

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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Document Number Override		Primary Crash Document #		Agency Crash Number 26-05237		Investigating Officer/Deputy DEPUTY B. SONN		
Crash Date 05/21/2026		Crash Time 11:38 PM		Date Arrived 05/21/2026		Time Arrived 11:46 PM		
Date Notified 05/21/2026		Time Notified 11:38 PM		Total Units 01		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 9104	
		Additional Information PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO	

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

UNIT 1 WAS TRAVELING EASTBOUND US-12 NEAR OLD HWY 33. UNIT 1 STRUCK AN OFFICE TYPE CHAIR THAT WAS IN THE TRAVEL LANE #2. THE CHAIR CAUSED FUNCTIONAL DAMAGE TO THE RIGHT FRONT BUMPER AREA. OPERATOR OF UNIT 1 DID NOT SEE THE OBJECT IN THE ROADWAY. THIS PORTION OF US-12 HAS 2 EB LANES AND IS 65 MPH POSTED ZONE. OPERATOR CLAIMED NO INJURIES AND WAS WEARING A SEAT BELT. I LOCATED THE CHAIR IN THE EB DITCH, APPROXIMATELY 100 FEET BEHIND THE RESTING POSITION OF UNIT 1. OPERATOR PROVIDED VALID PROOF OF INSURANCE AND LICENSE. UNIT 1 WAS DRIVEN FROM THE SCENE BY THE OPERATOR. PHOTOGRAPHS WERE TAKEN AND UPLOADED TO ICRIMEFIGHTER.

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

Location

ON USH12 EB 357 FT N OF OLD HWY 33 IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.49740127	Longitude -89.781959737
	X Coordinate 275079.90625	Y Coordinate 4819813
	Structure Type	

Crash Scene

First Harmful Event OTHER OBJECT - NOT FIXED	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) OTHER		
Weather Condition(s) CLEAR		
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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 2
	Most Harmful Event: Collision With OTHER OBJECT - NOT FIXED	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 CONCRETE	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	Vehicle			
	License Plate Number ACJ1335	Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KMHDH4AE9EU056526	Make HYUN	Year 2014	Model ELANTRA
	Color GRY - GRAY	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 14 - UNDERCARRIAGE		
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 GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name LEAH MICHAELIS		Owner Address 409 1/2 E BROADWAY ROCK SPRINGS, WI 53961 , US	
	Sequence Of Events			
01 02 03 04	Event OTHER OBJECT - NOT FIXED			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		INDIVIDUAL LEAH MICHAELIS	
UNIT INDIVIDUAL	Individual			
	DRIVER LEAH MICHAELIS		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 409 1/2 E BROADWAY ROCK SPRINGS, WI 53961 , 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	
01 001	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 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	
	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			