | |
| Date Notified 04/02/2026 | | Time Notified 12:27 PM | | Total Units 02 | | Total Injured 01 | 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



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

UNIT 1 WAS TRAVELING SOUTHBOUND ON STH 23 APPROACHING THE STOP LIGHTS. UNIT 2 WAS TRAVELING NORTHBOUND ON STH 23/CTH G APPROACHING THE STOP LIGHTS. UNIT 1 PROCEEDED THROUGH THE LIGHTS AND TOOK A LEFT HAND TURN ONTO USH 14. UNIT 1 DID NOT SEE UNIT 2 GOING NORTHBOUND AND STAYING NORTHBOUND.

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Location

| | | |
|--|-------------------------------------|-----------------------------------|
| ON PRAIRIE VIEW RD/ STH23 WB 32 FT N OF CTHG SB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY | Latitude 43.189785897 | Longitude -90.073854824 |
| | X Coordinate 250219.90625 | Y Coordinate 4786478.5 |
| | 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) WET | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) RAIN | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control FULL CONTROL | Special Study |
| Within Interchange Area NO | Junction Location INTERSECTION | Intersection Type FOUR-WAY INTERSECTION | |
| Closure Type LANE CLOSURE | | Reasons for Closure | |
| Date Initial Lane/Rd Closed 04/02/2026 | Time Initial Lane/Rd Closed 12:35 PM | TOW TRUCK | |
| Date All Lanes Open 04/02/2026 | Time All Lanes Open 01:07 PM | Date Scene Cleared 04/02/2026 | Time Scene Cleared 01:07 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 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 40 | 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 TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |
| | 01 | Vehicle | | | | |
| | | License Plate Number ASZ5455 | Plate Type AUT | St WI | Country of Issuance UNITED STATES | |
| 01 | Vehicle Identification Number 1FAHP3FN0BW204774 | Make FORD | Year 2011 | Model FOCUS | | |

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| | | | |
|--------------------|---|---|--|
| UNIT VEHICLE | Color BLK - BLACK | Body Style SD - SEDAN | Bus Use |
| | Initial Contact Point 03 - RIGHT SIDE MIDDLE | Vehicle Damage | |
| | Extent Of Damage DISABLING DAMAGE | 03 - RIGHT SIDE MIDDLE | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By NACHREINER'S TOWING | |
| UNIT VEHICLE | What Driver Was Doing LEFT TURN | Vehicle Factors | |
| | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions FAILED TO YIELD RIGHT-OF-WAY | | |
| UNIT 01 01 | Owner Name BRADLY SILVERS (608) 732-6610 | Owner Address 112 E MAIN ST COBB, WI 53526 , US | |
| | Sequence Of Events | | |
| UNIT 01 | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| | Event | | |
| | Event | | |
| UNIT 01 | Policy Holder | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | INDIVIDUAL BRADLY SILVERS | |
| UNIT INDIVIDUAL | Individual | | |
| | DRIVER BRADLY SILVERS (608) 732-6610 | Citations Issued 1 | Sex MALE |
| | | Date of Birth | Race WHITE |
| | Address 112 E MAIN ST COBB, WI 53526 , US | Driver License Number | |
| UNIT 01 001 | Safety Equipment | | Safety Equipment |
| | On Duty Crash | | NONE USED - VEHICLE OCCUPANT |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | |
| | Helmet Use | Helmet Compliance | |
| | Eye Protection | Tint Compliance | |
| UNIT 01 001 | 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 # |

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| | | | | | | |
|------|---|--|---|-----------------------------|--|--|
| UNIT | 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 | |
| | Drug Type | | | | | |
| | Individual Condition APPEARED NORMAL | | | | | |
| | Violations | | | | | |
| | UTC Number BJ679476 | | Issue To? 001 | Statute Number 346.18(2) | Description FAIL/YIELD WHILE MAKING LEFT TURN | |

Unit Summary

| | | | | | | |
|------|--|-----------------------------------|--|---------------------|---|--|
| UNIT | 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 NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 35 | 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 TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |
| | Vehicle | | | | | |
| | License Plate Number BCD8822 | | Plate Type AUT | St WI | Country of Issuance UNITED STATES | |

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date 04/02/2026
Crash Time 12:27 PM

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| | | | | | | |
|---------------------------|--|--|--|--|--------------------------|--|
| 02 UNIT VEHICLE | Vehicle Identification Number 1GYS4GKL6MR487228 | | Make CADI | Year 2021 | Model ESCALADE | |
| | Color BLK - BLACK | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use | |
| | Initial Contact Point 12 - FRONT | | Vehicle Damage 12 - FRONT | | | |
| | Extent Of Damage DISABLING DAMAGE | | | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By NACHREINER'S TOWING | | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors NOT APPLICABLE | | | |
| Driver Prior Action Other | | | | | | |
| 02 UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | |
| | Owner Name MARIAH NACHREINER (608) 588-4815 | | Owner Address S9675 STATE ROAD 23 PLAIN, WI 53577 , US | | | |
| Sequence Of Events | | | | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | | | |
| | Event | | | | | |
| | Event | | | | | |
| | Event | | | | | |
| 02 UNIT | Policy Holder | | | | | |
| | Insurance Company AMERICAN-FAMILY-INS-CO | | INDIVIDUAL MARIAH NACHREINER | | | |
| 02 UNIT INDIVIDUAL | DRIVER MARIAH NACHREINER (608) 588-4815 | | Citations Issued 0 | Sex FEMALE | | |
| | Address S9675 STATE ROAD 23 PLAIN, WI 53577 , US | | Date of Birth | Race WHITE | | |
| | Driver License Number | | | | | |
| | Safety Equipment | | | | | |
| 02 002 | On Duty Crash | | Safety Equipment SHOULDER & LAP BELT | | | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | | | |
| | Helmet Use | | Helmet Compliance | | | |
| | Eye Protection | | Tint Compliance | | | |
| | Injury Injury Severity POSSIBLE INJURY | | Airbag NON DEPLOYED | | | |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | | |

