

6TL0F3SSL8  
26-06237

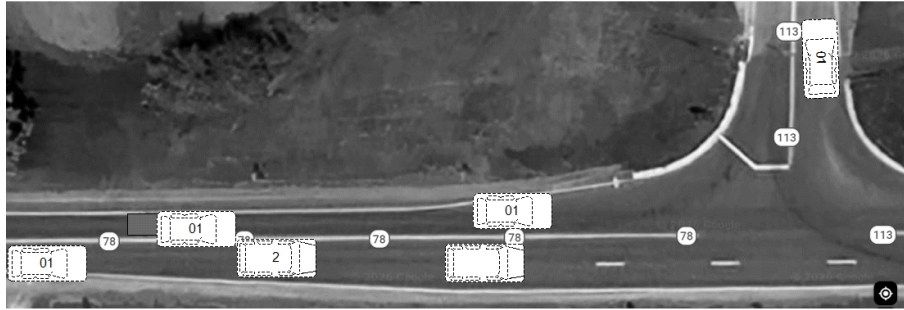
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0F3SSL8

Document Number Override		Primary Crash Document #		Agency Crash Number <b>26-06237</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>06/15/2026</b>		Crash Time <b>12:44 PM</b>		Date Arrived <b>06/15/2026</b>		Time Arrived <b>01:05 PM</b>	
Date Notified <b>06/15/2026</b>		Time Notified <b>12:45 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
<p style="text-align: center;">Not to scale</p> 		Photos By	
		Additional Information <b>NONE</b>	

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

U2 WAS SLOWING FOR THE VEHICLE AHEAD OF THEM TO TURN. WHILE U2 WAS SLOWING, U1 APPROACHED FROM THE REAR. U2 OPERATOR STATED THAT U1 ATTEMPTED TO PASS THEM AND WHEN DOING SO, THE FRONT PASSENGER SIDE OF U1 STRUCK THE REAR DRIVER SIDE OF U2. THE OPERATOR OF U2 STATED U1 TURNED NORTH ON HY113 AND WAS NOT ABLE TO FOLLOW. UNINVOLVED WITNESS ALSO CONFIRMED THE STATEMENT PROVIDED BY U2 OPERATOR. WITNESS WAS IDENTIFIED AND ADDED TO REPORT. WITNESS WAS ABLE TO GET A LICENSE PLATE OF THE VEHICLE AND U2 OPERATOR CONFIRMED THAT WAS THE VEHICLE INVOLVED. U1 VEHICLE WAS IDENTIFIED AND OPERATOR WAS LATER IDENTIFIED AS ALAXANDRIA DENEEN. AN UNINVOLVED PERSON CONTACTED DISPATCH TO NOTIFY US WHO THE OPERATOR OF U1 WAS. I MET WITH U1 OPERATOR, ALAXANDRIA DENEEN WHO ADMITTED TO STRUCK U2. U1 OPERATOR STATED SHE BLACKED OUT AND CAME TO AFTER SHE STRUCK U1. OPERATOR OF U2 ADMITTED SHE HAS HAD THIS MEDICAL ISSUE FOR A FEW MONTHS. OPERATOR OF U1 ALSO ADMITTED TO NOT HAVING INSURANCE. U1 OPERATOR WAS CITED FOR FOLLOWING TOO CLOSE, AND NOT HAVING INSURANCE. BOTH VEHICLES REMOVED FROM SCENE BY OPERATOR.

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Location

ON STH78 NB 163 FT W OF STH113 NB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.372920165</b>	Longitude <b>-89.679226413</b>
	X Coordinate <b>282941.375</b>	Y Coordinate <b>4805715</b>
	Structure Type	

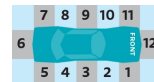
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

<b>UNIT</b>	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>		Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>AWJ5862</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KNDJC735495870040</b>	Make <b>KIA</b>	Year <b>2009</b>	Model <b>SORENTO</b>
		Color <b>TAN - TAN</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>02 - RIGHT SIDE FRONT</b>		



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>UNKNOWN</b>	
		Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01	01	Owner Name <b>ALAXANDRIA DENEEN</b> (608) 510-9001		Owner Address <b>710 SPRING ST #203</b> <b>DARLINGTON, WI 53530 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	INDIVIDUAL	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
01	001	DRIVER <b>ALAXANDRIA DENEEN</b> (608) 510-9001		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Address <b>710 SPRING ST #203</b> <b>DARLINGTON, WI 53530 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
		On Duty Crash		Safety Equipment	
<b>Safety Equipment</b>		<b>RESTRAINT USE UNKNOWN</b>			
Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		Helmet Use	
Helmet Use		Eye Protection		Helmet Compliance	
Eye Protection		Tint Compliance			
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>	
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source			
Distracted By Action					
<b>Non Motorist</b>		Striking Unit #		Location	

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UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use		Suspected Drug Use
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type Drug Test Results
	Drug Type		
	Individual Condition <b>NOT OBSERVED</b>		
	UNIT	<b>Individual</b>	
PASSENGER <b>KYLE ROSS</b> (608) 510-9001		Citations Issued <b>0</b>	
		Sex <b>MALE</b>	
		Date of Birth Race <b>WHITE</b>	
Address <b>710 SPRING ST APT 203</b> <b>DARLINGTON, WI 53530 , US</b>		Driver License Number	
<b>Safety Equipment</b>			
On Duty Crash		Safety Equipment <b>RESTRAINT USE UNKNOWN</b>	
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT	<b>Injury</b>		
	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier EMS Run #
	Hospital		Date of Death Time of Death
	<b>Distracted By</b>		
	Distracted By Source		
	Distracted By Action		
	<b>Non Motorist</b>		
	Striking Unit #		Location
Prior Action			

