

6TL0D942DG
26-03913

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 26-03913	Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 04/19/2026		Crash Time 06:43 PM	Date Arrived 04/19/2026	Time Arrived 06:51 PM	
Date Notified 04/19/2026		Time Notified 06:46 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 PETERSON
	Additional Information PHOTOS

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

UNIT ONE WAS NORTHBOUND ON SAND RD AND STOPPED AT THE STOP SIGN. UNIT ONE OPERATOR THEN TURNED LEFT (WEST) WHEN THEY WERE T-BONED BY UNIT TWO. UNIT TWO WAS TRAVELING EASTBOUND ON N REEDSBURG RD. UNIT ONE OPERATOR SAID THEY DID NOT SEE UNIT TWO UNTIL IT WAS TOO LATE. UNIT ONE OPERATOR ADMITTED IT WAS THEIR FAULT. UNIT TWO OPERATOR SAID THEY OBSERVED UNIT ONE PULLING OUT FROM THE STOP SIGN BUT IT WAS TOO LATE TO AVOID THE ACCIDENT. BOTH OPERATORS REPORTED NO INJURIES AND WERE WEARING SEAT BELTS. THE VEHICLES SUSTAINED FUNCTIONAL DAMAGE WITH NO AIRBAG DEPLOYMENT AND WERE DRIVEN FROM THE SCENE. OPERATOR ONE WAS ISSUED AND EXPLAINED A CITATION FOR FAILURE TO YIELD THE RIGHT OF WAY FROM A STOP SIGN.

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Location

INTERSECTION ON N REEDSBURG RD AT SAND RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.53266903	Longitude -89.797769963
	X Coordinate 273933.40625	Y Coordinate 4823772.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DUSK	
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 INTERSECTION	Intersection Type T-INTERSECTION	

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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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					

UNIT	Vehicle					
	01	License Plate Number AZW3530		Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1NXBU40E69Z145903		Make TOYT	Year 2009	Model COROLLA
		Color SIL - SILVER (ALUMINUM)		Body Style SD - SEDAN		Bus Use
		Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
VEHICLE	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 LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name DEBBIE ALLEN		Owner Address 3025 HANDEL ST BLACK EARTH, WI 53515 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL PAYTON RAMSEY	
UNIT INDIVIDUAL	Individual			
	DRIVER PAYTON RAMSEY		Citations Issued 1	Sex MALE
	Address 3025 HANDEL ST BLACK EARTH, WI 53515 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment SHOULDER & LAP BELT		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT 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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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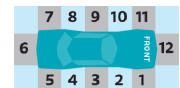
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
01	001	UTC Number BG943890	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	

Unit Summary

UNIT	02	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 0		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire 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 NO CONTROL				Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO											

Vehicle

02	02	License Plate Number AGW7997		Plate Type AUT		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G1BE5SM5H7175296		Make CHEV		Year 2017		Model CRUZE	
		Color GRAY - GRAY		Body Style SD - SEDAN				Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER							



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name DAVID KASSAL	Owner Address S3009 DEER TRL BARABOO, WI 53913 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL DAVID KASSAL
UNIT INDIVIDUAL	Individual	
	DRIVER DAVID KASSAL	Citations Issued 0
		Sex MALE
		Date of Birth
UNIT INDIVIDUAL	Address S3009 DEER TRL BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
UNIT INDIVIDUAL	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY
		Airbag NON DEPLOYED
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	Date of Death
UNIT INDIVIDUAL		EMS Run #
		Time of Death

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UNIT	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	002	Individual Condition			
		APPEARED NORMAL			