

6TL0FKD6PT
26-04098

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 6TL0FKD6PR		Primary Crash Document #	Agency Crash Number 26-04098	Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 04/24/2026		Crash Time 02:08 PM	Date Arrived 04/24/2026	Time Arrived 02:23 PM	
Date Notified 04/24/2026		Time Notified 02:09 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 checked="" 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 PRIVATE PROPERTY/PARKING LOT		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p>The diagram illustrates the crash scene layout. At the top, two horizontal rectangles represent gas pumps. Below them, two more horizontal rectangles are labeled "Gas Pump". In the center, two vehicles are shown: one labeled "2" and one labeled "01", connected by a line. At the bottom, a large rectangular box is labeled "Kwik Trip".</p>	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.

ON APRIL 24, 2026 AT APPROXIMATELY 2:08PM AT THE KWIK TRIP IN SPRING GREEN, WI UNIT 1 WAS BACKING INTO PUMP 4 WHEN THEY BACKED INTO UNIT 2 WHO WAS ATTEMPTING TO PULL OUT. THE OPERATOR OF UNIT 2 STATED HE TRIED BLOWING THE HORN BUT THE OPERATOR OF UNIT 1 DID NOT HEAR IT. NO INJURIES AND BOTH VEHICLES WERE REMOVED FROM THE SCENE. TRAILER INSURANCE FOR UNIT 1 WAS SAID TO BE ALL INSURANCE AGENCY INC.

WRONG UNIT POPULATED.

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Location

PARKING LOT USH14 EB LOT IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.188460291	Longitude -90.072781427
	X Coordinate 250301.734375	Y Coordinate 4786328
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 04 - REAR TO REAR		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 NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY		Crash Classification - Jurisdiction PRIVATE PROPERTY	
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 IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type CARGO VAN (10,000 LBS OR LESS)				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 0	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		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

01	License Plate Number VR8980		Plate Type LTK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GTZ7GFG7J1249665		Make GMC	Year 2018	Model SAVANA
	Color RED - RED		Body Style VN - VAN		Bus Use
	Initial Contact Point 05 - RIGHT REAR CORNER				

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UNIT VEHICLE	Vehicle Damage				
	Extent Of Damage FUNCTIONAL DAMAGE			05 - RIGHT REAR CORNER	
	Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING			Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other		Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
01 01	Owner Name MATTHEW TINGUE (715) 409-9771		Owner Address 1407 E DOEGE ST MARSHFIELD, WI 54449 , US		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT 01	Policy Holder				
	Insurance Company FIRST-NATIONAL-INS-CO-OF-AMERICA	INDIVIDUAL LORI HAGER			
UNIT TRAILER	Trailer/Towed				
	Trailer Plate # DR66254	Plate Type TRL	Make AMGN	State WI	Country of Issuance UNITED STATES
	Unit Type UTILITY TRAILER	INDIVIDUAL GLEN DARROW		Address 313 N ASH AVE MARSHFIELD, WI 54449 , US	
UNIT INDIVIDUAL	Vehicle Identification Number 593200G20G1050562				
	Individual				
	DRIVER MATTHEW TINGUE (715) 409-9771		Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
Address 1407 E DOEGE ST MARSHFIELD, WI 54449 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
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			

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01	001	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		
		Non Motorist	Striking Unit #	Location
		Prior Action		
		Action		
		Action Other		To/From School
01	001	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		
		UNIT		
		INDIVIDUAL		
		Action		
		Prior Action		
		Non Motorist		

Unit Summary

02	UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
		Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 0
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way PARKING LOT OR PRIVATE PROPERTY		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				

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UNIT VEHICLE	02	02	License Plate Number BR9407	Plate Type AUT	St IL	Country of Issuance UNITED STATES
			Vehicle Identification Number 1FMJU1HT2FEF26196	Make FORD	Year 2015	Model EXPEDITION
			Color WHI - WHITE	Body Style 4D - 4DR	Bus Use	
			Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT		
			Extent Of Damage MINOR DAMAGE			
UNIT VEHICLE	02	02	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
			What Driver Was Doing RIGHT TURN	Vehicle Factors NOT APPLICABLE		
			Driver Prior Action Other			
			Driver Actions NO CONTRIBUTING ACTION			
			Owner Name DUKE JOVANOVIH (708) 369-7926	Owner Address 21051 W HAZELNUT LN PLAINFIELD, IL 60544 , US		
UNIT INDIVIDUAL	Sequence Of Events					
	01	01	Event MOTOR VEH IN TRANSPORT			
	02	02	Event			
	03	03	Event			
	04	04	Event			
UNIT INDIVIDUAL	Policy Holder					
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO			INDIVIDUAL DUKE JOVANOVIH		
	Individual					
		DRIVER DUKE JOVANOVIH (708) 369-7926	Citations Issued 0	Sex MALE		
			Date of Birth	Race		
		Address 21051 W HAZELNUT LN PLAINFIELD, IL 60544 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT				
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	02	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	

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UNIT INDIVIDUAL	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		
	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			
UNIT INDIVIDUAL	Individual		
	PASSENGER CAROL JOVANOVICH (708) 369-4966	Citations Issued 0	Sex FEMALE
		Date of Birth	Race
	Address 21051 W HAZELNUT LN PLAINFIELD, IL 60544 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED

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UNIT INDIVIDUAL 02 003	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
	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		