

6T0V0KQFPQ
26-06281

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 26-06281		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 06/16/2026		Crash Time 09:11 AM		Date Arrived 06/16/2026		Time Arrived 09:11 AM	
Date Notified 06/16/2026		Time Notified 09:11 AM		Total Units 02		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 checked="" 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> <p style="text-align: center;">Not to scale</p>	Reconstruction By
	Photos By A. WILCOX
	Additional Information PHOTOS

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

ON 06/16/2026, I WAS DRIVING W/B ON USH 14 WHEN I OBSERVED UNIT 1 CROSSING THE CENTER LINE AND THEN CORRECT ITSELF. I THEN OBSERVED BOTH UNITS 1 AND 2 PULLING OVER TO THE SIDE OF THE ROADWAY. I STOPPED OUT WITH THEM. I WAS INFORMED THERE HAD BEEN AN ACCIDENT. UNIT 1 OPERATOR STATED HE WAS TRAVELING W/B ON USH 14 AND WAS DISTRACTED BY LOOKING INTO THE WOODS WHEN UNIT 1 CROSSED THE CENTER LINE SIDE SWIPED UNIT 2 CAMPER CAUSING DAMAGE TO THE CAMPER AND TO UNIT 1. UNIT 2 OPERATOR STATED HE WAS TRAVELING E/B ON USH 14 WHEN UNIT 1 CROSSED THE CENTER LINE SIDE SWIPING HIS CAMPER. UNIT 2 OPERATOR STATED HE HAS TO SWERVE IN ORDER TO AVOID A HEAD ON COLLISION. I SPOKE WITH A WITNESS WHO STATED HE WAS FOLLOWING UNIT 2 AND OBSERVED UNIT 1 CROSS THE CENTER LINE AND SIDE SWIPE UNIT 2 CAMPER. UNIT 1 OPERATOR WAS ISSUED AND EXPLAINED THREE CITATIONS FOR OPERATING WITHOUT A VALID LICENSE, LEFT OF CENTER, AND INATTENTIVE DRIVING. NO INJURIES WERE REPORTED AND BOTH UNITS 1 AND 2 WERE DRIVABLE.

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Location

ON USH14 EB 591 FT E OF DONALD RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.190023332	Longitude -90.144388505
	X Coordinate 244489	Y Coordinate 4786718
	Structure Type NO STRUCTURE	

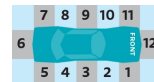
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION	Light Condition DAYLIGHT	
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 TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<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 LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number NP1687	Plate Type LTK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5TFCW5F14HX021199	Make TOYT	Year 2017	Model TUNDRA
	Color WHI - WHITE	Body Style PK - PICKUP		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	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 FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE			
01 01	Owner Name MOISES URIBEESCALANTE (608) 239-2943		Owner Address 5813 HOBOKEN RD #4 MADISON, WI 53713 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL MOISES URIBEESCALANTE	
UNIT INDIVIDUAL	Individual			
	DRIVER MOISES URIBEESCALANTE (608) 239-2943		Citations Issued 3	Sex MALE
	Address 1802 LAKE POINT DR # 1 MADISON, WI 53713 , US		Date of Birth	Race
			Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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 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					
		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 JESUS URIBE		Citations Issued 0	Sex MALE		
		Date of Birth		Race WHITE			
		Address 1802 LAKE POINT DR # 1 MADISON, WI 53713 , 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 **06/16/2026**
Crash Time **09:11 AM**

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UNIT	INDIVIDUAL	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				
	Violations				
	01	01	UTC Number BM656653	Issue To? 001	Statute Number 346.89(1)
02	02	UTC Number BM656654	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE
03	03	UTC Number BM656655	Issue To? 001	Statute Number 346.05(1)	Description OPERATING LEFT OF CENTER

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK					Operating As Endorsements		
		Total Occs 3		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 1	
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 55	
		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 LEVEL		
		Truck Bus or HazMat NO							

Vehicle

02	02	License Plate Number NQN952		Plate Type LTK	St IA	Country of Issuance UNITED STATES			
		Vehicle Identification Number 3C6UR5FJXNG252045		Make RAM	Year 2022	Model 2500			
		Color RED - RED		Body Style 4D - 4DR			Bus Use		

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UNIT VEHICLE	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR			
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					
02	02	Owner Name ZACKERY JACOBS (319) 404-3633	Owner Address 514 W JEFFERSON ST CLARKSVILLE, IA 50619 , US			
Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
Policy Holder						
		Insurance Company SHELTER-GENERAL-INS-CO	INDIVIDUAL ZACKERY JACOBS			
Trailer/Towed						
	02	Trailer Plate # JM2661	Plate Type TRL	Make EGIL	State IA	Country of Issuance UNITED STATES
UNIT TRAILER/		Unit Type RECREATIONAL	INDIVIDUAL ZACKERY JACOBS (319) 404-3633		Address 514 W JEFFERSON ST CLARKSVILLE, IA 50619 , US	
		Vehicle Identification Number 1UJCJ0BV4L1WS0240				
Individual						
UNIT INDIVIDUAL	DRIVER ZACKERY JACOBS (319) 404-3633		Citations Issued 0	Sex MALE		
	Address 514 W JEFFERSON ST CLARKSVILLE, IA 50619 , US		Date of Birth	Race WHITE		
			Driver License Number			
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			

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02	003	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					
		Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
02	003	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 GAVIN JACOBS (319) 404-3633			Citations Issued 0	Sex MALE	
		Address 514 W JEFFERSON ST CLARKSVILLE, IA 50619 , US			Date of Birth	Race WHITE	
		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				
02	004	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		

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UNIT	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		
	Prior Action						
	Action						
	Action Other					To/From School	
	02 004	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		Citations Issued 0		Sex MALE	
		PASSENGER KEIDAN JACOBS (319) 404-3633		Date of Birth		Race WHITE	
		Address 514 W JEFFERSON ST CLARKSVILLE, IA 50619 , US		Driver License Number			
		Safety Equipment		On Duty Crash			
		Row 02 - SECOND ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance				
	02 005	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED

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UNIT	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
	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			
	Witness			
	WITNESS	01	Individual DEREK RUCKER (608) 931-9093	
Address 504 N MAIN ST ORFORDVILLE, WI 53576 , US				