

6T0V0KGLS9

26-06181

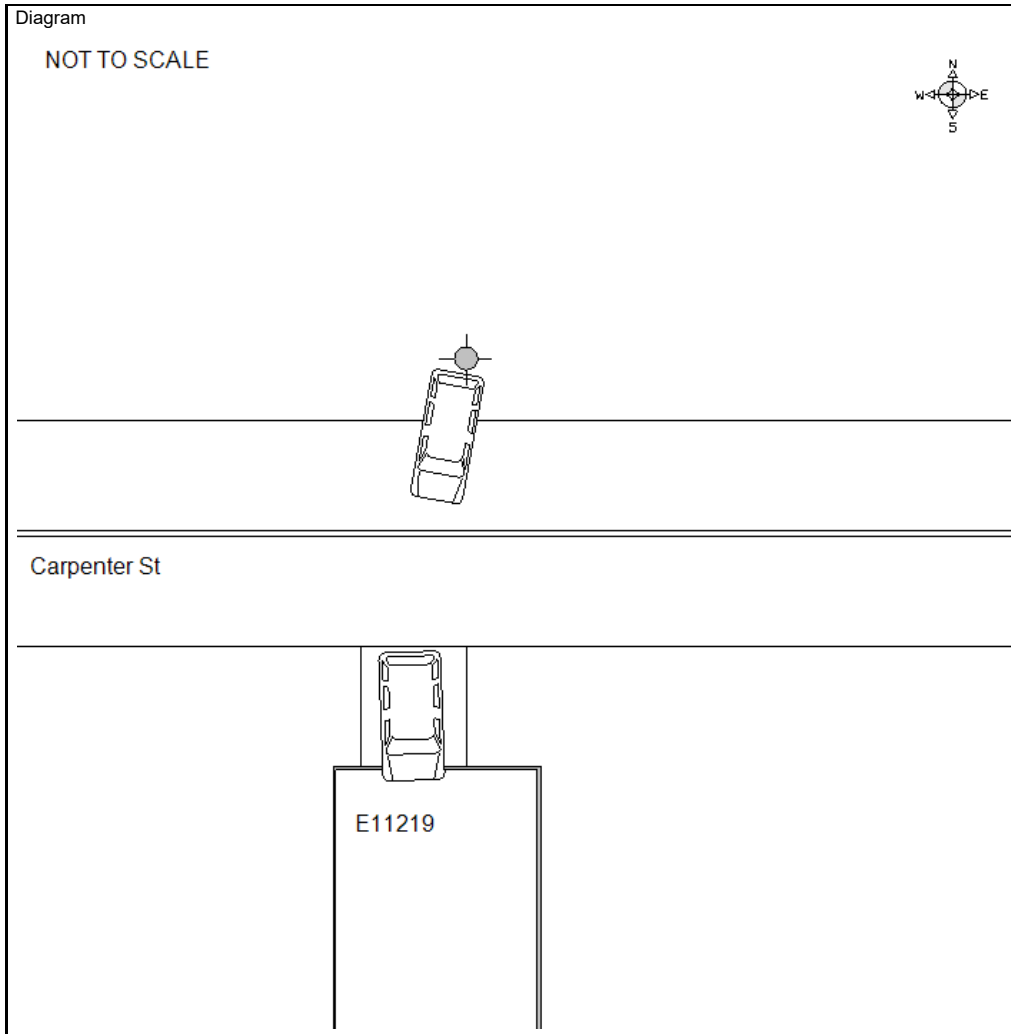
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6T0V0KGLS9

| | | | | | |
|--|---|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 26-06181 | Investigating Officer/Deputy DEPUTY Z. DRILL | |
| Crash Date 06/13/2026 | | Crash Time 10:25 PM | Date Arrived 06/13/2026 | Time Arrived 10:38 PM | |
| Date Notified 06/13/2026 | | Time Notified 10:28 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 NOT TO SCALE  | Reconstruction By |
| | Photos By DEPUTY DRILL |
| | Additional Information PHOTOS |

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

DRIVER OF UNIT ONE WAS BACKING OUT OF E11219 CARPENTER ST AND UNABLE TO SEE THE TELEPHONE POLE DUE TO THERE BEING NO LIGHTING IN THE AREA. LOW SPEED IMPACT WITH LIGHT POLE CAUSED MINOR DAMAGE TO UNIT ONE'S REAR HATCH AND CAUSED THE REAR HATCH WINDOW TO SHATTER. NO DAMAGE TO TELEPHONE POLE. DRIVER PROVIDED CASE NUMBER FOR INSURANCE PURPOSES.

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON CARPENTER ST 169 FT E OF INDUSTRIAL CT IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude 43.467620167 | Longitude -89.762149711 |
| | X Coordinate 276571.8125 | Y Coordinate 4816452 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event OTHER POST, POLE OR SUPPORT | 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 - NOT 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 (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 NOT ON ROADWAY | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 05 | Total Lanes 2 |
| | Most Harmful Event: Collision With OTHER POST, POLE OR SUPPORT | 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 LEVEL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | | |
|---|----------------|---|---|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number MBERRY | Plate Type HEM | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number 2GNFLFEK5G6167509 | Make CHEV | Year 2016 | Model EQUINOX |
| | | Color SIL - SILVER (ALUMINUM) | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | Initial Contact Point 06 - REAR | Vehicle Damage 06 - REAR | | |
| Extent Of Damage MINOR DAMAGE | | | | | |



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| | | | | |
|---|---|---|---|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By | |
| | What Driver Was Doing BACKING | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name MELANIE BERRY (608) 415-0115 | | Owner Address 531 RED SPRUCE AVE BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event OTHER POST, POLE OR SUPPORT | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company STATE-FARM-CLASSIC-INS-CO | | INDIVIDUAL MELANIE BERRY | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER MELANIE BERRY (608) 963-3441 | | Citations Issued 0 | Sex FEMALE |
| | Address 531 RED SPRUCE AVE BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| 001 | Injury NO APPARENT INJURY | | Airbag NON DEPLOYED | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | |
| | Medical Transport NOT TRANSPORTED | | Trapped/Extricated NOT TRAPPED | |
| | Hospital | | EMS Agency Identifier | EMS Run # |
| Distracted By NOT APPLICABLE (NOT DISTRACTED) | | Distracted By Source | | |
| Distracted By Action NOT DISTRACTED | | Date of Death | | |
| | | Time of Death | | |

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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 | | | |
| | 01 | 001 | 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 | | | | | |