

6TL0FZQKSJ

26-04691

# 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>26-04691</b>	Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>05/09/2026</b>		Crash Time <b>03:05 PM</b>	Date Arrived <b>05/09/2026</b>	Time Arrived <b>03:18 PM</b>	
Date Notified <b>05/09/2026</b>		Time Notified <b>03:05 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 <p style="text-align: center;">Not to scale</p> <p style="text-align: center;">Unit 1 merged into unit 2</p> <p style="text-align: center;">Linn Stree, 600 block</p>	Reconstruction By
	Photos By <b>DEP. S. MESSNER #9134</b>
	Additional Information <b>PHOTOS</b>

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

ON 5/9/2026, AT APPROXIMATELY 3:05 PM, UNIT 1, A CAR BEARING WI# AYR6571, WAS WESTBOUND ON LINN STREET IN THE 1# LANE (LEFT LANE) OF THE 600 BLOCK, VILLAGE OF WEST BARABOO, SAUK COUNTY, WI. UNIT 2, A CAR BEARING WI TEMPORARY # Y8002K, WAS WESTBOUND ON LINN STREET IN 23 LANE (RIGHT LANE) OF THE 600 BLOCK. UNIT 1 LEFT ITS LANE AND MERGED INTO THE RIGHT LANE, STRIKING UNIT 2. NO INJURIES OCCURRED. BOTH CARS PULLED OFF THE ROADWAY IN THE PARKING LOT OF SAUK COUNTY WEST BARABOO GARAGE AT 625 LINN STREET. DRIVER OF UNIT 1 WAS VERBALLY IDENTIFIED AND CONFIRMED THROUGH DOT FILE. UNIT 2'S DRIVER WAS IDENTIFIED BY HIS WISCONSIN DRIVER'S LICENSE. UNIT 1 DRIVER, UPON REQUEST, ADVISED SHE DID NOT HAVE A DL OR PROOF OF INSURANCE ON HER PERSON. UNIT 1 DRIVER WAS CITED FOR UNSAFE LANE DEVIATION AND NO PROOF OF INSURANCE WITH A WRITTEN WARNING FOR NOT CARRYING HER DL. BOTH DRIVER'S WERE ABLE TO REMOVE THEIR VEHICLES.

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## Location

ON STH33 WB 395 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.474819044</b>	Longitude <b>-89.770391159</b>
	X Coordinate <b>275931.75</b>	Y Coordinate <b>4817273.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## 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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN 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>2</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>25</b>	Total Lanes <b>4</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>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</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>01</b>	License Plate Number <b>AYR6571</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2G1WF55K029388171</b>	Make <b>CHEV</b>	Year <b>2002</b>	Model <b>IMPALA</b>
	<b>VEHICLE</b>	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE</b>		
Extent Of Damage <b>FUNCTIONAL 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>CHANGING LANES</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>			
01 01	Owner Name <b>JILL KONEN (608) 722-0357</b>		Owner Address <b>10919 COUNTY ROAD Y MAZOMANIE, WI 53560 , 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>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>		INDIVIDUAL <b>JILL KONEN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>ABIGAIL KONEN</b>		Citations Issued <b>2</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>10919 COUNTY ROAD Y MAZOMANIE, WI 53560 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</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 <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<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>NORA KONEN</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
					Date of Birth	Race <b>WHITE</b>		
		Address <b>10919 COUNTY ROAD Y MAZOMANIE, WI 53560 , US</b>			Driver License Number			
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</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
	<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>Violations</b>			
	01	002	01	02
UTC Number <b>BN318683</b>	Issue To? <b>001</b>	Statute Number <b>346.13(1)</b>	Description <b>UNSAFE LANE DEVIATION</b>	
UTC Number <b>BN318684</b>	Issue To? <b>001</b>	Statute Number <b>344.62(2)</b>	Description <b>OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE</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>PASSENGER CAR</b>				Operating As Endorsements
	Total Occs <b>1</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"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

UNIT 02	License Plate Number <b>Y8002K</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>WBAKF9C59BE619587</b>	Make <b>BMW</b>	Year <b>2011</b>	Model <b>335</b>
	Color <b>BLK - BLACK</b>	Body Style <b>CP - COUPE</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>			

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>		
	Vehicle Removed By <b>OPERATOR</b>		
UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>
	Driver Prior Action Other		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
02 02	Owner Name <b>BRANDON CONWAY</b>	Owner Address <b>309 13TH ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	INDIVIDUAL <b>BRANDON CONWAY</b>	
02 003	<b>Individual</b>		
	DRIVER <b>BRANDON CONWAY</b>		Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth Race
Address <b>309 13TH ST BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>		On Duty Crash	
Safety Equipment			
Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</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

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<b>UNIT</b>	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<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					
<b>02</b>	<b>003</b>	Individual Condition				
		<b>APPEARED NORMAL</b>				