

6TL0FQBC4N

26-04352

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 26-04352 | Investigating Officer/Deputy DEPUTY J. MACASKILL | |
| Crash Date 04/30/2026 | | Crash Time 03:27 PM | Date Arrived 04/30/2026 | Time Arrived 03:32 PM | |
| Date Notified 04/30/2026 | | Time Notified 03:28 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 |
| | Additional Information NONE |

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

ON 4/30/26 AT APPROXIMATELY 1527, UNIT 2 WAS DRIVING NORTHBOUND ON USH 12 JUST SOUTH OF 190/94. UNIT 2 WAS DRIVING IN THE LEFT LANE OF A TWO LANE HIGHWAY. UNIT 1 WAS DRIVING NORTHBOUND ON USH 12 IN THE RIGHT LANE. UNIT 1 STATED THEY LOOKED AT THEIR BLIND SPOT OVER THEIR SHOULDER AND DID NOT SEE ANY VEHICLES. UNIT 1 BEGAN TO CHANGE LANES INTO THE LEFT LANE. UNIT 2 WAS DIRECTLY NEXT TO UNIT 1 AT THIS TIME. UNIT 1 SIDE SWIPED UNIT 2. UNIT 2 THEN STRUCK THE CONCRETE BARRIER IN THE MEDIAN OF THE ROADWAY. BOTH VEHICLE CAME TO REST ON THE LEFT SHOULDER OF THE ROADWAY.

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Location

| | | |
|--|----------------------------------|-----------------------------------|
| ON USH12 NB 839 FT N OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.563591807 | Longitude -89.778235539 |
| | X Coordinate 275626.75 | Y Coordinate 4827154 |
| | Structure Type | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 07 - SIDESWIPE/SAME DIRECTION | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLOUDY | | |
| 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 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 65 | 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 DIVIDED HWY MEDIAN W/BARRIER | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | Road Curvature STRAIGHT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|--|----------------|---|---|---------------------|---|
| UNIT | Vehicle | | | | |
| | 01 | License Plate Number BFD42 | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 1G1PC5SB9E7232945 | Make CHEV | Year 2014 | Model CRUZE |
| | | Color RED - RED | Body Style SD - SEDAN | | Bus Use |
| | | Initial Contact Point 10 - LEFT SIDE FRONT | Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER | | |
| 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 CHANGING LANES | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE | | | |
| 01 01 | Owner Name DAVID KITKOWSKI (608) 717-6421 | | Owner Address 5 BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP | | INDIVIDUAL CALEB KITKOWSKI | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER CALEB KITKOWSKI (608) 717-6421 | | Citations Issued 1 | Sex MALE |
| | Address 501 TYLER AVE BARABOO, WI 53913 , US | | Date of Birth | Race |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| 01 001 | Injury | | Airbag | |
| | Injury Severity NO APPARENT INJURY | | NON DEPLOYED | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | Trapped/Extricated NOT TRAPPED | | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | |
| Hospital | | EMS Run # | | |
| Date of Death | | Time of Death | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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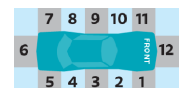
| | | | | | | |
|-------------|--|-------------------------------|------------------------------------|---------------------------------|---|----------------|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | | Action | | | | |
| | Action Other | | | | | 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 BM655094 | Issue To? 001 | Statute Number 346.06 | Description FAILURE TO YIELD RIGHT OF WAY | |

Unit Summary

| | | | | | | | | | | | | | |
|-------------|-----------|---|--|---|--|---|--|----------------------------|--|--|--|--|--|
| UNIT | 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | | | | | | |
| | | Vehicle Type PASSENGER VAN | | | | 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 Crash Tire Mark | | Speed Limit 65 | | 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 DIVIDED HWY W/TRAFFIC BARRIER | | | | Traffic Control NO CONTROL | | | | Traffic Control Inoperative/Missing NO | | | |
| | | Surface Type CONCRETE | | | | Road Curvature STRAIGHT | | | | Road Grade DOWNHILL | | | |
| | | Truck Bus or HazMat NO | | | | | | | | | | | |

Vehicle

| | | | | | | | | | |
|-----------|-----------|---|--|-------------------------------|--|---------------------|--|---|--|
| 02 | 02 | License Plate Number MV5427D | | Plate Type DLR | | St WI | | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 2A8HR64X48R662113 | | Make CHRY | | Year 2008 | | Model TOWN & COU | |
| | | Color BLU - BLUE | | Body Style VN - VAN | | | | Bus Use | |
| | | Initial Contact Point 02 - RIGHT SIDE FRONT | | | | | | | |



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|---------------------------|---|---|--|
| UNIT VEHICLE | Vehicle Damage | | |
| | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 09 - LEFT SIDE MI | | |
| | Extent Of Damage DISABLING DAMAGE | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | |
| UNIT VEHICLE | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing GOING STRAIGHT | | |
| | Driver Prior Action Other NOT APPLICABLE | | |
| | Vehicle Factors NOT APPLICABLE | | |
| UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | |
| | Owner Name ANTHONY BOOHER (608) 514-5400 | Owner Address 2640 W GREVES ST MILWAUKEE, WI 53233 , US | |
| Sequence Of Events | | | |
| UNIT VEHICLE | Event MOTOR VEH IN TRANSPORT | | |
| | Event CONCRETE TRAFFIC BARRIER | | |
| | Event | | |
| | Event | | |
| UNIT VEHICLE | Policy Holder | | |
| | Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP | INDIVIDUAL ANTHONY BOOHER | |
| UNIT INDIVIDUAL | Individual | | |
| | DRIVER ANTHONY BOOHER (608) 514-5400 | Citations Issued 0 | Sex MALE |
| | | Date of Birth | Race WHITE |
| | Address 2640 W GREVES ST MILWAUKEE, WI 53233 , US | Driver License Number STATE: WISCONSIN 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 |
| | 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 | | EMS Run # |
| | | | Date of Death |
| | | Time of Death | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | |
|-------------|---|------------------------|--|----------|---------------------------------|
| 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 | | | |