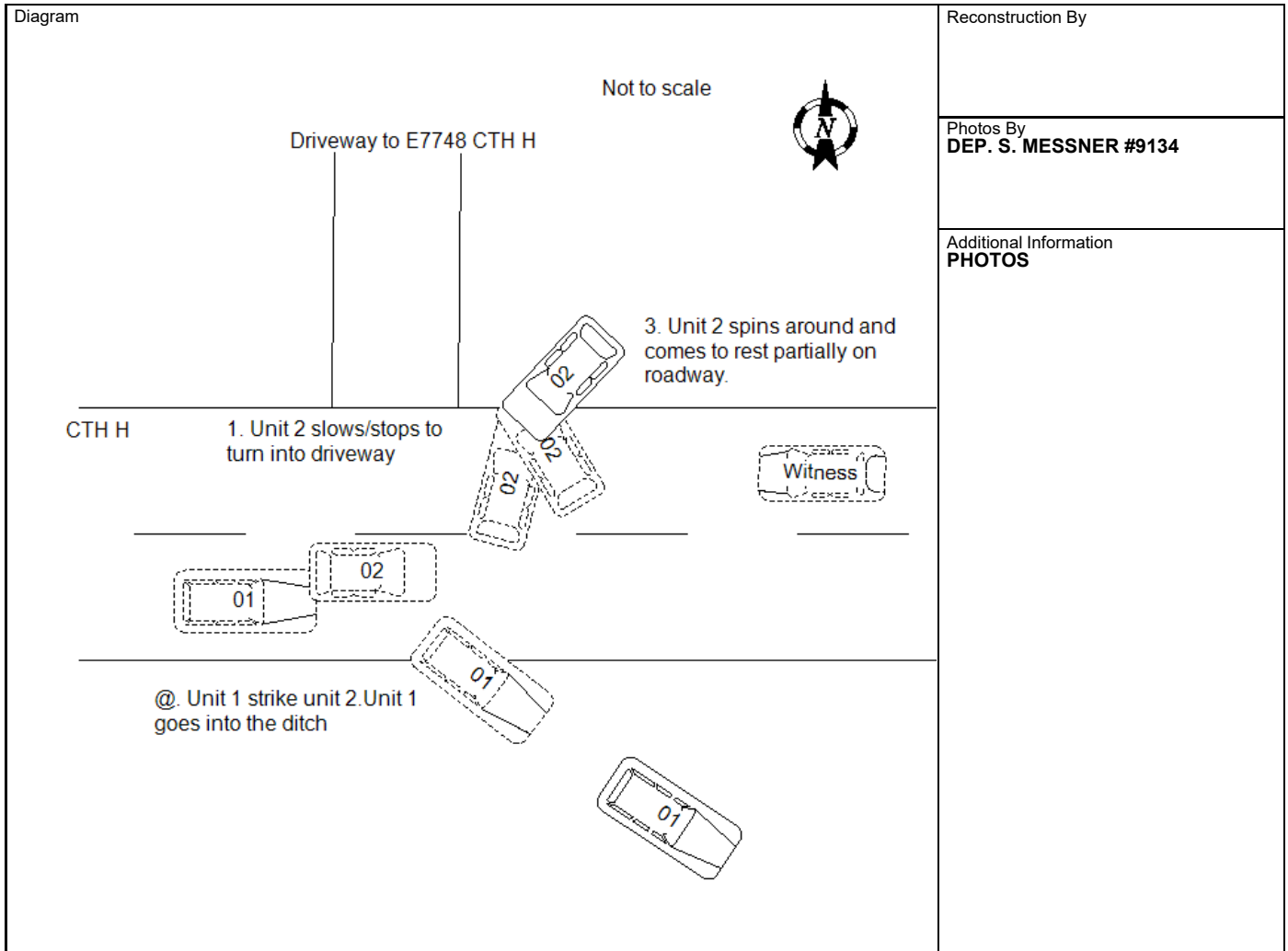


WISCONSIN MOTOR VEHICLE
CRASH REPORT

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Document Number Override		Primary Crash Document #	Agency Crash Number 26-04527	Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 05/05/2026		Crash Time 11:10 AM	Date Arrived 05/05/2026	Time Arrived 11:27 AM	
Date Notified 05/05/2026		Time Notified 11:10 AM	Total Units 02	Total Injured 01	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



