6TL0DG26NG
26-07020

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0DG26NG

Document Number Override	Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy
		26-07020	**SERGEANT E. KNULL**

Crash Date	Crash Time	Date Arrived	Time Arrived
07/03/2026	**03:43 PM**	**07/03/2026**	**04:05 PM**

Date Notified	Time Notified	Total Units	Total Injured	Total Killed
07/03/2026	**03:43 PM**	**02**	**04**	**00**

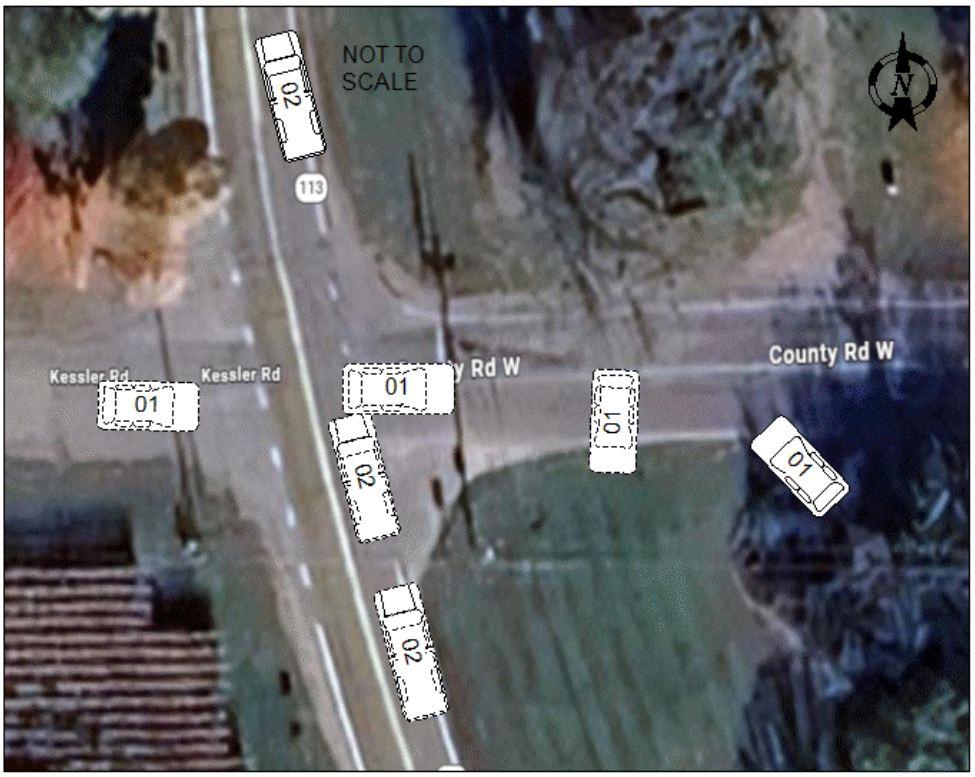
☐ On Emergency	☑ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold

☐ Government Property	☐ Active School Zone	School Bus Related	Tags
		NO	

☑ Reportable	Crash Type	☐ Amended	☐ Secondary Crash
	DT4000 (STANDARD CRASH)		

Description

Diagram



Reconstruction By

Photos By
OFFICER LUND

Additional Information
PHOTOS

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

UNIT 2 NB ON STH 113 WITH FULL RIGHT OF WAY. UNIT 1 EB ON KESSLER RD WITH A STOP SIGN CONTROLLING THE EB MOVEMENT. UNIT 1 FAILED TO STOP AT STOP SIGN AND WAS STRUCK BY UNIT 2. UNIT 1 SPUN AROUND AND CAME TO A REST IN THE SOUTH SIDE DITCH FACING NORTH WEST. BOTH OCCUPANTS FLED ON FOOT FROM THE CRASH AND WERE NOT LOCATED. UNIT 2 AFTER STRIKING UNIT 1 CAME TO A REST IN THE NB LANE OF STH 113. BOTH UNITS SUSTAINED DISABLING DAMAGE AND WERE BOTH REMOVED BY CRAIGS TOWING. UNK IF OCCUPANTS OF UNIT 1 WERE INJURED AS THEY FLED THE SCENE. ALL 4 OCCUPANTS OF UNIT 2 REPORTED SORENESS AND HEADACHES BUT DENIED EMS.

