

6TL0D942DQ
26-05659

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 SC26-05659		Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 05/31/2026		Crash Time 08:46 PM		Date Arrived 05/31/2026		Time Arrived 09:07 PM	
Date Notified 05/31/2026		Time Notified 08:49 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

<p>Diagram</p>	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.

UNIT ONE WAS TRAVELING SOUTH ON CTH G AND WAS NEGOTIATING A CURVE TO THE SOUTH. UNIT ONE RAN OFF THE ROADWAY ON THE EAST SIDE AND STRUCK A FENCE. UNIT ONE OPERATOR SAID THAT HE CAME INTO THE CURVE TOO FAST. BOTH PASSENGER AND DRIVER REPORTED NO INJURIES AND WERE WEARING SEAT BELTS. THE VEHICLE SUSTAINED DISABLING DAMAGE WITH NO AIRBAG DEPLOYMENT AND WAS LEFT IN A FIELD DRIVE WITH PERMISSION FROM THE LAND OWNER. THE OPERATOR WAS PUT INTO CONTACT WITH THE FENCE OWNER AND WILL FIX THE FENCE FOR THEM. BOTH PARENTS OF THE OCCUPANTS WERE CONTACTED AND INFORMED OF THE CRASH.

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Location

ON CTHG NB 320 FT S OF TOWNSEND RD IN THE TOWN OF WOODLAND IN SAUK COUNTY	Latitude 43.622502232	Longitude -90.241345511
	X Coordinate 238479.109375	Y Coordinate 4835052.5
	Structure Type NO STRUCTURE	

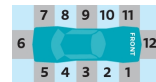
Crash Scene

First Harmful Event FENCE	First Harmful Event Location ROADSIDE	
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) NONE		
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 01	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 SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With FENCE		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 CURVE LEFT	Road Grade UPHILL		
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number AXJ8275	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number KMHCN46C79U325186	Make HYUN	Year 2009	Model ACCENT	
	Color BLU - BLUE	Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE			
	Extent Of Damage DISABLING DAMAGE				



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name KATE OTT		Owner Address W9176 OTT RD WONEWOC, WI 53968 , US	
		Sequence Of Events			
UNIT	INDIVIDUAL	Event RUN OFF ROADWAY LEFT			
		Event FENCE			
		Event			
		Event			
01	001	Policy Holder			
		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		INDIVIDUAL JACOB OTT	
01	001	DRIVER JACOB OTT		Citations Issued 0	Sex MALE
		Address W9176 OTT RD WONEWOC, WI 53968 , US		Date of Birth	Race WHITE
01	001	On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
01	001	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
01	001	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
01	001	Distracted By			
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
01	001	Distracted By Action NOT DISTRACTED			

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UNIT	INDIVIDUAL	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 DANIEL WARD		Citations Issued 0	Sex MALE		
		Date of Birth		Race WHITE			
		Address 516 CENTER ST WONEWOC, WI 53968 , US		Driver License Number			
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		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					
Distracted By Action							
Non Motorist		Striking Unit #		Location			

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **05/31/2026**
Crash Time **08:46 PM**

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01	UNIT INDIVIDUAL 002	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			