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

ON 5/5/2026, AT APPROXIMATELY 11:10 AM, UNIT 2, A 2019 KIA FORTE BEARING WI# KIAFAN, WAS EASTBOUND ON CTH H WITH THE REGISTERED OWNERS AS DRIVER AND PASSENGER. UNIT 2 ACTIVATED ITS TURN SIGNAL, LEFT TURN SIGNAL, AND SLOWED DOWN TO A STOP TO MAKE A LEFT TURN INTO E7748 CTH H TO YIELD TO THE WITNESS VEHICLE WHICH WAS WESTBOUND ON CTH H. UNIT 1, A 2009 TOYOTA SIENNA BEARING WI# AVT2520, WAS EASTBOUND. UNIT 1 STRUCK THE REAR END OF UNIT 2. UNIT 1 WENT RIGHT AND CAME TO A REST IN THE EASTBOUND DITCH. UNIT 2 SPUN AND CAME TO A REST IN THE WESTBOUND DITCH FACING APPROXIMATELY 180 DEGREE. THE DRIVER OF UNIT 1 ADVISED SHE DID NOT SEE THE LEFT TURN SIGNAL. THE WITNESS STATED THAT THE CAR ACTIVATED THE LEFT TURN SIGNAL, SLOWED DOWN AND MAY HAVE CAME TO A STOP TO ALLOW RIGHT-AWAY FOR THE WITNESS VEHICLE. THE WITNESS DID NOT BELIEVE UNIT 1 WOULD STOP DUE TO UNIT 1 CONTINUING AT SPEED AND OBSERVED UNIT 1 STRIKE UNIT 2. WHEN UNIT 2 SPUN, THE WITNESS DESCRIBED IT "JUST LIKE NASCAR." BOTH VEHICLES WERE REMOVED BY STEVE'S TOWING. ALL PARTIES REFUSED EMS. OPERATOR OF UNIT 1 WAS CITED FOR FOLLOWING TOO CLOSE AND WAS REMOVED BY A RESCUE PARTY.

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26-04527

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON CTHH 604 FT W OF CHERRY LN IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.594498623	Longitude -89.934740818
	X Coordinate 263107.96875	Y Coordinate 4831021.5
	Structure Type	

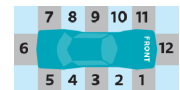
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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				

UNIT	VEHICLE	Vehicle			
		License Plate Number AVT2520	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5TDZK23CX9S284556	Make TOYT	Year 2009	Model SIENNA CE/
		Color TAN - TAN	Body Style VN - VAN		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name JUDITH WILLIAMS		Owner Address E4329 W REDSTONE DR LA VALLE, WI 53941 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company STATE-FARM-CLASSIC-INS-CO		INDIVIDUAL JUDITH WILLIAMS	
UNIT INDIVIDUAL	Individual			
	DRIVER JUDITH WILLIAMS		Citations Issued 1	Sex FEMALE
			Date of Birth	Race WHITE
	Address E4329 W REDSTONE DR LA VALLE, WI 53941 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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	
	Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT
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 UNKNOWN		
Distracted By Action UNKNOWN				

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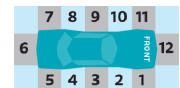
UNIT INDIVIDUAL 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition APPEARED NORMAL
Violations
UTC Number BN318680 Issue To? 001 Statute Number 346.14(1m) Description AUTOMOBILE FOLLOWING TOO CLOSELY

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 2 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel WESTBOUND Pre Crash Tire Mark Speed Limit 55 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

UNIT 02 02
License Plate Number KIAFAN Plate Type AUT St WI Country of Issuance UNITED STATES
Vehicle Identification Number 3KPF24AD8KE012808 Make KIA Year 2019 Model FORTE
Color BLK - BLACK Body Style SD - SEDAN Bus Use
Initial Contact Point 05 - RIGHT REAR CORNER



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UNIT VEHICLE	Vehicle Damage		04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 14 - UNDERCARRIAGE	
	Extent Of Damage DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Factors	
	What Driver Was Doing SLOW/STOPPING		NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02 02	Owner Name DAVID PENZA		Owner Address E7748 COUNTY ROAD H LYNDON STATION, WI 53944 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL DAVID PENZA	
02 002	Individual			
	DRIVER DAVID PENZA		Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address E7748 COUNTY ROAD H LYNDON STATION, WI 53944 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 002	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	
02 002	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

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UNIT	INDIVIDUAL	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 COLLEEN PENZA	Citations Issued 0 Sex FEMALE
			Date of Birth Race WHITE
		Address E7748 COUNTY ROAD H LYNDON STATION, WI 53944 , US	Driver License Number STATE: WISCONSIN 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
		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		

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UNIT	Distracted By Action				
	INDIVIDUAL	Non Motorist	Striking Unit #	Location	
		Prior Action			
	Action				
	Action Other		To/From School		
	02	003	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				

Witness

WITN 01	Individual DENNIS GORDER (608) 963-9143	Address S5753 S SHORE ROAD BARABOO, WI 53913 , US	Date of Birth
	ESS		