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Location

INTERSECTION ON WATER ST/ STH113 NB AT KESSLER RD/ STH113 NB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.452660606	Longitude -89.715054405
	X Coordinate 280327.28125	Y Coordinate 4814665
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	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	Junction Location	Intersection Type
NO	INTERSECTION	FOUR-WAY INTERSECTION

Unit Summary

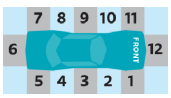
UNIT 01

Unit Status HIT AND RUN		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? UNKNOWN	Direction Of Travel EASTBOUND	☐ Pre CrashTire Mark	Speed Limit 35	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 STOP SIGN		Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
Truck Bus or HazMat NO				

UNIT 01 — VEHICLE 01

Vehicle

License Plate Number F1NER	Plate Type AUT	St MI	Country of Issuance UNITED STATES
Vehicle Identification Number 1G6AG5RX2E0162834	Make CADI	Year 2014	Model ATS
Color BLU - BLUE	Body Style 4D - 4DR		Bus Use
Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR		
Extent Of Damage DISABLING DAMAGE			



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UNIT 01 — VEHICLE 01

Towed Due To Damage: **TOWED DUE TO DISABLING DAMAGE**	Vehicle Removed By: **CRAIGS TOWING**
What Driver Was Doing: **GOING STRAIGHT**	Vehicle Factors: **NOT APPLICABLE**
Driver Prior Action Other:	

Driver Actions: **FAILED TO YIELD RIGHT-OF-WAY, FAILURE TO CONTROL, DISREGARDED STOP SIGN, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER**

Owner Name: **ARTAVIA EPPERSON**	Owner Address: **31805 NARDELLI LN ROSEVILLE, MI 48066 , US**

Sequence Of Events

01	Event: **MOTOR VEH IN TRANSPORT**
02	Event: **DITCH**
03	Event:
04	Event:

UNT 01 — INDIVIDUAL 001

Individual

DRIVER	Citations Issued: **0**	Sex:
	Date of Birth:	Race: **BLACK/AFRICAN AMERICAN**
Address: , ,	Driver License Number:	

Safety Equipment

On Duty Crash:		Safety Equipment: **RESTRAINT USE UNKNOWN**
Row: **01 - FRONT ROW**	Seat Position: **07 - LEFT**	
Helmet Use:		Helmet Compliance:
Eye Protection:		Tint Compliance:

Injury

Injury Severity: **NO APPARENT INJURY**		Airbag: **NOT APPLICABLE**

Ejected: **NOT APPLICABLE**	Ejection Path: **NOT EJECTED/NOT APPLICABLE**	Trapped/Extricated: **NOT APPLICABLE**
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:

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UNIT 01 — INDIVIDUAL 001

Prior Action

Action

Action Other | To/From School

Drug & Alcohol

Suspected Alcohol Use | Suspected Drug Use

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: **NOT OBSERVED**

UNIT 01 — INDIVIDUAL 002

Individual

PASSENGER

Citations Issued: **0** | Sex

Date of Birth | Race

Address: , ,

Driver License Number

Safety Equipment

On Duty Crash

Row: **01 - FRONT ROW** | Seat Position: **09 - RIGHT**

Safety Equipment: **RESTRAINT USE UNKNOWN**

Helmet Use | Helmet Compliance

Eye Protection | Tint Compliance

Injury

Injury Severity: **NO APPARENT INJURY** | Airbag: **NOT APPLICABLE**

Ejected: **NOT APPLICABLE** | Ejection Path: **NOT EJECTED/NOT APPLICABLE** | Trapped/Extricated: **NOT APPLICABLE**

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

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UNIT 01 — INDIVIDUAL 002

Action

Action Other | To/From School

Drug & Alcohol

Suspected Alcohol Use | Suspected Drug Use

Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST NOT GIVEN		

Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		

Drug Type

Individual Condition
NOT OBSERVED

Unit Summary

UNIT 02

Unit Status	Vehicle Operating As Classification	Unit Type
IN TRANSIT	D CLASS	TRUCK

Vehicle Type	Operating As Endorsements
UTILITY TRUCK/PICKUP TRUCK	

Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
4		0	0	0

Insurance?	Direction Of Travel	Pre CrashTire Mark	Speed Limit	Total Lanes
YES	NORTHBOUND	☐	45	2

Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION	NOT APPLICABLE

Traffic Way	Traffic Control	Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED	NO CONTROL	NO

Surface Type	Road Curvature	Road Grade
BLACKTOP (BITUMINOUS)	CURVE RIGHT	LEVEL

Truck Bus or HazMat
NO

Vehicle

UNIT 02 — VEHICLE 02

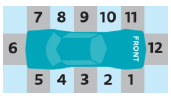
License Plate Number	Plate Type	St	Country of Issuance
373EN	LTK	NE	UNITED STATES