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
			<b>TEST NOT GIVEN</b>			
			Drug Test Given	Drug Test Type	Drug Test Results	
			<b>TEST NOT GIVEN</b>			
	Drug Type					
	Individual Condition		<b>NOT OBSERVED</b>			

**Unit Summary**

UNIT	02	Unit Status	Vehicle Operating As Classification	Unit Type		
		<b>IN TRANSIT</b>	<b>D CLASS</b>	<b>AUTOMOBILE</b>		
		Vehicle Type	Operating As Endorsements			
		<b>(SPORT) UTILITY VEHICLE</b>				
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
		<b>4</b>		<b>0</b>	<b>0</b>	<b>0</b>
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
		<b>YES</b>	<b>NORTHBOUND</b>		<b>55</b>	<b>2</b>
		Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use		
		<b>MOTOR VEH IN TRANSPORT</b>	<b>NO SPECIAL FUNCTION</b>	<b>NOT APPLICABLE</b>		
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing				
<b>TWO-WAY, NOT DIVIDED</b>	<b>NO CONTROL</b>	<b>NO</b>				
Surface Type	Road Curvature	Road Grade				
<b>BLACKTOP (BITUMINOUS)</b>	<b>STRAIGHT</b>	<b>LEVEL</b>				
Truck Bus or HazMat						
<b>NO</b>						

**Vehicle**

UNIT	02	02	License Plate Number	Plate Type	St	Country of Issuance
			<b>BCK5263</b>	<b>AUT</b>	<b>WI</b>	<b>UNITED STATES</b>
			Vehicle Identification Number	Make	Year	Model
			<b>5J6RM4H75CL007348</b>	<b>HOND</b>	<b>2012</b>	<b>CR-V EX-L</b>
			Color	Body Style	Bus Use	
			<b>BLU - BLUE</b>	<b>LL - CARRYALL</b>		
			Initial Contact Point	Vehicle Damage		
			<b>08 - LEFT SIDE REAR</b>	<b>08 - LEFT SIDE REAR</b>		
			Extent Of Damage	Vehicle Removed By		
			<b>MINOR DAMAGE</b>	<b>OPERATOR</b>		
Towed Due To Damage	What Driver Was Doing					
<b>NOT TOWED</b>	<b>SLOW/STOPPING</b>					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name MADELEINE NIEBAUER (608) 207-4244		Owner Address 2155 MIDDLETON BEACH RD MIDDLETON, WI 53562 , US	
	<b>Sequence Of Events</b>			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company USAA-CASUALTY-INS-CO		INDIVIDUAL MADELEINE NIEBAUER	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER CAROLINE NIEBAUER (608) 207-4244		Citations Issued 0	Sex FEMALE
	Address 2155 MIDDLETON BEACH RD MIDDLETON, WI 53562 , US		Date of Birth	Race WHITE
			Driver License Number	
02 003	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	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	
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
<b>Non Motorist</b>		Striking Unit #	Location	

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
6 of 10

Crash Date 06/15/2026  
Crash Time 12:44 PM

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	
		To/From School	
		<b>Drug &amp; Alcohol</b>	
		Suspected Alcohol Use <b>NO</b>	
		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	
		Alcohol Test Type	
		Alcohol Test Results	
02	003	Drug Test Given <b>TEST NOT GIVEN</b>	
		Drug Test Type	
		Drug Test Results	
		Drug Type	
		Individual Condition	
		<b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		PASSENGER <b>MIRABELLE NIEBAUER</b> (608) 207-2331	
		Citations Issued <b>0</b>	
		Sex <b>FEMALE</b>	
UNIT	INDIVIDUAL	Date of Birth	
		Race <b>WHITE</b>	
		Address <b>2155 MIDDLETON BEACH RD MIDDLETON, WI 53562 , US</b>	
		Driver License Number	
		<b>Safety Equipment</b>	
		On Duty Crash	
		<b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	
		Seat Position <b>09 - RIGHT</b>	
		Helmet Use	
Helmet Compliance			
Eye Protection			
Tint Compliance			
02	004	<b>Injury</b>	
		Injury Severity <b>NO APPARENT INJURY</b>	
		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	
		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	
		EMS Agency Identifier	
		EMS Run #	
		Hospital	
Date of Death			
Time of Death			
<b>Distracted By</b>			
Distracted By Source			
Distracted By Action			
<b>Non Motorist</b>			
Striking Unit #			
Location			
Prior Action			

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition	<b>APPEARED NORMAL</b>			
		<b>Individual</b>				
		PASSENGER <b>OWEN ROHDE</b> (650) 468-1901	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address 261 THREE MEADOWS LN FRIDAY HARBOR, WA 98250 , US	Date of Birth -----	Race <b>WHITE</b>		
Driver License Number						
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				

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		Action Other		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		PASSENGER <b>JAMIE HALABURKA</b> <b>(608) 207-4244</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>261 THREE MEADOWS LANE</b> <b>FRIDAY HARBOR, WA 98250 , US</b>	Date of Birth <b>WHITE</b>			
Driver License Number						
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location				
Prior Action						

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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	02 006			