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26-03592



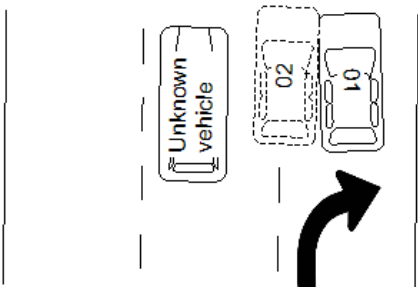
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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 <b>26-03592</b>	Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>04/12/2026</b>		Crash Time <b>02:19 PM</b>	Date Arrived <b>04/12/2026</b>	Time Arrived <b>02:28 PM</b>	
Date Notified <b>04/12/2026</b>		Time Notified <b>02:19 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
Not to scale		
		Photos By <b>DEP. MESSNER #9134</b>
<p>Red light indicate to stop</p> 		Additional Information <b>PHOTOS</b>
<p>Unit 1 stopped for red light. Unit 2, deviates lane and applies brake. Unit 2 strikes unit 1 on the left and misses an unknown vehicle in center lane.</p>  <p style="text-align: center;">US 12</p>		

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

ON 4/12/2026, AT APPROXIMATELY 2:19 PM, UNIT 1, A 2019 WHITE HYUNDAI TUCSON, WI# APN6269, WAS IN THE RIGHT HAND LANE TO TURN ONTO I-94, NORTHBOUND ON US-12, TOWNSHIP OF LAKE DELTON, SAUK COUNTY, WI. UNIT 1 WAS STOPPED FOR A RED LIGHT AT A FULLY CONTROLLED INTERSECTION. AN UNKNOWN VEHICLE WAS STOPPED IN THE MIDDLE LANE. UNIT 2, A 2018 SILVER TOYOTA HIGHLANDER, WI# APT6967, BRAKED LATE, AT A HIGH RATE, AND MOVED TO AVOID A CRASH BY LEAVING IT'S DESIGNATED LANE. UNIT 2 DROVE AND STOPPED BETWEEN UNIT 1 AND AN UNKNOWN VEHICLE. UNIT 2 STRUCK UNIT 1'S DRIVER'S MIRROR AND FRONT CORNER PANEL. THE DRIVER OF UNIT 2 WAS CITED FOR UNSAFE LANE DEVIATION. NO INJURIES OCCURRED. OPERATORS OF BOTH VEHICLES REMOVED THE VEHICLES FROM THE SCENE.

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## Location

ON USH12 WB 594 FT S OF IH90 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.568081126</b>	Longitude <b>-89.778355392</b>
	X Coordinate <b>275633.75</b>	Y Coordinate <b>4827653</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>FULL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>5</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>	Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>APN6269</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KM8J3CA44KU073247</b>	Make <b>HYUN</b>	Year <b>2019</b>	Model <b>TUCSON</b>
		Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>		
		Extent Of Damage <b>MINOR DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>ROBYN JEFFORDS</b>		Owner Address <b>101 S HEATHERSTONE DR SUN PRAIRIE, WI 53590 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		INDIVIDUAL <b>ROBYN JEFFORDS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>ROBYN JEFFORDS</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>101 S HEATHERSTONE DR SUN PRAIRIE, WI 53590 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
			<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Safety Equipment	
Eye Protection		Helmet Compliance		
		Tint Compliance		
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location				
		Prior Action							
		Action							
		Action Other				To/From School			
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>				
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results				
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results				
		Drug Type							
		Individual Condition <b>APPEARED NORMAL</b>							
		<b>Individual</b>							
		PASSENGER <b>MICHAEL WEIDERT</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>			
					Date of Birth	Race <b>WHITE</b>			
		Address <b>1220 WALNUT ST # 5 BARABOO, WI 53913 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			<b>SHOULDER &amp; LAP BELT</b>					
Helmet Use				Helmet Compliance					
Eye Protection				Tint Compliance					
<b>01</b>	<b>002</b>			<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
				Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
				Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier	EMS Run #	
				Hospital			Date of Death	Time of Death	
		<b>Distracted By</b>		Distracted By Source					
Distracted By Action									
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	
				Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition		
			<b>APPEARED NORMAL</b>		

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
		Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>5</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number <b>APT6967</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>5TDJZRFH7JS559684</b>	Make <b>TOYT</b>	Year <b>2018</b>	Model <b>HIGHLANDER</b>
				Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
				Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>		
				Extent Of Damage <b>MINOR DAMAGE</b>			
				Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
				What Driver Was Doing <b>GOING STRAIGHT</b>			

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions FOLLOWING TOO CLOSE, FAILED TO KEEP IN DESIGNATED LANE	
02 02	Owner Name ANDREW JOHNS	Owner Address 510 VALLEY ST MOUNT HOREB, WI 53572 , US
	<b>Sequence Of Events</b>	
01 02 03 04	Event	MOTOR VEH IN TRANSPORT
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company USAA-GENERAL-INDEMNITY-CO	INDIVIDUAL ANDREW JOHNS
UNIT INDIVIDUAL	<b>Individual</b>	
	DRIVER ANDREW JOHNS	Citations Issued 1
		Sex MALE
		Date of Birth Race WHITE
	Address 510 VALLEY ST MOUNT HOREB, WI 53572 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 003	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
003	<b>Injury</b>	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		
<b>Distracted By</b>	Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN	
<b>Non Motorist</b>	Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
02	003	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		
		<b>Individual</b>		
UNIT	INDIVIDUAL	PASSENGER <b>HALEY JOHNS</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>510 VALLEY ST MOUNT HOREB, WI 53572 , US</b>	Driver License Number	
02	004	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	004	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		PASSENGER <b>PRESTON JOHNS</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>510 VALLEY ST MOUNT HOREB, WI 53572 , US</b>	Driver License Number	
02	005	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>	Distracted By Source			
Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location		
Prior Action				

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		Action Other			To/From School	
	02	005	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	001	<b>Violations</b>			
			UTC Number <b>BN318671</b>	Issue To? <b>003</b>	Statute Number <b>346.13(1)</b>	Description <b>UNSAFE LANE DEVIATION</b>