

6TL0FV1GHD  
26-05063

# 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>26-05063</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>05/17/2026</b>		Crash Time <b>02:44 PM</b>	Date Arrived <b>05/17/2026</b>	Time Arrived <b>02:49 PM</b>	
Date Notified <b>05/17/2026</b>		Time Notified <b>02:45 PM</b>	Total Units <b>03</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 checked="" type="checkbox"/> Secondary Crash

## Description

Diagram <p>NOT TO SCALE</p> <p>USH 12</p> <p>01</p> <p>3</p> <p>2</p>	Reconstruction By
	Photos By <b>D. KROLIKOWSKI #9112</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 THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1, 2, AND 3 WERE TRAVELING EASTBOUND. DUE TO A SECONDARY CRASH IN THE SAME AREA, ALL UNITS WERE SLOWING DOWN. DUE TO HEAVY TRAFFIC IN THE AREA, ALL UNITS WERE INVOLVED IN A CHAIN LIKE REACTION CRASH. ALL THE OPERATORS STATED THEY DO NOT RECALL THE OTHER VEHICLES INVOLVED. NO REPORTED INJURIES.

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Location

ON USH12 EB 880 FT S OF TERRYTOWN RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude <b>43.483271368</b>	Longitude <b>-89.775486319</b>
	X Coordinate <b>275550.96875</b>	Y Coordinate <b>4818226</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>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s) <b>BACKUP DUE TO PRIOR CRASH</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>RAIN</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>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>05/17/2026</b>	Time Initial Lane/Rd Closed <b>02:50 PM</b>	<b>LAW ENFORCEMENT</b>	
Date All Lanes Open <b>05/17/2026</b>	Time All Lanes Open <b>03:25 PM</b>	Date Scene Cleared <b>05/17/2026</b>	Time Scene Cleared <b>03:30 PM</b>

Unit Summary

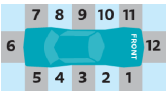
UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements				
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>65</b>	Total Lanes <b>2</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>DIVIDED HWY W/O TRAFFIC BARRIER</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>Vehicle</b>					
	01	License Plate Number <b>448DZG</b>		Plate Type <b>AUT</b>	St <b>IN</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>5XXGT4L38JG212633</b>		Make <b>KIA</b>	Year <b>2018</b>	Model <b>OPTIMA</b>		

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 12 - FRONT</b>	
	Extent Of Damage <b>MINOR DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>MICHAEL DAVIS</b>	Owner Address <b>156 E ENGEL DR VALPARAISO, IN 46383 , US</b>	
01 01	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>MICHAEL DAVIS</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	DRIVER <b>GRACE DAVIS (219) 242-2222</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>156 E ENGEL DR VALPARAISO, IN 46383 , US</b>	Driver License Number	
01 001	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <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 #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<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	
01 001 UNIT INDIVIDUAL	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	PASSENGER <b>EMILY DAVIS</b> (804) 503-6854			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>11549 LONGTOWN TRL</b> <b>MIDLOTHIAN, VA 23112 , US</b>			Date of Birth	Race <b>WHITE</b>	
	Driver License Number			<b>STATE: VIRGINIA COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
01 002 UNIT INDIVIDUAL	<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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UNIT INDIVIDUAL 01 002
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

Unit Summary

UNIT 02
Unit Status: IN TRANSIT, Vehicle Operating As Classification: D CLASS, Unit Type: AUTOMOBILE
Vehicle Type: (SPORT) UTILITY VEHICLE, 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, 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/O TRAFFIC BARRIER, 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: BBF8526, Plate Type: AUT, St: WI, Country of Issuance: UNITED STATES
Vehicle Identification Number: JHLRE48358C061016, Make: HOND, Year: 2008, Model: CR-V
Color: GRN - GREEN, Body Style: UT - SPORT UTILITY VEHICLE, Bus Use
Initial Contact Point: 12 - FRONT

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		
	Vehicle Removed By <b>CRAIGS TOWING</b>		
UNIT VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors <b>NOT APPLICABLE</b>
	Driver Prior Action Other		
	Driver Actions <b>FAILURE TO CONTROL</b>		
UNIT VEHICLE	Owner Name <b>ZENGLIT VERA GAME (608) 495-2042</b>	Owner Address <b>1125 SILVER DR APT 105 BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>ZENGLIT VERA GAME</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	DRIVER <b>ZENGLIT VERA GAME (608) 495-2042</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>HISPANIC</b>
	Address <b>1125 SILVER DR APT 105 BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <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>DEPLOYED-COMBINATION</b>
UNIT INDIVIDUAL	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
	Hospital		EMS Run #
			Date of Death
		Time of Death	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<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		
	Individual Condition <b>APPEARED NORMAL</b>		

**Unit Summary**

UNIT	03	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
		Total Occs <b>2</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>2</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>DIVIDED HWY W/O TRAFFIC BARRIER</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**

03	03	License Plate Number <b>ANY6439</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>7FARW2H87NE024367</b>	Make <b>HOND</b>	Year <b>2022</b>	Model <b>CR-V</b>
		Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
		Initial Contact Point <b>06 - REAR</b>			

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>MINOR 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>		
03 03	Owner Name <b>RYLEE MCCARTHY (715) 630-4685</b>	Owner Address <b>220 8TH ST BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>		
03 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>RYLEE MCCARTHY</b>	
03 004	<b>Individual</b>		
	DRIVER <b>RYLEE MCCARTHY (715) 630-4685</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>220 8TH ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
03 004	<b>Safety Equipment</b>		On Duty Crash
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
03 004	<b>Injury</b>		Airbag
	Injury Severity <b>NO APPARENT INJURY</b>		<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
	Hospital		Date of Death
		EMS Run #	
		Time of Death	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<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			
Individual Condition <b>APPEARED NORMAL</b>			
UNIT	INDIVIDUAL	<b>Individual</b>	
		PASSENGER <b>HAZEL MCCARTHY</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
			Date of Birth
			Race <b>WHITE</b>
		Address <b>220 8TH ST BARABOO, WI 53913 , US</b>	Driver License Number
		<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>BOOSTER SEAT</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>
		Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance		
UNIT	INDIVIDUAL	<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	

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UNIT	Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action		
	<b>INDIVIDUAL</b>	Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
			<b>NO</b>	<b>NO</b>
	<b>03</b>	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		<b>TEST NOT GIVEN</b>		
	<b>005</b>	Drug Test Given	Drug Test Type	Drug Test Results
<b>TEST NOT GIVEN</b>				
Drug Type				
Individual Condition				
<b>APPEARED NORMAL</b>				