

6TL0FKD6PV

26-05289

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 26-05289	Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 05/23/2026		Crash Time 07:11 AM	Date Arrived 05/23/2026	Time Arrived 07:25 AM	
Date Notified 05/23/2026		Time Notified 07:12 AM	Total Units 02	Total Injured 02	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 01 	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 MAY 23, 2026 AT APPROXIMATELY 7:11AM UNIT 1 WAS TRAVELING NORTH ON STATE HWY 113. HE ADMITTED TO GOING AT LEAST 80 MPH. ACCORDING TO A WITNESS PASSED THEM IN A NO PASSING ZONE AND HEADED NORTH TOWARD COUNTY RD. DL. THERE WAS A VEHICLE TURNING RIGHT ONTO DL AND THE OPERATOR WENT TO PASS AGAIN IN A NO PASSING ZONE AND STRUCK UNIT 2 TURNING SOUTH ONTO STATE RD. 113. UNIT 1 TRAVELED APPROXIMATELY 200 YARDS NORTH OF THE INTERSECTION BEFORE THE BIKE CAME TO REST CAUSING INJURY TO THE PASSENGER. THE PASSENGER WAS TRANSPORTED TO UW HOSPITAL VIA SAUK PRAIRIE AMBULANCE. CRAIG'S TOWING REMOVED THE MOTORCYCLE.

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Location

ON STH113 NB 42 FT N OF CTHDL NB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude 43.40396563	Longitude -89.675189171
	X Coordinate 283379.15625	Y Coordinate 4809152.5
	Structure Type NO STRUCTURE	

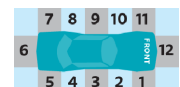
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		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 INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification M CLASS		Unit Type MOTORCYCLE	
	Vehicle Type MOTORCYCLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire 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 HILLCREST	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle					
	License Plate Number 331WC		Plate Type CYC	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number JS1VP53A062100268		Make SUZI	Year 2006	Model SV650	
	Color RED - RED		Body Style RS - ROAD-STREET		Bus Use	
	Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage			
Extent Of Damage DISABLING DAMAGE		15 - ALL AREAS				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING		
	What Driver Was Doing VIOL NO PASS ZN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions EXCEED SPEED LIMIT				
01	01	Owner Name GARRETT GRUNWALD (608) 215-7053		Owner Address 209 MAPLE ST PARDEEVILLE, WI 53954 , US	
Sequence Of Events					
01	01	Event MOTOR VEH IN TRANSPORT			
02	02	Event DITCH			
03	03	Event			
04	04	Event			
Individual					
UNIT INDIVIDUAL	DRIVER GARRETT GRUNWALD (608) 215-7053		Citations Issued 1	Sex MALE	
	Address 209 MAPLE ST PARDEEVILLE, WI 53954 , US		Date of Birth	Race WHITE	
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment		On Duty Crash	Protective Gear BOOTS, LONG PANTS		
01 001	Row 01 - FRONT ROW	Seat Position 07 - LEFT			
	Helmet Use FULL-FACE		Helmet Compliance APPROVED		
	Eye Protection YES: WINDSHIELD		Tint Compliance UNKNOWN		
	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED		
	Ejected NOT APPLICABLE	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		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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				
		Individual				
		PASSENGER ALISON COWIN (608) 547-5286	Citations Issued 0	Sex FEMALE	Date of Birth	Race WHITE
		Address 2390 SCHULTZ ST. #TH8 PORTAGE, WI 53901 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		On Duty Crash	Protective Gear LONG PANTS	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance APPROVED		
Helmet Use FULL-FACE		Tint Compliance UNKNOWN				
Eye Protection YES: WINDSHIELD		Airbag NON DEPLOYED				
01	002	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND		EMS Agency Identifier 6000555	EMS Run #	
		Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT		Date of Death	Time of Death	
		Distracted By		Distracted By Source		
		Distracted By Action				
		Non Motorist		Striking Unit #	Location	
Prior Action						

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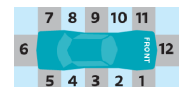
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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
			Violations			
	01	01	UTC Number BL507711	Issue To? 001	Statute Number 346.09(3)	Description PASSING IN NO-PASSING ZONE

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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash <input type="checkbox"/> 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 STOP SIGN		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO						

UNIT	02	Vehicle					
		License Plate Number AYK2138		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number YV4SZ592971286819		Make VOLV	Year 2007	Model XC70	
		Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 12 - FRONT			
		Extent Of Damage MINOR DAMAGE					



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Form containing vehicle information (Towed Due To Damage, Vehicle Removed By, Driver Actions), owner details (SHEILA ELLIS-DONNELL), sequence of events, policy holder information, individual driver details (SHEILA ELLIS-DONNELL), safety equipment (SHOULDER & LAP BELT), injury status (NO APPARENT INJURY), and distracted driving information.

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UNIT	Non Motorist	Striking Unit #	Location			
		Prior Action				
	INDIVIDUAL	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					

Witness

WITN 01	Individual TIMOTHY MUELLER (608) 370-0466	Address 1101 CONNIE RD # 5 BARABOO, WI 53913 , US	Date of Birth
	ESS		