Vehicle Identification Number	Make	Year	Model
1N6ED1EK3RN608358	NISS	2024	FRONTIER

Color	Body Style	Bus Use
GRY - GRAY	4D - 4DR	

Initial Contact Point	Vehicle Damage
12 - FRONT	01 - RIGHT FRONT CORNER

Extent Of Damage
DISABLING DAMAGE



Towed Due To Damage	Vehicle Removed By
TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING

What Driver Was Doing
GOING STRAIGHT

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UNIT 02 — VEHICLE 02

Vehicle Factors
NOT APPLICABLE

Driver Prior Action Other

Driver Actions
NO CONTRIBUTING ACTION

Owner Name	Owner Address
JILL WAGNER **(402) 515-2589**	**209 S 16TH ST** **FORT CALHOUN, NE 68023 , US**

Sequence Of Events

01	**MOTOR VEH IN TRANSPORT**
02	
03	
04	

UNIT — Policy Holder

Insurance Company	INDIVIDUAL
SHELTER-MUTUAL-INS-CO	**JILL WAGNER**

UNIT 02 003 — INDIVIDUAL

Individual

DRIVER	Citations Issued	Sex
JILL WAGNER **(402) 515-2589**	**0**	**FEMALE**
	Date of Birth	Race: **WHITE**

Address	Driver License Number
209 S 16TH ST **FORT CALHOUN, NE 68023 , US**	**STATE: NEBRASKA COUNTRY: UNITED STATES**

Safety Equipment

On Duty Crash	Safety Equipment
	SHOULDER & LAP BELT

Row	Seat Position
01 - FRONT ROW	**07 - LEFT**

Helmet Use	Helmet Compliance

Eye Protection	Tint Compliance

Injury

Injury Severity	Airbag
POSSIBLE INJURY	**NON DEPLOYED**

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	**NOT EJECTED/NOT APPLICABLE**	**NOT TRAPPED**

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		

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

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UNIT 02 INDIVIDUAL 003

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 02 INDIVIDUAL 004

Individual

PASSENGER
MELISSA MONA
(402) 651-0523

Citations Issued: **0** | Sex: **FEMALE**

Date of Birth | Race: **WHITE**

Address:
4130 N 60TH AVE
OMAHA, NE 68104 , US

Driver License Number:
STATE: NEBRASKA COUNTRY: UNITED STATES

Safety Equipment

On Duty Crash | Safety Equipment: **SHOULDER & LAP BELT**

Row: **01 - FRONT ROW** | Seat Position: **09 - RIGHT**

Helmet Use | Helmet Compliance

Eye Protection | Tint Compliance

Injury

Injury Severity: **POSSIBLE 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

Prior Action

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UNIT 02 — INDIVIDUAL 004

Action

Action Other | To/From School

Drug & Alcohol

Suspected Alcohol Use	Suspected Drug Use
NO	NO

Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST NOT GIVEN		

Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		

Drug Type

Individual Condition: APPEARED NORMAL

UNIT 02 — INDIVIDUAL 005

Individual

PASSENGER	Citations Issued	Sex
SARAH WINCKLER (319) 331-1029	0	FEMALE
	Date of Birth	Race: WHITE

Address	Driver License Number
1245 2ND ST CORALVILLE, IA 52241 , US	STATE: IOWA COUNTRY: UNITED STATES

Safety Equipment

On Duty Crash	Safety Equipment
	SHOULDER & LAP BELT

Row	Seat Position
02 - SECOND ROW	07 - LEFT

Helmet Use | Helmet Compliance

Eye Protection | Tint Compliance

Injury

Injury Severity	Airbag
POSSIBLE INJURY	NON DEPLOYED

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		

Hospital	Date of Death	Time of Death

Distracted By

Distracted By Source

Distracted By Action

Non Motorist

Striking Unit #	Location

Prior Action

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UNIT 02 — INDIVIDUAL 005

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 02 — INDIVIDUAL 006

Individual

PASSENGER
MARY PANICUCCI
(402) 981-1158

Citations Issued: **0** | Sex: **FEMALE**

Date of Birth | Race: **WHITE**

Address
6323 PARKVIEW LN
OMAHA, NE 68104 , US

Driver License Number
STATE: NEBRASKA COUNTRY: UNITED STATES

Safety Equipment

On Duty Crash

Safety Equipment: **SHOULDER & LAP BELT**

Row: **02 - SECOND ROW** | Seat Position: **09 - RIGHT**

Helmet Use | Helmet Compliance

Eye Protection | Tint Compliance

Injury

Injury Severity: **POSSIBLE 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

Prior Action

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UNIT 02 — INDIVIDUAL 006

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**			